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HHSC Electronic Visit Verification

**Live Questions and Answers Webinar
EVV Claims and EVV Portal
May 22, 2019**

Introduction

The Health and Human Services Commission (HHSC), Managed Care Organizations (MCO), 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:

Section 1: EVV Claims

- EVV Claims Matching and Submission
- EVV Billing—Following Payer Guidelines
- EVV Claims Matching Process
- EVV Claim Match Result Codes
- Denial of EVV Claims
- Explanations of Benefits (EOBs) and Explanations of Payments (EOPs)

Section 2: EVV Portal

- EVV Portal Standard Reports
- EVV Portal Search Tools



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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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Section 1: EVV Claims

EVV Claims Matching

- HHSC will implement a new claims matching process effective Sept. 1, 2019, for current program providers required to use EVV.
 - This is for visits with Date of Service on or after Sept. 1, 2019.
- Effective Jan. 1, 2020, the claims matching process will begin for program providers and FMSAs required to use EVV starting Jan. 1, 2020 as a result of the Cures Act.
 - This is for visits with Date of Service on or after Jan. 1, 2020.



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EVV Claims Submission

Fee-for-Service (FFS) claims have no changes in the billing process.

- Acute care FFS EVV claims will continue to be submitted through TexMedConnect or through Electronic Data Interchange (EDI) using an existing Compass21 (C21) Submitter ID.
- Long-term care (LTC) FFS EVV claims will continue to be submitted through TexMedConnect or through EDI using an existing Claims Management System (CMS) Submitter IDs.



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EVV Claims Submission (cont.)

- Home and Community-based Services (HCS) and Texas Home Living (TxHmL) programs will continue to submit claims through the Client Assignment and Registration System (CARE).
- The Youth Empowerment Services (YES) program will continue to submit claims through the DSHS Clinical Management for Behavioral Health Services (CMBHS) system.



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Managed Care EVV Claims Submission

- Effective Sept. 1, 2019, claims for Managed Care EVV services with Dates of Service on or after Sept. 1, 2019 must be submitted to Texas Medicaid & Healthcare Partnership (TMHP) through TexMedConnect or through EDI using a C21 Submitter ID.
- Managed Care EVV claims will be forwarded to the appropriate payer after the EVV claims matching process is performed for further claims processing.
- EVV claims with dates of service on or after Sept. 1, 2019 submitted directly to an MCO will be rejected or denied.
 - Program providers will receive a response from the MCO informing them to submit EVV claims to TMHP.



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Electronic Claims Submitter IDs

- Program providers and FMSAs can access TMHP's [EDI homepage](#) for basic information needed to file claims electronically as well as user guides, forms, and technical information intended for billing agents that file claims for program providers.
- Program providers and FMSAs that need assistance in setting up C21 or CMS Submitter IDs should contact the EDI Help Desk at:
1-888-863-3638, Option 4



EVV Billing: Follow Payer Guidelines

- Program providers and FMSAs can submit EVV claims with a range of service dates (span dates), or by single date of service. **Follow the billing guidelines of your payer.**
- If span dates are allowed by the payer, the program provider must ensure that:
 - Each date has one or more matching EVV visit transactions.
 - The total units on the EVV claim must match the combined total units of the matched EVV visit transactions.
 - EVV claims with date spans that start prior to Sept. 1, 2019 will be rejected by TMHP.
- Program providers and FMSAs can view accepted EVV visits in the EVV Portal before submitting EVV claims.



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EVV Claims Matching Process

- A program provider must not submit a claim that crosses the fiscal year.
 - If a claim is submitted with a span date that includes Dates of Service before Sept. 1, 2019 and after (or on) Sept. 1, 2019, the claim will be rejected by TMHP.
- Program providers and FMSAs should always check the EVV Portal to ensure the EVV visit has been accepted by the EVV Aggregator before submitting the associated claim.



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EVV Claims Matching Process (cont.)

The EVV Aggregator will match the EVV claim line item with the accepted EVV visit transactions using the following critical data elements:

- National Provider Identifier (NPI) or Atypical Provider Identifier (API)
- Date of service
- Medicaid ID
- Healthcare Common Procedure Coding System (HCPCS)
- Modifiers, if applicable
- Units

EVV claim line items that are not successfully matched with EVV visit transactions will be denied by the payer.



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EVV Claim Match Result Codes

The following list of EVV claim match result codes will be used to inform program providers or FMSAs of matching results.

- Program providers and FMSAs will be able to view matching results in the EVV Portal:
 - **EVV01- EVV Match**
 - **EVV02- Medicaid ID Mismatch**
 - **EVV03- Visit Date Mismatch**



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EVV Claim Match Result Codes

(cont.)

- **EVV04- Provider Mismatch** (National Provider Identifier (NPI) or Atypical Provider Identifier (API) Mismatch)
- **EVV05- Service Mismatch** (Healthcare Common Procedure Coding System (HCPCS)/Modifier Mismatch)
- **EVV06- Units Mismatch**



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EVV Claims Denial

- EVV claim line items will be denied if:
 - Critical data elements on an accepted EVV visit transaction do not match the associated EVV claim.
 - The claim was not submitted according to the payer's guidelines regarding span dates.
 - A date within the span of dates does not have a matching EVV visit.
 - The total units of the matched EVV visit for a date span doesn't match the units billed on the EVV claim.
- EVV claims can be denied for other reasons by the payer.



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Explanation of Benefits (EOB) & Explanation of Payment (EOP)

- Program providers and FMSAs will continue to receive EOBs from TMHP or EOPs from their MCO, as they do today.
- HCS and TxHmL program providers will receive their EOB from the ID CARE system at HHSC.
- YES waiver program providers will receive the EOB from the CMBHS system.
- Each EOB or EOP will give the reason for denial of the EVV claim according to EVV claims matching.



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Tips: EVV Claims

Tip #1

Be ready to submit electronic claims.

- It is imperative that all current program providers be ready to submit their managed care claims to TMHP by Sept. 1, 2019.
- FMSAs will not begin submitting until Jan. 1, 2020.
- Program providers and FMSAs required to submit electronic claims directly to TMHP can create a TexMedConnect account on tmhp.com.



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Tip #1 (cont.)

Be ready to submit electronic claims.

- Visit TMHP's [EDI homepage](#) for information on filing claims electronically.
 - This page also has user guides, forms, and technical information intended for billing agents that file claims for program providers.
- For assistance, contact the TMHP EDI Help Desk at:
1-888-863-3638, Option 4



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Tip #2

Submit EVV claim line items with correct data elements to avoid denial of EVV claims.

- EVV claim line items will be matched with EVV visit data sent to TMHP by EVV vendor systems.
- All critical data elements must match.
 - Detailed information can be found in **Module 4: [EVV Visit Transactions](#)**.
- EVV claim line items without matching EVV visit transactions will not be paid.



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Tip #3

Check the EVV Portal before submitting EVV claims.

- EVV Portal users can view accepted EVV visit transactions ready for billing.
- Check the EVV Portal to ensure the EVV visit transaction was accepted prior to submitting EVV claim line items.
- When TMHP receives an EVV claim, the EVV claim line items will be matched against the accepted EVV visit transactions.



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FAQs: EVV Claims

FAQ 1: Submitting an EVV Claim



Question: Who should I contact if I need assistance with a Submitter ID?

Answer: For assistance, contact the TMHP EDI Help Desk at:
1-888-863-3638, Option 4

FAQ 2: Submitting an EVV Claim



Question: If I use a billing agent (i.e. third-party biller), do I need to have a C21 Submitter ID?

Answer: Program providers who submit and retrieve electronic files indirectly must use the billing agent's Submitter ID and verify the billing agent is prepared to submit EVV claims.



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Section 2: EVV Portal

EVV Portal Definition

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.

Note: Consumer Directed Services (CDS) employers will not use the EVV Portal, but will have access to visit logs and related reports in the EVV vendor system.



EVV Portal Standard Reports

- Program providers, FMSAs, managed care organizations (MCOs), and HHSC will have access to standard EVV reports in the EVV Portal for visits with dates of service on or after September 1, 2019.
- EVV standard reports only include EVV visit transactions accepted by the EVV Aggregator.
- EVV standard reports in the EVV Portal will be considered the source of truth and used for contract monitoring, recoupments, and enforcement purposes, unless otherwise specified by HHSC.



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EVV Portal Standard Reports (cont.)

- Current program providers using the DataLogic vendor system will continue to pull EVV standard reports for visits with dates of service prior to September 1, 2019, from DataLogic's Vesta EVV system.



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Using EVV Portal Standard Reports

EVV standard reports will be used by program providers, FMSAs, HHSC, and MCOs.

- The EVV standard reports can be used at a minimum for:
 - Conducting contracting and billing audits.
 - Fee-for-service (FFS) EVV compliance monitoring.
 - MCOs EVV compliance monitoring.
 - Medicaid fraud investigations.
 - Texas Medicaid data analysis.
- CDS employers will pull CDS-specific reports from the EVV vendor system (not the EVV Portal).



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EVV Portal Standard Reports List

- The EVV Portal will include the following standard reports:
 - EVV Visit Log
 - Units of Service Summary (Long Term Care [LTC] FFS only)
 - EVV Usage Report
 - EVV Reason Code Usage and Free Text
 - EVV Clock In/Clock Out Usage Report
 - EVV Provider Report
- The final list of EVV standard reports will be included in training materials by September 1, 2019.



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Standard Report: EVV Visit Log

Examples of the EVV visit data included in the EVV Visit Log:

- All EVV visit transactions that have been accepted into the EVV Aggregator.
- Planned visit schedule date and time, if applicable.
- Actual visit date.
- Actual clock in and clock out times.
- Billed hours.
- Reason codes and free text.
- Last visit maintenance date.



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Standard Report: Units of Service Summary

The Units of Service Summary report is used by LTC FFS contract managers during contract monitoring visits to verify service delivery and breaks in service.



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Standard Report: EVV Usage Report

- The EVV Usage Report will show the EVV usage score for the preceding quarter and will be available for up-to-date monitoring.
- This report shows how well program providers and CDS employers are using the EVV system to electronically document service delivery.
- The EVV Usage score is a weighted score of manually entered visits and rejected EVV visit transactions.



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Standard Report: Reason Code Usage and Free Text

The Reason Code Usage and Free Text report will show:

- The reason code used on accepted EVV visit transactions.
- The percentage of overall reason code usage.
- Any free text saved to an accepted EVV visit transaction.



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Standard Report: EVV Clock In/Clock Out Usage Report

The EVV Clock In/Clock Out Usage report will show:

- The attendant's usage of the EVV clock in/clock out methods for each program provider.
- The count and percentage of total visits worked by an attendant for each clock in/clock out method within a specified date range.



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Standard Report: EVV Provider Report

The EVV Provider report will show:

- Contract or enrollment data used to setup the program provider or FMSEA in the EVV vendor or EVV proprietary system.
- The onboarding date, start date, and end date with each EVV vendor.



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EVV Portal Search Tools Overview

In addition to EVV standard reports:

- Program providers, FMSAs, MCOs, and HHSC staff can search for EVV visit transactions and claims matching data in the EVV Portal.



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EVV Portal Search Tools

Overview (cont.)

- EVV Portal users can use the “Accepted Visit Search,” “History/Rejected Visit Search,” and “EVV Claim to Visit Search” tabs to select specific criteria to run searches for:
 - Accepted EVV visit transactions.
 - Rejected EVV visit transactions.
 - History of updates made to EVV visit transactions.
 - EVV claims to EVV visit transaction match results.
- EVV Portal users can export search results to Microsoft Excel®.



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“Accepted Visit Search” Tab

- The “Accepted Visit Search” tab allows viewing of the most current accepted EVV visit transactions within a specific date range.
- Before submitting an EVV claim, program providers and FMSAs use this tab to confirm an EVV visit transaction has been accepted by the EVV Aggregator.



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“History/Rejected Visit Search” Tab

The “History/Rejected Visit Search” tab displays:

- All changes made to visits performed through visit maintenance.
- Rejected EVV visit transactions with rejection codes.



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“EVV Claim to Visit Search” Tab

The “EVV Claim to Visit Search” tab allows viewing of match results for a claim that was submitted to Texas Medicaid & Healthcare Partnership (TMHP), and all of its associated EVV visit transactions.

This tab provides the following information:

- Match dates
- EVV claim match result codes



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EVV Claim Match Result Codes

An EVV claim match result code is used to indicate if an EVV claim line item matched or did not match an accepted EVV visit transaction.



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EVV Claim Match Result Codes (cont.)

The following claim match result codes are displayed in the EVV Portal:

- EVV01 - EVV Match
- EVV02 - Medicaid ID Mismatch
- EVV03 - Visit Date Mismatch
- EVV04 - Provider Mismatch (National Provider Identifier [NPI] or Atypical Provider Identifier [API] mismatch)
- EVV05 - Service Mismatch (Healthcare Common Procedure Coding System [HCPCS]/modifier mismatch)
- EVV06 - Units Mismatch



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Tips: EVV Portal

Tip #1

Know your program provider information.

Know all of your program provider's:

- NPIs and APIs (as applicable).
- Tax Identification Number (TIN).
- Provider numbers (nine-digit contract number).
- Associated payers to run visit searches and reports.



Tip #2

Check EVV visit transaction status before submitting claims.

Always check the “Accepted Visit Search” tab to ensure the EVV visit transaction was accepted by the EVV Aggregator before submitting the associated claim.



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FAQs: EVV Portal

FAQ 1 – EVV Standard Reports and Search Tools



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Question: Can I save search results?

Answer: Yes, the data that is returned by a search can be exported into an Excel spreadsheet using a button located on the search results page in the EVV Portal.

FAQ 2 – EVV Standard Reports and Search Tools



Question: What causes a visit to be rejected by the EVV Aggregator?

Answer: All data elements associated with an exported EVV visit transaction are validated against a visit file layout that includes many edits. When a data element does not pass an edit, the EVV vendor is required to notify the program provider or FMSA of rejected visits and the reason for the rejection.

Some examples of rejection reasons include:

"Provider NPI cannot be validated as active for the visit date."

"The EVV HCPCS code and EVV modifier combination on the EVV visit is not eligible for EVV."

Program providers and FMSAs can also view rejected visits and the reason for rejection in the EVV Portal.

FAQ 3 – EVV Standard Reports and Search Tools



Question: How do I fix a rejected visit?

Answer: When a program provider or FMSA is notified of a rejected visit, either by the EVV vendor or when checking the EVV Portal, the program provider or FMSA should complete visit maintenance to fix identified errors on the visit.

Program providers and FMSAs/CDS employers have 60 days from the visit date to complete visit maintenance.

Once errors are fixed, the EVV vendor will re-export the visit to the EVV Aggregator to be validated again.

What's Next?

June 1, 2019 Web Alert:

- EVV Policy and Process Requirements
- FAQs

June 15, 2019 Web Alert:

- EVV Oversight

June 24, 2019: Live Webinar Q&A Session

- Topic: EVV Visit Transaction Validation Enhancements
 - [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