

Health and Human Services Commission

Electronic Visit Verification Service Authorization Policy (New)

Policy

Effective August 1, 2020, the Health and Human Services Commission (HHSC) Electronic Visit Verification (EVV) Service Authorization Policy requires program providers and financial management service agencies (FMSAs) to enter and maintain the most current service authorization in the EVV system for each member receiving services required to use EVV.

As the payers, HHSC or a managed care organization (MCO) must authorize the program provider or FMSA to deliver services to a member. An authorization is documentation for the services a member is eligible to receive.

A program provider or FMSA may receive authorization documentation for member services through the:

- Service authorization
- Prior authorization
- Individual plan of care (IPC)
- Individual service plan (ISP)
- Community care service notification

The EVV system refers to authorization documentation as a service authorization.

Information from the service authorization must include, at a minimum:

- Payer
- Provider (National Provider Identifier (NPI)/Atypical Provider Identifier (API), Texas Identification Number (TIN), Texas Provider Identifier (TPI), if applicable)
- Member Medicaid ID
- Service group / service code or Healthcare Common Procedure Coding System (HCPCS) and Modifier, (if applicable)
- Authorization start date
- Authorization end date

The EVV system will electronically retrieve the most recent service authorization from Texas Medicaid & Healthcare Partnership (TMHP) for the following HHSC programs:

- Community Living Assistance and Support Services (CLASS) Waiver
- Deaf Blind Multiple Disabilities (DBMD) Waiver
- Personal Care Services (PCS)
- Primary Home Care (PHC)
- Family Care (FC)
- Community Attendant Services (CAS)
- Youth Empowerment Service (YES) Waiver

The EVV vendor or an EVV proprietary system operator (PSO) will instruct program providers and FMSAs on the entry of service authorizations into the EVV system.

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Note: An EVV proprietary system operator (PSO) is a program provider or FMSA that selects to use an EVV system to meet HHSC EVV requirements, instead of an EVV vendor system from the state vendor pool. See *EVV Proprietary Systems policy* for more information.

Program providers and FMSAs must enter service authorizations manually into the EVV system for the following HHSC and managed care programs:

- Home and Community-based Services (HCS) Waiver
- Texas Home Living (TxHmL) Waiver
- Home and Community-based Services - Adult Mental Health (HCBS-AMH)
- STAR Kids
- STAR Kids Medically Dependent Children's Program (MDCP)
- STAR+PLUS
- STAR+PLUS Home and Community Based Services (HCBS)
- STAR+PLUS Medicare-Medicaid Plan (MMP)
- STAR Health
- STAR Health MDCP

The program provider or FMSA may manually enter service authorization changes and updates into the EVV system at any time.

Failure to enter the most current service authorization issued by the payer into the EVV system may result in the need for visit maintenance or the payer may deny or recoup related claims.

Program providers and FMSAs must confirm all electronically received service authorization information in the EVV system to ensure the accuracy for each member.

For questions related to service authorization requirements, please contact your payer.