

Health and Human Services Commission (HHSC) Electronic Visit Verification (EVV) Training Policy (New)

Policy

Effective Sept. 1, 2019, the HHSC EVV Training Policy requires HHSC and Managed Care Organization (MCO) program providers to complete all required EVV training prior to using an HHSC-approved EVV system and annually thereafter.

Program providers using EVV prior to Sept. 1, 2019 will be required to take the EVV Aggregator, EVV Portal and EVV Policy training on or before Dec. 31, 2019 and annually thereafter. If the current program provider changes EVV vendors, the EVV vendor training must occur prior to using the new HHSC-approved EVV system.

EVV Training Requirements

The program provider must take the following training:

- HHSC-approved EVV vendor training conducted by EVV vendor.
- TMHP EVV Aggregator training conducted by TMHP.
- TMHP EVV Portal training conducted by TMHP.
- EVV Policy training conducted by your payer; HHSC or your MCO.

EVV training is provided in a variety of formats; such as but not limited to:

- Instructor-led training,
- Computer-based training, and
- Webinar format.

EVV vendor access will not be granted until the EVV vendor training has been completed.

For questions regarding EVV training contact:

- EVV vendor for vendor questions.
- TMHP for EVV Aggregator or Portal questions.
- HHSC or your MCO for EVV policy questions.

Health and Human Services Commission (HHSC)
Electronic Visit Verification (EVV) Vendor Selection Policy (Revised)
Effective Sept. 1, 2019

Policy

The HHSC EVV Vendor Selection Policy requires program providers to select an HHSC-approved EVV vendor within 30 business days of receiving a contract with HHSC or an MCO. Program providers must begin using an EVV system prior to submitting an EVV claim(s). EVV claim(s) will be denied if there is not a matching accepted EVV visit transaction.

The program provider's signature authority and, if applicable, the Provider EVV System Administrator must complete, sign, and date the EVV Provider Onboarding Form located on the EVV vendor's website and submit the accurate and completed form directly to the selected EVV vendor via email, fax, or electronically.

EVV Vendor Selection

The program provider must take into consideration time needed for new system setup, training, and other onboarding activities to ensure they are using an EVV system prior to submitting a claim.

The selected EVV vendor will contact the signature authority and the Provider EVV System Administrator via email with an acknowledgment statement within one business day from receipt of the EVV Provider Onboarding Form.

If the form is complete, the EVV vendor will contact the Provider EVV System Administrator within five business days of receipt of the completed form to initiate the EVV provider onboarding process and schedule an appointment. All required EVV system trainings must be completed prior to the appointment. Additional users who will be given access to the EVV vendor system will also be required to complete the EVV vendor system trainings prior to gaining access.

For questions regarding EVV vendor selection, please contact the selected EVV vendor or TMHP.

Health and Human Services Commission (HHSC)
Electronic Visit Verification (EVV) Vendor Transfer Policy (Revised)
Effective Sept. 1, 2019

Policy

The HHSC EVV Vendor Transfer Policy requires program providers to request a transfer to another HHSC-approved EVV vendor 120 calendar days prior to the desired transfer date. The transfer may occur sooner than 120 days if the program provider and the EVV vendors agree on an earlier date. Program providers must continue to use their current vendor until they have successfully transferred to the selected EVV vendor; including being ready to use the EVV system.

Program providers must complete the EVV Provider Onboarding Form located on the EVV vendor's website and submit the accurate and completed form directly to the selected EVV vendor via email, fax, or electronically.

EVV Vendor Transfer

The 120-day transfer timeframe will ensure adequate time for data transfer, new system setup, training, and other transition activities.

The selected EVV vendor will contact the program provider with additional instructions once they have received the completed form. Your effective transfer date will be the date program providers are ready to begin using the selected EVV system.

Program providers who transfer to a new EVV vendor:

- must follow the EVV Vendor Section Policy.
- will not receive a grace period for EVV compliance.
- may have EVV claims deny if there is no matching accepted EVV visit transactions.
- will be subject to all EVV policy enforcement.

For questions regarding EVV vendor transfer contact the selected EVV vendor or TMHP.

**Health and Human Services Commission (HHSC)
Electronic Visit Verification (EVV) Data Elements Policy (Revised)
Effective Sept. 1, 2019**

Policy

The HHSC EVV Data Elements Policy requires the following visit data categories to be electronically verified by an HHSC-approved EVV system:

- Program provider
- Type of service performed
- Member receiving service
- Date and time of service
- Location of service delivery
- Person providing the service

EVV Data Elements

To electronically verify each visit data category, the EVV system must capture the following data elements:

Visit Data Category	Data Elements
Program provider	<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) • HHS Provider Number(s) • Provider Legal Name • Provider Address • Provider City • Provider ZIP Code
Type of service performed	<ul style="list-style-type: none"> • Service Authorization Information • Service Group • Service Code • HCPCS Code • Modifiers
Member receiving the service	<ul style="list-style-type: none"> • Last Name

Visit Data Category	Data Elements
	<ul style="list-style-type: none"> • First Name • Medicaid ID • Date of Birth • Address, City & ZIP Code • Landline Phone Number (if applicable) • Medicaid Eligibility Start & End • Authorizing Payer • Payer's Service Delivery Area • Region (FFS) • EVV Client ID (assigned by EVV vendor)
Date and time of the service	<ul style="list-style-type: none"> • Date In • Date Out • Time In • Time Out
Location of service delivery	<ul style="list-style-type: none"> • GPS Coordinates - Mobile Method • Caller ID - Landline • Token ID - Alternative Device
Person providing the service	<ul style="list-style-type: none"> • Employee Last Name • Employee First Name • Phone Number • EVV Worker ID (assigned by the EVV vendor) • Texas EVV Attendant ID • Employee Start Date (start date of employment with provider) • Employee End Date (end date of employment with provider)

Most data elements are entered once and automatically populate to each visit. Program providers must ensure data elements in the EVV system are accurate and complete.

Missing or incorrect data elements in the EVV system will result in rejected EVV visit transactions, denied or recouped claims, inaccurate EVV standard reports and inaccurate data.

For questions related to data elements contact your payer.