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HHSC Electronic Visit Verification

**Live Questions and Answers Webinar
Preparing for Sept. 1 – Summary of EVV Changes
August 22, 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.



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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.



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Webinar Agenda

Today's webinar consists of the following EVV topics:

- EVV Changes Effective Sept. 1, 2019 for Programs and Services Currently Using EVV
- EVV Training Resources
- Update for Programs, Services, and Service Delivery Options Required to Use EVV Starting Jan. 1, 2020



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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.



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EVV Changes Effective Sept. 1, 2019 for Programs and Services Currently Using EVV

Determining if Sept. 1 Changes Affect You (1 of 3)

HHSC published a document on the HHSC EVV website titled: [Programs and Services Required to Use Electronic Visit Verification](#)

- Programs, services, and service delivery options that are required to use EVV today, in accordance with state law and HHSC policy, are listed in the table beginning on page three of this document under the title "Programs and Services Currently Required to Use EVV."
- Programs, services, and service delivery options required to use EVV beginning Jan. 1, 2020, in accordance with federal law, are listed in the table beginning on page one of this document under the title "Programs and Services Required to Use EVV Mandated by the 21st Century Cures Act."



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Determining if Sept. 1 Changes Affect You (2 of 3)

Programs and services currently required to use EVV (as required by state law) include:

Program	Current Services Requiring EVV
1915(c) Community Living Assistance and Support Services (CLASS)	<ul style="list-style-type: none"> Community First Choice (CFC) Personal Assistance Services (PAS)/Habilitation (HAB) In-Home Respite
Community Attendant Services (CAS)/Family Care (FC)/Primary Home Care (PHC)	<ul style="list-style-type: none"> PAS
State of Texas Access Reform (STAR) Health	<ul style="list-style-type: none"> CFC PAS CFC HAB Personal Care Services (PCS)
STAR Medically Dependent Children Program (MDCP) Covered Services	<ul style="list-style-type: none"> In-Home Respite Flexible Family Supports



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Determining if Sept. 1 Changes Affect You (3 of 3)

Programs and services currently required to use EVV (as required by state law) include:

Program	Current Services Requiring EVV
STAR Kids	<ul style="list-style-type: none"> • CFC PAS • CFC HAB • PCS
STAR Kids – MDCP Covered Services	<ul style="list-style-type: none"> • In-Home Respite • Flexible Family Supports
STAR+PLUS	<ul style="list-style-type: none"> • CFC PAS • CFC HAB • PAS
STAR+PLUS Home and Community Based Services (HCBS)/STAR+PLUS Medicare-Medicaid Plan (MMP)	<ul style="list-style-type: none"> • CFC PAS • CFC HAB • PAS • In-Home Respite • Protective Supervision



EVV Claims Submission

- Program providers **currently required to use EVV** must submit claims for EVV-relevant services, with dates of service on or after September 1, 2019, to TMHP.
 - This applies to both fee-for-service (FFS) and Medicaid managed care claims.
- Managed care organizations (MCOs) will reject or deny a claim if submitted to the MCO (and redirect the program provider to submit to TMHP).



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EVV Aggregator

The EVV Aggregator:

- Is a centralized database that collects, validates, and stores statewide EVV visit data transmitted by an HHSC-approved EVV system.
- Will store accepted and rejected EVV visit transactions statewide.
- Will use accepted EVV visit transactions when matching EVV-relevant claims submitted to TMHP.

Beginning Sept. 1, all EVV visit transactions will be centralized in the EVV Aggregator instead of being distributed to all payers.



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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.
- Program providers will have access to EVV Portal standard reports and search tools in the EVV Portal.
- EVV Portal standard reports in the EVV Portal will be considered the source of truth and the official reports used by payers.
- Instructions for requesting access to the EVV Portal are available on the TMHP EVV website.



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EVV Portal (cont.)

- EVV Portal users should use the “**Accepted Visit Search**” tab in the EVV Portal to ensure the EVV visit transaction was accepted by the EVV Aggregator **before** submitting the associated claim to prevent claim denials due to EVV mismatches.
- EVV Portal users should use the “**EVV Claim to Visit Search**” tab in the EVV Portal to view claim matching results.
 - Claims denied for an EVV mismatch will require either a correction to the claim or a correction to the EVV visit transaction in the EVV vendor system (visit maintenance)
 - Corrected claims should be submitted to TMHP for the EVV claims matching process to occur.



EVV Claims Matching Process

When TMHP receives a claim for EVV-relevant services, the EVV Aggregator will match the EVV claim with the accepted EVV visit transaction using the following critical data elements:

EVV Visit Transaction	EVV Claim
1. Medicaid ID	1. Medicaid ID
2. EVV visit date	2. Date of service
3. National Provider Identifier (NPI) or Atypical Provider Identifier (API)	3. National Provider Identifier (NPI) or Atypical Provider Identifier (API)
4. Healthcare Common Procedure Coding System (HCPCS) code	4. Healthcare Common Procedure Coding System (HCPCS) code
5. HCPCS modifiers, if applicable	5. HCPCS modifiers, if applicable
6. Billable units	6. Billed units



EVV Claims Processing

- Once the EVV claims matching process has been performed, all EVV claims will be forwarded to the appropriate payer for final processing.
- A successful EVV match does not guarantee that the claim will be paid.
 - If an EVV claim is denied, program providers should contact the correct payer for that claim.
- Program providers will receive an explanation of benefits (EOB) or an explanation of payment (EOP) from their payers when a data element does not match during the EVV claims matching process.



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EVV Claim Denials

Managed Care Services – Sept. 1, 2019:

- Effective Sept. 1, 2019, EVV claims for managed care services with dates of service on or after Sept. 1, 2019, **will be denied** by the payer when a data element does not match during the EVV claims matching process.
- The reason for the mismatch can be viewed in the EVV Portal.



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EVV Claim Denials (cont.)

Acute Care and Long-Term Care – Nov. 1, 2019

- Between Sept. 1, 2019-Oct. 31, 2019, if a data element does not match during the EVV claims matching process, EVV claims for these services **will not be denied for EVV**.
 - The payer will provide an informational EOB and the reason for the mismatch can be viewed in the EVV Portal.
- Starting Nov. 1, 2019, if a data element does not match during the EVV claims matching process, EVV claims **will be denied** by the payer for EVV, and the reason for the mismatch can be viewed in the EVV Portal.



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EVV Billing: Follow Payer Guidelines

Effective Sept. 1, 2019 for dates of service on or after Sept. 1, 2019

- Program providers must follow the billing guidelines of their payer when completing EVV billing.
- Program providers may bill with:
 - Span dates (a range of service dates)
 - Single line item (a single date of service)
- Contact your payer with specific questions about billing, including information about span date billing.



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HHSC EVV Service Bill Codes

- The EVV Service Bill Codes table provides billing codes for EVV-relevant services in Acute Care, Long-Term Care, and managed care programs.
 - This table identifies billing codes that are currently in use and those codes with changes effective Sept. 1, 2019; including the STAR+PLUS services.
- Program providers must use the correct HCPCS code and modifier combination listed in the [EVV Service Bill Codes table](#) to prevent EVV visit transaction rejections at the EVV Aggregator and EVV claim match denials.
- If your service bill codes are changing effective Sept. 1, 2019, check with your payer to get an updated authorization.



Recap of Changes Effective Sept. 1, 2019

- If you're currently required to use EVV per the [Programs and Services Required to Use EVV](https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/programs-services-required-evv.pdf) document, then you need to be using EVV.
 - <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/programs-services-required-evv.pdf>
- Make sure your EVV visit transactions are accepted in the EVV Aggregator.
 - Check your Fail to Export reports in the EVV vendor system.
 - Make sure they're exported cleanly.



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Recap of Changes Effective Sept. 1, 2019 (cont.)

- View accepted EVV visit transactions in the EVV Portal prior to claims submission.
 - If they're rejected, correct the EVV visit transaction in the EVV vendor system and re-export it to the EVV Aggregator.



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Recap of Changes Effective Sept. 1, 2019 (cont.)

- Submit your claim to TMHP. If there's not a matching visit transaction, your claim will be denied.
- Managed care EVV claims without a matching EVV visit transaction will be denied Sept. 1, 2019.
- Fee-for-service (FFS)/Acute Care/Long-Term Care EVV claims without a matching EVV visit transaction will be denied Nov. 1, 2019.



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EVV Compliance Oversight Reviews

- Effective Sept. 1, 2019, HHSC and MCOs will monitor program providers on the use of an EVV system to electronically document authorized service delivery visits.
- Program providers will be reviewed on a regular basis to ensure they are following EVV policies in the following areas:
 - EVV Usage (New Policy)
 - EVV Reason Codes and Required Free Text (Revised Policy)
 - EVV Allowable Phone Identification (Revised Policy)



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EVV Compliance Oversight Reviews (cont.)

- **EVV Usage:** Program providers will be reviewed for EVV visit transactions manually-entered into the EVV system and EVV visit transactions rejected by the EVV Aggregator.
- **EVV Reason Codes and Required Free Text:** Program providers will be reviewed for appropriate use of reason codes and reason code description options and entry of required free text.
- **EVV Allowable Phone Identification:** Program providers will be reviewed for allowable home landline phone types used to clock in and out.

View [EVV Tool Kit Module 14: EVV Compliance Oversight Policies](#) to learn more.



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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.



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EVV Training Resources

EVV Training

- Instructor-led training (ILT): HHSC and TMHP are conducting EVV classroom training across the state August 2019 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/](https://learningportal.dfps.state.tx.us/)
- Computer-based training (CBT): HHSC and TMHP are providing EVV CBT modules as an option for those who cannot attend EVV Roadshow training.
- Webinars: A live Q&A is held monthly; a recorded webinar is also available on the TMHP EVV LMS.
- Job aids: HHSC and TMHP are providing EVV job aids on the HHSC and TMHP EVV websites.



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EVV Training Resources

Trainer	Training Topics	Instructor-Led Training (ILT)	Computer-Based Training (CBT)	Other Training (Webinars, Job Aids)
HHSC	EVV Policy <ul style="list-style-type: none"> • EVV Policy Requirements • EVV Reason Codes • EVV Compliance Oversight 	EVV Roadshow happening now through the end of October Schedule/registration available on the HHS Learning Portal	Available on the HHS Learning Portal by August 30 https://learningportal.dfps.state.tx.us	Available now on the: <ul style="list-style-type: none"> • EVV Tool Kit • HHSC EVV website
TMHP	<ul style="list-style-type: none"> • EVV Aggregator • EVV Portal • EVV Vendor Selection • EVV Claims 	EVV Roadshow happening now through the end of October Schedule/registration available on the HHS Learning Portal	Available on the TMHP EVV LMS by August 30 https://tmhp.exceedlms.com/student/path/411054-electronic-visit-verification-evt	Available now on the: <ul style="list-style-type: none"> • EVV Tool Kit • TMHP EVV LMS



EVV Training Resources (cont.)

Trainer	Training Topics	Training Opportunities
EVV Vendor	EVV Vendor System <ul style="list-style-type: none">• EVV Clock In/Clock Out Methods• EVV Visit Maintenance• EVV Vendor Standard Reports	Contact your EVV vendor for EVV vendor system training opportunities.
MCO	EVV Policy <ul style="list-style-type: none">• EVV Policy Requirements• EVV Reason Codes• EVV Compliance Oversight	Contact your MCO for EVV Policy training opportunities.





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Update for Programs, Services, and Service Delivery Options Required to Use EVV Starting Jan. 1, 2020

Programs, Services, and Service Delivery Options Required to Use EVV Jan. 1, 2020 (1 of 3)

Programs, services, and service delivery options required to use EVV starting **Jan. 1, 2020** include:

Program	Services	Service Delivery Options
1915(c) Deaf Blind with Multiple Disabilities Waiver	<ul style="list-style-type: none"> • CFC PAS/HAB • In-Home Respite 	<ul style="list-style-type: none"> • Agency • CDS Option
1915(c) Home and Community-based Services Waiver	<ul style="list-style-type: none"> • CFC PAS/HAB • In-Home Respite, • Day Habilitation – provided in the home 	<ul style="list-style-type: none"> • Agency • CDS Option
1915(c) Texas Home Living Waiver	<ul style="list-style-type: none"> • CFC PAS/HAB • In-Home Respite • Day Habilitation – provided in the home 	<ul style="list-style-type: none"> • Agency • CDS Option



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Programs, Services, and Service Delivery Options Required to Use EVV Jan. 1, 2020

(2 of 3)

Program	Services	Service Delivery Options
1915(c) Youth Empowerment Services Waiver	<ul style="list-style-type: none"> In-Home Respite 	<ul style="list-style-type: none"> Agency
1915(i) Home and Community Based Services (HCBS) Adult Mental Health	<ul style="list-style-type: none"> In-Home Respite Supported Home Living-Habilitative Support 	<ul style="list-style-type: none"> Agency
1915(k) Community First Choice (including STAR members who receive these services through the traditional Medicaid model)	<ul style="list-style-type: none"> CFC PAS CFC HAB 	<ul style="list-style-type: none"> Agency CDS Option SRO



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Programs, Services, and Service Delivery Options Required to Use EVV Jan. 1, 2020

(3 of 3)

Program	Services	Service Delivery Options
<p>Personal Care Services provided under the Texas Health Comprehensive Care Program (including STAR members who receive these services through the traditional Medicaid model)</p>	<ul style="list-style-type: none"> • Personal Care Services 	<ul style="list-style-type: none"> • Agency • CDS Option • SRO
<p>STAR Health – MDCP Covered Services</p>	<ul style="list-style-type: none"> • In-Home Respite • Flexible Family Supports 	<ul style="list-style-type: none"> • Agency • CDS Option • SRO



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HHSC Request for Exemption

- HHSC has requested a delay in implementing EVV for programs, services, and service delivery options required to begin using EVV Jan. 1, 2020, in accordance with federal law.
 - The Centers for Medicare and Medicaid Services (CMS) should respond to HHSC's request for an exemption in early September.
- **If approved, the delay would apply to the programs, services, and service delivery options required to use EVV beginning Jan. 1, 2020** (listed on page one of [Programs and Services Required to Use EVV](#)).



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HHSC Request for Exemption (cont.)

- HHSC is committed to working with program providers, FMSAs, CDS employers, members, and other stakeholders to ensure they are prepared for the use of EVV before it becomes mandatory.
- All implementation activities will continue as planned until further notice.
- HHSC is exploring other options to address implementation concerns if the exemption request is not approved.



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HHSC Request for Exemption (cont.)

- HHSC will communicate a new timeline for EVV implementation activities once CMS's decision is made.
- **Programs and services currently required to use EVV must continue to use EVV in accordance with state law and HHSC policy.**



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Questions



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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