2021 Electronic Visit Verification (EVV) Archived Policies

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EVV Visit Maintenance Policy, Effective July 1, 2021 – Aug. 31, 2021

Policy

Effective July 1, 2021, the Texas Health and Human Service Commission (HHSC) revised the Electronic Visit Verification (EVV) Visit Maintenance Policy to:

- Require the program provider, Financial Management Services Agency (FMSA) or Consumer Directed Services (CDS) employer ensure that each EVV visit transaction is complete, accurate and validated.
- Incorporate the Visit Maintenance: Last Visit Maintenance Date Policy.
- Incorporate the Visit Maintenance Unlock Request Policy.

Visit maintenance is the process used by the program provider, FMSA or CDS employer to correct the identification and visit data in the EVV system to accurately reflect the delivery of service. EVV visit maintenance is similar to correcting a paper timesheet. Instead of making the correction on the paper timesheet, the program provider, FMSA or CDS employer will make the correction in the EVV system. For more information about identification and visit data, see the EVV Data Collection Policy.

The program provider, FMSA or CDS employer must complete all required visit maintenance and ensure the EVV visit transaction is accepted by the EVV Aggregator before a program provider or FMSA submits an EVV claim. If additional visit maintenance is completed after a claim is submitted, the program provider or FMSA must submit an adjusted claim to match the updated visit transaction.

If a program provider or FMSA submits an EVV claim before required visit maintenance is complete, the payer (HHSC or a managed care organization) may deny or recoup the EVV claim as part of contract oversight.

If a program provider or FMSA delegates visit maintenance responsibilities to a third party (such as a sub-contractor), the program provider or FMSA is always responsible for actions taken by the third party.

If the program provider or FMSA delegates visit maintenance responsibilities to a third party, the program provider or FMSA is responsible for any actions taken by the third party and must ensure that the third party follows all privacy and security protocols, including when the sub-contractor or third party accesses EVV data.

If the CDS employer delegates visit maintenance responsibilities to their Designated Representative (DR), the CDS employer is responsible for any actions taken by their DR and must ensure that the DR follows all privacy and security protocols, including when the DR accesses EVV data.

Required Visit Maintenance

The program provider, FMSA or CDS employer must complete visit maintenance when the:

- EVV system cannot "auto-verify" (automatically confirm an EVV visit based on existing identification and visit data in the EVV system).
- EVV system identifies exceptions (errors).
- EVV Aggregator (centralized database that collects, validates and stores statewide EVV visit data transmitted by an EVV system) rejects the EVV visit transaction due to incorrect or missing data.
- Program provider, FMSA or CDS employer reduces bill hours (quarter hour increments) after the EVV system auto-verifies the EVV visit transaction.
- EVV system is unavailable.
- Service provider or CDS employee fails to use the EVV system.

Auto Verification, Exceptions and Schedules

Auto Verification

Each time a service provider or CDS employee clocks in or clocks out during service delivery, the EVV system will:

- Record the visit data.
- Verify the clock in and clock out method.
- Compare the visit data to the member's data in the EVV system.

If all the visit data and the identification data in the EVV system match, the EVV system will automatically verify the visit, also known as "auto-verify" or "auto-confirm." An auto-verified visit means the EVV system found no exceptions or errors.

If the EVV visit transaction is missing a clock in or a clock out or if the data collected at the time of clock in or clock out does not match the data elements in the EVV system, the EVV system will notify the program provider or FMSA of an exception. The program provider, FMSA or CDS employer must clear all exceptions through visit maintenance.

Clearing Exceptions

The EVV system may generate one or more exceptions when the EVV system cannot auto-verify the data collected at the time of clock in or clock out.

To clear an exception, the program provider, FMSA or CDS employer must complete visit maintenance in the EVV system by:

Updating the identification or visit data for a member, if required. (Refer to the EVV Data Collection Policy for more information)

- Selecting the most appropriate EVV Reason Code(s), if required.
- Confirming the visit.

Selecting the most appropriate EVV reason code(s) explains the reason for completing visit maintenance. The process involves:

- Selecting an EVV Reason Code Number.
- Selecting an EVV Reason Code Description.
- Entering required free text, if applicable.

Refer to the EVV Reason Code Policy and Current HHSC EVV Reason Codes for more information.

The following are some examples that describe when the EVV system will not auto-verify a service visit:

- Clock in or clock out time is less than or greater than an existing scheduled visit in the EVV system
- Clock in time or clock out time is missing
- Service delivery is outside the home and the service provider or CDS employee is not using the mobile method to clock in or clock out
- Service provider or CDS employee calls from a number not registered in the member's profile

Program policy requirement for schedules

Program providers must enter schedules in the EVV system if program policy or rule requires schedules in the EVV system.

CDS employers may choose to use a schedule regardless of the program requirement. CDS employers should communicate with their FMSA to determine the use of schedules.

The EVV system and schedules

The EVV system does not require schedules. If program policy does not require entering schedules into the EVV system, schedules are optional.

A schedule in the EVV system documents the planned begin and end time when the service provider or CDS employee will provide authorized services to a member (a person receiving Medicaid services).

If a schedule is entered into the EVV system, the EVV system compares the following data elements collected at the time of clock in and clock out with the schedule entered in the EVV system for the member:

- Visit date
- Visit begin and end time
- Service provider or CDS employee name
- Visit duration
- Service type for the visit

If the data elements collected at time of clock in and clock out match the schedule entered in the EVV system, the EVV system will auto-verify without exceptions.

If the data elements collected at time of clock in and clock out do not match the schedule entered in the EVV system, the EVV system will flag the exception for visit maintenance.

No Schedules

If there is no schedule in the EVV system for an EVV visit, the EVV system will validate the following data elements:

- The identity of the service provider or CDS employee
- The identity of the member
- The actual hours worked
- The clock in and clock out method(s)
- The service type for the visit

If the above data elements match the data in the member's profile, the visit will auto-verify without exceptions.

If any of the above data elements do not match, the EVV system will not auto-verify the EVV visit and visit maintenance must be completed.

Manually Entered EVV Visits

When the service provider or CDS employee fails to clock in or clock out of the EVV system or an approved electronic verification method is not available, the program provider, FMSA or CDS employer must manually enter the EVV visit into the EVV system.

Manually entered visits will negatively impact the EVV Usage Score. Refer to the EVV Compliance Oversight Reviews Policy for more information.

If the service provider or CDS employee fails to clock in or clock out of the EVV system for any reason, program providers, FMSAs or CDS employers must complete the following steps:

- Verify the service provider or CDS employee delivered services according to program policy and requirements
- Receive and retain service delivery documentation from the service provider or CDS employee. Service delivery documentation must include the following visit data:
  - Member Name
  - Date of the Visit
  - Actual Time In and Actual Time Out
  - Service provider and CDS employee First and Last Name
  - Location of the Visit; in the home or in the community
  - CDS employee and CDS employer signature, for CDS
  - Any additional program requirements for documenting service delivery
- Enter visit data manually into the EVV system
- Complete visit maintenance using the most appropriate EVV Reason Code(s), EVV Reason Code Description(s) and free text, if applicable
- Ensure the visit is accepted at the EVV Portal

EVV System Validation

Once the EVV system has verified a visit, the EVV system conducts additional system validation checks on the EVV visit transaction before sending the EVV visit transaction to the EVV Aggregator.

The EVV system validation ensures the identification data and visit data is in the correct format and compares the critical data elements to Texas Medicaid data stored at Texas Medicaid and Healthcare Partnership (TMHP).

An EVV system must perform the following types of system validation before sending an EVV visit transaction to the EVV Aggregator:

- Verifies that no required visit data elements are missing
- Verifies that all required visit data elements are in the correct format (length, alphanumeric, only valid values)
- Verifies that all required identification data elements are in the correct format (NPI, API, Provider Number)

- Verifies the service group and service code or Healthcare Common Procedure Coding System (HCPCS) and modifier combination is valid for the member or EVV visit transaction.

If an EVV visit transaction fails the system validation, the EVV system will:

- Not send the EVV visit transaction to the EVV Aggregator.
- Notify the program provider, FMSA or CDS employer of the exceptions that must be corrected.

To clear EVV system validation exceptions, the program provider, FMSA or CDS employer must complete visit maintenance. Once the program provider, FMSA or CDS employer clears the exceptions, the EVV system will send the EVV visit transaction to the EVV Aggregator for final processing.

EVV Aggregator Validation

The EVV Aggregator performs numerous validations of all data elements on the EVV visit transaction. The EVV Aggregator validations include verifying the:

- NPI or API for the program provider or FMSA to ensure it is active for the visit date.
- Provider Number is valid for the NPI or API on the visit date.
- Member's payer matches the Medicaid data.
- Member has Medicaid eligibility for the visit date.
- Service group, service code or HCPCS and Modifier on the visit date.

Based on the above validations, the EVV Aggregator will either accept or reject the EVV visit transaction received from an EVV system then display the status in the EVV Portal.

After the EVV Aggregator accepts an EVV visit transaction, the program provider or FMSA can submit an EVV claim associated with the EVV visit transaction.

When the EVV Aggregator rejects an EVV visit transaction, the EVV Aggregator returns the EVV visit transaction to the EVV system with the reason for the rejection (rejection code). The program provider, FMSA or CDS employer must complete visit maintenance. After visit maintenance is complete the program provider or FMSA must resubmit the EVV visit transaction to the EVV Aggregator.

EVV Visit Maintenance Time frames

Program providers, FMSAs and CDS employers have 95 calendar days from the date of service delivery to complete visit maintenance; this is known as the visit maintenance time frame. HHSC may extend the visit maintenance time frame as needed.

After the visit maintenance time frame has expired, the EVV system locks the EVV visit transaction and the program provider, FMSA or CDS employer may only complete visit maintenance if the payer approves a Visit Maintenance Unlock Request.

EVV Visit Maintenance Unlock Request

A Visit Maintenance Unlock Request allows a program provider, FMSA or CDS employer the opportunity to correct data element(s) on an EVV visit transaction(s) after the visit maintenance time frame has expired.

A program provider, FMSA or CDS employer may request the payer unlock EVV visit transaction(s) for visit maintenance. If the request is submitted by the CDS employer, the CDS employer must notify their FMSA in writing.

Approvals and denials of Visit Maintenance Unlock Requests are at the payer's discretion and are determined on a case-by-case basis. If the request is submitted by the CDS employer and the payer has approved or denied the request, the payer must also notify the FMSA.

The payer will deny requests to create manual visits after the visit maintenance time frame unless the reason for creating a manual visit is due to payer or EVV system error.

Making corrections to EVV visit transactions during a Long-Term Care Fee-for-Service (LTC FFS) contract monitoring review or after it has occurred will not change any type of contract action (recoupment, settlement reviews, etc.) taken as result of the LTC FFS contract monitoring review.

Unlock Request Process

To request an unlock of EVV visit transaction(s) for visit maintenance after the visit maintenance time frame has expired, program providers, FMSAs and CDS employers must complete a Visit Maintenance Unlock Request found on the payer's website.

Initial Request to Payer

Payers must process Visit Maintenance Unlock Requests from the program provider, FMSA or CDS employer within the following time frames:

- Ten business days after receiving a **secure and complete request**
    - Email requests not sent securely may result in the payer denying the request due to a violation of the Health Insurance Portability and Accountability Act (HIPAA).
    - Contact the payer for assistance with sending a secure email request.
- Thirty business days after receiving a secure and complete request
    - If the request was submitted as supporting documentation of a claims appeal.

Payer Request for Additional Information

The payer may request additional information from the program provider, FMSA or CDS employer. The program provider, FMSA or CDS employer must submit the additional information back to the payer within the following time frames:

- Ten business days of the request for additional information
    - If the payer does not receive the additional information within 10 business days, the payer may deny the request and the program provider, FMSA or CDS employer must submit a new Visit Maintenance Unlock Request.
- Fifteen business days of the request for additional information
    - If the request for additional information is part of a claims appeal.

Payer Denial of Request

If the payer denies the request, the payer:

- Must notify the program provider, FMSA or CDS employer through email within 10 business days of the request with the reason for the denial.
    - The email notification must include at a minimum the following information on how to:
        - Submit a new Visit Maintenance Unlock Request
        - Request a claims appeal
        - Submit a formal complaint against the payer

The payer may automatically deny a Visit Maintenance Unlock Request for the following reasons:

- The request was not sent through a secure method
- The request is incomplete or missing required information

Payer Approval of Request

If the payer approves the Visit Maintenance Unlock Request, the payer will:

- Send the approved Visit Maintenance Unlock Request to the EVV vendor or EVV Proprietary System Operator (PSO) within three business days of the approved request.
  - Only approved data elements listed on the Visit Maintenance Unlock Request will be unlocked for editing.
  - The EVV vendor or EVV PSO must only allow changes to the fields approved by the payer.

Payer Incorrect, Incomplete, or Retroactive Authorization Approvals

The payer must approve the Visit Maintenance Unlock Request under the following circumstances:

- When the payer previously provided incorrect or incomplete information on the prior authorization for a member and the updated authorization will require updates to EVV visit transactions outside of the EVV visit maintenance time frame.
- When the payer submits a retroactive authorization for a member that will require the program provider, FMSA or CDS employer to resubmit an EVV visit transaction or EVV claim outside of the EVV visit maintenance time frame.
- Upon request by HHSC and within the initial request time frame specified in this policy.

EVV Vendor and EVV PSO Approval and Denial

Once the EVV vendor or EVV PSO receives the approved Visit Maintenance Unlock Request from the payer, the EVV vendor or EVV PSO must validate the information submitted.

The EVV vendor and EVV PSO have 10 business days from receipt of the approved Visit Maintenance Unlock Request to complete visit maintenance or schedule a meeting with the program provider, FMSA or CDS employer to complete visit maintenance.

If the information submitted by the program provider, FMSA or CDS employer is incorrect, invalid or missing data elements, the EVV vendor will:

- Not unlock EVV visit transaction(s) for visit maintenance.
- Return the Visit Maintenance Unlock Request to the program provider, FMSA or CDS employer.

- Notify the payer, program provider, FMSA or CDS employer why the EVV visit transaction(s) cannot be unlocked for visit maintenance.

If the information submitted by the program provider, FMSA or CDS employer is incorrect, invalid or missing data elements, the EVV PSO will:

- Not unlock EVV visit transaction(s) for visit maintenance.
- Notify the payer, program provider, FMSA and CDS employer (if applicable) why the EVV visit transaction(s) cannot be unlocked for visit maintenance.

Once the information is corrected, the program provider, FMSA or CDS employer must submit a new Visit Maintenance Unlock Request to the payer.

Visit Maintenance and Billing EVV Claims

It is the responsibility of the program provider, FMSA and CDS employer to ensure all required data elements are correct and visit maintenance is completed prior to the program provider or FMSA submitting an EVV claim to the appropriate claims management system.

If the program provider, FMSA or CDS employer needs to complete visit maintenance on an accepted EVV visit transaction that has already been billed, the program provider or FMSA must:

- Complete visit maintenance on the EVV visit transaction(s).
- Ensure the EVV Aggregator accepts the corrected EVV visit transaction.
- Resubmit the EVV claim in accordance with the payer’s corrected claim process (e.g. negative bill the original claim and resubmit a corrected claim).

Note: The EVV Visit Maintenance Unlock Request does not override the timely filing deadline for submission of a new and corrected claim.

Last EVV Visit Maintenance Date

The Last Visit Maintenance Date field on the EVV visit transaction identifies the last date visit maintenance was completed. Payers may review the Last Visit Maintenance Date on the EVV visit transaction and the date and time TMHP received the associated EVV claim.

If the Last Visit Maintenance Date is after the EVV claim receipt date, the EVV claim is subject to recoupment. To avoid recoupment, program providers and FMSAs must submit an adjusted claim if visit maintenance is completed after initial claim submission.

The EVV system will update the Last Visit Maintenance Date when any of the following fields are updated:

- API
- NPI
- Contract Number
- Member Medicaid Number
- Service Group
- Service Code
- HCPCS Code
- Modifier
- Clock in and clock out time
- Bill Hours
- Units
- Adding a Reason Code Number
- Adding a Reason Code Description
- Entering Reason Code Free Text

The program provider or FMSA may review the Last Visit Maintenance Date on the EVV Visit Log Report and the EVV visit detail screen located in the EVV Portal.

EVV Rounding Rules

The EVV system calculates bill hours on an EVV visit transaction by rounding the actual hours worked to the nearest quarter hour increment.

The EVV system rounds up to the next quarter hour increment when the actual hours worked is eight minutes or more than the previous quarter hour increment. The EVV system rounds down to the previous quarter hour increment when the actual hours worked is seven minutes or less from the previous quarter hour.

Actual Hours Worked	Quarter Hour Increment	Bill Hours
0 – 7 minutes	0 minutes	0.00
8 – 22 minutes	15 minutes	0.25
23 – 37 minutes	30 minutes	0.50
38 – 52 minutes	45 minutes	0.75
53 – 67 minutes	60 minutes or 1 hour	1.00

Rounding rules examples:

- If a service provider works 2 hours and 53 minutes of actual hours for a shift, the bill hours will round up to three hours.
- If a service provider works 2 hours and 52 minutes of actual hours for a shift, the bill hours will round down to 2.75 hours.
- If a service provider works 4 hours and 10 minutes of actual hours for a shift, the bill hours will round up to 4.25 hours.
- If a service provider works 4 hours and 6 minutes of actual hours for a shift, the bill hours will round down to 4 hours.

The EVV system **does not** round each clock in or clock out time. The EVV system only rounds the total duration of the actual hours worked for each visit.

The program provider, FMSA or CDS employer may downward adjust bill hours if the actual hours worked, captured in the EVV system, are incorrect or if the program provider or FMSA intends to bill Medicaid for less time than actual hours worked in the EVV system.

The program provider, FMSA or CDS employer may never increase bill hours beyond the actual hours worked.

Program providers and FMSA must bill according to the EVV Service Bill Codes Table and follow program rules and policies, including any additional program or MCO requirements regarding rounding.

EVV Visit Maintenance Reduction Features

EVV visit maintenance reduction features are available in the EVV vendor systems for all program providers and FMSAs who enter schedules in the EVV system.

These features do not apply when the program provider or FMSA has not entered a schedule in the EVV system.

EVV visit maintenance reduction features help to:

- Reduce visit maintenance.
- Increase auto-verified visits.
- Provide more flexibility for clocking in or out of the EVV system.

Note: When EVV visit maintenance reduction features are enabled, the program provider or FMSA must check with their EVV vendor to verify how the features are applied.

Call Matching Window

The 24-hour call matching window is an EVV system default setting that is in effect when using schedules and allows a visit to auto-verify if the EVV visit is delivered for the duration of the scheduled visit on the scheduled day.

The visit must occur between 12:00 a.m. and 11:59 p.m. on the scheduled day and the duration of the EVV visit (represented in bill hours) must equal the duration of the scheduled visit. The visit will auto-verify if there are no additional flagged exceptions for the EVV visit.

For example:

- The schedule in the EVV system is 10:00 a.m. – 12:00 p.m., the duration of the scheduled visit is two hours.
  - The service provider or CDS employee clocked in at 8:00 a.m. and clocked out at 10:07 a.m., actual hours worked are 2 hours and 7 minutes.
  - The EVV system will automatically round down the bill hours to 2 hours.
  - The EVV system will auto-verify the EVV visit to the schedule in the EVV system if no other exceptions are flagged.
  - If the service provider or CDS employee clocked out at 10:08 a.m., the EVV system will round up to the next quarter hour increment (2.25 bill hours), and the EVV visit will **not** auto-verify to the schedule in the EVV system because the bill hours are .25 over the scheduled visit of two hours.

Optional Expanded Time for Auto-Verification

The Optional Expanded Time for Auto-Verification is a feature that the program provider or FMSA must enable to allow a visit to auto-verify if the duration of the EVV visit is no more than .25 bill hours greater or less than the duration of the scheduled visit with no additional flagged exceptions.

An example of a scheduled EVV visit auto-verifying:

- The schedule in the EVV system is 1:00 p.m. to 3:00 p.m., the duration of the scheduled visit is 2 hours.
  - The program provider or FMSA has enabled the Optional Expanded Time for Auto-Verification.
  - The service provider or CDS employee clocked in at 12:45 p.m. and clocked out at 3:00 p.m.

  - The actual hours worked are 2 hours and 15 minutes which rounds to 2.25 bill hours.
  - The EVV visit will auto-verify because 2.25 bill hours is .25 bill hours greater than the scheduled duration of the EVV visit.

An example of a scheduled EVV visit **not** auto-verifying:

- The schedule in the EVV system is 1:00 p.m. to 3:00 p.m., the duration of the scheduled visit is 2 hours.
  - The program provider or FMSA has enabled the Optional Expanded Time for Auto-Verification.
  - The service provider or CDS employee clocked in at 12:45 p.m. and clocked out at 3:09 p.m.
  - The actual hours worked are 2 hours and 24 minutes which rounds to 2.50 bill hours.
  - The EVV visit will **not** auto-verify because 2.50 bill hours is not within .25 bill hours of the scheduled duration of the EVV visit.

Optional Automatic Downward Adjustment

The Optional Automatic Downward Adjustment is a feature that the program provider or FMSA must enable to adjust bill hours automatically downward by .25 to match the duration of the scheduled visit. This optional adjustment is only available if the program provider or FMSA also enables the Optional Expanded Time for Auto-Verification in the EVV system.

The Optional Automatic Downward Adjustment only applies to bill hours and does not change actual hours worked.

For example:

- The schedule in the EVV system is 1:00 p.m. – 3:00 p.m., the duration of the scheduled visit is 2 hours.
  - The program provider or FMSA has enabled the Optional Automatic Downward Adjustment and Optional Expanded Time for Auto-Verification.
  - The service provider or CDS employee clocked in at 12:45 p.m. and clocked out at 3:00 p.m.
  - The actual hours worked are 2 hours and 15 minutes which rounds to 2.25 bill hours.
  - 2.25 bill hours is within .25 bill hours of the scheduled duration of the EVV visit.

- The EVV visit will auto-verify and automatically downward adjust the bill hours to 2.00.

Important Note: EVV PSOs may also choose to offer EVV visit maintenance reduction features.

Program providers, FMSAs or CDS employers must follow the members' authorized service plan. Although EVV Visit Maintenance Reduction features are available and add some flexibility, the needs of the member must always come first.

For example, if a member needs their service provider or CDS employee to be at the home at the scheduled time of 8:00 a.m. to receive help getting out of bed, the service provider or CDS employee must be there on time. The program provider, FMSA and CDS employer must document all situations as needed and in accordance with program policy and licensure requirements.

Temporary Policies

180 Day & 90 Day Visit Maintenance Temporary Policy

This policy replaces the *Electronic Visit Verification Temporary 90 day Visit Maintenance Policy* that was posted on December 30, 2020 and went into effect January 1, 2021.

Effective January 1, 2021 through June 30, 2021, the Health and Human Services Commission (HHSC) is extending the visit maintenance timeframe for all program providers, financial management services agencies (FMSAs) and CDS employers required to use Electronic Visit Verification (EVV). The standard visit maintenance timeframe is 60 days. The extended visit maintenance timeframes are as follows:

- For dates of service January 1, 2021, through March 31, 2021, the visit maintenance timeframe is extended from 60 days to 180 days.
- For dates of service April 1, 2021, through June 30, 2021, the visit maintenance timeframe is extended from 60 days to 90 days.

The purpose of these temporary changes is to allow Cures Act program providers, FMSAs and CDS employers who are new to EVV more time to complete visit maintenance and correct data elements.

These extensions allow **all** program providers, FMSAs and CDS employers more time to:

- Adjust to using an EVV system.
- Correct EVV visit transactions in the EVV system by completing visit maintenance.

- Ensure an EVV visit transaction is accepted in the EVV Portal for each date of service before billing an EVV claim.

Program providers, FMSAs and CDS employers are responsible for ensuring data elements in the EVV system are accurate and complete. Missing or incorrect data elements in the EVV system will result in rejected EVV visit transactions and denied or recouped EVV claims.

Temporary Electronic Visit Verification Policies for Severe Winter Weather

In response to the severe winter weather between February 12, 2021 and February 19, 2021, Health and Human Services Commission (HHSC) is issuing the following guidance and flexibilities for electronic visit verification (EVV).

This guidance is for program providers, financial management services agencies (FMSAs) and consumer directed services (CDS) employers required to use EVV.

Use of the EVV System

All service delivery for an EVV-required service must be documented in the EVV system. If an electronic verification method (home phone landline, mobile, or alternative device) was not available due to the winter weather, service attendants and CDS employees must make best efforts to document service delivery visits on paper or through other methods.

For visits which were not recorded using an electronic verification method, program providers, CDS employers and FMSAs must:

- In accordance with Electronic Visit Verification 180 Day & 90 Day Visit Maintenance Temporary Policy, create manual visits in the EVV system based on the manual service delivery information, and ensure the visit is accepted into the EVV Aggregator/Portal within 180 calendar days from the date of the visit.
- Keep all supporting service delivery documentation available. For example, paper timesheets, notes, or other information used to verify services were delivered.

EVV Reason Code

Use the following EVV reason code when performing visit maintenance on visits affected by the winter weather (including creating manual visits):

- Reason Code: Disaster
  Number: 130
  Description: C – Ice/snow storm

When using reason code 130 C – Ice/snow storm, any missing actual clock in or clock out time not electronically captured by the EVV system must be documented in the free text.

Program providers, FMSAs and CDS employers may, but are not required to, use additional reason codes to document additional specific information related to the exception.

EVV Visit Maintenance Completion Timeframe

HHSC recently announced a temporary visit maintenance extension. Visits which occurred during the winter weather are covered by this extension. Program providers, FMSAs and CDS employers have 180 days from the date of the visit to complete visit maintenance.

EVV Claims Matching

EVV claims matching will not be performed for EVV claims received by the Texas Medicaid and Healthcare Partnership (TMHP) after March 9, 2021, 9:00 p.m. Central Time, with dates of service between February 10, 2021 and February 24, 2021.

- Claims which meet the criteria will display “EVV08 - Natural Disaster” in the Claims Match Result field within the EVV Portal.
  - When receiving “EVV08 - Natural Disaster,” program providers and FMSAs can refer to the Informational Match Result field within the EVV Portal to see the result of the claims matching process. Read the June 29, 2020 TMHP EVV Portal Improvements and Training Updates Available article for more information.
- Claims will be forwarded to the appropriate payer with match code EVV08 and will not be denied for an EVV mismatch.
- Program providers and FMSAs must:
  - Bill in accordance with the member’s authorization.
  - Only bill for actual hours worked.
  - Ensure all required visit maintenance is completed within 180 calendar days from the date of the visit.
  - Ensure EVV visit transactions which support the claim are accepted into the EVV Aggregator/Portal within 180 calendar days from the date of the visit.

Claims are subject to retrospective review by the payer. Program providers must have an accepted EVV visit transaction that supports the billed claim in the EVV Aggregator/Portal within 180 calendar days from the date of the visit, or claims may be recouped. Program providers and FMSAs can use the EVV Claims Match Reconciliation Report in the EVV Portal to monitor claims that still require matching EVV visits.

Billing Prior to Completing Visit Maintenance

For dates of service between February 10, 2021 and February 24, 2021, program providers and FMSAs may submit a claim for an EVV-required service prior to completing all required visit maintenance.

CDS Payroll

FMSAs should work with their CDS employers to ensure timely payment to CDS employees. FMSAs must accept paper timesheets instead of EVV visit records for payroll periods impacted by the winter weather.

FMSAs must:

- Inform CDS employers of the process for submitting paper timesheets to the FMSA.
- Inform CDS employers of the FMSAs' process for manually entering time into the EVV system when an electronic verification method is not used. As indicated above, the FMSA or CDS employer must create visits in the EVV system based on the manual service delivery information and ensure the visit is accepted into the EVV Aggregator/Portal within 180 calendar days from the date of the visit.
- Work with CDS employers to reconcile paper timesheets with EVV within 180 days.

If the CDS employee was unable to use the EVV system due to the winter weather, **CDS employers** should:

- Have CDS employees document their visits for EVV-required services on a paper timesheet.
- Continue to verify and approve CDS employee timesheets and keep a copy of the documentation.
- Work with their FMSA to reconcile paper timesheets with EVV within 180 days.

For additional information, refer to Cures Act EVV: Guidance to Ensure On-Time Payment to CDS Employees for Services Done on and After Jan. 1.

Email questions to Electronic_Visit_Verification@hhsc.state.tx.us.