
Texas Health and Human Services Commission
Electronic Visit Verification

Frequently Asked Questions

January 22, 2019 Live Q&A Webinar

Topic: 21st Century Cures Act – Texas Implementation

Table of Contents

Electronic Visit Verification	3
EVV Tool Kit.....	7
Program/Service.....	8
EVV Vendor(s)	11
Proprietary System(s)	12
Scheduling.....	13
Training.....	14
Clocking In and Clocking Out	15
Alternative Device	16
Mobile Method	17
Visit Maintenance	18
Reason Codes	20
Compliance	21
Claims Billing	22
Managed Care Organizations (MCOs)	23

Electronic Visit Verification

Q) What is Electronic Visit Verification (EVV)?

A) *EVV is a computer-based system that electronically verifies the occurrence of authorized personal attendant service visits by electronically documenting the precise time a service delivery visit begins and ends. The Texas Health and Human Services Commission (HHSC) implemented the EVV program to reduce fraud, waste, and abuse and reduce the use of paper-based attendant timesheets.*

Q) Do I have to use EVV?

A) *Yes, all providers are required to begin using EVV for personal care services on Jan. 1, 2020. Contract providers currently required to use EVV, must continue to use EVV.*

Q) What happens if I do not use EVV?

A) *If you do not have an EVV visit for an EVV-required service, the claim line item for the corresponding date of service will be denied. If contracted providers fail to comply with EVV policies, HHSC may place a provider on a corrective action plan or recommend contract termination.*

Q) How will you know if I use the EVV system?

A) *Provider agencies, Financial Management Services Agencies (FMSAs), and Consumer Directed Services (CDS) employers will be required to meet the minimum quarterly EVV compliance score. Failure to meet EVV compliance requirements may result in enforcement actions such as required additional training, being placed on a corrective action plan, or recommended for contract termination. More information about EVV compliance is available on the [HHSC EVV website](#).*

Q) Who will be notifying members of the EVV requirements?

A) *HHSC case managers and Managed Care Organization (MCO) service coordinators are responsible for communicating EVV requirements and policies. HHSC has also developed an EVV rights and responsibilities form that the member receives upon initial assessment and during annual reviews.*

Q) Where can I find the EVV policies, processes, and requirements?

A) All EVV policies, processes, and requirements may be found on the HHSC EVV website, Texas Medicaid and Healthcare Partnership (TMHP) website, and your MCO website.

- HHSC EVV: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification>
- TMHP: <http://www.tmhp.com/Pages/Topics/ElecVisVer.aspx>

In addition, contracted providers should access the [EVV Provider Policy Handbook](#).

Q) What personal care services are required to use EVV?

A) The federal Cures Act requires the use of EVV for the following services by Jan. 1, 2020:

Programs	Services	Delivery Options
1915(c) Community Living Assistance and Support Services (CLASS)*	<ul style="list-style-type: none"> • CFC PAS/HAB • In-Home Respite 	Agency, CDS
1915(c) Deaf Blind with Multiple Disabilities (DBMD)	<ul style="list-style-type: none"> • CFC PAS/HAB • In-Home Respite 	Agency, CDS
1915(c) Home and Community-based Services (HCS)	<ul style="list-style-type: none"> • CFC PAS/HAB • In-Home Day Habilitation • In-Home Respite 	Agency, CDS
1915(c) Texas Home Living (TxHmL)	<ul style="list-style-type: none"> • CFC PAS/HAB • In-Home Day Habilitation • In-Home Respite 	Agency, CDS
1915(c) Youth Empowerment Services (YES)	<ul style="list-style-type: none"> • In-Home Respite 	Agency
1915(i) Adult Mental Health and Substance Abuse (AMH)	<ul style="list-style-type: none"> • Supported Home Living – Habilitative Support • In-Home Respite 	Agency

1915(k) Community First Choice*	<ul style="list-style-type: none"> • CFC PAS/HAB 	Agency, CDS, SRO
Community Attendant Services*	<ul style="list-style-type: none"> • PAS 	Agency, CDS, SRO
Family Care*		
Primary Home Care*		
Personal Care Services*	<ul style="list-style-type: none"> • PAS 	Agency, CDS, SRO
STAR Health*	<ul style="list-style-type: none"> • In-Home Respite • Flexible Family Supports 	Agency, CDS, SRO
STAR Kids - Medically Dependent Children Program*	<ul style="list-style-type: none"> • CFC PAS/HAB • In-Home Respite • Flexible Family Supports 	Agency, CDS, SRO
STAR+PLUS*	<ul style="list-style-type: none"> • CFC PAS/HAB • Protective Supervision • In-Home Respite 	Agency, CDS, SRO
State Plan Traditional Medicaid Fee-For-Service (FFS); including: <ul style="list-style-type: none"> ○ STAR members who receive these services through traditional Medicaid model. 	<ul style="list-style-type: none"> • CFC PAS/HAB • PCS 	Agency, CDS, SRO

*Under the current state EVV rules, members using the Consumer Directed Services (CDS) and Service Responsibility Option (SRO) may opt out of using EVV. Effective Jan. 1, 2020, the Cures Act will require members selecting the CDS or SRO option to use EVV.

Q) How will this EVV program be different from the already mandated Texas EVV?

A) *The 21st Century Cures acts expands the requirement of EVV to additional programs and services; including those who select the consumer directed services option. Current providers will use the system the same as they do today, however, some policies and processes will change with the implementation of the Data Aggregator. Sign up for [GovDelivery](#) with HHSC to receive up-to-date information about EVV.*

Q) When is the actual EVV implementation date?

A) *As required by the Cures Act, providers currently not required to use EVV for personal care services must use EVV by January 1, 2020.*

Q) Does every provider need to be using EVV by January 2020?

A) *All contracted providers delivering personal care services need to be using EVV by January 1, 2020.*

Q) How can I prepare for the implementation of EVV?

A) *You can prepare by:*

- 1. Signing up for [GovDelivery](#) email alerts.*
- 2. Reviewing the online [EVV Tool Kit](#) training modules.*
- 3. Participating in the live webinar question and answer sessions.*
- 4. Reviewing the [FAQs on the HHSC EVV website](#).*
- 5. Reviewing the [EVV Provider Policy Handbook](#).*
- 6. [Sending questions to the EVV mailbox](#).*

Q) Can you clarify the role of the FMSA in the EVV process?

A) *The FMSA will work directly with the CDS employer to set up the EVV member profile in the EVV vendor system and ensure that the CDS employer and CDS employees are trained in the use of the EVV vendor system. The FMSA will monitor and verify the EVV visits logged in the EVV vendor system prior to submitting a claim for reimbursement. If there is not an EVV visit in the data aggregator to match a submitted claim, the FMSA can work with the CDS employer to make corrections.*

FMSAs and CDS employers will both have access to the EVV vendor system. They will both be able to log in the system and review visits that have been logged. The CDS employer will verify that the times the visits took place are

correct. The FMVA will view the visit log to see which visits occurred prior to submitting a claim.

EVV Tool Kit

Q) Is this live Q&A webinar for current EVV users, or for new users effective January 1, 2020?

A) This webinar is for both current and new users effective Jan. 1, 2020.

Q) Will these slides be available after the webinar?

A) Yes, slides will be available on the [HHSC EVV](#) and managed care organizations' (MCO) websites.

Q) When will your next EVV webinar take place?

A) February 22, 2019, Topic: EVV 101 – Roles and Responsibilities.

Q) Will the next webinar provide more details of the EVV process? My agency is not fully educated about the EVV implementation.

A) Yes, the next webinar on Feb. 22 will explain the five types of participants required to use EVV and describe their roles and responsibilities. Sign up for [GovDelivery](#) with HHSC to receive up-to-date information about EVV and when new EVV Tool Kit materials have been posted on the 1st and 15th of each month.

Q) I saw there are two learning modules concerning EVV. Will there be any more modules besides the Cures Act, and EVV 101 courses?

A) Yes, HHSC EVV will release additional modules on the 1st and 15th of each month throughout 2019 with topics ranging from EVV 101, Data Aggregator overview and functions, and EVV policy and procedures.

Q) I can't find the learning modules on the website. Can you let us know exactly where to find them?

A) From your web browser, type HHSC EVV Tool Kit into the search bar. Click **EVV Tool Kit-Module One**. Then click the hyperlink [EVV Tool Kit is now available](#) to view the learning modules.

Q) Who will be training employers and employees on the EVV system?

A) Training will be provided by multiple entities. The following entities will train on:

- EVV Requirements – HHSC/MCO
- EVV Vendor Systems – EVV Vendor
- Data Aggregator and EVV Online Portal – TMHP

Program/Service

Q) Please give more information about what services must use EVV for Adult Mental Health and Substance Abuse.

A) Beginning Jan. 1, 2020, the following services must use EVV for Adult Mental Health and Substance Abuse: Supported Home Living-Habilitative Support, and In-Home Respite.

Q) For HCS and TxHmL, what services will apply for EVV?

A) For HCS and TxHmL, both CFC PAS/HAB and In-Home Respite services are required to use EVV beginning Jan 1, 2020.

Q) When will all providers of HCS and TxHmL service need to be in compliance with the EVV system?

A) CFC, PAS/HAB, in-home respite, and CDS will be required to use EVV by January 1, 2020.

Q) Will CFC and TXHML clients still be required to use the 1745 service delivery log with EVV coming?

A) A determination has not been made at this time.

Q) Can you describe which YES Waiver services and providers will be required to use EVV?

A) *In-Home Respite services is required in the YES Waiver.*

Q) **Will providers of new programs added, such as 1915c YES Waiver services, be required to update or change current enrollment records in TMHP to implement EVV as required prior to January 1, 2020?**

A) *Not at this time.*

Q) **Will Texas implement EVV for home health services programs at the same time as personal care services or will they wait until January 1, 2023?**

A) *Texas will implement EVV for home health services, as required by CMS, on January 1, 2023.*

Q) **What type of home health providers will be responsible for using EVV in 2023?**

A) *That information has not been determined at this time.*

Q) **Can you confirm the effective date for new providers specializing in PAS, CAS, FC? Is the date January 1, 2020?**

A) *Those programs are currently required to use EVV, but only the CDS option is being implemented in those programs by January 1, 2020.*

Q) **Service coordinators do not provide any services such as PAS HAB, In-home respite, or CDS, so does EVV apply for service coordination?**

A) *Service coordination is not subject to EVV under any program. Only service attendants providing the specific PAS/HAB or in-home respite services will be required to use EVV. This includes services provided to clients in the CDS option.*

Q) **How will mileage be tracked in EVV?**

A) *Mileage is not required to be tracked in the EVV vendor system. At this time, transportation is not included as an EVV required service.*

Q) If an attendant is performing duties at the home, but needs to go to the grocery store, do they have to clock out? Does this mean that they are still working?

A) *If the task is part of the authorized services, then the attendant does not need to clock out.*

Q) Going back to the shopping task where it was asked why the attendant needs to clock out, your answer was they don't need to clock out for doing the shopping task. Under CFC, shopping is allowed, but not transportation to go shopping. Therefore, should they clock out during the transportation part and clock back in during the shopping part?

A) *Yes, that is correct. You will need to clock out if the task is not required.*

Q) If someone has shopping to do but no escort, do they need to clock out when going and then clock back in when they are actually shopping? Or is that just for CFC? If it does apply for all, does that give the attendant permission to take the device when they begin shopping?

A) *The device must remain at the home at all times. The provider will need to perform visit maintenance when the attendant is unable to clock in and clock out.*

Q) As for the shopping instance, can they just call us and let us know what time they clock out?

A) *If an attendant cannot use the EVV system for any reason, the provider agency is responsible for verifying with the individual when the services were delivered and then complete visit maintenance using the appropriate reason code(s).*

Q) An interdisciplinary team (IDT) meeting was conducted due to a client asking for money for cigarettes from the provider and wanted to give the attendant the device to clock in and out. The attendant refused to work for that client. The agency hired a new provider, but the client fired the new provider and is now transferring to another agency with their preferred attendant. What do we do in this type of situation, even though it is the client's right?

A) *The client has the choice to transfer.*

EVV Vendor(s)

Q) Will there be different vendors than Vesta?

A) *Yes, HHSC plans to add vendors to the EVV vendor pool. Sign up for [GovDelivery](#) with HHSC to receive up-to-date information about EVV.*

Q) If there are different vendors than Vesta, will there be a public Request for Proposal (RFP) or how will additional vendors be determined?

A) *Additional vendor information will be forthcoming. Sign up for [GovDelivery](#) with HHSC to receive up-to-date information about EVV.*

Q) What EVV vendors will Texas Medicaid use?

A) *The EVV vendor pool has not yet been determined. Sign up for [GovDelivery](#) with HHSC to receive up-to-date information about EVV.*

Q) Is Texas Medicaid using an open vendor model, single vendor model, or something else?

A) *The Texas model will be a hybrid of the open vendor model with multiple HHSC-approved EVV vendors and a central EVV Data Aggregator operated by the Texas Medicaid Claims Administrator—TMHP.*

Q) Will the agency be the one to choose their EVV vendor?

A) *Yes, the provider agency and FMSA will choose their vendor.*

Q) Will FMSA providers need to give employers a choice of EVV vendors or will they be able to select the vendor directly?

A) *No, the FMSA will select the vendor and their CDS employer will use the selected EVV vendor.*

Q) Is it possible that MCOs will select different EVV vendors and then require one specific EVV vendor resulting in a provider being forced to implement multiple EVV applications?

A) *No, each provider will make their own choice of an EVV vendor. MCOs will utilize the Data Aggregator to monitor EVV compliance.*

Q) Is there a step-by-step guide on how workers will utilize each system? This will assist in identifying further questions.

A) Service attendants and employees will be given specific training and instructions on how to use the EVV system. Each EVV vendor will provide step-by-step instructions.

Q) How does a provider's time record-keeping interface work with EVV provider system (e.g., DataLogic)?

A) EVV Vendors are required to interface with the provider's third-party software vendors. This interface is typically set up when a provider is onboarding to the EVV vendor system through a file exchange or web service.

Q) What happens when calls are not registered in the Vesta system?

A) If you feel like you are having system issues, contact DataLogic Vesta immediately.

Q) Will employees be able to see if they have clocked in and out correctly on a weekly basis?

A) The provider agency will be able to see this information on a daily basis.

Proprietary System(s)

Q) When are providers allowed to begin using proprietary EVV systems?

A) All proprietary EVV systems must meet HHSC EVV vendor business rules and be approved for use prior to implementation. If you are interested in using an EVV proprietary system, email electronic_visit_verification@hhsc.state.tx.us.

Q) When the state allows for other EVV providers other than sole source, can a service provider (CDS or CCD) use their own system if compliant with all regulations?

A) *The state is developing requirements and business rules for use of proprietary systems. Those requirements and business rules will be published at a later date.*

Q) How do we get our own EVV application approved?

A) *All proprietary EVV systems must meet HHSC EVV vendor business rules and be approved for use prior to implementation. If you are interested in using your EVV proprietary system, email electronic_visit_verification@hhsc.state.tx.us.*

Q) Where will a vendor find information on submitting information to be approved as an EVV vendor?

A) *Email this question to TMHP at evv@tmhp.com.*

Scheduling

Q) What happens if a person's schedule changes or is rescheduled, and there is a conflict with the preloaded schedule?

A) *The provider agency staff may adjust the schedule prior to a visit if the schedule change is known; otherwise the agency staff will complete visit maintenance using the appropriate reason code(s) after the visit occurs.*

Q) Will every visit need to be pre-submitted before services can be provided and verified by EVV?

A) *Current provider agencies using EVV must input a schedule into the EVV vendor system. The EVV system will allow staff to adjust a schedule prior to a visit if the schedule change is known. If the schedule change is not known, staff can correct and verify the visit by completing visit maintenance. Currently, the CDS option does not require a schedule.*

Note: *In order for a visit to be verified, each visit must have a clock in and clock out time. Additionally, all required visit maintenance must be completed prior to submitting a claim.*

Q) Does each visit have to follow a weekly schedule? If so, does it allow for variations, such as changes in date or time due to illnesses?

A) *Schedules are not required; but if using a schedule, the system will allow for variations.*

Q) How will visit schedules be entered into the system prior to the visit (manual entry or batch upload)? What data elements will be required?

A) *Schedules may be entered manually or through electronic data upload to the vendor. Reach out to the EVV vendor for options and required data elements.*

Training

Q: Where can I find the EVV policies, processes, and requirements?

A: *All EVV policies, processes, and requirements may be found on the HHSC EVV website, TMHP website, and your MCO website.*

- *HHSC EVV: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification>*
- *TMHP: <http://www.tmhp.com/Pages/Topics/ElecVisVer.aspx>*

In addition, contracted providers should access the [EVV Provider Policy Handbook](#).

Q) Who will be training the employers and employees in the CDS option?

A) *HHSC, MCOs (if applicable), EVV vendors, and FMSAs will be responsible for training.*

Q) Is there in-person training for EVV available in El Paso, TX?

A) *HHSC plans to hold a training in El Paso. A full schedule of training dates and locations will be released in the spring.*

Q) EVV providers do not provide training in my area, and it is too expensive to train at the locations where they are providing training. What are my other options?

A) *There will be online webinars and computer-based training available.*

Q) When will we have a class covering questions regarding using the appropriate EVV codes?

A) *Additional training dates will be posted on the HHSC website.*

Q) Vesta is only training on scheduled days which is not enough for training. Can we have unscheduled modules for self-training?

A) *Contact DataLogic info@vestaevv.com to inquire about special dates and times for training.*

Q) Whose responsibility is it to monitor and verify calls? How is the state reaching out to the employers and training them?

A) *Under the agency model, provider agencies are responsible for training and ensuring their staff use the EVV system according to HHSC and MCO policies. Provider agencies will receive training from the EVV vendor on how to use the system.*

Under the CDS option, CDS employers will be responsible for ensuring that attendants utilize the EVV system correctly and will need to verify visits (call in/out). CDS employers will receive training from the EVV vendors and assistance from their FMSAs.

Q) The presentation focuses on the attendant piece of the process. What steps are necessary prior to the scheduled appointment to prepare for the call?

A) *When the attendant arrives at the home, they will use one of the approved methods to clock in when service delivery begins and clock out when service delivery ends. Prior to an attendant performing EVV clock in and clock out steps, the provider will set up the client, client authorized services, planned schedule (if applicable) and attendant information in the EVV vendor system.*

Clocking In and Clocking Out

Q) How will the attendant clock in from the client's home?

A) *There are three methods to clock in and clock out, including the use of a home phone landline, an alternative device, or a mobile method such as a smartphone application using geolocation. More information is available on the HHSC EVV website under ["How Does EVV Work?"](#)*

Q) Is it member driven for the type of device used? Can you use all three types, depending on the attendant?

A) *Current policy states that only one device type can be used per member. If you have multiple attendants delivering services to a member, one device type that works best for all attendants providing services to the member needs to be assigned. For example, if only one attendant has a smartphone, a different option needs to be selected to accommodate the other attendants that do not have smart phones.*

However, the future possibility of allowing the use of multiple devices per member is being considered.

Q) What action can be taken when agencies have to chase attendants to clock in/out after 7-10 days?

A) *Provider agencies are responsible for ensuring their attendants are clocking in and out of the EVV system appropriately. The compliance policy for attendants is determined by the provider.*

Alternative Device

Q) What happens if a member refuses to have an alternative device installed in their home?

A) *If there is no other option available for clocking in and out of the EVV system, reach out to your MCO service coordinator or HHSC case manager and request an interdisciplinary team (IDT) or Supportive Palliative Care (SPC) meeting. All members will receive notification that EVV is required. If they do not comply, they may not be able to receive services.*

Q) How long can a client go without an alternative device?

A) *Token devices should be used as soon as possible. However, upon determining that a client needs an alternative device, the provider agency*

has 14 calendar days to order an alternative device from the EVV vendor. Using the EVV system without a token device for an extended period of time will negatively affect your EVV compliance score.

Q) Will the EVV device be sent to the FMSA or to the employer?

A) The current plan is for the devices to be sent to the employer.

Q) Can the token device travel with the attendant while they are shopping?

A) No, the provider would have to complete visit maintenance.

Q) Can the alternative device be in the garage? It takes 10 minutes to set the burglar alarm, lock the house, and buckle the child into the ramped van. Could you then sign out and close the garage door?

A) The placement of the device is up to the individual receiving services; but should be easily accessible to the attendant.

Q) How do we deal with attendants whose vision is impaired and are unable to enter token information correctly?

A) There are two other options attendants can use for clock in and clock out: a home phone landline and a mobile app. The EVV vendor will provide options.

Q) How are attendants supposed to clock in and out when doing a shopping task if the token is installed at the client's home?

A) The attendant will document clock in and clock out times on paper, and then the provider will have to enter that time into the EVV system with the appropriate reason code.

Mobile Method

Q) What is the mobile method and how is it used?

A) Each EVV vendor will provide a mobile application to be used with a smartphone or tablet. This will be in lieu of a landline and will capture attendant clock in and clock out times as well as location of the clock in and

clock out. This information is sent to the EVV vendor system to create the visit record.

Q) Can the attendant use a member's smartphone to clock in or clock out of the EVV system?

A) *Not under the current policy for the traditional agency model. This is only allowed for CDS employers.*

Q) Do you have to have location services turned on for your smartphone to use the Vesta app?

A) *Yes. But, the only time the app will record the location is when the attendant clocks in and clocks out. It does not record location at any other time. The EVV application settings can be adjusted to allow location services only when the application is in use.*

Q) For the mobile app, is there geo fencing? How does a mobile app stop you from clocking in from wherever (e.g., clocking in from the car when they are driving to the member's house)?

A) *Geo fencing is not used because it uses more data for the attendant. However, the mobile app does use a 100-foot perimeter around the member's home. If the attendant is in the member's home, the mobile app will automatically designate the location as the home and the attendant will not be able to select a different location. Provider agencies can get the coordinates where an attendant clocks in and clocks out and can verify where they were if it was outside the home.*

Q) Are there plans for paying a minimal stipend to attendants using their personal GPS (smartphone) device?

A) *Not at this time.*

Visit Maintenance

Q) Who will be responsible for visit maintenance under the CDS option, the FMSA or employer?

A) *Under the CDS option, the CDS employer will be responsible for performing visit maintenance and ensuring visits and time are recorded*

correctly. However, HHSC is still determining the role of the FMSA regarding visit maintenance.

Q) Will employers have access to EVV, or will the FMSA complete the maintenance?

A) CDS employers will be responsible for ensuring that the visit records are correct, but a determination has not been made at this time regarding modifications allowable by the FMSA.

Q) How will the CDS employer have access to do visit maintenance in EVV?

A) They will have access to the EVV system to complete any visit maintenance.

Q) If the CDS employer submits a timesheet to an FMSA with an error, what happens?

A) If the FMSA notices an issue with the timesheet, they can send it back to the CDS employer to be corrected in the EVV vendor system. Once the error has been corrected, the EVV vendor system will transmit the visit to the Data Aggregator for use in claims matching.

Q) Why is it that when we make an adjustment to a maintenance, the vendor says that it does not accept the amendment? People make mistakes sometimes.

A) If you feel like you are having system issues, report it to the EVV vendor. If you feel like this is a policy question, submit an email to electronic_visit_verification@hhsc.state.tx.us.

Q) What happens if an attendant is scheduled to work 9:00 a.m. to 2:00 p.m., and he/she clocks in at 9:00 a.m. and clocks out at 7:00 p.m.?

A) The provider agency would complete visit maintenance for the schedule variation and use the most appropriate reason code.

Q) If a transaction is auto-verified through the EVV vendor, does an administrator need to approve?

A) *No, if a visit has been auto-verified, the EVV requirement has been completed and the visit record will be exported to the Data Aggregator.*

Q) **When the EVV visit is auto-confirmed, the agency is unable to make necessary adjustments to that visit. For example, the employee called in for token numbers pertaining to an afternoon visit prior to calling in token numbers pertaining to a morning visit. Both a.m. and p.m. schedules are for the same length of time. Shouldn't the agency have the option to correct in visit maintenance within 60 days, as allotted by the state?**

A) *Yes, provider agencies can make adjustments within 60 days. If you feel there is a system error, contact DataLogic Vesta for resolution.*

Q) **What can an agency do when there are multiple calls with no call out? I'm aware that there is a reason code available. Is the agency required to pay the attendant for a no call out?**

A) *When there is a no clock in or clock out, the provider must verify the time worked with the attendant and/or the client and then complete visit maintenance. Refer to the Labor Laws regarding payments to attendants.*

Q) **Is there any way to correct EVV over 60 days if the EVV note is missing the actual clock in or out time?**

A) *The provider agency would need to contact the payer to request visit maintenance to be opened past 60 days from the visit. The payer has the final decision whether to approve the request.*

Q) **Can the MCO approve EVV unlock requests for visits made with MEDsys?**

A) *Yes. If the payer is an MCO, then the provider must submit the unlocking request to the MCO.*

Reason Codes

Q) **If there is no clock in or clock out while using reason code 100, do we still enter a clock in or out time?**

A) Yes. The clock in and clock out time must be entered into the free text. Failure to enter the clock in and clock out time may result in visit(s) being recouped.

Q) Does reason code 200 have a 14-day limitation?

A) No, but the EVV vendor is required to ship the alternative device within 10 days of submitting the request. If you do not receive the device, immediately notify your payer.

Q) Can you explain when code 700 can be used?

A) Reason code 700 is used when the EVV system rounds the pay hours. If the provider agency needs to adjust the pay hours down due to automatic rounding, then the provider agency would use code 700 for that adjustment.

Q) Can multiple reason codes be use for a visit? For example, can 100 and 125 reason codes be together?

A) Yes, multiple reason codes can be used simultaneously.

Q) Will there be EVV reason codes that hold EVV vendors accountable for errors within their systems?

A) Yes, vendors will be held accountable for system errors.

Compliance

Q) Can you tell me what the current compliance rate is for providers?

A) Providers who are currently required to use EVV must meet the minimum compliance score of 90 percent. More information about EVV compliance is available on the [HHSC EVV website](#).

Q) How do we prevent, or stop members/clients from jumping from agency to agency because of EVV compliance?

A) *All agencies delivering services required by the Cures Act must participate in EVV to be in compliance with their contract. Therefore, even if a client or attendant moves to a different agency, they will still be required to use EVV and clock in and out when delivering personal care services. If providers do not use EVV, claims will be denied.*

Claims Billing

Q) What is a Data Aggregator?

A) *The Data Aggregator is a centralized database that collects and stores validated EVV visits to match to claims. The Data Aggregator will have an online portal that provider agencies will use to verify visits have been accepted and matched to their claims.*

Q) If there is an issue with the Data Aggregator, who do I contact to correct it?

A) *Contact TMHP at EVV@TMHP.com for questions about the Data Aggregator.*

Q) What is the date that MCOs and TMHP will deny claims that have a clock in or clock out time missing? What codes will no longer be available?

A) *A provider's claim will be denied if it does not match critical data elements on the EVV visit. Before a visit is accepted by the Data Aggregator, the provider agency must have confirmed the visit or completed visit maintenance before visit data is exported and matched with the claim in the Data Aggregator. More information about matching critical data elements will be posted soon.*

Q) What can you tell us about transitions going back to 15-minute increment billing? Last we heard it was set for February 1, 2019, but the MCOs have said they are waiting on HHSC to release the final rule. This will make billing records match up with the EVV records, and we are hoping for less denials.

A) *The EVV system rounds to the nearest quarter increment. The EVV system will not round for those who use the CDS option. For additional information, reach out to the [HHSC EVV Mailbox](#).*

Q) Will this replace or combine the claims filing process?

A) *EVV visit transactions will be verified as part of the claims adjudication process and the claims filing process will have minimal changes.*

Q) Will CDS use 15-minute increments for billing?

A) *Current billing guidelines for CDS will not be changed.*

Q) How does this affect CARE? (PAS HAB/Respite)

A) *Programs and services that utilize the Texas Intellectual Disability Client Assignment and Registration (ID CARE) system will continue normal operations at this time. Claims will be matched to visit data in the data aggregator during the claims adjudication process.*

Q) Why are some claim payments recouped stating there are no EVV records when we have the records? We have had thousands of dollars recouped and have opened projects, but the insurance company will not stop recouping and denying old 2016 and 2017 claims. What can we do to stop the insurance companies from recouping our payments?

A) *MCO providers who have appeal rights or MCO EVV recoupment complaints with their MCOs should email HHSC at HPM_Compalints@hhsc.state.tx.us.*

Managed Care Organizations (MCOs)

Q) Why would some MCOs not have full access or up-to-date EVV records from previous years?

A) *STAR+PLUS MCOs should have full access and up-to-date EVV visit records from previous years. STAR Kids MCOs should have visit records dating back to Nov. 11, 2016.*

Q) Is it true that the state will be doing away with MCOs and go back to Traditional Medicaid?

A) *No, MCOs are an integral part of Medicaid delivery going forward.*