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HHSC Electronic Visit Verification

Live Questions and Answers Webinar

**EVV Visit Transaction Validation
Enhancements**

June 24, 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, questions and answers from this session 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:

- Claims Matching Data Elements – Clarification
- EVV Visit Validation Process
- Example of EVV Visit Validation Edits
- Provider Best Practices



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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 Claims Matching Clarification

For dates of service on or after Sept. 1, 2019, if the following data elements do not match an accepted EVV visit transaction, the claim will be denied (the data elements **work in combination** to form a match):

- Medicaid ID
- EVV visit date and claim date of service
- National Provider Identifier (NPI) or Atypical Provider Identifier (API)
- Healthcare Common Procedure Coding System (HCPCS) code
- HCPCS modifiers, if applicable
- Billed units



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EVV Claims Matching Clarification (Cont'd)

- Data elements are **matched in combination with one another** in the order listed on the previous slide. If a data element cannot be matched, the claims matching process stops and the claim, along with the associated matching result, is forwarded to the appropriate payer.
- The payer would deny the claim due to the mismatch.



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EVV Visit Validation Process

- On June 1, 2019, the Health and Human Services Commission (HHSC) implemented a visit validation process to standardize and improve accuracy of EVV visits and reduce data corrections by program providers.
- The visit validation process will help program providers prepare for the new claims matching process that will begin Sept. 1, 2019, by ensuring visit data is complete, correct and accepted by the EVV Aggregator.
- EVV visit transactions with a date of service on or after June 1, 2019 with incomplete or incorrect visit data will be rejected at the EVV Aggregator.



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Effective June 1, 2019

Program providers may see an increase in visits which **Fail to Export** from DataLogic or are **rejected by the EVV Aggregator**. As of **June 1, 2019**, the new EVV visit validation process applies to the following payers:

- STAR Kids - Aetna
- STAR Kids - Children's Medical Center Health Plan
- STAR Kids & STAR+PLUS - Cigna
- STAR Kids - Cook Children's Health Plan
- STAR Kids - Driscoll Health Plan
- Fee-for-Service – Acute Care
- Fee-for-Service – Long-Term Care



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Clean Up Data to Prepare for Sept. 1

- Program providers should use the period between June 1, 2019 and August 31, 2019 to clean up data in the DataLogic EVV system to prepare for the new claims matching process.
- Beginning Sept. 1, 2019, an accepted EVV visit transaction is required for the new claim matching process.
- Without an accepted EVV visit transaction in the EVV Aggregator, EVV claims will be denied starting Sept. 1, 2019.



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DataLogic EVV System Provider Alerts

- The DataLogic EVV system will assist program providers by identifying incomplete or incorrect data and provide system alerts that require program providers to make updates prior to the data being exported.
- If an EVV visit transaction has failed to export to the EVV Aggregator, the program provider will be notified in the DataLogic EVV system and visit maintenance will be required prior to re-exporting the EVV visit transaction to the EVV Aggregator.
- Program providers can use the **Failed to Export Report** in the DataLogic system to track failed and rejected visits.



EVV Visit Validation Edits

- The next three slides show an example of EVV visit validation edits, including:
 - Data elements (as applicable).
 - Visit rejection reasons.
- The data elements listed on the next three slides will be verified during the visit validation.
- If any of these data elements cause a rejection, the entire visit will be rejected.



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Example - Visit Validation Edits (1 of 3)

Data Elements (as applicable)	Visit Rejection Reason
TIN	The provider TIN on the EVV visit does not match records for this provider.
NPI	Provider NPI cannot be validated as active for the visit date or the payer on the visit.
API	Provider API cannot be validated as active for the visit date or payer on the visit.
TPI	The provider TPI on the EVV visit is not associated with this provider NPI/API for the visit date.
Provider Number (also known as DADS contract number)	The provider number on the EVV visit is not associated with this provider NPI/API for the visit date.
Member not Authorized for Provider Number on Visit Date	Member on the EVV visit is not authorized for this provider number on this visit date.
Payer	The member's payer on the EVV visit does not match records for this member for visit date.



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Example - Visit Validation Edits (2 of 3)

Data Elements (as applicable)	Visit Rejection Reason
Member First and Last Name Combination	The member first and last name combination does not match name found for member's Medicaid ID.
Member Medicaid ID	The member Medicaid ID on the EVV visit is not found.
Member Medicaid ID (no active eligibility)	The member Medicaid ID on the EVV visit does not have active Medicaid eligibility for the visit date.
Member Date of Birth	The member DOB on the EVV visit does not match the DOB from the member's Medicaid eligibility for the visit date.
MCO Member Service Delivery Area (SDA)	The MCO member SDA on the EVV visit does not match the plan code associated with the member's payer.
Service Group and Service Code Combination	The service group and service code combination on the EVV visit are not eligible for EVV.
Service Group not Valid for Provider Number	The service group is not valid for the provider number on the EVV visit.



Example - Visit Validation Edits (3 of 3)

Data Elements (as applicable)	Visit Rejection Reason
Member not authorized for service group/service code combination	The member on the EVV visit is not authorized for this service group/service code combination on this visit date.
HCPCS and Modifier combination not eligible for EVV	The HCPCS code and modifier combination on the EVV visit is not eligible for EVV.
Provider EVV End Date	The provider EVV end date on the EVV visit file should be greater than or equal to the EVV visit date.



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Provider Best Practices (1 of 4)

Best practices for correcting visits which fail to export from DataLogic or are rejected by the EVV Aggregator:

- Have a plan to review the DataLogic failed to export visit transactions and make the appropriate changes. Reach out to your MCOs if needed.
- Review the EVV Aggregator rejections timely to prevent a backlog that may become overwhelming.
- Update internal systems, including third-party billing systems, to match the standard data supplied by the state.



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Provider Best Practices (2 of 4)

Best practices for correcting visits which fail to export from DataLogic or are rejected by the EVV Aggregator:

- Use June, July and August to ensure your visits pass the validation edits.
- Effective 9/1/19, these rejections will cause your claims to deny.
- Look for trends in your failed to export or rejected visits and correct any data, staff actions, or processes.
- Use DataLogic reports to work your failed to export and rejected visits timely so that DataLogic can resubmit the EVV visit transaction to the EVV Aggregator.



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Provider Best Practices (3 of 4)

Examples of critical data elements that cause rejections and will have a negative impact on EVV relevant claims beginning 9/1/2019 are:

- Medicaid ID missing or incorrect
- Date of Service missing or incorrect
- NPI/API missing or incorrect
- State Provider Number missing or incorrect
- Service Group missing or incorrect for EVV
- Service Code missing or incorrect for EVV
- HCPCS Code missing or incorrect for EVV
- HCPCS Modifiers missing or incorrect for EVV



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Provider Best Practices (4 of 4)

- Take advantage of all training provided by HHSC, DataLogic, your MCO, and TMHP during June, July, and August to ensure your team is ready for the new claims matching process effective 9/1/2019.
- Review all [EVV Tool Kit](#) training material found on the HHSC, MCO, and TMHP websites.
- Ask questions! Send any question to your payer, TMHP or the HHSC EVV Operations mailbox at electronic_visit_verification@hhsc.state.tx.us



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What's Next?

July 1, 2019 Web Alert:

- Module 12: Getting Started – Next Steps

July 15, 2019 Web Alert:

- Module 13: EVV Training Requirements

July 22, 2019: Live Webinar Q&A Session

- Topic: Getting Started and EVV Training Requirements
 - [Register for the webinar.](#)
 - [Email](#) questions ahead of time and include in the subject line “webinar question.”



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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