

Workshop

EVV- The Basics

Any agency providing Medicaid Personal Care or Respite Services is **REQUIRED** to have an established Electronic Visit Verification (EVV) system up and functioning properly by October 1, 2019. If not..... for any claim processed on or after October 1 you **WILL NOT** be paid. It is that simple! Virginia has opted for an open platform, meaning you can choose the technology vendor of your choice that meets the 6 Federal Minimum requirements.

- Introduction and background
- The Technology; types, additional optional components
- What EVV includes and how it assists providers
- How EVV actually functions

The clock is ticking. The claims testing phase begins July 1, 2019. Not sure where to begin? This workshop is for you. Join us to receive the details needed to help you select the system that will work best for your agency. Attendees will receive tools and resources, including a list of EVV vendors and recommended questions you should be asking of them.



Marcia Tetterton, MS, CAE
Executive Director

May 14, 2019

AM Session: 10:00am - 11:30am

PM Session: 2:00pm - 3:30pm

Small group setting- limited seating!

3761 Westerre Parkway, Suite B, Henrico, VA 23233

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REGISTRATION

EVV- The Basics

May 14, 2019

The Virginia Association for Home Care and Hospice
 Conference Room
 3761 Westerre Pkwy, Suite B, Henrico, VA 23233

Choose your session: *Select one*

- AM Session: 10:00am - 11:30am**
 PM Session: 2:00pm - 3:30pm

Cancellation Policy: There are NO refunds. Your registration indicates your commitment to participate. Substitutions are permitted and encouraged.

	Registration Fee	
EVV- The Basics	\$199	

REGISTRATION

Attendee Name _____ Agency Name _____
 Agency Address _____ City, State, Zip _____
 Attendee email _____
 Phone _____ Alternate email _____

PAYMENT

I owe \$ _____ Check payable to is **VAHC** enclosed Charge my Visa/MC
 Credit Card Number _____
 Expiration Date _____ Security Code _____
 Name (as it appears on card) _____
 Address (of cardholder) _____
 Email (for credit card receipt) _____
 Signature (required) _____

SUBMIT FORM

Mail	Fax	Email
Virginia Association for Home Care and Hospice 3761 Westerre Pkwy. Suite B Henrico, VA 23233	804-288-3303	dblom@vahc.org

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