Introduction

The Health and Human Services Commission (HHSC), Managed Care Organizations (MCOs), and Texas Medicaid & Healthcare Partnership (TMHP) are hosting a series of Question and Answer (Q&A) webinars to prepare for the implementation of EVV as required by the federally mandated 21st Century Cures Act.

The Q&A webinars give participants an opportunity to ask questions regarding the implementation of EVV.
Webinar Agenda

Our goal today is to provide helpful information and best practices related to EVV claims.

Today’s webinar consists of the following EVV topics:

• Electronic EVV Claim Submission
• EVV Claim Denials Begin Nov. 1, 2019 for Fee-for-Service
• Top Three EVV Claim Mismatches
• EVV06 Units Mismatch Examples
• EVV Claims – Single Date and Range of Service Dates (Span Billing)
• EVV Training Resources
How to Ask Questions

• All questions will be received through the Questions pane of GoToWebinar.
• Questions will be answered in the order they are received.

• To ask a question during the webinar:
  1. Type your question in the Questions pane.
  2. Click send.
Electronic EVV Claims Submission
Electronic Claims Submission Overview

- Program providers and financial management services agencies (FMSAs) must submit EVV claims electronically to Texas Medicaid & Healthcare Partnership (TMHP).
- Paper claims are not accepted for EVV services.
- Claims can be submitted electronically using TexMedConnect or using Electronic Data Interchange (EDI).
- The next slides will provide information about who can use TexMedConnect and EDI, and what is required to use each.
Electronic Claims Submission: TexMedConnect

- TexMedConnect is a free, web-based claims submission application provided by TMHP.
- There are two versions of TexMedConnect:
  - Acute Care FFS
  - Long-Term Care (LTC) FFS
- If you are currently submitting EVV claims through TexMedConnect, then you will continue to submit EVV claims through TexMedConnect (no changes).
- TexMedConnect user guides are located on the TMHP EDI webpage. Click TexMedConnect Info to view them.
- Program providers submitting claims through TexMedConnect do not need a Submitter ID or Receiver ID.
EDI

• EDI is an electronic mailbox used by third-party claim submitters (clearinghouses/vendors/software) for electronic claims submission to TMHP.
• A Submitter ID and Receiver ID are both required to submit claims to TMHP through EDI.
• If you or your third-party claim submitter needs assistance, refer to the TMHP EDI webpage: www.tmhp.com/Pages/EDI/EDI_Home.aspx
Submitter ID

• A Submitter ID is a unique nine-digit number provided by TMHP and is needed to submit claims to TMHP.
• The Submitter ID:
  • Is unique for each program provider or third-party claim submitter (clearinghouse/vendor/software).
  • Is necessary for all EDI (not TexMedConnect) claims submissions to TMHP.
• If you use a third-party claim submitter (clearinghouse/vendor/software) to submit claims, contact your third-party claim submitter to determine if a separate Submitter ID is required.
# Three Types of Submitter IDs

<table>
<thead>
<tr>
<th>Claim Type</th>
<th>Submitter ID Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acute care FFS claims</td>
<td>Compass 21 (C21) Submitter ID</td>
</tr>
<tr>
<td>• Managed care services claims, unless the program provider is managed care organization (MCO)-only enrolled</td>
<td></td>
</tr>
<tr>
<td>• LTC FFS claims</td>
<td>Claims Management System Submitter ID</td>
</tr>
<tr>
<td>• Managed care claims for MCO-only enrolled program providers who are not enrolled with TMHP</td>
<td>Long-term Services and Supports (LTSS) Submitter ID</td>
</tr>
</tbody>
</table>

Contact the TMHP EDI Help Desk at **1-888-863-3638**, **Option 4** to obtain a Submitter ID.
### Which Submitter ID Do I Need?

<table>
<thead>
<tr>
<th>Provider Identifier Number</th>
<th>Submitter ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Provider Identifier (TPI)</td>
<td><strong>C21 Submitter ID</strong> for all acute care FFS claims and MCO services claims</td>
</tr>
<tr>
<td>HHSC LTC provider number (formerly DADS contract number)</td>
<td><strong>Claims Management System Submitter ID</strong> for all LTC FFS claims</td>
</tr>
<tr>
<td>Neither a TPI nor an LTC provider number</td>
<td><strong>LTSS Submitter ID</strong> for all MCO services claims</td>
</tr>
<tr>
<td>HHSC LTC provider number, but not a TPI</td>
<td><strong>LTSS Submitter ID</strong> for all MCO services claims</td>
</tr>
</tbody>
</table>
Receiver ID

• A Receiver ID is one of three unique numbers assigned by TMHP.
  • Each unique Receiver ID is associated with a specific TMHP claims system.
  • A program provider must use the correct Receiver ID according to the claim type listed below when submitting claims to TMHP.

<table>
<thead>
<tr>
<th>Claim Type</th>
<th>Receiver ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care FFS and managed care</td>
<td>617591011C21P</td>
</tr>
<tr>
<td>LTC FFS</td>
<td>617591011CMSP</td>
</tr>
<tr>
<td>MCO-only enrolled LTSS</td>
<td>617591011LTSSP</td>
</tr>
</tbody>
</table>
Submitter ID and Receiver ID Combinations

Effective for dates of service on or after Sept. 1, 2019, program providers must use the following correct Submitter ID and Receiver ID combinations to submit EVV claims to TMHP using EDI.

<table>
<thead>
<tr>
<th>Payer</th>
<th>Program Provider Type</th>
<th>Submitter ID</th>
<th>Receiver ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHSC</td>
<td>Acute care FFS</td>
<td>C21 Submitter ID</td>
<td>617591011C21P</td>
</tr>
<tr>
<td>MCOs</td>
<td>Program providers enrolled with TMHP that provide managed care services</td>
<td>C21 Submitter ID</td>
<td>617591011C21P</td>
</tr>
<tr>
<td>LTC</td>
<td>LTC FFS</td>
<td>Claims Management System Submitter ID</td>
<td>617591011CMSP</td>
</tr>
<tr>
<td>MCO (for LTSS services)</td>
<td>MCO-only enrolled program providers</td>
<td>LTSS Submitter ID</td>
<td>617591011LTSSP</td>
</tr>
</tbody>
</table>
EDI Claim Submission Tips

• If you have only submitted claims to TMHP, there is no change to your process.

• If you have only submitted claims to MCOs, you may need a new Submitter ID and Receiver ID.
  • Only Submitter IDs and Receiver IDs assigned by TMHP can be used to submit claims.

• If you have submitted claims to both MCOs and TMHP, verify the following in your billing software:
  • The correct TMHP Submitter ID (C21, Claims Management System, or LTSS) is being used based on the program provider type.
  • The correct TMHP Receiver ID is being used based on the program provider type.
Acute Care and LTC Claim Formats

- Claim format requirements for EVV services have not changed with implementation of the EVV Aggregator on Sept. 1, 2019.
- Use the claim formats below for LTC and acute care FFS claims:

<table>
<thead>
<tr>
<th>Payer (TMHP)</th>
<th>EVV Program Provider Type</th>
<th>Claim Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC (LTC FFS claims)</td>
<td>All program provider types</td>
<td>837P</td>
</tr>
<tr>
<td>HHSC (acute care FFS claims)</td>
<td>Home Health program providers (Provider type 44)</td>
<td>837I</td>
</tr>
<tr>
<td>HHSC (acute care FFS claims)</td>
<td>All other program provider types</td>
<td>837P</td>
</tr>
</tbody>
</table>

837P and 837I Companion Guides are located at: [www.tmhp.com/Pages/EDI/EDI_companion_guides.aspx](http://www.tmhp.com/Pages/EDI/EDI_companion_guides.aspx)
MCO and MCO-Only Enrolled LTSS Claim Formats

- Claim formats have not changed.
- Each payer may have specific requirements about which claim format can be used to bill EVV services. These requirements have not changed.
- Contact your payer with questions about the claim format.
Claims Submission Resources

• Refer to the EDI Companion Guides webpage on the TMHP website for additional information about TMHP claims submission.

• If you’re interested in using a third-party claim submitter, refer to the Approved Vendors link on the EDI Vendor Testing webpage for a list of EDI Version 5010 approved vendors.

• Refer to the EVV webpage on the TMHP website for up-to-date EVV news and information.

• Call the TMHP EDI Help Desk at 1-888-863-3638, Option 4, if you have questions or need to obtain a Submitter ID.
EVV Claim Denials Begin
Nov. 1, 2019 for FFS
EVV Claims Matching for FFS

• Effective Nov. 1, 2019, acute care and LTC FFS EVV claims with dates of service on or after Nov. 1, 2019, will be denied by TMHP if the data elements on the claim do not match the data elements on the EVV visit transaction.

• Program providers will no longer receive informational explanations of benefits (EOBs) for dates of service on or after Nov. 1, 2019.
EVV Claims Matching Review

For a refresher on the EVV claims matching process and data elements, refer to EVV Tool Kit Module 15: Best Practices to Avoid EVV Claim Mismatches.

To access it:

1. Type “EVV Tool Kit” in your Internet browser.
2. Click 21st Century Cures Act | Texas Health and Human Services.
3. In the EVV Tool Kit – Informational Updates section, click Module 15: Best Practices to Avoid EVV Claim Mismatches and open the PDF.

These are overall tips; next, we will talk about specific scenarios that are causing mismatches.
Top Three EVV Claim Mismatches for Programs and Services Currently Using EVV
Top Three EVV Claim Mismatches

Over the last month, the metrics have shown that the top three EVV claim mismatches are:

• EVV03 – Visit Date Mismatch
• EVV05 – Service Mismatch
• EVV06 – Units Mismatch

The following slides have examples of why these mismatches might occur, and best practices to avoid these EVV claim mismatches.
EVV03 – Visit Date Mismatch

This mismatch occurs when there are no accepted EVV visit transactions for the member and date of service on the EVV claim.

**Best practice:** Use the “Accepted Visit Search” tab in the EVV Portal to ensure an accepted EVV visit transaction exists for the dates of service.

- As a reminder, EVV visit transactions are sent from the EVV system to the EVV Aggregator on a nightly basis.
- EVV claims should not be submitted on the same day the EVV visit occurred.
EVV05 – Service Mismatch

EVV05 – Service Mismatch

• This mismatch occurs when the Healthcare Common Procedures Code System (HCPCS)/modifier combination on the EVV claim does not match the HCPCS/modifier on the EVV visit transaction.

• The HCPCS/modifier combination on the EVV visit transaction must be the same as the HCPCS/modifier combination on the EVV claim.
Best practice: Use the “Accepted Visit Search” tab in the EVV Portal to ensure the accepted EVV visit transaction has the correct HCPCS/modifier combination.

• If the HCPCS/modifier combination on the EVV visit transaction is correct, bill your EVV claim with that HCPCS/modifier.

• If the HCPCS/modifier combination on the EVV visit transaction is incorrect, perform visit maintenance.
  • After the EVV visit transaction has been updated and accepted in the EVV Portal, bill your EVV claim with that HCPCS/modifier combination.
EVV05 – Service Mismatch

A common scenario we have seen is program providers using old HCPCS/modifier combinations.

Best practice:
• Ensure EVV claims are submitted with the current HCPCS/modifier for the date of service.
• Check the [EVV Service Bill Codes table](#) on the HHSC EVV webpage for the correct HCPCS/modifiers.
EVV06 – Units Mismatch

This mismatch occurs when the number of units billed on an EVV claim do not equal the sum of billable units on the EVV visit transaction.

Best practice: Use the “Accepted Visit Search” tab in the EVV Portal to verify the total billable units on the EVV visit transaction, then use that amount on the EVV claim.
EVV06 – Units Mismatch Examples
EVV06 – Units Mismatch Examples Summary

Next, let’s review **three** specific examples that have been causing EVV06 – Units Mismatches for program providers recently:

1. Multiple visits on the same day
2. Fewer units on the EVV claim than the EVV visit transaction
3. More units on the EVV claim than the EVV visit transaction
EVV06 Example 1: Multiple Visits on the Same Day

Multiple visits on the same day: A separate EVV claim detail line is submitted for multiple visits on the same day for the same services for the same member.
Solution: The EVV claims matching process adds all billable units for the same day for the same services for the same member, when determining the claims match result. When billing for multiple visits on the same day, for the same services, and for the same member:

1. Verify all EVV visit transactions for the date of service are accepted in the EVV Portal.
2. Add up the billable units for visits.
3. Bill one claim detail line with the total billable units for all visits.
EVV06 Example 1: Multiple Visits on the Same Day (cont.)

Scenario

- Mike worked **2 hours** in the morning providing EVV services for Ethel.
- In the afternoon, Mike worked an additional **3 hours** providing the same EVV services for Ethel.

**Note:** In this scenario, 1 hour = 4 units
EVV06 Example 1: Multiple Visits on the Same Day (cont.)

Solution
After verifying that both EVV visit transactions are accepted in the EVV Portal, the program provider must bill 20 units on a single claim detail line.

2 hours (A.M.) x 4 units = 8 units
3 hours (P.M.) x 4 units = 12 units

**Total billable units = 20 units**
EVV06 Example 2: Fewer Units on Claim Than EVV Visit Transaction

Fewer units on claim than EVV visit transaction: The EVV claim is billed with fewer units than the billable units on the EVV visit transaction.

Solution: To bill fewer units than performed on the visit, you must complete EVV visit maintenance and downward adjust the billable units on your EVV visit transaction. The EVV visit transaction billable units must match the amount of billed units on the EVV claim.
EVV06 Example 2: Fewer Units on Claim Then EVV Visit Transaction (cont.)

Scenario
• Mary worked 5.5 hours (22 units), but there are only 5 hours (20 units) remaining on the authorization.

Note: In this scenario, 1 hour = 4 units

Solution
• The program provider has decided to bill 5 hours (20 units) to use the remaining hours on the authorization.
• The program provider must perform EVV visit maintenance to reduce the billable units on the EVV visit transaction from 22 units to 20 units.
• After the EVV visit transaction has been updated and accepted in the EVV Portal, the program provider can bill for 20 units.
EVV06 Example 3: More Units on Claim than EVV Visit Transaction

More units on claim than EVV visit transaction: The EVV claim is billed for more units than the amount of billable units on the EVV visit transaction.

Solution:
- Use the “Accepted Visit Search” tab in the EVV Portal to check the amount of billable units on the EVV visit transaction.
- Resubmit the claim for the number of units on the EVV visit transaction.
**Scenario**

- Tom was scheduled to work 3 hours (12 units) on Tuesday.
- Instead, Tom only worked for 2 hours (8 units) on Tuesday.

**Note:** In this scenario, 1 hour = 4 units

**Solution**

- The program provider will need to bill only for the 2 hours (8 units) that Tom actually provided EVV services.
- Before submitting the EVV claim, use the “Accepted Visit Search” tab in the EVV Portal to check the billable units on the EVV visit transaction.
EVV Claims – Single Date and Range of Service Dates (Span Billing)
EVV Claims – Billing Guidelines

• You must follow the billing guidelines of your payer.

• EVV claims can be submitted with a:
  • Single date of service.
  • Range of service dates (span billing).
Single Date of Service

When submitting an EVV claim for a single date of service, the billed units on the EVV claim detail line must match the combined total billable units of the EVV visit transactions for the associated service on that date.

Example: If the EVV claim detail line has 40 billed units, then the accepted EVV visit transactions for the associated date of service must have a combined total of 40 billable units for the service.
Range of Service Dates (Span Billing)

If span dates are allowed by your payer, make sure:

• Each date in the span has one or more matching EVV visit transactions.

• The total billed units on the EVV claim match the combined total billable units of the EVV visit transactions for the associated dates of service.

• There are no EVV claims with span dates that start prior to Sept. 1, 2019 (these EVV claims will be rejected).

• The claim should be split with dates prior to Sept. 1, 2019 and dates after Sept. 1, 2019.
EVV Training Resources
Best Practices to Avoid EVV Claim Mismatches

• As we mentioned earlier, you can refer to Module 15 of the EVV Tool Kit: Best Practices to Avoid EVV Claim Mismatches to review EVV claims best practices.

• This document includes suggestions intended to provide technical guidance and help program providers avoid EVV claim mismatches.

• To access it:
  • Type “EVV Tool Kit” in your Internet browser.
  • Click 21st Century Cures Act | Texas Health and Human Services.
  • In the EVV Tool Kit – Informational Updates section, click Module 15: Best Practices to Avoid EVV Claim Mismatches and open the PDF.
EVV Training Reminder

• As a reminder, EVV training is available in a variety of formats, including:
  • Instructor-led training (ILT)
  • Computer-based training (CBT)
  • Webinars
  • Job aids

• Per EVV Training Requirements policy effective Sept. 1, 2019, program providers currently required to use EVV must complete all required training by Dec. 31, 2019.
EVV Training Options

• HHSC and TMHP have been conducting EVV Roadshow classroom training across the state; the last sessions are in Brownsville Oct. 28-30.
  • Register on the HHS Learning Portal: https://learningportal.dfps.state.tx.us/
• HHSC and TMHP are providing EVV CBT modules as an option for those who cannot attend EVV Roadshow training on the HHSC and TMHP websites.
• HHSC and TMHP are providing EVV job aids on the HHSC and TMHP websites.
EVV Training Requirements and Options

Access the HHSC EVV Training Requirements and Options document to view EVV training requirements and training options that satisfy the requirements. To access this document:

1. Visit the HHS Learning Portal.
2. Click Courses.
3. Click Health and Human Services Commission Courses.
4. Click Electronic Visit Verification Training.

The document link is at the top of this site.
Other EVV Training Options

• TMHP EVV training, including infographics, computer-based training, and job aids are available on the TMHP LMS at learn.tmhp.com.

• Managed care providers should contact your MCO for additional EVV training.
Questions
Thank you

- Email EVV questions to: Electronic_Visit_Verification@hhsc.state.tx.us
- Email EVV Claims Submission and EVV Portal questions to: EVV@tmhp.com