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HHSC Electronic Visit Verification

Live Questions and Answers Webinar

EVV Visit Maintenance

EVV Visit Transactions

March 22, 2019

Introduction

The Health and Human Services Commission (HHSC), Managed Care Organizations (MCO), and Texas Medicaid & Healthcare Partnership (TMHP) are hosting a series of Question and Answer (Q&A) webinars to prepare for the implementation of EVV as required by the federally mandated 21st Century Cures Act.

The Q&A webinars give participants an opportunity to ask questions regarding the implementation of EVV.



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Webinar Agenda

This webinar is a high level overview of how EVV visit maintenance and EVV visit transactions relate to each other.

- It includes the following topics:
 - Required data elements
 - EVV data validations
 - Clock in and clock out methods
 - EVV visit maintenance
 - EVV reason codes
 - EVV reason code free text requirements
 - EVV visit transactions



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How to Ask Questions

- All questions will be received through the Questions pane of GoToWebinar.
- Questions will be answered in the order they are received.
- To ask a question during the webinar:
 1. Type your question in the Questions pane.
 2. Click send.



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Required Data Elements

The following visit data categories are electronically verified by an EVV system:

- Contracted provider/Financial Management Services Agency (FMSA)
- Type of service performed
- Individual receiving service
- Date and time of service
- Location of service delivery
- Individual providing the service



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Required Data Elements (cont.)

- In order to electronically verify each visit data category, the EVV system must capture the data elements listed on the next slide.
- This list is not all inclusive and subject to change.



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Visit Data Category	Data Elements Required to Verify the Visit Data Category
The contracted provider agency:	<ul style="list-style-type: none"> • Taxpayer Identification Number (TIN) • National Provider Identifier (NPI) or Atypical Provider Identifier (API) • Texas Provider Identifier (TPI) (only applicable in Fee-For-Service) • Contracted provider legal name • Contracted provider address, city, zip
Type of service performed:	<ul style="list-style-type: none"> • Service Authorization Information • Service Group and Service Code (only FFS) • Healthcare Common Procedure Coding System (HCPCS) Code and Modifiers
The individual receiving the service:	<ul style="list-style-type: none"> • First and Last Name • Medicaid Identifier (ID) • Date of Birth (DOB) • Address, City & Zip Code • Landline Phone Number (if applicable) • Medicaid Eligibility Start & End • Payer • Health and Human Services (HHS) Contract Number(s) Only Fee for Service (FFS) • Payer Plan Code (Managed Care Organization (MCO) Service Delivery Area) • Region (FFS) • EVV Client ID (assigned by EVV vendor)
The date and time of the service:	<ul style="list-style-type: none"> • Actual Date In and Date Out • Actual Clock In Time and Clock Out Time
The location of service delivery:	<ul style="list-style-type: none"> • Global Positioning System (GPS) Coordinates only at time of clock in and clock out (if using mobile method) • Caller ID (Landline) • Token ID (Alternative Device)
The individual providing the service:	<ul style="list-style-type: none"> • Employee or sub-contractor First and Last Name • Phone Number (if applicable) • EVV Worker ID (assigned by the EVV vendor) • Employee Start Date (start date of employment with Contracted provider) • Employee End Date (end date of employment with Contracted provider)

EVV Data Validations

- The EVV vendors will use data from the EVV Aggregator to validate the following:
 - Contracted provider contract/enrollment information
 - Member eligibility
 - Member authorization (only FFS)
- EVV vendors are required to notify contracted providers/FMSAs when mismatches are identified.
- Managed Care authorizations are entered by the contracted provider/FMSA for validation and may be electronic if the contracted provider/FMSA is participating in the Authorization pilot.



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EVV Identification Data

Before an attendant can provide an initial service to a member, certain identification data must be in the EVV system for the contracted provider or FMSA.

- Some examples of identification data include:
 - Contracted provider/FMSA
 - NPI or API
 - TIN
 - Member/CDS employer
 - Medicaid ID
 - Date of Birth
 - Attendant
 - Name
 - EVV Worker ID



EVV Visit Data

In addition to the identification data, the following visit data is captured by the EVV system:

- Clock in time
- Clock out time
- Visit date



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Clock In and Clock Out Methods

When an attendant provides services to a member in the home or community, the attendant will use one of three approved EVV time recording methods to clock in when service delivery begins and clock out when service delivery ends:

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



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Mobile Application

The EVV vendors may have an EVV mobile application for clocking in and clocking out of the EVV system that:

- Uses a free downloadable application on a smart device.
- Only captures the location when the attendant clocks in and clocks out.
- Does not track the attendant or member at any time.
- Stores no protected health information (PHI) on the application.
- May be used in the community.



Member's Home Phone Landline

A member can decide to allow an attendant to use their home phone landline to clock in and clock out of the EVV system.

- The home phone landline is located in the member's primary residence.
- The attendant dials a toll-free number issued by the EVV vendor to clock in and clock out.



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Alternative Device

An alternative device is an HHSC-approved device that is provided by the EVV vendor at no cost to the contracted provider or CDS employer.

- The alternative device generates numeric codes that indicate the clock in and clock out time of the attendant.
- The attendant is required to record the alternative device's numeric codes.
- The attendant or contracted provider must call or manually enter the numeric codes into the EVV system within seven days from the date of the visit.



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EVV Visit Maintenance (VM)

- EVV visit maintenance allows designated staff of a contracted provider and the CDS employer to edit certain data element(s) of an EVV visit.
- If the EVV system cannot automatically verify an EVV visit, an exception is generated for each part of the visit that could not be auto-verified.
- Certain EVV visit data must be corrected to accurately reflect the delivery of service.
 - This process is referred to as “completing visit maintenance.”



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EVV Visit Exceptions

Examples of visit exceptions include, but are not limited to, when an attendant:

- Fails to clock in or clock out.
- Works more or less hours than scheduled.
- Delivers service outside the home and does not use the mobile application method to clock in and clock out.
- Calls from a phone number not registered in the EVV system.
- Makes multiple or incomplete calls.



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EVV Visit Exceptions (cont.)

- Exceptions are indicated in the EVV system and require a reason code.
- For a single visit, there may be more than one exception generated.
- EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.



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Unchangeable Data Elements

Data elements that cannot be changed during visit maintenance include:

- Actual time in
 - Actual time out
 - Actual hours
 - Actual visit date
 - Removal of reason codes
- Hours calculated by the EVV vendor system from the actual time in and actual time out



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EVV VM Requirements

- All visit maintenance must be completed within **60 calendar days** from the date of service.
- The visit record is locked after 60 days and cannot be unlocked and edited without payer approval.
- The [EVV Visit Maintenance Unlock Request](#) form must be used to request approval from the payer to open visit maintenance for the visit(s) the contracted provider wishes to correct.



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EVV VM Requirements (cont.)

- The contracted provider/FMSA or CDS employer must complete visit maintenance prior to submitting a claim associated with the EVV visit.
- Claims are subject to recoupment or denial if they are submitted before all required visit maintenance has been completed in the EVV system.



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EVV Reason Codes

An EVV reason code is:

- A standardized HHSC-approved three-digit number and description that is used during visit maintenance to explain the specific reason a change was made to an EVV visit record.
- Contracted providers and CDS employers must use the **most appropriate** EVV reason code(s) when clearing each exception generated by the EVV system.
- Certain EVV reason codes require free text.
- Once a reason code is saved to a visit, it cannot be deleted.



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EVV Reason Code Free Text

- Each EVV reason code allows free text to be entered in the comments section of a visit.
- Several EVV reason codes require specific free text.
- Failure to enter required free text could result in recoupment of the visit.
- Free text requirements are listed in bold on the [HHSC Reason Code List](#).



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Misuse of EVV Reason Codes

HHSC and MCOs will review EVV reason codes to ensure:

- EVV reason code(s) are not misused
- The required and correct free text is entered
- If the contracted provider/FMSA or CDS employer misused EVV reason code(s), the payer may take one of the following actions:
 - Require additional training
 - Be placed on a corrective action plan
 - Impose contract actions upon contracted provider
 - Referral to the Inspector General's Office for fraud, waste, or abuse



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EVV Reason Code List Location

- The current EVV reason codes will be revised Sept. 1, 2019 and will be posted soon.
- The current EVV reason codes can be found on the EVV website at:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification/evv-reason-codes>



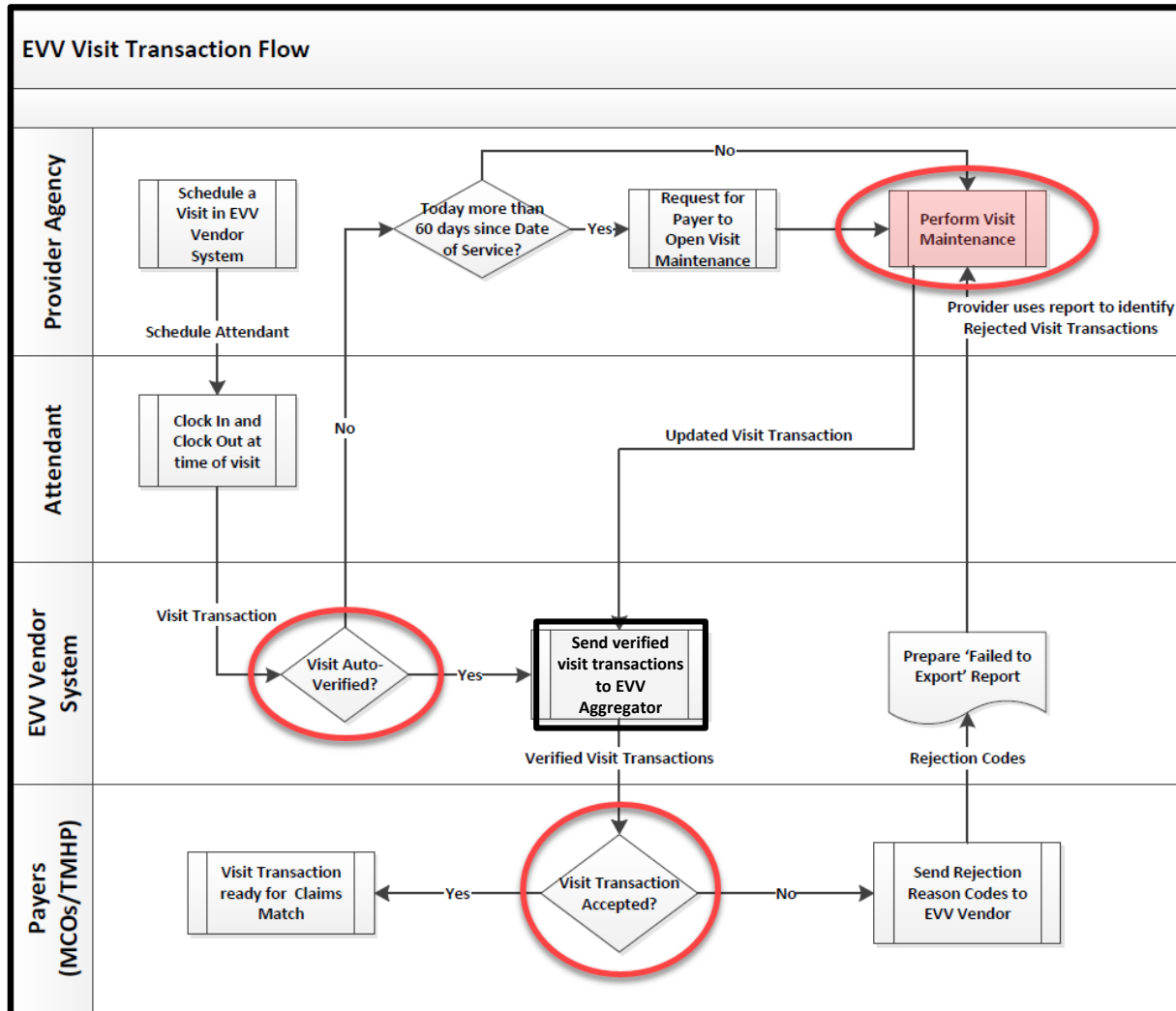
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EVV Visit Transaction

- An EVV visit transaction is a complete, verified visit consisting of all the required data elements needed to verify a service delivery visit.
- An EVV visit transaction can also be created manually if an attendant was not able to clock in and/or clock out of the system. This is referred to as a Graphical User Interface (GUI) visit transaction.
- Once the contracted provider agency/CDS employer verifies data elements associated to an EVV visit transaction are correct, and the EVV vendor system performs required validation edits, the transaction is exported to the EVV Aggregator.



EVV Visit Transaction Flow



Visit maintenance must be performed if the visit does not auto-verify and/or if the EVV visit transaction is not accepted.





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FAQs

FAQ 1 – EVV Visit Maintenance

Question: Where do I get more information on EVV visit maintenance?

Answer: The [EVV website](#) and the [HHSC EVV Provider Policy Handbook](#) are good sources of information.



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FAQ 2 – EVV Visit Maintenance

Question: How do I request to open visit maintenance in the EVV system after 60 days from the date of the visit?

Answer: For step by step instructions for completion and submittal, access the HHSC [EVV Visit Maintenance Unlock Request](#) form from the HHSC EVV website.



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FAQ 3 – EVV Clock In Methods

Question: Does the EVV mobile application track the attendant and member every place they go in the community?

Answer: No.

- The EVV mobile application will only capture the Global Positioning System (GPS) coordinates from where the attendant clocked in and clocked out.
- The EVV mobile application does not track where the attendant and member go between the clock in and clock out.



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FAQ 4 – EVV Clock In Methods

Question: Can a cell phone be used in place of a landline?

Answer: No.

- Cell phones are not allowed to be used in place of a home phone landline, unless you are a CDS employer.
- If a home landline is not available, the contracted provider agency will have to select either an alternative device or the EVV mobile application be used for that member.

CDS employers are allowed to let their attendants use the CDS employer's cell phone for clocking in and clocking out of the EVV system.



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FAQ 5 – EVV Visit Transactions

Question: Who verifies an EVV visit transaction?

Answer: The contracted provider agency/CDS employer will verify all visit data is correct before confirming a visit.

- The EVV vendor is required to ensure all data elements associated with the visit are valid before exporting the EVV visit transaction to the EVV Aggregator.

For example, the EVV vendor will ensure the NPI and contract number (for FFS) listed on the visit are correct for the member who received services.



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What's Next?

April 1, 2019 Web Alert:

- EVV Process Flow: Beginning to End
- FAQs

April 15, 2019 Web Alert:

- EVV Aggregator and EVV Portal

April 22, 2019: Live Webinar Q&A Session

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



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Questions



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Thank you

Email EVV questions to:

Electronic_Visit_Verification@hhsc.state.tx.us