HHSC Electronic Visit Verification

Live Questions and Answers Webinar
EVV Claims Process – Best Practices
September 23, 2019
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.
EVV FAQs

• After the Q&A webinar, the top 10 most frequently asked questions and any new questions that have never been answered before will be added to the HHSC Electronic Visit Verification Frequently Asked Questions on the EVV website.

• Questions and answers are organized by category.

• FAQs are updated regularly.
Webinar Agenda

Today’s webinar consists of the following EVV topics:

• Update on HHSC’s Request to Delay the EVV Start Date
• EVV Vendor Update
• Known Issues Related to Sept. 1, 2019 EVV Changes
• Common Troubleshooting Topics Related to Sept. 1, 2019 EVV Changes
• EVV Claims Process – Top Reasons for EVV Claim Mismatches/Best Practices to Avoid EVV Claim Mismatches
• 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.
EVV Start Date Delayed

This is an update for programs, services, and service delivery options that are not currently required to use EVV.

• **HHSC's request to delay** the Jan. 1, 2020 Electronic Visit Verification (EVV) start date for the programs, services, and service delivery options affected by 21st Century Cures Act was approved.

• **This delay only impacts programs, services and service delivery options which were scheduled to begin using EVV on Jan. 1, 2020** (listed on page one of [Programs and Services Required to Use EVV](#)).
EVV Start Date Delayed (Cont’d)

• HHSC is working on a revised implementation plan and will provide a new EVV start date and more details when they are available.

• Program providers, Financial Management Services Agencies (FMSAs), and Consumer Directed Services (CDS) employers affected by the delay should still prepare and train for EVV.
Reminder for Programs and Services Currently Required to Use EVV

• The EVV start date delay does not affect programs and services currently required to use EVV.

• Programs and services currently required to use EVV must continue to use EVV under state law and HHSC policy (listed on page three of Programs and Services Required to Use EVV).
EVV Vendor Update

• TMHP has selected EVV vendors according to HHSC EVV business and system rules, and the vendors are currently updating their systems according to HHSC requirements.

• Approved EVV vendors will be announced when system verification is complete.

• DataLogic/Vesta continues to support programs and services currently required to use EVV.

• Sign up for GovDelivery to receive email alerts about EVV.
Known Issues Related to Sept. 1, 2019 EVV Changes
Medicare and Medicaid Issue (Resolved)

The issue that caused EVV claims to be rejected or denied for dual eligible members is resolved.

Next Steps for Claims Resubmission:

1. Program providers with impacted EVV claims must resubmit the claims that were rejected or denied to TMHP.

2. After a claim is accepted by TMHP, the EVV claims matching process is performed immediately.

3. After the EVV claims matching process is performed, claims are forwarded to the appropriate payer for final processing within 24 hours.
Medicare and Medicaid Issue (Resolved) (Cont’d)

• Program providers should monitor the explanation of benefits (EOB) or explanation of payment (EOP) from their payer to determine if the claim was paid.

• For assistance with claims submission, contact the TMHP Electronic Data Interchange (EDI) Help Desk at 1-888-863-3638, Option 4.
Claims Issue with Procedure Code T1005 (Resolved)

- TMHP has identified and resolved an issue with some EVV claims that have been submitted with procedure code T1005.
- Program providers who experienced denials for claims with procedure code T1005 must resubmit the claims to TMHP.
- Please contact evv@tmhp.com if you still receive a denial for an invalid type of service.
Program providers who use the DataLogic Vesta Complete software for claims billing may have recently experienced intermittent network connectivity issues.

• The connectivity issue has been resolved. Program providers can continue to use the software for claims billing.

• **Note:** The issue only impacted claims billing through DataLogic Vesta Complete software and did not impact the processing of EVV visits with DataLogic Vesta EVV software.

• If you are experiencing connectivity issues with other billing software and TMHP, contact the TMHP EDI Help Desk at 1-888-863-3638, Option 4.
Common Troubleshooting Topics Related to Sept. 1, 2019 EVV Changes
Visit Rejections for Edit Ex00059C

Next, let’s cover some common troubleshooting topics related to the Sept. 1 EVV changes for program providers currently using EVV.

• One of the top reasons for rejected EVV visit transactions at the EVV Aggregator is edit Ex00059C “The EVV HCPCS Code and EVV Modifier combination on the EVV visit is not eligible for EVV.”

• To avoid EVV visit transaction rejections at the EVV Aggregator, EVV claim mismatches, and EVV claim denials, refer to the article on tmhp.com titled, “Urgent: Updates to STAR+PLUS LTSS Billing Matrix and Authorizations.”
Other Common Visit Rejection Reasons

Here are some of the other most common visit rejection edit codes and descriptions:

• Ex00031C - The Member's Payer on the EVV visit does not match our records for this Member.

• Ex00043C - The MCO Member SDA on the EVV visit does not match the Plan Code associated with the Member's payer.

• Ex00057C3 - The Member on the EVV visit is not authorized for this service group/service code on this visit date in our records.

• Ex0007C2 - Member on the EVV visit is not authorized for this Provider Number on this visit date in our records.
Other Common Visit Rejection Reasons (Cont’d)

• Ex0002C - Provider NPI cannot be validated as active for the visit date.
• Ex0001C - The Provider TIN on the EVV visit does not match our records for this provider.
• Ex00034C2 - The Member Medicaid ID on the EVV visit does not have active Medicaid eligibility for the visit date.
• Ex00034C1 - The Member Medicaid ID on the EVV visit is not found in our records.

• For assistance on troubleshooting these rejection reasons, program providers should refer to the article entitled “EVV Visit Transaction Edit Tips 09/23/2019” in the Publications section on the Vesta EVV Home Tab.
Accessing the EVV Portal

If you need help accessing the EVV Portal, refer to the instructions in the **EVV Portal Job Aid**. To access the job aid:

1. Visit **tmhp.com**.
2. Click **providers**.
3. Click **EVV**.
4. In the “TMHP and EVV” section, click the “**here**" link to access the EVV Training page.
5. Click the thumbnail image to open the job aid.
Some program providers are experiencing rejections for Error Code 1604 “BILLING PROVIDER TAXONOMY IS MISSING.” Acute Care service program providers must submit a taxonomy code when submitting electronic claims to TMHP.

- Claims submitted without a taxonomy code will be rejected.
- The taxonomy code must match what is on file for the program provider for accurate processing.
Claim Rejections for No Taxonomy Code (2 of 3)

• For Acute Care Services, program providers may go to the TMHP Portal on the Provider Information Management System (PIMS) page to view their taxonomy on file that was used during their provider enrollment process.

• Program providers enrolled with TMHP can update their taxonomy code information with Texas Medicaid by using the “Attest a National Provider Identifier (NPI)” page on www.tmhp.com. The available taxonomy code selections are auto populated according to the provider type and specialty associated with the Texas Provider Identifier (TPI) entered.
Claim Rejections for No Taxonomy Code (3 of 3)

• Long-Term Care, Long-term Services and Supports (LTSS), and MCO-only program providers are encouraged to submit a taxonomy code when submitting electronic claims to TMHP, as your MCO payer may be requiring taxonomy on their claims processing.

• A list of taxonomy codes can be obtained from the Washington Publishing Company website at www.wpc-edi.com/reference/.

• For questions regarding the use of taxonomy codes on TMHP claims submission, contact the TMHP EDI Help Desk at 1-888-863-3638, Option 4.
Submitter IDs for Claims Submission

Several questions have come in from program providers asking about submitter IDs for EVV claim submission. The following information on submitter IDs is for:

- Acute Care Service
- Long-Term Care (LTC) Service
- Long-term Services and Supports (LTSS) and MCO-Only

For questions about submitter IDs, contact the TMHP EDI Help Desk at 1-888-863-3638, Option 4.
Submitter IDs for Claims Submission: Acute Care Service

• Program providers enrolled with TMHP Acute Care will submit claims using a C21 submitter ID.
• If you already have a C21 submitter ID, a new one is not necessary. Contact the TMHP EDI Help Desk at 1-888-863-3638, Option 4, provide your C21 submitter ID, and request to verify if your submitter ID is set up for 837P and 837I transactions.
• If you do not have a current C21 submitter ID, contact the TMHP EDI Help Desk to request one.
• C21 Submitter IDs must use the Acute Care Receiver ID of 617591011C21P for production.
Submitter IDs for Claims Submission: Long-Term Care (LTC) Service

- Program providers who submit LTC fee-for-service claims using a CMS Submitter ID should continue to use their CMS Submitter ID for those claims.
- The receiver ID for CMS Submitter IDs is 617591011CMSP.
Submitter IDs for Claims Submission: Long-Term Services and Supports (LTSS) and MCO-Only

- Program providers not enrolled with TMHP Acute Care (i.e. MCO-Only Enrolled) will submit claims using an LTSS Submitter ID.
- If you have already contacted the EDI Help Desk to request an LTSS Submitter ID, no action is necessary.
- If you do not yet have an LTSS Submitter ID, please contact the TMHP EDI Help Desk at 1-888-863-3638, Option 4, to request one.
- LTSS Submitter IDs must use the LTSS Receiver ID of 617591011LTSSP for production.
Top Reasons for EVV Claim Mismatches/Best Practices to Avoid EVV Claim Mismatches
EVV Claims Matching

Since Sept. 1, program providers currently required to use EVV have been submitting claims for EVV-relevant services to TMHP. When TMHP receives claims for EVV-relevant services, the EVV claims matching process is performed.

The current claims match rate is at 95%+; program providers are doing a good job ensuring that visit transactions match EVV claims prior to billing.

Let’s discuss the top three reasons EVV claims have mismatched (since Sept. 1, 2019).
Top Reasons for EVV Claims Mismatch (1 of 3)

Reason #1:
Program providers are billing their claim as soon as the visit is entered.

Best Practice:
Wait until the visit transaction is accepted in the EVV Aggregator before billing the claim.
Top Reasons for EVV Claims Mismatch (2 of 3)

Reason #2:
EVV03 – Date of Service Mismatch.

Best Practice:
This means that the EVV Aggregator could not find a matching EVV visit transaction for the claim based on Date of Service (DOS). Please ensure that your claim has “Accepted” EVV visit transactions for all DOS covered by claim detail.
Top Reasons for EVV Claims Mismatch (3 of 3)

Reason #3:
EVV06 - Units Mismatch.

Best Practice:
This means that the EVV Aggregator found discrepancies in billed units on the EVV claim and the billable units on the accepted EVV visit transaction(s). Program providers should ensure that that the total units billed on the claim matches the total billable units of all accepted EVV visit transactions.
Avoiding EVV Claim Mismatches

To avoid EVV claim mismatches, refer to Module 15 of the EVV Tool Kit: Best Practices to Avoid EVV Claim Mismatches. This document includes suggestions intended to provide technical guidance and help program providers 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.
Best Practice #1

Before Submitting the EVV Claim:

#1: Check the EVV Portal to ensure the EVV visit transaction was accepted before submitting the EVV claim.
Best Practice #1 (Cont’d)

• Use the “Accepted Visit Search” tab in the EVV Portal to ensure the EVV visit transaction was accepted. If the EVV visit transaction was rejected, make corrections to the EVV visit transaction in the EVV vendor system (visit maintenance) and re-export the EVV visit transaction. Check the EVV Portal the following day to determine if it was accepted.

• If the visit transaction does not appear in the EVV Portal when you perform an “Accepted Visit Search” or “History/Rejected Visit Search,” check your Failed to Export reports in the EVV vendor system. Make sure your EVV visit transactions were successfully exported. If you have questions, contact DataLogic at info@vestaevv.com or 1-844-880-2400.
Best Practice #2 (1 of 3)

Before Submitting the EVV Claim:

#2: Determine the billing options of your payer regarding span date/single line billing before submitting the EVV claim and follow the guidelines of your payer.
Best Practice #2 (2 of 3)

If the payer allows span date billing, verify the following:

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

**Example:** If the span dates are from Sept. 1, 2019 – Sept. 15, 2019, then there must be at least one accepted EVV visit transaction for each of the dates (Sept. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15.)
Best Practice #2 (3 of 3)

• There should be 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.

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

**Example:** If the EVV claim line item has 40 billed units, then the accepted EVV transactions for the associated dates of service must have a combined total of 40 billable units.
Best Practice #3

Before Submitting the EVV Claim:

#3: Ensure data elements on the EVV claim match data elements on the accepted EVV visit transaction before submitting the EVV claim.
Avoiding EVV Claim Mismatches (Cont’d)

Compare the following data elements on the EVV claim to the data elements on the accepted EVV visit transaction. Perform a search in the EVV Portal using the “Accepted Visit Search” tab and ensure that the following data elements match:

<table>
<thead>
<tr>
<th>EVV Visit Transaction</th>
<th>EVV Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medicaid ID</td>
<td>1. Medicaid ID</td>
</tr>
<tr>
<td>2. EVV visit date</td>
<td>2. Date of service</td>
</tr>
<tr>
<td>3. National Provider Identifier (NPI) or Atypical Provider Identifier (API)</td>
<td>3. National Provider Identifier (NPI) or Atypical Provider Identifier (API)</td>
</tr>
<tr>
<td>5. HCPCS modifiers, if applicable</td>
<td>5. HCPCS modifiers, if applicable</td>
</tr>
</tbody>
</table>

* *Billed units are not checked for services billed for Community Living Assistance and Support Services (CLASS).*
Best Practice #4 (1 of 3)

After Submitting the EVV Claim:

#4: Check the match results of the EVV claim matching process in the EVV Portal.
Best Practice #4 (2 of 3)

• Use the “EVV Claim to Visit Search” tab in the EVV Portal to view EVV claim matching results. An EVV claim match result code will tell you if the EVV claim was matched (EVV01). A successful EVV01 match does not guarantee that the EVV claim will be paid; final claims processing is performed by your payer.

• Currently, program providers must search with a Claim Number (ICN) in the “EVV Claim to Visit Search” tab in order to find EVV claims with mismatch codes EVV02-EVV06. TMHP is working to update this search tab to enable program providers to view all match results EVV01-EVV06 without having to search by ICN. TMHP will post a notification when this update is complete.
• EVV claims with a mismatch will be denied. EVV claims denied for an EVV mismatch will require either a correction to the EVV claim or a correction to the EVV visit transaction in the EVV vendor system (visit maintenance). Corrected EVV claims should be re-submitted to TMHP for the EVV claims matching process to occur.
Best Practice #5

After Submitting the EVV Claim:

#5: Monitor the explanation of benefits (EOB) or explanation of payment (EOP) from your payer for final claim adjudication.
Best Practice #5 (Cont’d)

- If the EVV claim was denied, check the reason for denial on the EOB or EOP.
- If an EVV claim is denied, contact the correct payer for that EVV claim; either HHSC or your managed care organization (MCO).
- Payer contact information is available in the EVV Contact Information Guide.
EVV Contact Information Guide

The EVV Contact Information Guide is available on both the HHSC and TMHP websites and provides a detailed listing of topics and points of contact for EVV-related questions and issues.

The guide includes contacts for the HHSC-approved EVV vendor, claims submission, training, policy, MCOs, and more. To access it:

1. Visit the HHSC EVV webpage.
2. In the EVV At-a-Glance section, click Who do I Contact if I have Questions?
3. Click the EVV Contact Information Guide to open the PDF.
EVV Training Resources
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
EVV Training Options

• HHSC and TMHP are conducting EVV classroom training across the state now through Oct. 30, 2019.
  • This is referred to as the EVV Roadshow.
  • View the current EVV Roadshow schedule and register for a session 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.
  • A live Q&A is held monthly; a recorded webinar is also available on the TMHP EVV LMS.
  • 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.
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