



HHSC Electronic Visit Verification Frequently Asked Questions

Updated Aug. 28, 2019

Table of Contents

Click a section below to navigate to it.

EVV Claims Billing	2
Clocking In and Clocking Out	25
Alternative Device	31
EVV Mobile Application	33
Compliance	39
CDS/FMSA	41
Electronic Visit Verification (EVV)	47
EVV Aggregator/EVV Portal	54
EVV Tool Kit	64
EVV Vendors	66
Managed Care Organizations (MCOs)	71
Programs/Services	75
Proprietary Systems	80
Reason Codes	82
Scheduling	91
Training	95
Visit Maintenance	101

EVV Claims Billing

Q) Is it correct that August EVV claims cannot be submitted through TMHP as of September 1, 2019?

A) For claims with dates of service prior to September 1, 2019, the program provider should follow the current billing process. Any claims submitted to TMHP with a date of service on or before August 31, 2019 will not be matched through the EVV claims matching process and the claim will be forwarded to the appropriate payer.

Q) Do we still need to get a C21 Submitter ID if we submit EVV claims through third parties such Vesta and Availity?

A) If a program provider submits claims through Vesta or another third-party billing service, and the payer is an MCO, the program provider should notify the third-party billing service of the EVV services billing changes that take effect September 1, 2019 and determine if a C21 Submitter ID is needed. Program providers that do not utilize a third-party billing service will need a C21 Submitter ID to submit MCO claims through TMHP. Contact the TMHP EDI Help Desk at 1-888-863-3638, Option 4, if you need to obtain a C21 Submitter ID.

Q) We currently wait three to four days to bill Molina. With TMHP, we can bill the day following service delivery. Since we are going to bill through TMHP, can we bill a day after service delivery, even for Molina?

A) The EVV vendor system submits visit transactions to TMHP nightly. Program providers should verify if an EVV visit transaction was accepted into the EVV Aggregator the following day using the EVV Portal. Once the program provider verifies that an EVV visit transaction was accepted by the EVV Aggregator, then a claim can be submitted. There is no wait period to submit a claim once a visit has been confirmed and accepted by the EVV Aggregator.

Q) We are already billing through Vesta, so do we still need to have a C21 Submitter ID?

A) No, you will not need a separate C21 Submitter ID because Vesta will handle the submission on behalf of the program provider.

Q) I am currently able to bill for DADS clients in TMHP without a Submitter ID, but through TexMedConnect. Do I still need a Submitter ID for MCO billing?

A) *If you currently bill through TexMedConnect for LTC (DADS) clients, you have already been assigned a TMHP Claims Management System (CMS) ID and may continue to use TexMedConnect to bill for LTC FFS clients.*

To send Acute Care or managed care claims to TMHP, the program provider will need to submit claims to the Compass 21 claims management system. Managed care claims must be submitted through EDI using a LTSS Submitter ID. Contact the TMHP EDI Help Desk at 1-888-863-3638 Option 4 from 7 a.m. to 7 p.m., Central Time, Monday through Friday, and request a Tier two escalation to receive the C21 Submitter ID or contact your third-party billing service for assistance.

Q) **For HCS/TxHmL billing, we currently need to indicate the specific program provider when entering in CARE. Will we need to send the specific provider name/ID when billing HCS/TxHmL services through TMHP?**

A) *HCS/TxHmL is not changing for January 1, 2020. Follow your current billing process.*

Q) **Some program providers are directly credentialed and contracted with the MCOs to provide PAS STAR-Plus services (we have a specific provider number with each of the MCOs). We do not have a 9-digit Department of Aging and Disability Services (DADS) provider number. Per the MCOs, it is not a requirement if we do not participate in Attendant Rate Enhancement. When contacting the EDI Help Desk, they keep telling us we need the 9-digit DADS provider number to get C21 login credentials. How can we get the login credentials when this is no longer a requirement? We currently bill MCOs directly and they verify our EVV information with our NPI and MCO contract number.**

A) *Program providers contracted with MCOs who do not have an HHSC Provider Number (previously DADS contract number) do not need the HHSC Provider Number to obtain a Submitter ID. Call the EDI Help Desk at 1-888-863-3638 Option 4 from 7 a.m. to 7 p.m., Central Time, Monday through Friday, and request a Tier two escalation to receive the C21 Submitter ID.*

Q) **Since EVV claims from TMHP are billed daily and cannot bill in date span form, do we need to make those adjustments for Amerigroup and Molina, which have been billed within a date span?**

A) *Long-term care fee-for-service (FFS) and Acute Care FFS claims submitted to TMHP may be billed as single line item per date of service or by*

span date as long as there is at least one EVV visit transaction for each date in the span. Check your payer's billing guidelines for EVV claims submissions. Your payer may or may not allow span billing.

Q) How long does it take to get a Submitter ID from TMHP?

A) If you are using an approved third-party biller, a Submitter ID can be assigned to you during your call to TMHP EDI Help Desk. If you are using your own software, you must test your system. That process can take up to 30 days, depending on your ability to test and submit all required forms. Contact your third-party claims submitter to determine if you need to obtain a Submitter ID since some third-party billers may not require the program provider to obtain a separate Submitter ID.

Q) Starting September 1, 2019, do we submit EVV claims through TMHP TexMedConnect, or through the TMHP EVV Aggregator? I currently have a login for TMHP TexMedConnect. Do I need a new login for the EVV Portal?

A) For claims that require EVV, with dates of service on or after September 1, 2019, program providers should submit EVV claims to TMHP through TexMedConnect or EDI. There is no claims submission interface to the EVV Portal or EVV Aggregator. Program providers use the EVV Portal to view information in the EVV Aggregator including accepted and rejected EVV visit transactions and EVV claims match results. You will need to obtain access to the EVV Portal through your system administrator; access to the EVV Portal will be available starting in August.

Q) If we have EVV claims for the last couple of days in August and bill them in September, how should I submit them?

A) Claims with dates of service prior to September 1, 2019 should be billed using your current billing process. A claim should not include dates of service both prior to August 31 and after September 1st together on one claim due to the state's fiscal year end date. Your EVV claim should be split to reflect dates of service in August on one EVV claim, and services on or after September 1, 2019 on another EVV claim.

Q) If we have a provider number do you need a C21 Submitter ID to bill MCOs?

A) The provider number is separate from the C21 Submitter ID to bill EVV claims to TMHP. Contact the EDI Help Desk at 1-888-863-3638 Option 4 from 7 a.m. to 7 p.m., Central Time, Monday through Friday, to determine if you need to set up a Submitter ID.

Q) Are we billing through TexMedConnect or through another portal for TMHP?

A) *If you currently bill through TexMedConnect for LTC FFS or Acute Care FFS, you will continue to use TexMedConnect. To submit MCO claims to TMHP, program providers will need a C21 Submitter ID. Contact the TMHP EDI Helpdesk at 1-888-863-3638, Option 4, if you need assistance with a C21 Submitter ID.*

Q) If an MCO, through their own internal audit, realizes that they issued an authorization in error due to a wrong modifier, does the program provider have to correct their billing from the begin date of the authorization or can the program provider request an authorization with a current date?

A) *Program providers should contact their MCO regarding authorization requests and approvals, or if you wish to submit a complaint to HHSC, send your email to HPM.Complaints@hhsc.state.tx.us.*

Q) Did you say an LTC program provider can't enter EVV claims through TexMedConnect or that they can't bill through TMHP?

A) *Program providers can bill Long-Term Care (LTC) fee-for-service (FFS) claims to the TMHP claims management system (CMS) using TexMedConnect or EDI.*

To submit EVV claims for managed care services, the program provider will submit claims to the TMHP Compass 21 (C21) claims management system. If a managed care program provider already submits claims to C21, they can continue to use the current method. Program providers that only submit managed care claims and do not currently submit claims to TMHP must use either a TMHP-approved third-party claim submitter or submit claims directly to the C21 claims management system using EDI.

Q) Will TMHP see denied EVV claims?

A) *TMHP can review claims denials for LTC and Acute Care fee-for-service, but not the final adjudication of managed care claims. The EVV Portal does not contain the final adjudication of claims.*

Q) Will Youth Empowerment Services (YES) Wavier continue to submit claims through the Clinical Management for Behavioral Health Services (CMBHS) system?

A) *The ES Waiver claims will continue to be submitted to the CMBHS system.*

Q) What contracts get billed to TMHP?

A) *Refer to the [programs and services list on HHSC EVV website](#) to determine which EVV programs/services must be billed to TMHP starting September 1, 2019. All programs currently required to use EVV must bill to TMHP starting September 1, 2019.*

Q) Will EVV claims have to end at 11:59 p.m., and start again at 12:00 a.m.? Current billing allows for a service event that spans calendar days to be billed on the date it was initiated.

A) *For overnight visits, the EVV system systematically clocks out at 11:59 p.m., and clocks in at 12:00 a.m.*

Q) How will we know if we need a C21 Submitter ID?

A) *If a program provider already submits acute care FFS or LTC FFS claims to TMHP currently, then the existing C21 Submitter ID or CMS ID, respectively, will continue to work. If a program provider currently submits only managed care EVV claims, then the program provider or their third-party submitter will need an LTSS Submitter ID for claims submission to C21. Program providers should contact the TMHP EDI Help Desk at 1-888-863-3638, Option 4, for assistance.*

Q) As an LTC CARE program provider currently using Vesta to submit claims to TMHP with an established Submitter ID, do we still need to obtain a C21 Submitter ID?

A) *No. Existing LTC providers currently using Vesta to submit claims will not need a new Submitter ID for LTC claims. However, if you plan to submit managed care claims through Vesta please contact DataLogic to ensure the correct Compass 21 (C21) Submitter ID has been established.*

Q) You said earlier that billed units must match EVV exactly. A lot of the time, EVV shows more hours than authorized, so we bill less than what EVV shows. Will this cause the EVV claim to be rejected by TMHP?

A) *If the program provider identifies the EVV visit has too many hours, then visit maintenance must be performed in the EVV system to adjust the Pay Hours; otherwise the claims matching process will result in a mismatch, causing a claim denial.*

Q) Will claim denials be processed through TMHP or by the program payers? Who pays/denies the claims?

A) *Each payer will adjudicate their claims. TMHP will pay or deny claims for fee-for-service (FFS) services, whereas MCOs will pay or deny managed care claims. No claims without an EVV match will be paid.*

Q) For EVV claims dated September 1, 2019, through December 31, 2019, should we bill the MCO directly?

A) *No, EVV claims with dates of service on or after September 1, 2019, must be billed to TMHP for those program providers required to use EVV services on September 1, 2019. See the [EVV Service Bill Codes – August 2019](#) to determine which EVV-relevant services must be submitted to TMHP starting on September 1, 2019.*

Q) How do we submit EVV claims for billing to TMHP?

A) *Program providers will submit claims to TMHP through the TMHP Compass 21 (C21) claims management system using TexMedConnect or Electronic Data Interchange (EDI). MCO-only LTSS providers not enrolled with TMHP must use EDI. If the MCO program provider has a third-party billing service, the third-party billing service will use the program provider's Submitter ID to submit claims to the TMHP C21 system. Check with your billing services vendor or clearinghouse to confirm.*

Program providers who wish to submit their own EVV claims to TMHP must establish an LTSS Submitter ID to submit claims directly to C21 through EDI using the standard 837P or 837I acute care transactions. The program provider must test the EDI process with TMHP prior to submitting claims for production. Refer to the [EDI Companion Guides](#) webpage of the TMHP website and contact the TMHP EDI Helpdesk at 1-888-863-3638, Option 4, for assistance.

Q) How long do we have to enter an EVV claim/bill for services?

A) *The EVV claims submission timeline has not changed with the introduction of the EVV Aggregator.*

Q) If we are currently using an EDI system, do we still have to submit MCO claims through TMHP?

A) *Yes, program providers currently using EDI to submit to an MCO will submit EVV claims with dates of service on or after September 1, 2019 to the TMHP Compass 21 claims management system. The program provider*

should contact the TMHP EDI Help Desk at 1-888-863-3638, Option 4, to determine if a new C21 Submitter ID is needed.

Q) Will I be able to submit EVV claims to MCOs through TMHP?

A) Yes. Once a program provider submits a managed care EVV claim to TMHP, the claim will be sent to the EVV Aggregator for EVV claims matching. TMHP will then forward the claim and the EVV match results to the appropriate MCO based on the client's current Medicaid eligibility.

Q) Did you say that instead of entering EVV claims through the Molina website, we now need to enter them through TMHP?

A) Yes, program providers must submit claims for EVV-relevant services with dates of service on or after September 1, 2019, to TMHP. See [EVV Tool Kit Module 8: Submitting an EVV Claim](#), TMHP CBT Module 6: EVV Claims Submission and Billing on the [TMHP LMS](#), and TMHP billing guidelines notifications on the [TMHP EVV website](#).

Q) How often are we allowed to bill?

A) Program providers and FMSAs may bill as soon as they confirm an EVV visit transaction has been accepted by the EVV Aggregator.

Q) Will HCS providers eventually be required to submit billing through EVV in place of CARE?

A) HCS program providers will continue to submit claims via CARE for claims to be matched in the EVV Aggregator starting 1/1/2020. There is a project underway to transition claims submission to TMHP; HHSC will communicate the timeline and process separately from the EVV project.

Q) If an EVV visit is confirmed in the Vesta system the day of billing the visit, will it be accepted?

A) Once an EVV visit is confirmed in the Vesta system, it will be exported to the EVV Aggregator for further validation and processing. Program providers must verify that the EVV visit transaction has been accepted in the EVV Aggregator prior to billing. Program providers should use the EVV Portal to verify accepted and rejected EVV visit transactions.

Q) Will billed hours in the EVV visit log be eligible to be billed from the EVV visit transaction, or actual hours billed by the FMSA?

A) Billed hours on the EVV visit log must match the billed hours on the associated EVV claims. CDS claims submitted for claims matching will not be

subject to matching on the billed hours. CDS billing policies for EVV are still under review by HHSC. This information will be available prior to January 1, 2020. Program providers should sign up for [GovDelivery](#) to ensure they have the most up-to-date information related to EVV.

Q) How does a program provider bill in a situation where an EVV claim has paid, but hours are reported later for the same date of service? Do they file a corrected claim?

A) In this scenario, yes, a corrected claim should be submitted. However, program providers are required to complete visit maintenance in the EVV system, including verifying service hours and acceptance into the EVV Aggregator prior to submitting the EVV claim.

Q) How do we know if we have a C21 Submitter ID? I currently log into TMHP with a username and password. Is this the same?

A) The TMHP EDI Help Desk can assist with determining if you have a C21 Submitter ID. Contact the EDI Help Desk at 1-888-863-3638, Option 4.

Q) Are you working with DataLogic regarding how program providers will submit EVV corrections and claim submission?

A) DataLogic is aware of all EVV policies related to EVV corrections and EVV claim submission. DataLogic can assist program providers with visit corrections; however, program providers should contact their payers for questions related to EVV claim submissions.

Q) Are span dates allowed for EVV claims submission?

A) Program providers and FMSAs are required to follow the billing guidelines of their payer. Program providers and FMSAs can submit EVV claims with a range of service dates, commonly referred to as span dates, or for a single date of service to TMHP. Refer to the Health and Human Services Commission (HHSC) EVV website for additional information regarding [span date billing](#).

Q) I thought you said Home and Community-based Services (HCS) billing would continue to be submitted through the Client Assignment and Registration System (CARE). I have heard from a couple sources that HCS EVV billing would be submitted to TMHP. Can you clarify this?

A) HCS program providers will continue to submit claims through the CARE system.

Q) Will EVV claim corrections be sent through TexMedConnect or to the EVV Portal?

A) If the program provider is authorized to submit through TexMedConnect, corrected EVV claims will also be submitted through TexMedConnect. No EVV claims are submitted through the EVV Portal.

Q) How long is this going to delay our billing and reimbursement?

A) Claims processing timeframes will not change with this new EVV claims matching process.

Q) Will we need a new Compass 21 (C21) Submitter ID for MCOs or can we use the one we already have?

A) You can continue using your current C21 Submitter ID for managed care claims.

Q) Are the managed care program providers required to begin billing for dates of service on or after September 1, 2019 to TMHP and not the managed care organization (MCO)?

A) Program providers currently required to use EVV must submit all claims for EVV-relevant services with a date of service on or after September 1, 2019, in fee-for-service (FFS) and Texas Medicaid managed care to TMHP. Program providers must submit EVV claims through TexMedConnect or Electronic Data Interchange (EDI) for to match against EVV visits prior to claims reimbursement.

Program providers that submit EVV claims with a date of service on or after September 1, 2019 to their MCOs will have EVV claims denied or rejected for resubmission to TMHP.

Q) How will a program provider know that an EVV claim is ready to bill/ready for EVV claims matching?

A) EVV Portal users can view accepted EVV visit transactions in the EVV Aggregator. Once the EVV Portal shows that the EVV Aggregator has accepted an EVV visit, the visit is ready for use in subsequent EVV claims matching.

Q) What is the date that Managed Care Organizations (MCOs) and Texas Medicaid & Healthcare Partnership (TMHP) will deny claims that have a clock in or clock out time missing? What codes will no longer be available?

A) Beginning with dates of service on or after Sept. 1, 2019, a current program provider's claim for EVV-related services will be denied if it does not match critical data elements on an associated EVV visit. Before a visit is accepted by the EVV Aggregator, the program provider must have confirmed the visit or completed visit maintenance before visit data is exported and matched with the EVV claim in the EVV Aggregator. More information about matching critical data elements is available in EVV Tool Kit [Module 4](#) and [Module 6](#).

Q) What can you tell us about transitions going back to 15-minute increment billing? Last we heard it was set for Feb. 1, 2019, but the MCOs have said they are waiting on the Texas Health and Human Services Commission (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 final STAR+PLUS bill code changes to update some units to 15-minute increments will become effective Sept. 1, 2019. Please see the [STAR+PLUS Long-Term Services and Supports Bill Code Matrix](#) changes for more information.

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

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

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

A) Current CDS billing guidelines and units 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. EVV claims will be matched to visit data in the EVV Aggregator during the EVV 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_Complaints@hhsc.state.tx.us.*

Q) **If a duplicate visit was submitted to a payer in error (e.g., auto-linked two visits for one day) and the agency negative billed to correct the error, can the visit be unlocked and corrected by the MCO after 90 days?**

A) *Contact your MCO regarding this question. A program provider should be pulling reports on a regular basis to ensure compliance.*

Q) **How do we get MCOs to authorize providers to re-export visits that need to be corrected, so visits do not get denied during billing?**

A) *The program provider must fill out the Open Visit Maintenance Request spreadsheet and submit it to the payer listed on the visit. It is at the MCO's discretion to approve or deny a request to open visit maintenance. Access the [EVV Visit Maintenance Unlock Request policy](#) to learn more.*

Q) **We are unable to pull information for some MCO clients through TMHP's Medicaid Eligibility and Service Authorization Verification (MESAV) system. How do we submit claims through TMHP for these MCO individuals?**

A) *The TMHP MESAV system is primarily used by providers to view fee-for-service client authorizations, however, if a client is authorized for managed care services as well, the client's managed care eligibility may be available for viewing in MESAV. Contact TMHP at 1-800-925-9126 for assistance.*

Providers will submit claims for managed care clients to TMHP through the Compass 21 (C21) claims management system. See [EVV Tool Kit Module 8](#) for more billing information.

Q) **Should we create a new provider profile for each MCO vendor, or do we use our current TMHP profile to submit claims for MCO client claims starting September 1, 2019?**

A) *Providers that submit claims to TMHP for HHSC Acute Care through the C21 system may use the same Submitter ID to submit managed care claims to C21. However, if the provider only submits Long-Term Care (LTC) claims to TMHP, the provider must obtain a new Submitter ID to submit managed care claims to C21. Contact the TMHP EDI Helpdesk at 1-888-863-3638, Option 4 for assistance.*

Q) Will the Vesta biller be updated to submit MCO billing through TMHP?

A) *Contact DataLogic for specifics on using Vesta billing.*

Q) We have an MCO that is rejecting payments whenever we have zero hours because a client does not want services. The MCO is trying to fix it, but we are concerned that if we do not show an explanation, we will have issues with licensing. Is this true?

A) Reach out to your licensor for licensing questions.

Q) Are claims sent directly by the provider to the EVV Aggregator for claims matching?

A) *Providers will not send claims directly to the EVV Aggregator. Claims are only sent to the appropriate claims management system.*

Providers currently billing for EVV services, or using a third-party system to bill, should submit claims for dates of service on or after Sept. 1, 2019 as indicated below:

- *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 ID.*
- *Managed care program providers will submit claims to TMHP through EDI using a C21 Submitter ID.*

Providers billing for services subject to EVV beginning Jan. 1, 2020, or using a third-party system to bill, should submit claims for dates of service on Jan 1, 2020 or after as indicated below:

- *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.*
- *Managed care programs will submit claims to TMHP through EDI using a C21 Submitter ID.*

Once received by the claims management system, the claim will be matched to the EVV visit transaction in the EVV Aggregator. The EVV Aggregator will send the results of the claims match back to the appropriate claims management system for further processing. MCO claims will be forwarded to the appropriate MCO. See [Module 8](#) of the EVV Tool Kit for details on claims submission.

Q) Can we no longer submit claims through our Electronic Medical Records (EMR) system?

A) You can continue to submit claims through your Electronic Medical Records (EMR) system to the TMHP claims systems. More information is available in the EVV Tool Kit [Module 8: Submitting an EVV Claim](#), published on May 1, 2019.

Q) Can our EMR integrate with TexMedConnect? Is there a deadline for that?

A) Check with your EMR system for connections with Electronic Data Interchange (EDI). Visit the [21st Century Cures Act](#) page located on the HHSC EVV website to learn more.

Q) Will billing be completed through TMHP in a similar way we are currently billing our Medicaid clients?

A) Billings through the fee-for-service (FFS) claims management system will not change. Starting September 1, 2019, managed care organization (MCO) claims will be submitted to TMHP where the claim will be matched with the visit transactions residing in the EVV Aggregator; then forwarded directly to the MCO for further adjudication. The claims matching and forwarding process will not affect the timely adjudication of the MCO provider claim.

Q) How long will it take to process claims submitted to TMHP for MCOs?

A) All claims will be forwarded on the hour and must be available to MCOs within 24 hours. MCO timeliness requirements have not changed.

Q) Will this delay payments from MCOs?

A) MCO requirements for claims adjudication timeliness are not changing with EVV for this implementation.

Q) Will TxHmL providers continue to bill in Client Assignment and Registration System (CARE), or will we bill in TMHP?

A) *TxHmL providers will continue to send claims to their current claims adjudicator; CARE.*

Q) Do we use Compass 21 (C21) for EVV billing?

A) *MCO claims and Acute Care FFS claims will use a Submitter ID for C21. For more information, see [Module 8: Submitting an EVV Claim](#) in the EVV Tool Kit.*

Q) Is billing accepted in date range?

A) *If your payer allows span dates for billing EVV services, then the claim may be billed as span dates. Each date within the span must have a matching EVV visit transaction. Refer to TMHP's provider notification: [Billing Policy Changes for Providers Required to Use EVV – Update](#).*

Q) Have requirements been published for file layout?

A) *More information on data elements and data file layout will be published later this summer.*

Q) How will the EDI billing process work? Will TMHP be acting as a full claims "clearing house" for EDI billing with regards to MCOs? For example, will we receive 835 and 277 files from the MCOs through TMHP?

A) *The 277 Claim Acknowledgment will be returned to the submitter from TMHP. The 835 Remittance and Advice will be returned by the payer; the MCO in your example.*

Q) Do we simply upload our 837 file to TMHP?

A) *Yes, only if you are using EDI. Refer to EVV Tool Kit [Module 8: Submitting an EVV Claim](#) for more information.*

Q) When do we start submitting our claims to TMHP?

A) *If you are currently using EVV and submit your claims to an MCO, you will begin submitting claims to TMHP starting on September 1, 2019. If you are required to begin using EVV on January 1, 2020, please see Kit [Module 8: Submitting an EVV Claim](#), published on May 1, 2019 regarding claims submission by program.*

Q) Will MCOs be able to process .25 (15 minutes) hours by September 1, 2019? Currently, our agency is having to offset this process to comply with the system.

A) There are changes being made to EVV services required in STAR+PLUS, to address the change to the unit type to 15 minutes. This update will be available September 1, 2019.

Q) How do we obtain a provider number to complete a TMHP EDI Agreement, so we are able to bill?

A) For questions regarding setting up a TexMedConnect account, obtaining a C21 submitter ID, or submitting claims for EVV services through TexMedConnect or EDI, contact the EDI Helpdesk at 1-888-863-3638, Option 4.

Q) It seems like regardless if the information is right or wrong on the claim, TMHP will still forward the claim to the payer. Why wouldn't the claim just reject?

A) All MCO claims will be forwarded to the MCO for final claim adjudication. The claims matching process will be performed for each claim line item. Claim line items without a match will be flagged for denial by the MCO. However, some claim line items with a match may result in a payment by the MCO. TMHP is only fully adjudicating FFS claims.

Q) Is there an anticipated, standard response MCOs should provide if EVV claims are received directly by the MCO?

A) The MCO will either deny or reject claims submitted directly to them and redirect submission of claims to TMHP.

Q) Is there a timeframe for EVV matching to occur? How long should providers expect this process to take?

A) The EVV claims matching process will occur as claims are received in the TMHP claims systems. Managed care claims are currently forwarded to MCOs on an hourly basis throughout the day. The providers should not expect any change to the claims processing timeframes.

Q) How many hours after confirming a data call or maintenance call can the call be billed?

A) *The EVV vendor system will transmit visit data to the EVV Aggregator on a nightly basis. Once the visit data has been accepted in the EVV Aggregator, it's available for billing.*

Q) Did you say there was going to be a claim submission training?

A) *Yes, refer to EVV Tool Kit [Module 8: Submitting an EVV Claim](#) for more information. Sign up for [GovDelivery](#) to receive the most up-to-date information for EVV. TMHP will also be posting training on their [Learning Management System](#) (LMS) in the near future.*

Q) When you say that MCO claims will be sent to TMHP, are you referring to claims subject to EVV rules, or all MCO claims?

A) *Current program providers required to use EVV must begin to submit their EVV-relevant MCO claims to TMHP beginning September 1, 2019. Non EVV-relevant claims will continue to be sent directly to the appropriate payer.*

Q) If program providers already submit claims through TMHP, will we have to get another account to bill MCOs?

A) *Acute Care FFS and managed care claims use the TMHP C21 submitter ID for both. If you currently submit through TMHP CMS, continue to use it for LTC FFS.*

Q) On September 1, 2019, will we see all claims in TMHP, or will we have to still use the MCO website to research a claim?

A) *You will continue to obtain information regarding claims adjudication from the MCO for managed care claims. The results of the EVV claims matching will be available in the EVV Portal.*

Q) Regarding program providers that currently do not use a third-party biller for MCO and health maintenance organizations (HMOs), will we bill through TMHP instead of the MCO HMO portal?

A) *Yes, program providers that currently submit claims directly to their payer will begin submitting all **EVV-relevant MCO claims** to TMHP beginning September 1, 2019.*

Q) You mentioned the 835 Remittance files will be returned by the payer (MCO). Will they be returned from the MCO to TMHP, and

made available to the provider, or will the provider have to get these directly from the payer?

A) *You will continue to receive the 835 Remittance files per your existing process.*

Q) Personal Care Services (PCS) claims are currently billed in 15-minute increments (1 unit = 15 minutes). Will payers change to bill in 15-minute increments instead of 1 unit this coming year?

A) *Yes, the updated MCO STAR+PLUS billing matrix reflect the 15-minute increments as of September 1, 2019.*

Q) Will we not be able to submit claims directly through TMHP anymore? Do we have to submit all claims through DataLogic for Primary Home Care (CA-PHC) and Family Care (FC) clients strictly like the MCOS?

A) *Claims will be submitted directly to TMHP.*

Q) How will TMHP be able to verify if a billing is Amerigroup (AMG) or United Healthcare (UHC)?

A) *The current claims forwarding process uses the eligibility information stored at TMHP for determining the correct payer for the Medicaid recipient.*

Q) Will providers currently using EVV for provider services start submitting claims to TMHP starting September 1, 2019?

A) *Yes, that's correct. All EVV-relevant claims should be submitted as follows:*

- *Managed care program providers will submit claims to TMHP through EDI using a C21 Submitter ID.*
- *Acute Care FFS EVV claims will continue to be submitted through TexMedConnect or through EDI using an existing C21 Submitter ID.*
- *LTC FFS EVV claims will continue to be submitted through TexMedConnect or through EDI using an existing Claims Management System (CMS) Submitter ID.*

Q) If an agency has to verify the attendant visit due to invalid clock in, will the claim submission be a clean claim? I understand as of now some claims are being rejected due to the system not seeing an actual clock out.

A) Yes, the program provider should verify the attendant worked. They should also complete visit maintenance, ensure the visit is accepted by the EVV Aggregator, and then submit the claim.

Q) You stated that 837 claims can also be sent with EVV. Can you explain this process and the purpose of accepting both formats?

A) Claims submitted by third-party submitters are in the 837 format. If the program provider chooses to submit the claim through TMHP TexMedConnect, it will translate to an 837 format.

Q) With the exception of HCS and TxHmL, as an FMSA, will we need to enter all claims through TMHP by September 1, 2019? Will the EVV process also be mandatory for all services including MCOs, or is the EVV verification mandatory by January 1, 2020?

A) Billing by FMSAs for CDS employers must be submitted to TMHP beginning January 1, 2020. Until that date, FMSAs may continue to submit claims directly to the appropriate payer. View the complete list of [programs and services required to use EVV](#) beginning Jan. 1, 2020 and programs and services currently required to use EVV.

Q) Since we will no longer be able to bill in date spans, will attendants be able to make up time missed? For example, 0/4 hours worked on Monday, but 8 hours worked on Tuesday. Will we need to stop attendants from doing this?

A) Program providers must bill according to their payer billing guidelines. If your payer allows you to bill in date spans, then you may bill in date spans.

Please contact your case manager or service coordinator regarding making up time missed. Program providers must follow program policy.

Q) How do I submit claims from the EVV Portal to TMHP?

A) Program providers will not submit EVV claims to the EVV Portal. EVV relevant claims must be submitted as follows:

- 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 ID.

- *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.*

Q) Is there documentation on what the visit edits are and the reason codes for denials or rejections?

A) *Specifics related to EVV visit edits may be found in the [EVV Tool Kit Module 10](#); updated information on reason codes may be found on the [Reason Code page](#) of the HHSC EVV website. A program provider notification will be posted via tmhp.com, and program provider training will be available on [TMHP's Learning Management System](#) (LMS) in the near future.*

Q) Can we submit an 837 file to TMHP for all MCO payers, since TMHP will be forwarding the claim to the payer once approved?

A) *Yes, TMHP will forward the claim to the appropriate payer.*

Q) How do I export claims from the EVV Portal to TMHP?

A) *Program providers will not submit claims to the EVV Portal. EVV-relevant claims must be sent according to program:*

Providers currently billing for EVV services, or using a third-party system to bill, should submit claims for dates of service on or after Sept 1, 2019 as indicated below:

- *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 ID.*
- *Managed care program providers will submit claims to TMHP through EDI using a C21 Submitter ID.*

Providers billing for services subject to EVV beginning Jan 1, 2020, or using a third-party system to bill, should submit claims for dates of service on Jan 1, 2020 or after as indicated below:

- *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.
- Managed care programs will submit claims to TMHP through EDI using a C21 Submitter ID.

Once received by the claims management system, the claim will be matched to the EVV visit transaction in the EVV Aggregator. The EVV Aggregator will send the results of the claims match back to the appropriate claims management system for further processing. MCO claims will be forwarded to the appropriate MCO. See [Module 8 of the EVV Tool Kit: Submitting an EVV Claim](#) for details on claims submission.

Q) We are currently billing on an hourly basis for HHSC clients through TMHP. On September 1, 2019, are we supposed to use the 15 Minute = One Unit rule?

A) *It depends on the unit type of the service for which you are billing. For more information related to recent changes underway for STAR+PLUS, contact your MCO. See the full list of [EVV Service Bill Codes](#) to review billing increments.*

Q) If we are going to bill to TMHP directly, is there no need to do the billing through the Vesta Complete biller?

A) *If Vesta Complete is your third-party biller, ensure they are sending your claims to TMHP.*

Q) Where can we get more information about C21, or who to bill for MCO or Acute Care services?

A) *MCO claims and Acute Care FFS claims will use the submitter ID for C21 or TexMedConnect. For questions regarding setting up a TexMedConnect account, obtaining a C21 submitter ID, or submitting claims for EVV services through TexMedConnect or EDI, contact the EDI Helpdesk at 1-888-863-3638, Option 4. For more information, see [Module 8 of the EVV Tool Kit: Submitting an EVV Claim](#). There will also be training materials available on TMHP's [LMS](#).*

Q) Do we bill one day at a time?

A) *Contact your payer to determine billing requirements.*

Q) Since HHSC is updating the Healthcare Common Procedure Coding System (HCPCS) and modifier codes for Long-Term Services and Supports (LTSS) STAR+PLUS program, when will the updated EVV Billing Crosswalk/Billing Matrix be available to program providers?

A) *The updated EVV billing crosswalk will be effective September 1, 2019. Please see the [STAR+PLUS Long-Term Services and Supports Bill Code Matrix](#) changes for more information. HHSC will publish more information on or before August 1, 2019. Check the HHSC [EVV website](#).*

Q) Each clearing house uses their own set of requirements to approve claims. Will this be standardized?

A) *No, the EVV implementation will not impose new changes for clearinghouses. The EVV system will require a visit transaction to match a claim line item and the claims will then be passed on for further adjudication. Contact your clearinghouse for additional information and to ensure they are informed of the new claims matching process starting Sept. 1, 2019.*

Q) If a program provider saves their EVV visit logs prior to billing, but those same EVV visit logs are not available during an audit, will the program provider be allowed to produce them to verify they had accurate data prior to billing?

A) *Yes, the program provider should show auditors the EVV visit logs they have saved. In addition, the program provider should contact the EVV vendor immediately to find out why the EVV visit logs are not available. Only visit transactions that have been accepted will show on the EVV Visit Log report.*

Q) Some payers (e.g., Driscoll) need an original form 1500 with the corrected claim. Do you foresee any changes in correcting claims for this MCO?

A) *Contact your MCO for their specific requirements regarding claim submission.*

Q) Would you clarify the answer to the question in regard to MCO's not properly paying the .25 and rounding .5/.75 up to the next whole hour? You stated that all MCOs are using 15 minutes as one unit. Where can we find this?

A) *The final STAR+PLUS bill code changes to update some units to 15-minute increments will become effective Sept. 1, 2019. Please see the [STAR+PLUS Long-Term Services and Supports Bill Code Matrix](#) changes for more information.*

Q) After Sept. 1, 2019, how long will we have for corrective claims? MCOs usually give us 120 days, but TMHP gives us one year.

A) *Payer-specific timeframe requirements for correcting claims are not changing. Contact your payer for more information.*

Q) We verify Medicaid eligibility on the first day of the month. Will we still need to do this?

A) *This update should not change your billing process. If this is part of your standard business process, continue to complete your eligibility verification. The EVV Aggregator will always verify eligibility using TIERS for the date of service when validating EVV visit transactions exported by the EVV vendor.*

Q) If we use WayStar, a third-party biller, can we bill to TMHP for all MCO claims?

A) *Yes, third-party billing is accepted. Contact your third-party biller to make sure they have everything needed to bill MCO claims to TMHP.*

Q) Will our agency bill nursing visits through TMHP or still bill those units to the MCO?

A) *No changes to nursing billing. Continue to bill as you do today.*

Q) There are times when a service event will be longer in EVV than what is billed. There are services that have a limitation on billing, however the program provider will want to show the entire duration of the service, regardless of billing or not. If the EVV claim must match the EVV time, how should we handle this situation?

A) *Starting Sept. 1, 2019, the pay hours (units) on an EVV visit transaction must match the billed units on the associated EVV claim. It is recommended that you work with your EVV vendor and any third-party billing system to ensure the two fields match. The EVV system will always show the total actual hours worked regardless if the pay hours are adjusted. If you have additional questions, please submit them to electronic_visit_verification@hhsc.state.tx.us.*

Q) With reference to downloading 835 into Vesta for posting paid or denied claims, will there be any changes?

A) *No changes will be made to the 835 process.*

Q) If we use a third-party biller such as WayStar, do we need our own C21 Submitter ID?

A) *No, only your third-party biller will need the C21 Submitter ID. Contact your third-party biller to confirm they have everything necessary to bill EVV claims with dates of services on or after Sept. 1, 2019 to TMHP.*

Q) What are our options for clients who are over 21 years of age and should be under LTC MESAV results, but are reflecting only under Acute Care eligibility on the TMHP portal? Will this affect our MCO billing on and after September 1, 2019?

A) *Please contact your payer with questions related to eligibility. If the eligibility is not correct, your visit transaction will be rejected at the EVV Aggregator and your claim will be denied.*

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 an EVV mobile application, home phone landline, or an alternative device. More information is available on the HHSC EVV website to access the [EVV Tool Kit Module One: EVV 101](#).*

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. However, the use of multiple devices per member will be allowed beginning September 1, 2019.*

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

A) *Program providers 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 program provider.*

Q) If the provider is scheduled to work 9:00 a.m. to 1:00 p.m., but clocked-out at 10:00 p.m., do we put a comment that the personal care attendant worked from 9:00 a.m. to 1:00 p.m., and use the 700 downward adjustment with a code of 100?

A) *You would use the non-preferred reason code for the attendant's failure to clock out and adjust the pay hours to what was actually worked and billed for.*

Q) If an attendant didn't call in the correct code, can they give the code to the provider and have the provider enter it manually?

A) *Yes, the program provider can manually enter alternative device codes within seven days of the visit date.*

Q) If an attendant does not call in EVV codes for several days and the agency cannot contact the attendant or client after seven days, can we not pay them since we are unable to verify if they actually worked?

A) *Refer this situation to your Texas Workforce Commission representative or Department of Labor regarding employee pay questions.*

Q) **If a caregiver clocks in at 8:02 a.m. and clocks out at 10:01 a.m., (scheduled time is 8:00 a.m. to 10:00 a.m.), is this a valid reason to not auto-link? Should we choose the schedule variation code instead?**

A) *If you feel that a visit should have auto-linked but did not, contact the EVV vendor as there may be other reasons why a visit did not auto-link.*

Q) **What if the attendant clocks in, but doesn't clock out? Is there another reason code that can be used instead of *Failure to Clock Out* so the company can stay in compliance?**

A) *No, you must use the most appropriate reason code when the attendant failed to clock out. If you misuse reason codes, those visits are subject to recoupment.*

Q) **If an attendant claims that EVV codes are unable to be verified for several days, but only for the clock in time, could this be a device issue or an attendant issue? We have tested the system and it shows it actually works but the attendant keeps saying codes are invalid. What can we do to correct this issue?**

A) *Reach out to DataLogic and your payer.*

Q) **What is the best way to address an attendant that does not clock out, and the client claims they are together. Is it okay to credit her zero when it becomes a habit?**

A) *It is the program provider's responsibility to train their staff on the requirement to use EVV. If the program provider is having issues with the member and EVV, the program provider may reach out to the member's case manager/service coordinator and request an Interdisciplinary Team Meeting (IDT). The contracted agency may suggest the use of the EVV mobile application, which notifies the attendant when it's time to clock out.*

Q) **Can the attendant use the client's mobile to clock in or clock out?**

A) *Only if the client is a CDS employer.*

Q) **Will the system allow attendants to clock in or clock out after seven days?**

A) Alternative device values for clocking in or clocking out are only valid for seven days. After the seven days, the program provider must manually enter the visit into the EVV system and use the most appropriate non-preferred EVV reason code, including free text requirements. Manually entered visits may negatively affect your EVV Provider Compliance Score.

Q) If an employee fails to clock in and clock out, but worked and we enter their time manually, will it be denied?

A) If visit maintenance is performed to adjust the visit appropriately, the visit will be exported to the EVV Aggregator to be validated. If accepted, it can be used for claims matching.

Q) How does EVV work if you have multiple employees? I plan on using a landline for my attendants to clock in and clock out. Will that option work, or will each person have to have their own method to clock in and clock out?

A) Multiple employees may use the same landline to clock in and clock out. Each attendant will enter their unique employee ID when they call in to identify themselves. In addition, it would be possible for multiple attendants (for the same individual) to use one of the other two HHSC-approved clock in/clock out methods (the EVV mobile application or an alternative device).

Q) How do attendants clock in and clock out when doing a shopping task if the alternative device is installed at the client's home? Which document should be used for the attendant to justify the clock out times on paper and which reason code should be used?

A) If the attendant begins shopping prior to clocking in and clocking out of the EVV system, the attendant would document the time and notify their program provider of the time. The program provider would then complete visit maintenance and use the most appropriate EVV reason code: 105 - Services Provided Outside the Home – Supported by Service Plan. Reason code 105 is selected when the attendant or assigned staff cannot call in and/or call out because some or all the scheduled services were provided outside of the home in accordance with program policy. This is a preferred reason code.

DataLogic offers an EVV mobile application that can be installed on an attendant's phone, which can be used in the community. If the EVV mobile application is not an option, the program provider will have to manually

enter the visits when the attendant starts and ends services in the community.

Q) Are visits without a clock in and clock out going to be paid to the PHC agencies?

A) *If the attendant did not use the EVV system, the program provider is required to verify service delivery with the member. The program provider will have to manually enter the pay hours that were verified and are eligible for reimbursement. The program provider must use the appropriate reason code to explain why the attendant did not clock in and clock out. This visit would be eligible for claims matching once visit maintenance is completed and accepted by the EVV Aggregator.*

Q) Do you need a landline for EVV?

A) *No, a landline is not required. If a landline is available for the attendant to use, then that is one of the available options for clock in and clock out from the home. The three-approved clock in/clock out methods are:*

- *EVV mobile application*
- *Member's home phone landline*
- *Alternative device*

Q) How does an employee clock in and clock out when they work multiple services in one day?

A) *The attendant is required to clock in and clock out for each service provided for the day.*

Q) Can multiple staff use a mobile device?

A) *Yes, multiple staff can use the approved EVV mobile application on his/her personal mobile device to clock in and clock out of the EVV system. Staff are not allowed to use a member's mobile device to clock in and clock out of the EVV system unless the member is a CDS employer.*

Q) How does an attendant clock in if they are providing respite care service at a community center, or at a church?

A) *If the attendant is not using the EVV mobile application, the attendant must document the begin and end times of the visit and the program provider must verify service delivery and manually enter the visits through visit maintenance and use the appropriate reason code.*

Q) If an attendant provides services outside the home, there will not be a clock in or clock out associated with the visit. Will this visit be accepted and reimbursed after September 1, 2019?

A) If an attendant provides services outside the home, the attendant must document the arrival and departure time of the visit. The attendant must then notify their program provider of actual time worked. The program provider will manually enter the visit into the EVV system through visit maintenance and use the most appropriate reason code(s). The EVV vendor system will then transmit the visit transaction to the EVV Aggregator. If the visit transaction is accepted, it will be used for an EVV claims matching.

DataLogic offers an EVV mobile application that can be installed on an attendant's phone, which can be used in the community. If the EVV mobile application is not an option, the program providers will have to manually enter the visits when the attendant starts and ends services in the community.

Q) If a program provider is working an eight-hour shift, but four hours are for Personal Attendant Services (PAS) and four hours are for Respite, does the attendant have to clock in and clock out separately?

A) Yes, attendants are required to clock in and clock out for each authorized service.

Q) Can you give an example of when an attendant will need to clock in and clock out for the provision of different services in the same visit?

A) An example: The attendant works 8am -12p doing personal assistance services (PAS) and then from 1pm – 3pm doing in-home respite. The attendant would clock in at 8 am and clock out at 12 pm for the PAS. The attendant would then clock in at 1 pm for the in-home respite and clock out at 3pm.

Q) If a client has a Vesta token device installed in the house, can the attendant put the respective code through the Vesta mobile application if they have it on their phone instead of calling the agency Vesta phone number?

A) Contact DataLogic for Vesta mobile application functionality questions.

Q) If an employee is scheduled from 2:00 p.m. until 6:00 p.m., what is the earliest and latest they can clock in or clock out without producing an EVV error?

A) *Contact DataLogic for call matching window details. Although the EVV system has an expanded call matching window that accommodates flexibility, the member's needs must be met according to their authorized service plan.*

Q) How will transportation be separated from the service time?

A) *HHSC and TMHP are working with the EVV vendors to determine a method to minimize the number of clock in and clock out actions required for multiple services. More information will be provided.*

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 case manager/service coordinator and request an Interdisciplinary Team Meeting (IDT) or Supportive Palliative Care (SPC) meeting. All members will receive notification that EVV is required.*

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

A) *An alternative device should be ordered and placed in the home as soon as possible. Upon determining that a client needs an alternative device, the program provider has 14 calendar days to order an alternative device from the EVV vendor.*

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

A) *Current policy states that the token/alternative device cannot be removed from the member's home.*

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/alternative device information correctly?

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

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

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

Q) Does the token have to be tied down with the zip tie?

A) *No, this policy has been changed, however, the token must remain in the home.*

Q) If the alternative device does not have to be tied down, can the attendant take the device with them when providing services out of the home.

A) *No, the alternative device must remain in the home at all times.*

Q) Will the token device be phased out?

A) At this time the token (alternative device) will not be phased out.

EVV Mobile Application

Q) What is the EVV mobile application and how is it used?

A) *Each EVV vendor will provide an EVV mobile application to be used with a smartphone or tablet. This will be used 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 transaction. The mobile application only documents location at the time of clock in and the time of clock out.*

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 individuals receiving services through the CDS option.*

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 EVV mobile application 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 EVV mobile application does use a 100-foot perimeter around the member's home. If the attendant is in the member's home, the EVV mobile application will automatically designate the location as the home and the attendant will not be able to select a different location. If the attendant is clocking in or out from an unknown location, a location must be selected, i.e., Community, Medical Appointment, etc. Program providers will be able to review the location of where an attendant clocks in and clocks out from 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.*

Q) Do you know if Vesta’s mobile application will be available, or tested soon?

A) *The Vesta EVV mobile application is currently available for use by all program providers. The EVV mobile application has been in pilot mode but is now fully productional and available to everyone statewide.*

Q) What is the EVV mobile application’s name?

A) *The current EVV mobile application is Vesta Mobile for the current EVV vendor (DataLogic).*

Q) Regarding the EVV mobile application, do you have to be in the house or facility to clock in or clock out?

A) *The attendant must clock in and clock out at the location where services were provided. For the existing EVV mobile application from DataLogic, the mobile app will determine if the attendant is at the member’s home (a learned location based on address matching) or not. If not at the home, the attendant is prompted to select an alternative location from the drop-down menu in the app. Alternative locations in the community such as Alternate Home, Medical, or Community Activity may be selected.*

Q) Our agency participated in the global positioning system (GPS) pilot. We encountered issues with using the GPS in rural areas, and close to ports of entry into Mexico. Has the GPS been improved to work in these areas?

A) *Yes, the DataLogic EVV mobile application used for the pilot has been improved and those specific issues were addressed with no further issues reported. The EVV mobile application was deployed statewide on April 1, 2019.*

Q) If an attendant forgets to use the EVV mobile application to clock in and clock out, how is the visit verified?

A) *If there is a missing clock in and clock out on a visit, the program provider must verify services were delivered with the member. The program provider will be required to perform visit maintenance to manually enter the visit and use the most appropriate EVV reason code to confirm the visit.*

Q) Regarding the EVV mobile application, how would we calculate time for verification if the employee has to escort the individual or go shopping for them?

A) *If escort is an authorized personal care task, the EVV mobile application can be used in the community. Please contact your EVV vendor for specific instructions on clocking in and clocking out in the community using the EVV mobile application.*

Q) Can two attendants use the EVV mobile application and a third attendant call the number when working with one client?

A) *Currently, when a Member has more than one attendant, all attendants must use the same call in and call out method. Beginning Sept 1, 2019, attendants for the same Member may begin to use different call in and call out methods. Program providers must follow program policy and should Contact their EVV vendor for system capabilities.*

Q) If switching from the alternative device to the EVV mobile application, is the agency responsible for picking up the alternative devices for reuse?

A) *Please contact your EVV vendor.*

Q) Are phones required to have location settings active for attendants to clock in and clock out? Will the client's address be linked to the EVV mobile application?

A) *Contact your EVV vendor for information on how the EVV mobile application works, including the settings required for the device.*

Q) On the EVV mobile application, is there somewhere to indicate that staff will be using their cell phone on the client's information screen?

A) *Contact DataLogic at training@vestaevv.com.*

Q) Can an attendant, living in the same house as the client, use the EVV mobile application?

A) Yes.

Q) If a program provider goes to a doctor appointment with the client, what will happen if the program provider uses the EVV mobile application at a different location to sign out?

A) If escort is an authorized personal care task, the EVV mobile application can be used in the community. Please contact your EVV vendor for specific instructions on clocking in and clocking out in the community using the EVV mobile application.

Q) Is the EVV mobile application downloadable to iPads, tablets, or laptops?

A) For assistance with downloading the application and what type of devices can be used, contact DataLogic at training@vestaevv.com.

Q) Since we are requiring the employee to use a cell phone, does the employer have to pay for their phone?

A) It is up to the program provider to determine the agency's policy regarding whether or not to reimburse attendants who use personal cell phones for EVV mobile application use.

Q) How do we handle a client that is on the EVV mobile application, but we send a special attendant who has no cell phone to use the EVV mobile application?

A) The program provider will have to manually enter the visit for the special attendant using RC 110, Fill in for Regular Attendant or Assigned Staff.

Q) How will the program provider be notified if the attendant clocks out at a different location using the EVV mobile application?

A) The provider will have the ability to see visit data, including GPS coordinates of clock ins and clock outs, in real time in the EVV vendor system.

Q) What if the attendant does not have a mobile phone?

A) *Contact your program provider to determine mobile phone availability. The state is not providing devices for the use of the EVV mobile application.*

Q) Can I still use the EVV mobile application in an area where my mobile device does not have reliable Internet service?

A) *Yes, when using the EVV mobile application to clock in and/or clock out in an area with no Internet service, the location (as well as the date and time) can still be calculated. The location, date, and time will be captured when a clock in or clock out attempt is made. When Internet access becomes available, the EVV mobile application will notify the attendant of the stored clock in or clock out time stamp. The EVV mobile application will then use data from the captured location and send it to the EVV vendor system.*

Q) Where can I find the information to get and download the EVV mobile application?

A) *If you are a current Data Logic user, send an email to info@vestaevv.com for more information concerning the EVV mobile application.*

Q) When services are provided outside the house for things such as grocery shopping or a doctor's appointment, can we use the drop down for "Community" or do we use "Other"?

A) *If services in the community are authorized for the member, the attendant may choose a community location from the DataLogic EVV mobile application drop down.*

- *Grocery Shopping - If the attendant is grocery shopping, "Shopping/Laundry" would be selected from the drop down. Shopping/Laundry is selected when a visit occurs while shopping or doing the member's laundry outside of the home.*
- *Doctor's Appointment - If the attendant is at a doctor's appointment, the attendant would select "Medical" from the drop down. Medical is selected when a visit occurs during a medical visit.*

Q) What does the DataLogic EVV mobile application icon look like? Many come up when I search for it.

A) *Contact DataLogic for assistance on downloading the appropriate mobile application.*

Q) **According to the latest newsletter, “On April 1, 2019, the EVV mobile application became a standard option for clocking in and clocking out of the EVV vendor systems for program providers and their attendants.” Is this going to be a mandatory option for HCS/TxHmL program providers/attendants?**

A) *The EVV mobile application will be one option for clock in and clock out and will not be mandatory. Program providers and CDS employers will work with their attendants to choose the most appropriate option for the situation.*

Q) **Can attendants see their schedules and timesheets along with errors they need to correct?**

A) *Attendants who choose to use the EVV mobile application will be able to view their schedules and get clock in and clock out reminders. All other options are at the EVV vendors’ discretion. Attendants may not adjust visit data. Contact your EVV vendor for more information.*

Compliance

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

A) *Program providers who are currently required to use EVV must meet the minimum compliance score of 90 percent. Provider compliance policy updates scheduled to become effective September 1, 2019 can be found 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 personal care 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 program providers do not use EVV, claims for EVV-relevant services will be denied.*

Q) Can a payer recover funds related to reasons that were not disclosed to agencies during training?

A) *It is the program provider's responsibility to follow all policy, processes, procedures, rules, and handbook requirements. If a program provider disagrees with a contract action, including recoupment or termination, the program provider should follow the established complaint process. The program provider may reach out to their payer for specific complaints.*

Q) Will agencies be penalized for payer or vendor errors?

A) *No, the compliance plan is based on program provider performance only.*

Q) Will there be a grace period during which agencies are allowed to beta test?

A) *There is not a grace period for EVV claims matching. Effective Sept. 1, 2019, for providers currently required to use EVV, all EVV-relevant claims will be denied when there is not a matching EVV visit transaction. There will, however, be a grace period for compliance.*

Also, providers who are new to EVV (based on requirements in the Cures Act) can begin using the EVV system before Jan. 1, 2020 to ensure new

providers are ready on Jan. 1, 2020. Claims will not be matched for new program providers who begin using the EVV system before Jan. 1, 2020.

Q) Will we be penalized for too many “fixed” records?

A) *HHSC will use EVV Usage Reviews to monitor program provider compliance based on the number of manually-entered visits and the number of rejected EVV visit transactions. Program providers are allowed to complete visit maintenance within 60 days of the visit date to clear exceptions in the EVV system when the actual visit did not match the schedule. Program providers must use the appropriate reason code when performing visit maintenance. If there are additional questions on this subject, send them to the EVV mailbox:*

Electronic_Visit_Verification@hhsc.state.tx.us.

CDS/FMSA

Q) If CDS authorizations do not have to be updated January 1, 2020, with new modifiers, what modifiers will CDS EVV claims be matched to?

A) *HHSC has published the [EVV Service Bill Codes table](#) on the EVV website which includes the HCPCS, modifiers and the effective dates for each.*

Q) For FMSAs, how will CDS employers be trained on EVV? Will they be liable for their mistakes, if any?

A) *FMSA training is available in the [EVV Tool Kit](#). The modules are in the EVV Tool Kit – Informational Updates section on the HHSC EVV website. In addition, computer-based training (CBT) is available on the [HHS Learning Portal](#) and [TMHP's LMS](#). The EVV vendor chosen by the FMSA will provide specific EVV system training to the CDS employers. FMSAs will provide support to CDS employers as they do under current program rules.*

Q) What is the expected elapsed time between a CDS employer verifying an EVV visit transaction and that transaction being accepted by the EVV Aggregator?

A) *Once an EVV visit is verified within the EVV system, the EVV visit transaction is sent to the EVV Aggregator the same night. The results of the EVV Aggregator visit validation are sent back to the EVV system the next morning. If the EVV visit was accepted by the EVV Aggregator, no further action is required by the CDS employer. If the EVV visit was rejected by the EVV Aggregator, further visit maintenance will be required by the CDS employer or their designee to correct the reason for rejection. The process will continue until the EVV visit was accepted.*

Q) Will FMSAs be able to bill EVV claims to TMHP for MCOs prior to January 1, 2020?

A) *Yes, FMSAs may begin billing EVV-related claims through TMHP prior to January 1, 2020. TMHP will forward these EVV claims to the appropriate MCO without executing the EVV claims matching process. Beginning January 1, 2020, EVV claim matching results from the EVV matching process will accompany the forwarded claim for EVV claims with dates of service on or after January 1, 2020.*

Q) Are Financial Management Services Agencies (FMSAs) required to submit EVV claims to TMHP effective September 1, 2019, or January 1, 2020?

A) *If the FMSA is not currently using an EVV system, the FMSA must submit EVV claims to TMHP for dates of service on or after January 1, 2020.*

Q) Can you clarify again what duties the Consumer Directed Services (CDS) employer will be responsible for and what the Financial Management Services Agency (FMSA) will be responsible for?

A) *The CDS employer will be responsible for verifying attendant hours in the EVV vendor system or verifying hours based on information printed from the EVV system and sent to the CDS employer by the FMSA. The CDS employer will also be responsible for ensuring their employees are trained on and use the EVV system. The CDS employer will receive training from the EVV vendor on how to use the vendor system.*

The FMSA will work directly with the CDS employer to set up the EVV member profile and attendant identifying information in the EVV vendor system. The FMSA will monitor and verify the EVV visits logged in the EVV vendor system prior to submitting an EVV claim for reimbursement. If there is not an EVV visit in the EVV Aggregator to match a submitted EVV 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 to the system and review visits that have been logged. The CDS employer will verify that the times the visits took place are correct. The FMSA will access the EVV Portal to ensure visit transactions have been exported and accepted by the EVV Aggregator prior to submitting an EVV claim.

Additionally, the role of the FMSA regarding visit maintenance is still being explored.

Q) Does the provider perform training for the CDS client's attendants?

A) *The CDS employer will be responsible for training their attendants on how to clock in and clock out of the EVV system, with support from the FMSA and EVV vendor.*

Q) Do we need to have all LARs sign EVV documentation, or only those that have PCS/CDS/HAB hours?

A) *If the LAR is the CDS employer, they only need to sign off and confirm EVV visits and service hours for services subject to EVV. Non-PCS services will not require EVV visits. Review the [EVV Service Bill Code Tables](#) for specific services subject to EVV beginning January 1, 2020.*

Q) When will the FMSA start training CDS employers and providers on the use of EVV?

A) *The FMSA and CDS employers may access current EVV training materials and EVV Tool Kit learning modules on new EVV requirements on the [HHSC EVV website](#). Additional modules are posted bi-weekly. HHSC will continue to provide online training through the end of 2019. Additional training on the use of the EVV vendor system will be provided to both the FMSA and CDS employer by the EVV vendor once the FMSA has onboarded with a vendor.*

Q) Will FMSAs install tokens/alternative devices into the client's home if landlines are unavailable for clocking in and out?

A) *If no landline is available for clock in and out, the attendant can use the EVV mobile application. However, if the landline is unavailable and there is not a cell phone for use by the CDS employer or attendant, then the plan is for the EVV vendor to ship a token/alternative device directly to the CDS employer.*

Q) Will visit maintenance be completed by CDS employers in the home or will FMSAs complete it?

A) *HHSC is currently reviewing the policy on CDS visit maintenance. More information will be available on the policy in 2019.*

Q) Will CDS employers train attendants on the EVV system or will FMSAs train them?

A) *The CDS employer will train attendants on clock in and clock out methods with support from the FMSAs and the EVV vendor.*

Q) Can we use one vendor for an agency and another vendor for CDS employers?

A) *Each program provider and FMSA will choose a single vendor for their organization. All members and/or CDS employers for that program provider/FMSA will be included in the selected vendor system. If a CDS employer receives direct services from a program provider other than their*

direct employees, then it is possible that the program provider agency may use a different EVV vendor.

Q) Who is responsible for ordering an alternative device, the Financial Management Services Agencies (FMSAs) or the Consumer Directed Service (CDS) employers?

A) If the use of an alternative device is necessary, the FMSA will order the alternative device, at the request of the CDS employer. The EVV vendor will then send the alternative device to the CDS employer.

Q) At what point does a schedule need to be submitted?

A) EVV will follow program requirements for schedules. If the program requires a schedule, a schedule will be required in the EVV system. Contact your program policy team for specific requirements regarding schedules.

Q) For CDS options, will constant schedule deviation be considered a problem?

A) No, if schedules are required then schedule deviation is allowed.

Q) If Consumer Directed Services (CDS) employers can only view EVV data, how can they dispute or change any of the data?

A) CDS employers will access the EVV vendor system to view and update data as needed. Financial Management Services Agencies (FMSAs) may also adjust certain data elements on behalf of the CDS employer.

Q) Is it correct that CDS employers will not have access to the EVV Portal?

A) Yes, that is correct. CDS employers will access the EVV vendor system to view and edit EVV visit data, if necessary, and will also use the EVV vendor system to approve time worked. The EVV Portal is a view-only system for use by payers and providers to review visit data sent from the EVV vendor systems to the EVV Aggregator. Providers will review EVV visit data in the EVV Portal prior to billing.

Q) How do I verify my attendant's hours?

A) If the attendant used the EVV system to clock in and clock out, the CDS employer or FMSA can see the total hours worked in the EVV vendor system. Approval of time worked will be completed by the CDS employer within the EVV vendor system.

Q) Is the FMSA responsible for any costs associated with the EVV vendor services?

A) There is no cost associated with the selection and use of an HHSC-approved EVV vendor system or access to the EVV Portal. Additional optional services may be procured from the EVV vendor at the FMSA's discretion.

Q) Can Consumer Directed Services (CDS) employers access the EVV system to schedule staff shifts?

A) Yes, CDS employers will have access to the EVV system and can enter a schedule for their attendants into the EVV vendor system. CDS employers will not be required to enter a schedule for their attendants. Attendants are still expected to clock in and clock out during the time they are performing services that require EVV.

Q) Will CDS claims differ from Direct?

A) Current CDS billing guidelines and units will not change.

Q) When will CDS employers be trained in the usage of the EVV system?

A) HHSC and MCOs (if applicable) will provide information on policy and procedures to CDS employers, EVV vendors will train the CDS employers on the use of the EVV vendor system, and FMSAs may provide additional training to the CDS employer as needed.

Exact training dates will be posted on HHSC's [EVV website](#). Sign up for [GovDelivery](#) to ensure you have the most up-to-date information related to EVV.

Q) Will FMSAs be notified if the CDS employer selects an incorrect reason code?

A) The FMSA will have a view in the EVV system and will be able to see visits and associated reason codes used by the CDS employer.

Q) If a CDS employer is not capable of performing visit maintenance, who will be responsible?

A) HHSC Program and Policy are still determining the role of the FMSA and CDS employers regarding visit maintenance and compliance. Sign up for

[GovDelivery](#) to ensure you have the most up-to-date information related to EVV.

Electronic Visit Verification (EVV)

Q) What is 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. 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 program providers and CDS employers are required to begin using EVV for personal care services on January 1, 2020. Program 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 and will not be paid. If a program provider fails to comply with EVV policies, HHSC may place the program provider on a corrective action plan or recommend contract termination.*

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

A) *Program providers, Financial Management Services Agencies (FMSAs), and CDS employers must ensure that scheduled service visits are recorded in the EVV system. In addition, each entity will be required to meet the minimum quarterly EVV compliance scores as applicable. Failure to meet EVV compliance requirements may result in enforcement actions such as required additional training, being placed on a corrective action plan, or recommendation for contract termination. Review the [EVV Compliance Oversight Reviews Policy](#) for more information.*

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

A) *Case workers/management/service coordinators across programs are responsible for communicating EVV requirements and policies. HHSC has 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 can be found on the [HHSC EVV website](#), [TMHP website](#), and your MCO website. In addition, program providers should access the [EVV Provider Policy Handbook](#).

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 (CDS) option. Current program providers will use the system the same as they do today; however, some policies and processes will change with the implementation of the EVV 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, program providers and CDS employers 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 program providers delivering personal care services need to be using EVV by January 1, 2020. This includes FMSAs and providers delivering services through the CDS option.

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) When we complete a reassessment or initial visit Screening and Assessment Instrument (SAI), do we need to have the EVV document signed from all the parents (LARs) even though they do not have PCS/CDS/HAB services?

A) No. If the individual is not receiving services that require the use of EVV at the time of the re-assessment or initial visit SAI, there is no need for the EVV document.

Q) Is there a limit to how many clients should be assigned to one EVV clerk?

A) There is no limit to the relationship between the person performing EVV coordination and members/clients.

Q) When an EVV call does not get auto-confirmed due to schedule variation, what documentation is needed? For example, the schedule is set from 8:00 a.m. to 9:00 a.m., but the attendant does not clock in until 8:09 a.m. and clocks out at 9:09 a.m.

A) Visit maintenance must be performed to account for a visit that varies from the schedule listed in the system by more than two hours. The appropriate reason code must be used to explain the variance from the schedule.

Q) Can you provide guidance on the EVV implementation timeline? What is expected of providers to have in place for EVV?

A) This information will be posted on the HHSC EVV website through [GovDelivery](#) notification. Personal care services must start by January 1, 2020 and home health services must start by January 1, 2023.

To prepare for onboarding, program providers and FMSAs should know their NPI, Atypical Provider Identifier (API) number, Taxpayer Identification Number (TIN), Healthcare Common Procedure Coding System (HCPCS) Code and Modifiers, Texas Provider Identifier (TPI), the program provider's legal name as recorded with the Secretary of State, contract number, and know their payer.

Program providers and FMSAs will need to begin training in August 2019. Once the FMSA has selected and onboarded with an EVV vendor, CDS employers will be set up in the EVV vendor system and will receive training on use of the system.

Q) Is Texas HHS coordinating with MCOs on EVV implementation?

A) Yes, HHSC continues to coordinate EVV implementation with MCOs.

Q) What changes are taking place this year?

A) *Many changes are being made. You can view the latest information in the [EVV Tool Kit Module 11: Summary of EVV Changes](#) on the HHSC EVV website.*

Q) What changes will begin September 1, 2019?

A) *Starting Sept. 1, 2019, HHSC will require all EVV-related claims to be matched against EVV visit transactions prior to payment. Claims without an EVV match for the date of service will be denied.*

For existing program providers contracted with a managed care organization (MCO), the primary change will be that claims related to EVV-relevant services must be submitted to Texas Medicaid & Healthcare Partnership (TMHP). These claims must be submitted through the TMHP TexMedConnect system at Compass 21, or through Electronic Data Interchange (EDI) for that system. For more information on obtaining your TMHP Compass21 submitter ID, contact the EDI helpdesk at 1-888-863-3638, Option 4. HHSC fee-for-service program providers will continue to submit claims either through TMHP or their designated claims system.

MCO-only Long-Term Services and Supports (LTSS) program providers enrolled with HHSC and not with TMHP must submit claims through EDI to the Compass 21 system.

Q) Have additional EVV vendors been selected yet? *Updated*

A) *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. For more information, contact evv@tmhp.com.*

Q) When you say this pertains to PCS only, I assume that you are referring to services provided by a local mental health authority (LMHA) for behavioral health services, substance use services, or Intellectual Development Disability (IDD) services. Is this correct?

A) Refer to the complete list of [programs and services required to use EVV](#) in the Programs and Services section of the [21st Century Cures Act](#) page on the HHSC EVV website.

Q) The April 1st and April 15th EVV webinars are not listed. When will we be able to register for these webinars?

A) Webinars take place on the 22nd of each month. New training modules will be released on the 1st and 15th of each month. The link to the April 22 webinar will be in the Module 6 training, published on April 1st and located on the EVV Tool Kit section of the HHSC EVV website. You may sign up for [GovDelivery](#) to receive notification of when it is published.

Q) We have yet to receive the new correction spreadsheet. Will this be available soon?

A) The [EVV Visit Maintenance Unlock Request Spreadsheet](#) is available in the Training Resources section of the EVV website.

Q) I went to EVV website and could not find the questions and answers for the February 22, 2019, webinar. Can you tell me how to find them?

A) Questions and answers from all EVV live Q&A webinar sessions are added to the [Frequently Asked Questions from the Webinars](#) (PDF) following each live Q&A webinar session.

Q) Will today's presentation be available at a later date?

A) The Health and Human Service Commission (HHSC) will post today's webinar presentation in the [EVV Tool Kit](#) on the HHSC Electronic Visit Verification (EVV) website. You can locate it by searching "EVV Tool Kit" in your browser search engine. Click 21st Century Cures Act and select today's presentation under the Live Q&A Webinar Sessions.

Q) Does EVV apply to therapy-only home health agencies? If so, when does it go in effect?

A) *The expansion of EVV beginning Jan. 1, 2020 is for personal care services (PCS). Effective Jan. 1, 2023, the Cures Act will require EVV for home health services. HHSC will post information once it becomes available for home health services. Sign-up for [GovDelivery](#) to receive EVV news and alerts.*

Q) What is the email [electronic visit verification@hhc.state.tx.us](mailto:electronic_visit_verification@hhc.state.tx.us) used for?

A) *This is the HHSC EVV Operations mailbox where program providers can submit questions about EVV policies.*

Q) Does Texas have any plans to move to an open choice model or hybrid model?

A) *Texas is currently releasing the EVV system as a hybrid model beginning September 1, 2019. The inclusion of program provider EVV systems will be finalized later in 2019. For more information, contact the EVV mailbox at evv@tmhp.com.*

Q) What will be the source to determine eligibility?

A) *TMHP will use the Texas Integrated Eligibility and Redesigned System (TIERS) to determine an individual's Medicaid eligibility.*

Q) Will written service delivery logs be needed, or will EVV timesheets be sufficient for regulatory or state surveys/audits?

A) *Program providers must follow all program and licensure requirements. EVV visit logs will be available to program providers and HHSC state staff for review. Consult your program policy team for instructions.*

Q) Why did the state implement EVV requirements?

A) *The 21st Century Cures Act Section 12006 is a federal law requiring all states to use EVV for Medicaid personal care services and home health services, including services delivered through the CDS option and the Service Responsibility Option (SRO). For more information, go to the HHSC EVV website.*

Q) What are the changes effective June 1, 2019 vs. September 1, 2019?

A) *EVV visit validation changes went into effect on June 1, 2019. The EVV claims matching process and the EVV Portal are changes taking effect on*

September 1, 2019. See the [EVV Tool Kit Module 11: Summary of EVV Changes](#) for more information. In addition, you can review [EVV News Items](#) for recent notifications about EVV changes effective September 1, 2019.

EVV Aggregator/EVV Portal

Q) What is the EVV Aggregator?

A) *The EVV Aggregator is a centralized database that collects, validates, and stores statewide EVV visit data transmitted by an HHSC-approved EVV system. There will also be an EVV Portal, which is an online system that allows users to perform searches and view reports associated with the EVV visit data in the EVV Aggregator.*

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

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

Q) Effective September 1, 2019, EVV data will be uploaded and then downloaded to multiple entities (e.g., EVV Aggregator, then back to the agency or payer, then payer checks data for payment). How will it affect the current payment schedule? The MCO says they have 30 days to payout. What about TMHP?

A) *Effective September 1, 2019, EVV vendor systems will send all completed EVV visit transactions nightly to the EVV Aggregator and visits will no longer be transmitted to multiple payers. The EVV Aggregator will use the accepted visit transactions to perform claims matching when program provider claims are submitted to the TMHP and only the resulting EVV claims match results will be forwarded to the payer along with the claim. This process will not affect the current billing and payment schedules.*

Q) If I already have access to TMHP's website, do I still need to register for the EVV Portal? I notice there is already a link on the My Account Page.

A) *Program providers with accounts on the TMHP online portal will have access to the EVV Portal through the same TMHP account beginning September 1, 2019. Ask your system administrator to make sure you will have access.*

Q) How will we know the reason for the denial by the MCO when we submit the MCO visits to the EVV Aggregator?

A) *The MCO will not deny visits submitted to the EVV Aggregator. The EVV Aggregator will process visits submitted by the EVV vendor system and will return rejected visit transactions to the originating EVV system. The EVV*

vendor will notify the program provider of the errors so the program provider can correct the visit information.

MCOs will continue to use Explanation of Payments (EOPs) for any denial of EVV claims. That process will not change. The EVV Portal contains the EVV claims match results, not the final claims adjudication results.

Q) What is the function of the EVV Aggregator?

A) *The EVV Aggregator is a centralized database that collects, validates, and stores statewide EVV visit data transmitted by an EVV system. It applies standardized visit transaction validations and matches claims to accepted EVV visits. See [EVV Tool Kit Module 7: EVV Aggregator and EVV Portal](#) and EVV Aggregator training materials on the [TMHP LMS](#) for more information.*

Q) For Personal Assistance Services (PAS), will TMHP give us better access to what's going on with a client? For example, allowing us to log into the system to ensure that a client is not in the hospital or another facility.

A) *The EVV Portal enables program providers to view EVV visit transactions and EVV claims matching information only. Contact your local HHSC program area for further information on accessing additional client information.*

Q) With CLASS and PHC, we bill a unit of one with the dollar amount we paid the attendant. How will the EVV Aggregator match this to the EVV visit?

A) *The CLASS and CDS service claims will not be matched for units given the policy of billing by dollar amount. Sign up for GovDelivery to receive the most up-to-date information for EVV.*

Q) Will we be able to see EVV claims being processed clearly, and identify those that have been sent to the payer for payment?

A) *The EVV Portal will show EVV claims to EVV visit transaction match results and the date of the match. EVV claims are forwarded to the payer the same date as the match. A TMHP claim identifier (ICN) will be assigned when the claim is received. The Provider will need this identifier when discussing claims matching with an MCO.*

Q) If the EVV system forwards all information to TMHP can we, as the program provider, see what was forwarded to TMHP?

A) *Yes. All EVV visit transactions forwarded to the EVV Aggregator, whether accepted or rejected, will be available for the program providers to view in the EVV Portal.*

Q) **If we currently bill using span dates from the 1st to the 15th and 16th to 31st of each month, can we continue doing it? Days in between might not have an EVV visit. Is this allowed if the MCO currently accepts claims billed this way?**

A) *If span dates are allowed by the payer, each date in the span must have one or more matching EVV visit transactions and the total units on the EVV claim must match the combined total units of the matched EVV visit transactions for the span dates. To prevent mismatches, the claim should be created to include only dates of service in the span where visits occurred and visit transactions are accepted into the Aggregator.*

Q) **If an EVV claim has been accepted by TMHP and processed for billing, can the MCO deny based on the reasons listed in this webinar (e.g., NPI, units billed, etc.)?**

A) *MCOs will continue to adjudicate their claims but will no longer be performing claims matching for the five data elements (Medicaid ID, NPI/API, dates of Service, HCPCS/Modifiers, units). They may deny EVV claims that have a successful visit match for other reasons. Contact your MCO for more information.*

Q) **We were told that we could use the same Submitter ID currently used for PHC, Community Attendant Services (CAS) and Family Care (FC). Is this correct?**

A) *The services you have listed are long-term care (LTC) fee-for-service (FFS) programs, so yes you can continue to submit claims for those services to TMHP using the same Claims Management System CMS Submitter ID. However, to submit MCO claims through TMHP, program providers will need a Compass 21 (C21) Submitter ID. Contact the TMHP EDI Helpdesk at 1-888-863-3638, Option 4, if you need assistance with a C21 Submitter ID.*

Q) **Can you explain why HHSC is implementing an EVV Aggregator?**

A) *The EVV Aggregator will improve data quality by standardizing EVV data between EVV systems, and standardizing claims matching in a centralized system in support of HHSC and Centers for Medicare & Medicaid Services (CMS) directives. Refer to the [HHSC EVV website](#) for additional benefits of the EVV Aggregator.*

Q) Is the EVV Portal going to be accessible thru Vesta?

A) *No, instructions on how to access the EVV Portal will be published by TMHP in August 2019.*

Q) Who runs the EVV Aggregator?

A) *TMHP is the state's Medicaid claims administrator and is responsible for the Texas Medicaid Management Information System (TMMIS) where the EVV Aggregator resides.*

Q) Will the EVV Aggregator accept an EVV visit that is longer than the scheduled hours for a specific day the week?

A) *Yes, the EVV Aggregator does not use schedule information for determining acceptance of the EVV visit transaction.*

Q) Will access to the application programming interface be granted for the EVV Portal?

A) *An application programming interface access will not be available for the EVV Portal. Users will be able to download data from EVV standard reports and export results from EVV Portal search tools to Excel file formats.*

Q) Will we no longer use DataLogic Vesta when the EVV Portal goes live?

A) *HHSC-approved EVV vendor systems (such as DataLogic Vesta) will still be used for managing member records, capturing EVV visit data and performing visit maintenance as well as viewing a basic set of reports. Program providers will use the EVV Portal to view accepted and rejected EVV visit transactions and EVV claims matching results.*

Q) Will the EVV Aggregator also verify that the number of units billed matches the number of units provided?

A) *Yes. The EVV Aggregator will use units on the visit transaction to match to billed units for non-CDS claims.*

Q) Will the EVV Portal be accessed through tmhp.com?

A) *Yes, access to the EVV Portal will be available through tmhp.com. Watch for more information on EVV Portal access on the [TMHP EVV website](#) to be posted in late August 2019.*

Q) The Medicaid Eligibility Service Authorization Verification (MESAV) does not list the Healthcare Common Procedure Coding System (HCPCS) codes or modifiers. How will Community Living Assistance and Support Services (CLASS) and Primary Home Care (PHC) claims be matched?

A) *CLASS and PHC EVV claims are submitted with HCPCS codes and modifiers. The EVV Aggregator will match the EVV claim line item with the accepted EVV visit transactions using the following critical data elements: Medicaid ID, EVV visit date and claim date of service, National Provider Identifier (NPI) or Atypical Provider Identifier (API), HCPCS codes, modifiers (if applicable), and units (if required). Units are bypassed for CLASS and CDS employers. HHSC has published a list of EVV-relevant service groups, service codes, HCPCS codes, and modifiers on the [HHSC website](#).*

Q) When will we be able to see a live demo of the EVV Aggregator?

A) *Training on the EVV Aggregator and EVV Portal is available in the EVV Roadshow instructor-led training, which is happening across the state from August-October 2019. The schedule and registration are available on the [HHS Learning Portal](#). Computer-based training is also available on [TMHP's Learning Management System \(LMS\)](#). The EVV Aggregator is a database; the EVV Portal is a user interface for program providers, FMSAs and HHSC to view the visit data and claims match results in the EVV Aggregator.*

Q) If the EVV Aggregator shows more hours than were billed, will this cause the EVV claim to be denied? Will the EVV claim deny only if the units billed are more than shown in the EVV Aggregator?

A) *Units on the EVV claim must match the units on the EVV visit transaction exactly, unless the service is exempt from the units matching.*

Q) Will there be a webinar on the use of the EVV Portal?

A) *Yes, TMHP hosted an EVV webinar on the use of the EVV Portal in August 2019. A recording of this webinar is available on the [TMHP LMS](#).*

Q) The EVV Portal visit search options include accepted and rejected EVV visit transactions. It seems these two categories would capture all EVV clock in and clock out transactions. Is this correct?

A) *Yes, this will include all EVV visit transactions submitted or exported by the EVV system to the EVV Aggregator. The EVV vendor system may not export EVV visits with pending exceptions to the EVV Aggregator. For instance, if an EVV visit does not have a valid clock in and the program*

provider has not yet performed visit maintenance, the visit would not be exported to the EVV Aggregator until the exceptions have been resolved.

Q) When will we have access to the EVV Portal? Will there be training on it?

A) *Access to the EVV Portal begins September 1, 2019. For training on the EVV Portal, refer to [Module 7: EVV Aggregator and EVV Portal in the EVV Tool Kit](#) and the EVV Portal computer-based training (CBT) modules on the [TMHP LMS](#).*

Q) Will EVV match result codes be in Vesta on a report?

A) *No, EVV claim match results will be available in the EVV Portal through an online search function and can be exported to a PDF or Microsoft Excel.*

Q) How long will it take for the EVV Aggregator to accept a verified EVV visit transaction?

A) *The EVV Aggregator will process EVV visit transactions received from the EVV system on a nightly basis and perform validations on each verified visit. The results of the validation are returned to the EVV system by the next morning, indicating both accepted and rejected EVV visit transactions. Results can also be viewed in the EVV Portal.*

Q) How will we access the EVV Portal and when can we access it for review?

A) *Instructions on how to access the EVV Portal will be published by Texas Medicaid & Healthcare Partnership (TMHP) through tmhp.com in August 2019. Sign up for [EVV GovDelivery](#) to receive a notification when this information becomes available.*

Q) If an employer is unable to use the EVV Portal due to physical limitations, will the attendant or designated representative be able to assist with the employer?

A) *The CDS employer will not have access to the EVV Portal; only the FMSA will have access. The EVV vendor system is required to provide accessibility tools to facilitate use by CDS employers. Also, the designated representative will be able to help the CDS employer access the EVV vendor system, but the attendant should not perform the online EVV tasks.*

Q) What is this new EVV Portal that you said is coming out in September?

A) *The EVV Portal is an online system that allows program providers and FMSAs to perform searches and view reports associated with the EVV visit data in the EVV Aggregator.*

The EVV Portal will allow program providers and FMSAs to view data accepted by the state for billing EVV services and reports such as Claims to Visit Data Matching.

Q) How do we access the EVV Portal?

A) *The EVV Portal is not currently available to the provider community. More information will be available in spring of 2019.*

Q) Where is the EVV Portal you mentioned earlier?

A) *The EVV Portal will be available on TMHP.com by September 1, 2019 as part of the Medicaid Management Information System operated by TMHP.*

Q) Which specific EVV visit data elements will be exportable?

A) *Refer to [Module 6](#), page 9, of the EVV Tool Kit for a list of visit data categories that are included in the EVV Visit Transactions exported to the EVV Aggregator. Once visits have been exported to the EVV Aggregator, visit data elements can be retrieved using the Search capability within the EVV Portal and exported to Excel.*

Q) If we use an Electronic Medical Records (EMR) system, do we have to hold claims that are associated to EVV until we check the EVV Portal?

A) *The EVV Portal should be checked to ensure a visit was accepted prior to submitting a claim for a visit.*

Q) After it is accepted, is the visit validation sent back to the EVV vendor, or is it just those visits that are rejected?

A) *The EVV Aggregator will send both accepted and rejected visits back to the EVV vendor system. Providers should correct visits rejected by the EVV Aggregator in the EVV vendor system. The EVV Portal will show the current view of all accepted and rejected EVV visits.*

Q) Are visits approved by the EVV Aggregator classified as payable transactions prior to visit maintenance?

A) *When a visit is exported from the EVV vendor system and accepted by the EVV Aggregator, it will be used for claims matching. Your claims*

adjudicator (Payer) will continue to process your claim once the match results are received from the EVV Aggregator. Please note: If your EVV claim is a match, the claim may still deny for reasons outside of EVV.

Q) Is provider data updated every night via TMHP?

A) *Yes, data maintained at TMHP is updated every night by the source systems at HHSC.*

Q) Are there currently pilot programs for Home and Community-based Services (HCS), or Texas Home Living (TxHmL) using the EVV Portal?

A) *No, there are not.*

Q) Does TMHP plan on having a test EVV Portal (prior to implementation), where program providers can submit test claims?

A) *No, if you need assistance getting set up as a claims submitter, refer to the tips in [Module 7](#), page 18, of the EVV Tool Kit. Providers will not submit claims to the EVV Portal.*

Q) Can you correct a denied/rejected claim in the EVV Portal, or do you have to resend the claim again?

A) *Claims will not be accessible through the EVV Portal; providers will be able to view EVV claim match results in the EVV Portal. If claims are denied, you will need to resend the claim to the appropriate claims management system.*

Q) Will you provide a list of all the EVV edits that determine acceptance by the EVV Aggregator?

A) *Yes, more information on the EVV visit edits can be found in the [EVV Tool Kit Module 10: EVV Visit Transaction Validation Enhancements](#).*

Q) If the EVV Aggregator does not accept the claim, will it be considered a rejected claim or a denied claim?

A) *If the claim does not match to an EVV visit, the EVV Aggregator will return a no match result to the claims system, and the claim must be denied by the payer. TMHP claims systems will only fully adjudicate FFS claims. Managed care claims will be adjudicated by the MCO.*

Q) Once an EVV visit transaction is submitted, how long before we can view it in the EVV Portal?

A) *EVV visit transactions are sent by the HHSC-approved EVV system to the EVV Aggregator overnight and are viewable the next day.*

Q) Can you explain how to check that visit data has been approved by the EVV Aggregator before billing?

A) *The program providers will be given log-in credentials to the EVV Portal, which will allow viewing of visit data in the EVV Aggregator. Before submitting an EVV claim, program providers and FMSAs will use the "Accepted Visit Search" tab in the EVV Portal to confirm an EVV visit transaction has been accepted by the EVV Aggregator. More information is available in EVV Tool Kit [Module 9: EVV Portal Standard Reports and Search Tools](#).*

Q) Molina is the only MCO that rejects visits for validation of zero hours recorded. We record it this way to leave notes as to why there was no hours recorded for the day. Will this affect us in any way?

A) *No. Visits with zero pay hours that pass visit edits will be accepted by the EVV Aggregator.*

Q) DataLogic sends our confirmed calls to state. How do we know the EVV Aggregator accepted them?

A) *Program providers and FMSAs will use the EVV Portal to view visits that have been accepted and rejected by EVV Aggregator. More information on the EVV Portal functions is available in [Module 9, EVV Portal Standard Reports and Search Tools](#), available in the EVV Tool Kit.*

Q) Will changes in a recipient's eligibility be reported back to the provider? Since the state's database is updated daily that may have an impact on where claims are sent and processed.

A) *Yes. The EVV system will verify member Medicaid eligibility data against state data prior to verifying a visit transaction. The EVV system will alert the provider to any errors and the provider must correct the visit before the EVV system will export the visit transaction to the EVV Aggregator. The recipient's eligibility status can be viewed and verified through TMHP eligibility verification systems and/or processes.*

Q) How do I submit claims from the EVV Portal to TMHP?

A) Program providers will not submit EVV claims to the EVV Portal. EVV relevant claims must be submitted as follows:

- 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.
- Managed care claims will be submitted by TMHP through TexMedConnect or, for MCO-only enrolled providers, through EDI to C21.
- 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.

Q) What is the difference between the EVV Aggregator and the process we already have in place through DataLogic?

A) The EVV Aggregator is a centralized database for all visit data across the State of Texas. The EVV Aggregator, when released on September 1, 2019, will become the system of record for all visit data in the State of Texas. The HHSC-approved EVV vendor is responsible for offering systems for data collection at the service delivery site. They are also responsible for verification of the visit data and exporting of the data to the EVV Aggregator.

Q) Will this [EVV Aggregator] delay payments from MCOs?

A) MCO requirements for claims adjudication timeliness are not changing with EVV for this implementation.

Q) Would program providers have better access to see client eligibility, client hospital visits, and the client's overall status through the payer?

A) The EVV Portal will not show client eligibility or hospital stays but will show EVV visit and EVV claims data.

EVV Tool Kit

Q) Are the live Q&A webinars for current EVV program providers or for new program providers?

A) *The HHSC Live Q&A webinars are for both current and new providers. HHSC will conduct webinars on the 22nd of each month through November 2019.*

Q) Will slides be available after the webinars?

A) *Yes, slides will be available on the [HHSC EVV](#) website after each webinar.*

Q) When will your next EVV webinar take place?

A) *HHSC hosts webinars on the 22nd of each month (if the 22nd of the month is a holiday or on the weekend, the webinar will take place the next business day). Registration information for the next webinar is located on the [HHSC EVV website](#) under the section titled Live Webinar Q&A Sessions.*

Q) How do I learn more details about the EVV process? My agency is not fully educated about the EVV implementation.

A) *Review EVV materials on the [HHSC EVV website](#). Sign up for [GovDelivery](#) with HHSC to receive up-to-date information about EVV and be notified when new [EVV Tool Kit](#) materials are posted on the 1st and 15th of each month. Review the comprehensive list of [EVV FAQs](#).*

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 training modules on the 1st and 15th of each month throughout 2019 with topics ranging from EVV 101, EVV Aggregator overview and functions, and EVV policy and procedures. View all of the EVV Tool Kit Modules on the [HHSC EVV website](#).*

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

A) *The EVV Tool Kit modules are available on the HHSC EVV website under the section titled [EVV Tool Kit – Informational Updates](#). Sign up for [GovDelivery](#) with HHSC to receive up-to-date information about EVV and be*

notified when new EVV Tool Kit materials are posted on the 1st and 15th of each month.

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*
- *EVV Aggregator and EVV Portal – TMHP*

See CDS/FMSA section for more training specific to CDS employers.

EVV Vendors

Q) Will there be different vendors other than Vesta?

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

Q) If there are different vendors other 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. Please email your questions to TMHP at evv@tmhp.com.*

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 Aggregator operated by TMHP.*

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

A) *Yes, the program provider and/or 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(s) 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 program provider will make their own choice of an EVV vendor. MCOs will not specify which EVV vendor a program provider or FMSA will use.*

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. Program providers and/or Consumer Directed Services (CDS) employers will be responsible for ensuring attendants and employees know how to use the EVV system.*

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 program provider's third-party software vendors. This interface is typically set up when a program 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 (info@vestaevv.com) immediately. If an attendant fails to clock in or clock out, the program provider must perform visit maintenance to enter the visit.*

Q) Is there any plan for Vesta to transfer their program from a server-based system to a web-based system? This will be necessary for providers to access their program from everywhere.

A) *Yes. DataLogic is developing and testing a web-based Vesta System. The release date for this system is planned for late summer of 2019.*

Q) What is the process to become an approved EVV vendor for Texas?

A) *For information on EVV vendors, contact TMHP at evv@tmhp.com.*

Q) Who are the other EVV vendors, and when can providers reach out to these vendors?

A) *More information will be forthcoming regarding vendors. Contact TMHP at evv@tmhp.com.*

Q) Will the Health and Human Services Commission (HHSC) pay for approved EVV vendors?

A) Yes, HHSC will reimburse HHSC-approved vendors based on program provider usage.

Q) What is the process for EVV vendors to be approved? Are you planning to operate an open model where multiple EVV vendors are approved for Texas providers?

A) For more information regarding EVV vendors, contact TMHP at evv@tmhp.com. Texas EVV will be operating in a hybrid model which includes a vendor pool approved by HHSC and program providers' EVV proprietary systems.

Q) Is there a listing of EVV system standards to meet HHSC requirements, other than integrating with the EVV Aggregator?

A) For more information on vendor business rules, contact TMHP at evv@tmhp.com.

Q) Is there another EVV system other than Vesta?

A) Not currently. Contact TMHP at evv@tmhp.com for more information on additional EVV vendors.

Q) How do we get Healthcare Common Procedure Coding (HCPC) and modifiers loaded into the EVV system?

A) Submit this question to electronic_visit_verification@hhsc.state.tx.us.

Q) When visits fail to export because the client loses Medicaid coverage, the visit states "warning." The Vesta system indicates that it doesn't mean the visit was rejected. Do we re-export the visit?

A) Program providers should review all rejected visits for warnings or fatal errors and correct these errors. Then, they should re-export the visit. Medicaid eligibility should be verified prior to re-export. For additional information, contact the EVV vendor.

Q) Do we have to use DataLogic for EVV?

A) DataLogic is currently the only approved EVV vendor, but we anticipate additional EVV vendors will be approved and announced in August 2019.

Q) Where can we get file specifications and data requirements for interfacing?

A) *If you are currently onboarded with an HHSC-approved EVV vendor, contact them for specifics on interface requirements. If you have yet to onboard with an HHSC-approved EVV vendor, additional information will be available later this summer.*

Q) How do new HHSC-approved EVV vendors get set up?

A) *More information on HHSC-approved EVV vendors will be forthcoming. Submit your questions to evv@tmhp.com.*

Q) Where do we go to make sure our information matches that of the validation process in EVV?

A) *Refer to TMHP's provider notification: [New EVV Provider Data Validation Process – Improves Quality](#).*

Q) When will the EVV validation process be back up and running again?

A) *The DataLogic provider validation process was re-established June 1. Notification should have been posted in the Vesta System prior to the process beginning again.*

Q) If data entry is confirmed, but there is an error, can it be corrected a few hours later before billing takes place?

A) *If it's within the business day, corrections can be made according to the EVV vendor processing.*

Q) How can an EMR become an approved vendor to interface directly with HHCS?

A) *Submit your question to evv@tmhp.com.*

Q) To become an HHSC-approved EVV vendor, do we email electronic_visit_verification@hhsc.state.tx.us? For data requirements, specifications, and communication protocol, do we email evv@tmhp.com?

A) *Submit your question to evv@tmhp.com.*

Q) Will the agency be able to test other HHSC-approved EVV vendors before September 1, 2019?

A) *HHCS-approved EVV vendors will be announced in August. Program providers are encouraged to talk to each vendor and ask for system demonstrations to ensure an informed decision is made.*

Q) **We are currently unable to make corrections to failed, rejected, or warning schedules if the MCO needs to be corrected. Will we be able to make corrections for these types of issues in Vesta, or will we continue to have to submit a correction request to Vesta?**

A) *Contact your EVV vendor for correction processes.*

Q) **If an EVV visit is amended for unit change, when does that visit re-exported?**

A) *Contact your EVV vendor for re-export information.*

Q) **What is the agency ID and the employee ID? How do they get this information?**

A) *These are unique identifiers generated and assigned by the EVV vendor. Contact your EVV vendor for details.*

Q) **If we registered with DataLogic Vesta for the soft launch, will we need to re-register before the go live date on January 1, 2020, for an FMSA?**

A) *Yes, additional information will be posted on the HHSC EVV, MCO, and TMHP websites regarding selecting an EVV vendor.*

Managed Care Organizations (MCOs)

Q) Will we receive new authorization from MCOs before September 1, 2019, with changes on units or bill codes?

A) Program providers should request new authorizations from their MCOs to reflect the unit and bill code changes for STAR+PLUS. See the [HHSC EVV Service Bill Codes table](#) to review the list of STAR+PLUS bill code effective dates for EVV required services.

Q) Would United Healthcare provider advocates be able to help us with any questions we have pertaining to the EVV Portal?

A) Although MCOs will have access to and should be familiar with the EVV Portal, EVV Portal questions should be directed to TMHP. Email your questions to evv@tmhp.com.

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

A) STAR Kids MCOs should have visit records dating back to November 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.

Q) If we send a spreadsheet to Managed Care Organization (MCOs) requesting authorization to re-export visits, but they do not respond within the timeframe for billing, who do we contact?

A) You have the right to file a complaint against the MCO. Submit your complaint to HPM_complaints@hhsc.state.tx.us. You also have the right to appeal your denied EVV claim.

Q) When is the state going to update their payment policy as it pertains to the .25/.5 and .75 rounding for Managed Care Organizations (MCOs)?

A) The current plan is to update service billing for STAR Plus effective as of September 1, 2019.

Q) Can Health and Human Services (HHS) dictate that MCOs issue provider agencies the EVV Rights and Responsibilities Notification

form that became effective November 2018 and have the provider agencies sign it?

A) *MCO service coordinators are responsible for communicating EVV rights and responsibilities to members upon initial assessment and/or during annual reviews. To clarify, the Rights and Responsibilities form will be signed by the Medicaid member, not the program provider.*

Q) What are the date of service (DOS) scenarios for readiness review?

A) *Submit readiness review questions to Electronic_Visit_Verification@hhsc.state.tx.us.*

Q) United Healthcare is recouping money stating we did not see the client. When I submitted the EVV visit log as proof, they still denied stating that there is not proof. What else are we supposed to submit?

A) *MCO providers who wish to file an appeal related to an MCO recoupment should follow the current appeal process and timeframe. If you would like to file a complaint against an MCO please email HHSC at HPM_complaints@hhsc.state.tx.us.*

Q) Currently we double check the paper authorization through the MCO web portal. Should we check the authorization data in the EVV Portal prior to entering it in our system?

A) *The authorization data will not be viewable from the EVV Portal. Program providers should continue to verify services authorization information using their current practice.*

Q) Will we continue to check client's eligibility in MCO portals, or will we be able to check through TMHP?

A) *Program providers may continue to use their MCO's portal to check a client's eligibility. In addition, the EVV Aggregator will verify eligibility using TIERS when validating EVV visit transactions exported by the EVV vendor. The EVV Aggregator will transmit any errors related to eligibility back to the EVV vendor and the provider will be notified.*

Q) Will eligibility data for clients still be provided in the MCO portals?

A) *Contact your MCO.*

Q) Are we are going to be able to verify eligibility for all clients on MESAV, including all MCO clients?

A) *Beginning August 25, 2018, Long-Term Care providers can view all managed care eligibility records for managed care members which also have LTC services. Program providers who only have contracts with an MCO will need to view eligibility data as instructed by their MCO.*

Q) We have several MCO clients that we are not able to pull MESAV on TMHP, therefore not able to verify Medicaid Eligibility. What are we supposed to do?

A) *You will need to contact your MCO.*

Q) EVV maintenance reports are required to be sent to the MCO to make corrections on dates of service older than 60 days. Is there a timeframe set for the MCO to accept or reject the request? Is the MCO required to respond?

A) *HHSC EVV Operations is revising the visit maintenance unlock request policy to include timeframes for payers to process and respond to requests. EVV Operations is reviewing a change in policy to ensure consistent timeframes for MCOs to follow. The next update to the Uniform Managed Care Manual (UMCM) is scheduled for Nov. 2019. Sign up for [GovDelivery](#) to ensure you have the most up-to-date information related to EVV.*

Q) Is TMHP going to be able to audit MCOs as well?

A) *No, TMHP will not be responsible for performing MCO audits.*

Q) Is it correct that United Healthcare, and other MCOs can no longer help with questions about reason codes?

A) *No, that is not correct. Payers will continue to assist program providers with any reason code questions.*

Q) Since everything is going through TMHP, what role do payers or insurance companies have other than paying out a claim?

A) *TMHP is only providing EVV match result to payers. The payers (HHSC or MCOs) will continue to adjudicate other aspects of the claims. The payers will still monitor if program providers are complying with EVV policies and requirements, such as EVV usage, reason codes and required free text. The payer will still be responsible for answering EVV policy questions. Access the*

[EVV Contact Information Matrix](#) to determine who you should contact for a specific topic.

Q) Will MCOs submit their authorizations to TMHP?

A) *No, MCOs will not be submitting authorizations to TMHP.*

Programs/Services

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

A) *View the complete list of [programs and services required to use EVV](#) beginning Jan. 1, 2020 and programs and services currently required to use EVV.*

Q) Please give more information about what services must use EVV for the Home and Community Based Services (HCBS) Adult Mental Health program.

A) *Beginning Jan. 1, 2020, the following services must use EVV for HCBS Adult Mental Health: 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, CFC PAS/HAB, In-Home Respite, and day habilitation (provided in the individual's home) are required to use EVV beginning Jan. 1, 2020.*

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

A) *HCS and TxHmL will be required to use EVV by Jan. 1, 2020.*

Q) Will Community First Choice (CFC) and Texas Home Living (TxHmL) members/clients still be required to use the Form 1745 service delivery log with EVV coming?

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

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

A) *In-Home Respite services in the YES Waiver are required to use EVV by Jan. 1, 2020.*

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

A) *Not currently.*

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

A) *Texas will implement EVV for home health services, as required by the Centers for Medicare & Medicaid Services (CMS), on Jan. 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 Primary Home Care, Community Attendant Services, and Family Care (PHC/CAS/FC)? Is the date Jan. 1, 2020?

A) *Those programs are currently required to use EVV, but as of Jan. 1, 2020, use of EVV under the Consumer Directed Services (CDS) option and SRO will be mandatory.*

Q) Service coordinators do not provide any services such as PAS HAB, In-home respite, or Consumer Directed Services (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 members/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) *The EVV vendor system will allow a user to identify non-EVV relevant service delivery such as transportation during an EVV visit to avoid multiple clock in and clock out actions.*

Q) An Inter-Disciplinary 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.*

Q) If the client does not have an escort, is the provider allowed to go with them even if the person goes in their own car?

A) *This is a program question. Contact your HHSC case manager or MCO service coordinator.*

Q) Does the state require Star Kids members to sign EVV forms even for members who do not receive any PCS/PAS services (not attendants)?

A) *No. If the individual is not receiving EVV-relevant services, there is no need for EVV forms.*

Q) Is EVV only required for members receiving PCS/PAS/CDS services or should everyone be educated and required to sign documents?

A) *Refer to the [program list for required EVV services](#), including services to be added under the Cures Act starting Jan. 1, 2020. Only members receiving these services will be subject to EVV.*

Q) Will EVV apply to therapy-only home health agencies in 2019-2020? Where can we view the updated provider types list?

A) Effective Jan. 1, 2020, EVV is expanding the EVV program and services for PCS. Effective Jan. 1, 2023, EVV will be required for home health services. Information will be posted once it becomes available for home health services. Sign up for [GovDelivery](#) to receive EVV news and alerts.

Q) How will this work with Out of Home Respite? For example, the client goes to camp.

A) Out of Home Respite is not required to use EVV. Refer to the [programs and services required to use EVV](#) on the [21st Century Cures Act page](#) of the HHSC EVV website.

Q) Is FFS related to attendants providing services to employers?

A) No, fee-for-service or FFS is related to the type of contract the provider holds (e.g., Primary Home Care (PHC), Family Care (FC), Long-Term Care (LTC) FFS, or Acute Care FFS).

Q) What is the start date for using EVV?

A) Providers impacted by the Cures Act must use EVV beginning January 1, 2020. HHSC and MCOs program providers currently using EVV will be required to continue to use EVV. View the complete list of [programs and services required to use EVV](#) beginning Jan. 1, 2020 and programs and services currently required to use EVV.

Q) With the exception of HCS and TxHmL, as an FMSA, will we need to enter all claims through TMHP by September 1, 2019? Will the EVV process also be mandatory for all services including MCOs, or is the EVV verification mandatory by January 1, 2020?

A) Billing by FMSAs for CDS employers must be submitted to TMHP beginning January 1, 2020. Until that date, FMSAs may continue to submit claims directly to the appropriate payer. View the complete list of [programs and services required to use EVV](#) beginning Jan. 1, 2020 and programs and services currently required to use EVV.

Q) Will HCS submit Individual Plan of Care (IPC) and Intellectual Disability/Related Condition (ID/RC) to Local Intellectual and Developmental Disability Authorities (LIDDA) via EVV?

A) No, the submission of an IPC and ID/RC will remain the same.

Q) How can we verify which program providers are required to use EVV?

A) Refer to the HHSC [EVV website](#) for a list of [programs and services required to use EVV beginning Jan.1, 2020 and programs and services currently required to use EVV](#).

Q) Who can I call for further explanation of units versus hours? If an MCO says a client has 40 units per week, does it really mean 10 hours and 15 minutes per week? And, who is responsible for educating the members on this change relative to what they expect from program providers?

A) Contact your payer for specific instructions regarding conversion of units from one hour to 15-minute increments. The payer is responsible for educating the program provider and the member regarding these changes.

Q) Earlier you said a reason for rejections due to the EVV_HCPCS_CODE and EVV_MODIFIER combination on the EVV visit transaction is not eligible for EVV due to the combination not being valid for EVV. Does that mean the T1019 with U9 or UD modifier are not valid for EVV?

A) T1019 with modifiers U9 or UD are valid EVV codes for acute care FFS or for managed care. If you need more details, see the EVV Service Bill Codes table on the EVV website or email the EVV mailbox at evv@tmhp.com.

Q) For HCS/TxHmL billing, we currently need to indicate the specific program provider when entering in CARE. Will we need to send the specific provider name/ID when billing HCS/TxHmL services through TMHP?

A) HCS/TxHmL is not changing for January 1, 2020. Follow your current billing process.

Proprietary Systems

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, contact TMHP at evv@tmhp.com.*

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. If you are interested in using an EVV proprietary system, contact TMHP at evv@tmhp.com.*

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, contact TMHP at evv@tmhp.com.*

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

A) *Please contact TMHP at evv@thmp.com for more information.*

Q) Will alternate EVV provider systems be permitted access to integrate with the EVV Aggregator?

A) *Submit this question to Electronic_Visit_Verification@hhsc.state.tx.us.*

Q) If a program provider wants to use a different EVV system, what would they have to do with their data? Does there have to be an integration with the state's EVV Aggregator, or can there be a file upload?

A) *Submit your question to evv@tmhp.com.*

Q) Are specifications available for third-party vendors?

A) *There are no changes to third-party claims billing process. For additional questions on this subject, please email them to the EVV mailbox: Electronic_Visit_Verification@hhsc.state.tx.us.*

Reason Codes

Q) Are the updated reason codes going to be the same for CDS and agency options?

A) *The updated reason codes are available on the HHSC [EVV website](#). Reason codes from this updated list will apply to CDS specific services.*

Q) If an attendant does not work on a scheduled day, do we enter a reason code for that day or delete it?

A) *If an EVV visit was scheduled but not worked, the program provider should enter a reason code for that day.*

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 program provider needs to adjust the pay hours down due to automatic rounding, then the program provider would use code 700 for that adjustment.*

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

A) *Yes, multiple reason codes can be recorded for a single visit.*

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.*

Q) Once we verify visits, perform maintenance, and export the visits, we usually check the EVV visits to make sure we used the correct codes. If we find errors after visits have been exported to payers, can we go back to the visit to add or correct the codes?

A) *Once a reason code has been saved to a visit, it cannot be deleted. The program provider can add more reason codes within the 60-day visit maintenance window.*

Q) When verifying a visit, should we change the location when using services provided outside of the home (code 105)? For example, services at a family's home or when they are in the community area?

A) *No, the location is based on the clock in and clock out location. Program providers may use the free text field to add additional information when services are provided at a family's home.*

Q) If verifying a provider time and it matches, what code do you use? Is it the 100 code?

A) *Please submit this question to electronic_visit_verification@hhsc.state.tx.us regarding which specific EVV reason code to use.*

Q) What code should be used when a midnight token code does not link to the schedule due to the code being valid for the following day?

A) *For questions related to specific EVV reason codes and their use, contact HHSC at electronic_visit_verification@hhsc.state.tx.us.*

Q) When will new EVV codes be implemented?

A) *All new EVV reason codes for the Cures Act expansion will be implemented Sept. 1, 2019. This will allow program providers to start collecting EVV visit data once a vendor system has been selected and onboarding has been completed.*

Q) If the attendant is sick and did not show up for work, which code should be used?

A) *Reason code 115 is appropriate if the attendant did not work and the member was contacted and agreed. Reason code 121 is appropriate if the attendant failed to report to work and did not inform the program provider until after the missed scheduled visit.*

Q) Since we cannot delete a cancelled shift, what reason code do we use when verifying zero hours worked?

A) *There is a list of Reason Codes located on the EVV website for reference. After referring to the Reason Code list, if you still have questions on which reason code to use, please submit your question with specific information*

regarding the visit to the [HHSC EVV mailbox](mailto:HHSC_EVV_mailbox@hhsc.state.tx.us) at electronic_visit_verification@hhsc.state.tx.us or your MCO.

Q) Do preferred codes fall under the same rule as the 14 consecutive days rule?

A) Any reason code used more than 14 consecutive days may constitute a misuse of reason codes.

Q) Sometimes RC 305 must be used. Does that visit run a risk of recoupment or rejection?

A) Yes. If the program provider fails to enter the actual time service delivery begins and/or ends in the free text in the EVV system. If the required free text is missing, the visit is subject to recoupment.

If same EVV reason code is used for more than 14 calendar days within a calendar month for the same member may constitute provider misuse of the reason code.

Q) If a client does not cooperate with scheduled visits, and this results in daily reason codes being used, do we need to submit 2067 to insurance to inform them? How do we avoid a penalty due to a client's non-compliance?

A) If the member is not cooperating with scheduled visits, the program provider will need to contact their payer for guidance. Examples: HHSC case worker, CLASS case manager, MCO service coordinator.

Q) How should codes be applied to a visit? What is the required information that needs to be in free text?

A) Click the [Reason Codes](#) link on the HHSC EVV website, and then select the [HHSC Reason Codes PDF](#) in the Current Reason Codes section. The free text requirements are listed in **BOLD**. The EVV vendor will train program providers how to save reason codes to visits.

Q) Regarding the 14-day rule, we have asked our vendor for a token and they have taken 30 plus days to arrive at our agency.

Meanwhile, we are verifying with code 200-205. What happens there?

A) *Report specifics of delayed delivery of devices to your payer immediately. The provider must use the most appropriate EVV reason code. If the EVV reason code is used more than 14 days for the same member, the program provider must immediately contact their HHSC or MCO.*

Q) What if a client initially verifies that the attendant failed to clock in or clock out for what is pending, and we verify it, but then the client calls back later stating the attendant did not work. Will we be penalized for using a NP code and then a preferred code?

A) *Failure to use the system will negatively impact your EVV compliance score. Once a non-preferred reason code is saved to a visit, it cannot be deleted.*

Q) Is a program provider subject to penalty for using RC 700? For example, an attendant always works seven plus minutes each scheduled visit.

A) *Any reason code used more than 14 consecutive days may constitute a misuse of reason codes.*

Q) What will happen if a reason code is used for more than the 14 calendar days?

A) *It may constitute a misuse of a reason code and visits may be recouped. Reach out to your payer for specific information.*

Q) If the client does not have escort services, but requests services be provided out of home, can code 105 be used?

A) *The program provider must follow the authorized Plan of Care. If the service requested by the member is not authorized, then that service cannot be delivered.*

Q) Does using reason code 115, and verifying a visit for zero units affect the attendant's EVV auto-link score?

A) *No, it does not.*

Q) Does using code 305 affect the EVV validation/acceptance process?

A) *No, free text is required when using reason code 305. Once visit maintenance is complete, the visit will be exported to the EVV Aggregator for validation, and acceptance or rejection.*

Q) When using reason code 600 for hospitalization or vacation, do we have to add comments?

A) *Reason code 600: Service Suspension does not have a free text requirement; however, program providers can add free text if they prefer. Program providers must still follow all program policy related to required documentation of service suspension if applicable.*

Q) What is the timeframe for reason code 700? For example, the attendant is scheduled to work from 8:00 a.m. to 12:00 p.m. They clock in at 8 a.m., but clock out at 2:00 p.m. Can we use reason code 700 for this visit or code 905 as failed to clock out? If we use 905 as the reason code, do we have to unlink the visit at 2:00 p.m.?

A) *Reason code 700: Downward Adjustment to Billed Hours is related to downward adjusting the automatic rounding of pay hours in the EVV system. If the attendant worked more hours than scheduled, the program provider would use reason code 100: schedule variation. If the attendant forgot to clock out at 12:00 p.m. and then remembered to clock out at 2:00 p.m., the program provider would use reason code 905: attendant or Assigned Staff Failed to Call Out-Verified Services Were Delivered. The program provider must adjust pay hours that were verified and are eligible for reimbursement.*

Q) What does "Free Text" mean?

A) *The Reason Code Free Text field is a comment field used to submit required information such as a missing actual clock in or out time as well as comments related to the use of a specific reason code. The entry of free text is required for certain reason codes. An updated reason code list, along with free text requirements, will be forthcoming. If required free text is not entered, the claim associated with the visit is subject to recoupment.*

Q) Will there be any changes to the EVV reason code list?

A) Yes, HHSC will update the reason codes available for use during visit maintenance beginning September 1, 2019. The updated list will be published on the HHSC [EVV website and each MCO website](#). Sign up for [GovDelivery](#) to receive the most up-to-date information for EVV.

Q) If a token code is unable to be entered and we confirm the visit, what reason code can we use?

A) You can use reason code 305: *Malfunctioning Small Alternative Device or Invalid Small Alternative Device Value – Verified Services Were Delivered*. Reason code 305 is selected when a small alternative device malfunctions or provides invalid values. Free text is required in the comment field; the program provider must document the actual time service delivery begins and/or ends. If the EVV system is missing the start or end time of a visit, the program provider must document the missing time in the free text. If RC 305 is used for the same individual/member over a period greater than 14 calendar days, a replacement alternative device should be ordered. This is a preferred reason code.

Q) If the attendant clocked-in but didn't clock out and we verify the service was not delivered by the client, should we use reason code 115 and unlink the visit?

A) Reason code 115 is selected when the attendant or assigned staff does not work and the individual/member was contacted and agreed, or the individual/member contacted the agency and requested the attendant or assigned staff not work. All situations that require documentation must be documented according to program policy. This is a preferred reason code.

However, if the attendant did not work the assigned hours, the program provider may not bill for services not worked.

Q) Can you re-explain the proper reason code to use when an attendant clocks in, but clocks out at a time later than scheduled? For example, an attendant is scheduled to work from 8:00 a.m. until 12:00 p.m. They clock in at 8:00 a.m., but clock out at 4:00 p.m.

A) The program provider would use reason code 905: *Attendant or Assigned Staff Failed to Call Out – Verified Services Were Delivered*. Reason code 900 is selected when an attendant or assigned staff fails to use the EVV system to call out. Free text is required in the comment field to document the actual "call in" time. This is a NON-preferred reason code.

Q) For reason code 135, do you need to see tokens linked to confirm visits?

A) *Token (alternative device) values must be entered into the EVV system. Reason code 135: Confirm Visits with No Schedule (NEW) is selected when the attendant or assigned staff provides services, as requested by the individual/member, but there was no schedule in the EVV system. All situations that require documentation must be documented according to program policy. This is a preferred reason code. If you need assistance linking visits when there was no schedule in the EVV system, contact your EVV vendor.*

Q) If I have a question about reason codes, what is the phone number should I call?

A) *Submit your question to electronic_visit_verification@hpsc.state.tx.us.*

Q) Can you provide clarification regarding reason code 900? Do we have to explain why the attendant did not clock in and clock out? I thought we only had to put in the clock in and clock out if they have called in and called out.

A) *Reason code 900: Attendant or Assigned Staff Failed to Call In – Verified Services Were Delivered is selected when an attendant or assigned staff fails to use the EVV system to call in. Free text is required in the comment field to document the actual "call in" time. This is a NON-preferred reason code.*

Q) What reason code can be used if an attendant wrongly inputs the token number causing an invalid token number?

A) *Reason code 305: Malfunctioning Small Alternative Device or Invalid Small Alternative Device Value – Verified Services Were Delivered would be used. RC 305 is selected when an alternative device malfunctions or provides invalid values. Free text is required in the comment field; the provider must document the actual time service delivery begins and/or ends. If the EVV system is missing the start or end time of a visit, the provider must document the missing time in the free text. If RC 305 is used for the same individual/member over a period greater than 14 calendar days, a replacement alternative device should be ordered. This is a preferred reason code.*

Q) Do all reason codes need comments?

A) *No, refer to the HHSC [Reason Code List](#) on the HHSC website.*

Q) If an attendant works a different schedule than scheduled, can we use code 100? If so, what would we put in the free text field?

A) *Yes. See the [EVV Reason Code list](#) for free text requirements.*

Reports

Q) Will EVV standard reports be available before September 1, 2019? If so, when?

A) *EVV standard reports located in the EVV Portal will only show EVV visits with dates of service on or after September 1, 2019 and will be available for viewing September 1, 2019. Program providers will be required to pull EVV standard reports from the DataLogic Vesta system for visits with dates of service prior to September 1, 2019.*

Scheduling

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

A) *The program provider 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 codes after the visit occurs to record a schedule variation.*

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.*

Q) Can we delete future visits if the patient is either deceased or has lost services? Should we code it instead?

A) *Yes, future visits can be deleted. Visits scheduled today or in the past cannot be deleted. You must use a reason code to indicate why the visit was not worked.*

Q) I would like to discuss shifts loaded into Vesta by the client's schedule. If the attendant doesn't work the schedule, is it better to delete the shifts in the call log or zero them out in Visit Verify?

A) *The program provider should save the appropriate reason code for the visit with zero pay hours. The program provider is only allowed to delete future schedules.*

Q) When we have split schedules, the PM schedule links to the AM schedule due to there being a missing clock-in or clock-out in the morning. As a result, the PM schedule stays unlinked to the AM schedule. How do we correct the PM visit?

A) Reach out to your vendor for assistance with this system question. If you have a question related to a reason code, contact your payer.

Q) How do we unmerge clock in and clock out to merge to the correct schedule? During the middle of the period, the individual had increased hours, resulting in a change of schedule.

A) Contact DataLogic at training@vestaevv.com.

Q) Where does transportation for supported home living (SHL) fall in the EVV system? How does a program provider schedule a shift with multiple SHL transportation clock in and clock out shift times?

A) The EVV vendors will be required to train program providers on scheduling non-EVV-relevant services within the shift.

Q) Does the EVV software allow for flexible hours?

A) Yes.

Q) What do we do if attendants do not have a fixed schedule?

A) The program provider must contact the member's HHSC case manager or MCO service coordinator regarding fixed and variable schedules for the member receiving authorized services. Schedules are based on the member's needs, not the attendant.

EVV systems can accommodate fixed and variable schedules. The EVV vendor will provide training on how to set up different types of schedules in their EVV system.

Q) For HCS and Texas Home Living (TxHmL), will we enter schedules in each week for the attendants and then have the attendants' clock in and clock out to match what we entered as their schedule?

A) EVV will follow program requirements for schedules. If the program requires a schedule, a schedule will need to be entered into the EVV system. Contact your program policy team for specific requirements regarding schedules.

Q) When it is a case involving a couple, can the scheduled hours overlap, or do they have to be scheduled back to back?

A) *The attendant is required to clock in and clock out for each member. If needed, the EVV vendor can assist with setting up a schedule for companion cases.*

Q) With a priority patient that has two attendants working at the same time, how will they be scheduled and bill for the same time?

A) *Additional information is needed before providing an answer to your question. Please submit your question to electronic_visit_verification@hhsc.state.tx.us.*

Q) If the client wants an attendant to work another day instead of the scheduled day, can we delete and reschedule the visit for the day requested by the client?

A) *Only future schedules can be deleted. If the scheduled visit is for today or in the past, the program provider must use the most appropriate reason code to indicate why the visit was not worked. The visit should have zero pay hours. Program providers must also follow any program policies regarding schedule variation documentation.*

Q) Can attendants see their schedules and timesheets along with errors they need to correct?

A) *Attendants who choose to use the EVV mobile application will be able to view their schedules and get clock in and clock out reminders. All other options are at the EVV vendors' discretion. Attendants may not adjust visit data. Contact your EVV vendor for more information.*

Q) Respite is a service that is not scheduled. How will this work with EVV claims being scheduled?

A) *In-home respite is a service required to use EVV. If the attendant is unable to clock in and clock out, the program provider must manually enter the visit into the EVV system with the appropriate reason code prior to billing. The EVV vendor can assist with logging unscheduled visits. If providers have an idea of specific days and times respite will be used, then the EVV system can be updated with that schedule information prior to the visit.*

Q) Can you clarify the comment regarding if the attendant does more time one day and does less time the next day. Can we credit both times?

A) *Reach out to your regional contract manager for questions regarding making up time.*

Q) If an attendant works the same number of hours but a different time is scheduled, do we need to back it up with a note?

A) *Refer to the [EVV Reason Code list](#) for free text requirements. All reason codes allow program providers to make comments, as needed.*

Training

Q) When will Module 11 be discussed in a webinar?

A) *The August 22, 2019 webinar will discuss Module 11. The topic of the webinar is Preparing for Sept. 1 – Summary of EVV Changes. Registration is available on the [EVV Tool Kit](#).*

Q) For FMSAs, how will CDS employers be trained on EVV? Will they be liable for their mistakes, if any?

A) *FMSA training is available in the EVV Tool Kit. The modules are in the EVV Tool Kit – Informational Updates section on the HHSC EVV website. In addition, computer-based training (CBT) is available on the HHS Learning Portal and TMHP's LMS. The EVV vendor chosen by the FMSA will provide specific EVV system training to the CDS employers. FMSAs will provide support to CDS employers as they do under current program rules.*

Q) When will training be available on how to bill EVV claims in the new system directly with TMHP?

A) *Program providers should contact the TMHP EDI Help Desk at 1-888-863-3638, Option 4, for information on how to submit EVV claims through TexMedConnect or EDI. Training is available in [Module 8 of the EVV Tool Kit: Submitting an EVV Claim](#) and in [TMHP CBT Module 6: EVV Claims Submission and Billing on the TMHP LMS](#). HHSC and TMHP are also providing instructor-led training (EVV Roadshow) in several locations this summer. The schedule and registration are available on the [HHS Learning Portal](#). Sign up for [GovDelivery](#) to receive the most up-to-date information for EVV.*

Q) Can we receive hands-on training from TMHP, or is this something the payer can provide?

A) *HHSC and TMHP are providing EVV Roadshow instructor-led training across the state from August-October 2019. The training schedule and registration are available on the [HHS Learning Portal](#).*

Q) Where can we receive more training about submitting EVV claims and completing EVV visit maintenance through the EVV Portal?

A) *Specific training on submitting EVV claims is available in EVV Roadshow instructor-led training happening now across the state, as well as CBT modules available on the [TMHP LMS](#). The EVV Roadshow training schedule and registration are available on the [HHS Learning Portal](#). Program providers*

will continue to use the EVV vendor system to perform visit maintenance, not the EVV Portal.

Q) Will there be a webinar on the use of the EVV Portal?

A) *Yes, TMHP hosted an EVV webinar on the use of the EVV Portal in August 2019. A recording of this webinar is available on the TMHP LMS.*

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

A) *All EVV policies, processes, and requirements are on the [HHSC EVV website](#), [TMHP website](#), and your MCO website. In addition, program 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) will provide information on policy and procedures, EVV vendors will train the CDS employers on the use of the EVV vendor system, and FMSAs may provide additional training to the CDS employer as needed.*

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. Sign up for [GovDelivery](#) with HHSC to receive up-to-date information.*

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 reason codes?

A) *Additional training dates will be posted on the HHSC website. Sign up for [GovDelivery](#) with HHSC to receive up-to-date information.*

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, program providers are responsible for training and ensuring their staff use the EVV system according to HHSC and MCO policies. Program providers 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 (clock in/out). CDS employers will receive training from the EVV vendors and assistance from their FMSAs.

Communications to the FMSAs and CDS employers will be forthcoming. Providers, FMSAs, and CDS employers should sign up for GovDelivery to receive notifications regarding training.

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) *Prior to an attendant performing EVV clock in and clock out steps, the program provider will set up the client, client authorized services, planned schedule (if applicable) and attendant information in the EVV vendor system. 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.*

Q) Can you host a webinar where provider agencies can ask questions regarding EVV scenarios and receive responses as to what reason codes are best for each scenario?

A) *We encourage program providers to submit questions and scenarios to us when unsure of which reason code to use. Please submit any questions, scenarios, and this suggestion to electronic_visit_verification@hhsc.state.tx.us.*

Q) Will there be a separate webinar for reason codes?

A) *There will be a computer-based training course regarding EVV policies and reason code usage starting in June 2019. Reason code information is also available in [Module 5 of the EVV Tool Kit: Visit Maintenance](#).*

Q) Is there a website or training on EVV reason codes?

A) All HHSC training, including future computer-based trainings on reason code usage, will be available on each payer webpage. Currently, you can view [EVV reason code information](#) on the EVV website and in [Module 5 of the EVV Tool Kit: Visit Maintenance](#).

Q) Is it possible to get a copy of the slides from this presentation and a set from the January presentation?

A) The slides are available on the HHSC EVV website:

- [Jan. 22, 2019 Webinar: EVV 21st Century Cures Act – Texas Implementation](#)
- [Feb. 22, 2019 Webinar: EVV 101 – Roles and Responsibilities](#)

Q) Is the agency who contracts with the provider responsible for EVV training, or are the providers themselves responsible during the contracting process?

A) Program providers are responsible for training their attendant staff on EVV, while the EVV vendor will train the program provider and their administrative staff on the EVV vendor system. TMHP will provide training to the program provider on the EVV Portal, while HHSC and MCOs will provide training on EVV policy.

Q) Where do we sign up to get information on the EVV Portal?

A) [Sign up for GovDelivery](#) and select Electronic Visit Verification as a topic of interest. Information on the EVV Portal will be published on the [EVV website](#) starting on April 1, 2019.

Q) Will TMHP provide training on billing?

A) Yes, you can refer to TMHP's [Learning Management System](#) (LMS) for EVV claims billing training. Specific EVV claims training will be posted in the LMS later this summer. Also review Module 8: Submitting an EVV Claim, in the [EVV Tool Kit](#).

Q) Who will train the CDS employer for EVV maintenance?

A) The EVV vendor will train the CDS employer on how to perform visit maintenance within the vendor's system. The FMSA may assist the CDS employer upon request.

Q) Are EVV vendors going to provide training for the FMSA and the CDS employers?

A) Yes, more information will be available this fall.

Q) Will the webinar presentations be available at a later date?

A) The Health and Human Services Commission (HHSC) will post each webinar presentation on the HHSC Electronic Visit Verification (EVV) [website](#). Select today's presentation under the Live Webinar Q&A Sessions.

Q) If questions aren't answered at the end of the webinar or on the website, who can I contact?

A) You can contact us by email at Electronic_Visit_Verification@hhsc.state.tx.us.

Q) Is there a training module that we can use to train attendants on the importance of EVV and how they will use the alternative device to clock in and clock out?

A) You will need to contact your EVV vendor for training on using an alternative device. For the importance of EVV, you can refer to the HHSC Tool Kit Module: [The 21st Century Cures Act and Texas Implementation](#), Tool Kit Module 1: [Introduction of EVV](#), Module 2: [EVV Roles and Responsibilities Part I of II](#), and Module 3: [EVV Roles and Responsibilities Part II of II](#).

Q) Can I get a copy of this presentation?

A) HHSC posts all live Q&A webinar presentations on the HHSC Electronic Visit Verification ([EVV](#)) [website](#). To access the May 22, 2019 webinar presentation, navigate to the Live Q&A Webinar Sessions section. Click the plus sign next to May 22, 2019; then click [EVV Claims and EVV Portal \(PDF\)](#) to access the presentation.

Q) Will program providers with high rejections be given additional trainings to correct errors? What will happen to a program provider that has a consistently high rejection rate?

A) Training will be published on HHSC and TMHP websites. If direct assistance is required, you can reach out to your EVV vendor or TMHP Provider Relations to find out what visit data element is not passing the visit validation edits at the EVV Aggregator. High rejection rates will have a negative impact on the program provider's quarterly EVV Usage Score.

Q) Will you provide training to members and caregivers for EVV, or will this be the responsibility of the program providers?

A) *It is the responsibility of the program providers to train their attendants.*

Q) Is there a training or webinar specific to HCS and TxHmL providers?

A) *Training is available in the [EVV Tool Kit](#). The modules are in the EVV Tool Kit – Informational Updates section. In addition, upcoming EVV computer-based training (CBT), webinars, and face-to-face classroom training sessions will be available. Schedules for those trainings will be available on the HHSC, MCO, and TMHP websites. Information specific to HCS and TxHmL may be available through the HHSC program policy team. Sign up for [GovDelivery](#) to be notified when new EVV information is posted.*

Q) When will CDS employers be trained in the usage of the EVV system?

A) *HHSC and MCOs (if applicable) will provide information on policy and procedures to CDS employers, EVV vendors will train the CDS employers on the use of the EVV vendor system, and FMSAs may provide additional training to the CDS employer as needed.*

Q) We need a better understanding as to what TMHP can help us with and what the MCO advocates can help with. Could you give us this information?

A) *Access the [EVV Contact Information Matrix](#) to determine who you should contact for a specific topic.*

Visit Maintenance

Q) When the EVV visit is rejected because the EVV units on the EVV visit do not match the EVV pay hours based on the unit of measurement, what should the program provider do about it?

A) *The program provider will need to complete visit maintenance to adjust the visit Pay Hours. See the [EVV Service Bill Code table](#) for the unit conversion per service. You can also contact DataLogic customer support at 1-844-880-2400 for assistance with EVV visit correction.*

Q) Will we be able to make corrections to an EVV visit that was confirmed before billing?

A) *Yes, the program provider has 60 days from the visit date to adjust the EVV visit. This can be done after the EVV visit has been confirmed, even if the EVV visit has been accepted in the EVV Aggregator. Revised EVV visits will be re-exported to the EVV Aggregator and made available for EVV claims matching.*

Q) If a program provider is using Vesta to do EVV visit maintenance, will Vesta export completed EVV information to TMHP?

A) *Yes, the EVV vendor system will export all verified and complete EVV visit transactions to the EVV Aggregator on a nightly basis.*

Q) Will EVV visit maintenance continue to be done through DataLogic Vesta? Will this affect EVV claims submission if using Vesta Biller for all payers?

A) *Yes, program providers will continue to perform EVV visit maintenance in the EVV system. The program provider's EVV claim submission process will not be affected if using Vesta Biller for all payers.*

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 have access to the EVV vendor system and 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 vendor system to complete any necessary 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 transaction to the EVV 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. By policy, HHSC restricts visit maintenance to certain data elements within a 60-day period after the visit occurs. 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 program provider 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) *Under the agency model (non-CDS), if a visit has been auto-verified, the EVV requirement has been completed and the visit transaction will be exported to the EVV Aggregator. Under the CDS option, the time worked must be approved prior to the EVV system exporting the visit to the EVV 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, program providers can make adjustments within 60 days. If you feel there is a system error, contact DataLogic (info@vestaevv.com) 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 program 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 after 60 days if the EVV note is missing the actual clock in or out time?

A) *The program provider would need to contact the payer (MCO or HHSC) to request visit maintenance to be opened 60 days after the original date of 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 program provider must submit the unlock request to the MCO. Once the request is approved, the program provider can be given access to the MEDsys data to make corrections.*

Q) It was mentioned that once we submit visit maintenance, we cannot go back to correct it; however, we can add other reason codes. In the past with MEDsys, we were able to correct prior to billing, but with Vesta this cannot be done even if we are within the 60 days.

A) *Submit this feedback to electronic_visit_verification@hhsc.state.tx.us so the EVV team can discuss the details.*

Q) Will there be a penalty for deleting unused schedules in the past few months?

A) *Future schedules can be deleted. Visits scheduled for today and in the past cannot be deleted. The program provider must use the most appropriate reason code to document why the visit was not worked.*

Q) How many times can we ask the payer to unlock the system for corrections?

A) *Program providers should pull the Failed to Export Report on a regular basis to monitor errors in visit data within the 60-day visit maintenance window. This will help program providers decrease the need to request visit maintenance be unlocked.*

Q) Who is responsible for visit maintenance, the FMSA or the CDS employer?

A) *HHSC is currently reviewing the policy on visit maintenance under the CDS option. More information on the policy will be forthcoming in 2019.*

Q) Calls for patients who receive multiple services sometimes get auto-verified or attached, but not with the correct visit time. Can we unlink an auto-verified call to link it to the correct hours?

A) *Reach out to your EVV vendor for specific system instructions.*

Q) If I have a third-party software like Penni, how can I input a respite overnight schedule, so it auto-confirms?

A) *Contact your third-party vendor or DataLogic for questions about integration with the EVV vendor systems.*

Q) How do you check compliance in visit maintenance for auto link, since a 90 percent compliance is required?

A) *Beginning on Sept. 1, 2019, a program provider will be able to access standard reports in the EVV Portal to check compliance. The EVV Compliance Plan Summary Snapshot Report captures the program provider's compliance score for the preceding quarter and offers an ad-hoc version for monthly monitoring of compliance scores.*

Q) What can we do if an attendant keeps forgetting to clock in and clock out and we are continually doing the maintenance each day?

A) This will need to be addressed by the program provider. This is an employer/employee situation the state nor MCOs will not get involved with.

Q) What happens if visit maintenance is done after seven days when an attendant failed to clock in and clock out using a non-preferred reason code?

A) Visit maintenance is allowed within the vendor system up to 60 days from the date of visit. The seven-day limit is for the entry of token numbers taken from an alternative device in the home. The attendant (or provider) has seven days to enter those numbers into the EVV system.

Q) Can we make changes to EVV transactions before submitting to billing?

A) Yes, visit maintenance is allowed for up to 60 days after the visit date.

Q) Can we edit once an EVV visit transaction has been rejected and rebilled?

A) Visit maintenance can be performed up to 60 days after the visit date. Rejected visit transactions must be corrected and re-exported to the EVV Aggregator prior to billing or rebilling.

Q) If we are currently using Vesta software for EVV visit maintenance, will we continue doing visit maintenance through Vesta until September 1, 2019, or will we go through the EVV Portal?

A) Visit maintenance will always be conducted through your selected HHSC-approved EVV vendor, not the EVV Portal.

Q) If an attendant provides services outside the home, there will not be a clock in or clock out associated with the visit. Will this visit be accepted and reimbursed after September 1, 2019?

A) If an attendant provides services outside the home, the attendant must document the arrival and department time of the visit. The attendant must then notify their program provider of actual time worked. The program provider will manually enter the visit into the EVV system through visit

maintenance and use the most appropriate reason code(s). The EVV vendor system will then transmit the visit transaction to the EVV Aggregator. If the visit transaction is accepted, it will be used for an EVV claims matching.

Q) EVV maintenance reports are required to be sent to the MCO to make corrections on dates of service older than 60 days. Is there a timeframe set for the MCO to accept or reject the request? Is the MCO required to respond?

A) *HHSC EVV Operations is revising the visit maintenance unlock request policy to include timeframes for payers to process and respond to requests. EVV Operations is reviewing a change in policy to ensure consistent timeframes for MCOs to follow. The next update to the Uniform Managed Care Manual (UMCM) is scheduled for Nov. 2019. Sign up for [GovDelivery](#) to ensure you have the most up-to-date information related to EVV.*

Q) If the attendant clocks extra time on one day, but works less on the next day, can we put the extra time to the second day and confirm the visit? If yes, what reason code to use?

A) *If the attendant works over or under the scheduled hours, then visit maintenance must be completed using the most appropriate EVV reason code(s) explaining why the attendant worked outside their schedule. For fee-for-service programs, please contact your regional contract manager for questions regarding make-up time or tasks.*