TEXAS Health and Human Services

HHSC Electronic Visit Verification

Glossary of Terms

Updated July 10, 2019

Term	Acronym	Definition
21st Century Cures Act		A federal law enacted on December 13, 2016 that amends Section 1903 of the Social Security Act (42 USC 1396b). Section 12006 of the Cures Act describes electronic visit verification (EVV) requirements and federal financial matching participation to support the development of EVV systems for the delivery of all personal care services (beginning January 1, 2020) and home health services (beginning January 1, 2023) under Medicaid.
Alternative Device		An HHSC-approved device provided by an EVV vendor that is placed in a member's home and is used to clock in when service delivery begins and clock out when service delivery ends.
Atypical Provider Identifier	API	A unique number assigned to a program provider instead of a National Provider Identifier (NPI) number. The Centers for Medicare and Medicaid Services (CMS) defines atypical program providers as a program provider that does not provide health care. Respite services are an example of an atypical service.
Business Day		Any day of the week except a Saturday, a Sunday, or a national or state holiday as listed in Texas Government Code, Section 662.003(a) or (b).

Term	Acronym	Definition
Consumer Directed Services	CDS	A service delivery option in which a member or LAR employs, manages, and retains a service provider and directs delivery of a Medicaid service.
Consumer Directed Services Employer		A member or legally authorized representative (LAR) who chooses to participate in the Consumer Directed Services (CDS) option. A CDS employer, the member, or LAR, is responsible for hiring and retaining a service provider.
Centers for Medicare and Medicaid Services	CMS	The federal agency within the United States Department of Health and Human Services that administers the Medicare and Medicaid programs.
Claims Matching Process		A process that validates the line items of an EVV claim against the accepted EVV visit transactions previously sent by the EVV vendor systems and accepted in the EVV Aggregator. The data elements used to determine a successful match are: (1) Medicaid ID (2) Visit Date of Service (3) NPI/API (4) HCPCS/Modifiers (5) Billable Units
Computer-based Training	CBT	A method of training that is usually self-paced and provided through the use of a computer.
Data Element		Specific information used to electronically identify and verify the delivery of a Medicaid service to a member.
Data Validation		A process that ensures the delivery of accurate data to the system using it. The process checks for the integrity and validity of data and ensures the data complies with defined requirements.
Day		A calendar day, including weekends and holidays.
Electronic Visit Verification	EVV	A documentation and verification of service delivery through an EVV system.
EVV Aggregator		A centralized database that collects, validates, and stores statewide EVV visit data transmitted by an HHSC-approved EVV system.

Term	Acronym	Definition
EVV Claim Match Result Code		A code used to indicate if an EVV claim line item matched or did not match an accepted EVV visit transaction.
EVV Compliance Oversight		A set of standards established by Texas Health and Human Services Commission (HHSC) and managed care organizations (MCOs) to review on a regular basis to ensure program providers and CDS employers adhere to EVV requirements.
EVV Compliance Oversight Quarter		A period of three consecutive calendar months prior to the review month that occurs at least once within a calendar year, or more frequent as determined by the payer. The quarter schedule is: Quarter 1: September, October, November Quarter 2: December, January, February Quarter 3: March, April, May Quarter 4: June, July, August
EVV Compliance Oversight Score		An EVV minimum score of eighty percent (80%) based on EVV compliance oversight reviews that program providers and CDS employers must achieve and maintain per review period; each quarter.
EVV Mobile Application		A mobile device application used in the home or community to clock in when service delivery begins and clock out when service delivery ends.
EVV Policy Handbook		The HHSC handbook that provides EVV standards and policy requirements.
EVV Portal		The EVV Portal is an online system that allows users to perform searches and view reports associated with the EVV visit data in the EVV Aggregator.

Term	Acronym	Definition
EVV Proprietary System		An HHSC-approved EVV system that a program provider and a Financial Management Services Agency (FMSA) may select, instead of an EVV vendor system, to provide EVV services that: (1) is purchased or developed by a program provider or an FMSA; (2) is used to exchange EVV information with the EVV Aggregator; and (3) complies with the requirements of Texas Government Code, Section 531.024172 and its successors.
EVV Provider Onboarding		The process of establishing user access for program providers, CDS employers, financial management services agencies, and service providers, as applicable, to the EVV system, EVV Aggregator, and EVV Portal.
EVV System		An EVV vendor system or an EVV proprietary system that electronically documents and verifies the data elements for a visit conducted to provide a service.
EVV Vendor		An entity contracted with the Texas Medicaid & Healthcare Partnership (TMHP) that provides an HHSC-approved EVV system. An EVV vendor also provides EVV system training and support to its users.
EVV Vendor System		An EVV system provided by an HHSC-approved EVV vendor that a program provider or an FMSA may select to provide EVV services.
EVV Visit Transaction		A complete, verified visit consisting of all required data elements needed to verify a service delivery visit.
Exception		A visit that does not auto-verify and requires manual intervention in the EVV system for verification.
Fee-for-Service	FFS	Types of Medicaid services in which program providers are paid for each service performed and which the claims are processed through the Texas Medicaid Claims Administrator.

Term	Acronym	Definition
Financial Management Services Agency	FMSA	An entity that contracts with HHSC or an MCO to provide financial management services to a CDS employer.
GovDelivery		An email subscription management system used by HHSC to deliver new information via email or text message.
Graphical User Interface	GUI	An EVV visit transaction that is manually entered into the EVV system.
Health and Human Services Commission	HHSC	The administrative agency or its designee, including its officers, employees, or authorized agents as described under Texas Government Code, Chapter 531, Subchapter A.
Instructor-led Training	ILT	A method of delivering live, in-person training by an instructor.
Learning Management System	LMS	A software application used for the delivery and tracking of educational training courses.
Legally Authorized Representative	LAR	A person authorized by law to act on behalf of an individual, which may include a parent, guardian or managing conservator of a minor, of the guardian of an adult.
Liquidated Damages	LDs	The amount of compensation for damages an injured party can collect in the event of a specific breach of contract, as agreed to by the parties during the formation of a contract.
Long-Term Care	LTC	HHSC FFS long term care.
Long-Term Services and Supports	LTSS	The services and supports used by individuals of all ages with functional limitations and chronic illnesses who need assistance to perform routine daily activities such as bathing, dressing, preparing meals, and administering medications.
Managed Care Organization	MCO	An entity that contracts with the State to provide health benefits and additional services and accepts a set capitation payment per Member, per month, for such services.

Term	Acronym	Definition
Member		A person eligible to receive a Medicaid service and who is enrolled in Medicaid FFS or an MCO program or service.
Member's Home Phone Landline		A method used to clock in and clock out of an EVV system by using the member's home phone landline to call a toll-free number when service delivery begins and ends. A member's home phone landline must be physically connected to the member's home and provided only at a specified address of the member.
National Provider Identifier	NPI	A unique 10-digit identification number issued to health care program providers.
Non-Preferred Reason Code		A reason code that documents a change to an EVV visit record that is caused by a situation in which the program provider or CDS employer did not document services in accordance with program and policy requirements.
Payer		HHSC or an MCO whose contracted program providers, CDS employers, and FMSAs are required to use EVV.
Preferred Reason Code		A reason code that documents a change to an EVV visit record that is caused by a situation in which the program provider or CDS employer documents services in accordance with program and policy requirements.
Program Provider		An entity that contracts with HHSC or an MCO to provide a Texas Medicaid-covered service subject to EVV.
Reason Code	RC	A standardized HHSC-approved code entered into an EVV system to explain the specific reason a change was made to an EVV visit transaction.
Rejected Claim		A claim that fails the initial system edits and is returned to the program provider for correction without being submitted for processing. No internal control number (ICN) is assigned.

Term	Acronym	Definition
Service Provider		A person contracted by a program provider, CDS employer, or a member who has selected the Service Responsibility Option (SRO), and who provides a Medicaid covered service required to use EVV.
Service Responsibility Option	SRO	A service delivery option in which a member or LAR selects, trains, and provides daily management of a service provider, while the fiscal, personnel, and service back-up plan responsibilities remain with the program provider.
Texas Medicaid & Healthcare Partnership	TMHP	The Texas Medicaid Claims Administrator (also known as Accenture). TMHP is a partnership between the State and Accenture.
Texas Medicaid Claims Administrator		The vendor responsible for processing claims for Texas' FFS Medicaid claims and operating the Texas Medicaid Management Information System.
Texas Provider Identifier	TPI	A nine-digit number issued to a program provider by the Texas Medicaid Claims Administrator that is used to identify the program provider when filing claims for reimbursement.
Visit		The time a service provider provides Medicaid services to a member.
Visit Data		Service delivery information captured in the EVV system that links the member, service provider, CDS employer, and program provider to a payer.
Visit Maintenance	VM	The process by which program providers, CDS employers, and FMSAs adjust a visit record in an EVV system to electronically document service delivery information as required by HHSC and MCOs.
Visit Maintenance Lockout		The inability for a program provider, CDS employer, or FMSA to complete visit maintenance in the EVV system within the required 60-day timeframe from the date of service of a visit.
Visit Maintenance Unlock Request		The method of requesting, from the appropriate payer, the ability to perform visit maintenance in the EVV system after 60 days from the date of service of a visit.

Term	Acronym	Definition
Visit Record		An incomplete or unverified data record generated by an EVV system for a visit conducted to provide a Medicaid service requiring EVV.
Visits Auto-Verified		The number of visits that have no exceptions or for which all exceptions have been resolved through visit maintenance in the EVV system. Visits that have been verified are eligible for billing.
Visits Verified		The number of visits that have no exceptions or for which all exceptions have been resolved through visit maintenance in the EVV system. Visits that have been verified are eligible for billing.