TEXAS Health and Human Services

2019 Electronic Visit Verification Archived Policies

Note: The archived policies may include resources that are no longer available.

Allowable Phone Identification Policy, Effective Sept. 1, 2019 – Nov. 30, 2020

Policy

The EVV Allowable Phone Identification Policy requires the use of an approved allowable phone type when a program provider has selected the member's home phone landline as the clock in and clock out method.

Allowable Phone Types

- Wired phone connected to a phone jack in the wall
- Cable internet provider; such as but not limited to:
    - AT&T
    - Comcast
    - Grande
    - Spectrum (Time Warner)
- Non-Fixed Voice over Internet Protocol (VoIP) that are portable alternative phone services that use VoIP; such as but not limited to:
    - MagicJack
    - Vonage
- Fixed VoIP

Unallowable Phone Types

- Mobile phone carrier; such as but not limited to:
    - AT&T
    - Boost Mobile
    - Cricket Wireless
    - Metro PCS
    - Sprint
    - Straight Talk
    - Spectrum (Time Warner)
    - T-Mobile
    - Verizon

  - Virgin Mobile
- Cellular-enabled device or tablet; such as but not limited to:
  - iPad Tablet
  - Galaxy Tablet
  - Smart Watch

Unallowable Phone Type Monitoring

The program provider must monitor the phone type usage when the clock in and clock out method is the member's home phone landline using the *EVV Landline Phone Verification Report.*

When an unallowable phone type is identified on the *EVV Landline Phone Verification Report*, the program provider must take one of the actions listed below within twenty business days from receipt of a written notice from HHSC or MCO:

- Use an allowable phone type.
- Select a different EVV call in and call out method:
  - EVV mobile method, or
  - EVV alternative device.
- Submit supporting documentation to HHSC or MCO showing the phone number identified is not an unallowable phone type.

Compliance

If a program provider fails to take appropriate action when using an unallowable phone type within twenty business days from receipt of a written notice from HHSC or MCO, enforcement action(s), including recoupment of the claim(s) associated with the visit(s) identified in the written notice, may result.

Refer to the EVV Compliance Oversight Reviews policy for additional information.

EVV Landline Phone Verification Report

The *EVV Landline Phone Verification Report* located in the EVV vendor system is used to identify the phone type used when the clock in and clock out method is the member's home phone landline. This report is available for up-to-date monitoring of unallowable phone types.

If you require assistance in locating or generating the *EVV Landline Phone Verification Report*, contact your EVV vendor.

Billing Policy, Effective Sept. 1, 2019 – Sept. 30, 2020

Policy

Effective Sept. 1, 2019, the HHSC EVV Billing Policy requires program providers to follow the billing guidelines of their payer for EVV claims.

EVV Claims with Span Dates

If the payer allows EVV claims to be submitted with span dates, the program provider must ensure that:

- Each date within the span has one or more matching EVV visit transactions.
- The total units on the EVV claim must match the combined total units of the matched EVV visit transactions.

EVV claims with span dates that start prior to Sept. 1, 2019 will be rejected by TMHP.

Program providers can review accepted EVV visits in the EVV Portal before submitting EVV claims.

For questions regarding EVV claims billing contact your payer.

EVV Claims with Single Line Item

If the payer requires that a single claim line item represents a single EVV visit, then the EVV claim(s) must be billed according to that requirement.

EVV claim line items must have a matching EVV visit.

Program providers can review accepted EVV visits in the EVV Portal before submitting EVV claims.

For questions regarding EVV claims billing contact your payer.

Claims Matching Policy, Effective Sept. 1, 2019 – Sept. 30, 2020

Policy

Effective Sept. 1, 2019, the HHSC EVV Claims Matching Policy requires that all claims for EVV services be matched to an accepted EVV visit transaction in the EVV Aggregator, prior to payment of a claim, to confirm that a service visit occurred.

An EVV claim that does not match an accepted EVV visit transaction will be denied by all payers.

EVV Claims Matching

EVV Claims Matching will be conducted when the claim is received by TMHP (see EVV Claim Submission policy for more information). The claim is matched against the EVV visit transaction previously sent by an EVV system and accepted in the EVV Aggregator. The critical data elements used by the EVV Claims Matching process to determine a successful match are:

- **Medicaid ID** on the EVV Visit Transaction compared to the EVV Claim
- **EVV Visit Date** on the EVV Visit Transaction compared to the date of service on the EVV Claim
- **National Provider Identifier (NPI) or Atypical Provider Identifier (API)** on the EVV Visit Transaction compared to the EVV Claim
- **Healthcare Common Procedure Coding System (HCPCS) code** to identify the service on the EVV Visit Transaction compared to the EVV Claim
- **HCPCS modifiers**, if applicable for the service on the EVV Visit Transaction compared to the EVV Claim
- **Billed units** on the EVV Transaction compared to the billed units on the EVV Claim

If any of the critical data elements do not match, the claim will be denied by the payer.

Once the EVV Claims Matching process has been performed, all claims will be forwarded to the appropriate payer for final claims processing. All communication concerning the outcome of the final claims processing will be from the payer.

Program providers using a third-party submitter must notify them of the EVV claims matching policy.

The EVV Claims Matching process supports claims submitted with a single date of service and claims submitted with a span of service dates.

Program providers may use the EVV Portal to:

- Ensure the EVV visit has been accepted by the EVV Aggregator before submitting the associated claim.
- View the results of the EVV Claims Matching process.

EVV Claims Denial

EVV claims will be denied if:

- Critical data elements do not match the claim.
- The claim was not submitted according to the payer's guidelines regarding span dates.

- The payer allows span date billing and:
    - A date within the span of dates does not have a matching EVV visit.
    - The total units of the matched EVV visit of a date span does not match the units billed on the EVV claim.

The following list of EVV claim match result codes will be used to inform program providers of matching results:

- EVV01 – EVV Match
- EVV02 – Medicaid ID Mismatch
- EVV03 – Date(s) of Service Mismatch
- EVV04 – Provider Mismatch (NPI/API)
- EVV05 – Service Mismatch (HCPCS and Modifiers if applicable)
- EVV06 – Unit Mismatch

EVV claims with a successful match can be denied for other reasons by the payer.

Program providers will continue to receive explanation of benefits (EOBs) from TMHP or explanation of payment (EOPs) from their MCO.

For additional questions regarding your EVV claim denial contact TMHP for Fee-for Service claims or your MCO for Managed Care claims.

Claims Submission Policy, Effective Sept. 1, 2019 – Sept. 30, 2020

Policy

Effective Sept. 1, 2019, the HHSC EVV Claims Submission Policy requires that program providers, who are required to use EVV, submit EVV claims to Texas Medicaid & Healthcare Partnership (TMHP) for the following programs and services:

Long-Term Care (LTC) Fee-for-Service (FFS) Programs and Services

Program	**Services**
Community Attendant Services	• Personal Assistance Services (PAS)
Community Living Assistance and Support Services (CLASS)	• Community First Choice (CFC) PAS/Habilitation (HAB) • In-Home Respite

Family Care	• PAS
Primary Home Care	• PAS

Long-Term Support Services (LTSS) Managed Care Programs and Services

Program	**Services**
STAR Health	• CFC HAB • CFC PAS • Personal Care Services (PCS)
STAR Kids	• CFC HAB • CFC PAS • PCS
STAR Kids – MDCP	• Flexible Family Support • In-Home Respite
STAR+PLUS	• CFC HAB • CFC PAS • PAS
STAR+PLUS Home and Community Based Services	• In-Home Respite • PAS • Protective Supervision

EVV Claims Submission

LTC FFS Claims Submission

- Acute Care FFS EVV claims must be submitted through TexMedConnect or through Electronic Data Interchange (EDI) using an existing Compass21 (C21) Submitter ID.
- LTC FFS EVV claims must be submitted through TexMedConnect or through EDI using an existing Claims Management System (CMS) Submitter ID.

LTSS Managed Care Claims Submission

- Claims for Managed Care EVV services must be submitted to TMHP through TexMedConnect or through EDI using a C21 Submitter ID.

- Managed Care EVV claims will be forwarded to the appropriate Managed Care Organization (MCO) for further claims processing, after the EVV claims matching process is performed at the EVV Aggregator.
    - EVV claims for managed care services with dates of service on or after Sept. 1, 2019 submitted directly to an MCO will be rejected or denied.
    - Program providers will receive a response from the MCO informing them to submit EVV claims to TMHP.

Program providers using a third-party submitter must notify them of the EVV claims submission policy.

Program providers can access TMHP's EDI homepage for basic information needed to submit claims electronically including:

- User guides
- Forms
- Technical information intended for billing agents that file claims for program providers.

For additional information and assistance in setting up C21 or CMS Submitter IDs call TMHP EDI Help Desk at 1-888-863-3638, Option 4.

For a list of programs and services currently required to use EVV refer to the HHSC EVV webpage or to your MCO.

EVV Compliance Oversight Reviews Policy Effective Sept. 1, 2019 – Aug. 31, 2021

Policy

EVV Compliance Oversight Reviews monitor program providers, who are contracted with HHSC and Managed Care Organizations (MCOs), on the use of an EVV system to electronically document authorized service delivery visits.

Program providers will be reviewed on a regular basis to ensure they are following EVV policies in the following areas:

- EVV Usage (NEW)
    - Program providers will be reviewed for EVV visit transactions manually-entered into the EVV system and EVV visit transactions rejected by the EVV Aggregator.
- EVV Reason Codes and Required Free Text (REVISED)
    - Program providers will be reviewed for appropriate use of reason codes and reason code description options and entry of required free text.
- EVV Allowable Phone Identification (REVISED)

- Program providers will be reviewed for allowable home landline phone types used to clock in and out.

EVV USAGE REVIEWS (NEW)

Effective for visits on or after Sept. 1, 2019, the EVV Usage Review will monitor:

- Manually entered EVV visit transactions; and
- Rejected EVV visit transactions caused by program provider error.

A manual EVV visit transaction is an EVV visit transaction which requires manual entry of billed hours into an EVV system through the graphical user interface (GUI). These are also called GUI transactions. A manual EVV visit transaction is identified when the "GUI" indicator is present in the visit *Clock In Method* field, visit *Clock Out Method* field, or both fields.

A rejected EVV visit transaction is an EVV visit transaction submitted to the EVV Aggregator from an EVV system that is not accepted because it does not pass visit validation edits.

Compliance Standard

All program providers must achieve and maintain a minimum EVV Usage Score of 80 percent (80%), rounded to the nearest whole percentage point, per quarter, unless otherwise notified by HHSC. This score applies for both HHSC Fee-for-Service and MCOs' programs.

Grace Period

Program providers currently required to use EVV will receive an EVV Usage grace period for visits with dates of service between Sept. 1, 2019 through Aug. 31, 2020.

During the grace period, program providers *will be required to*:

- Use the EVV system.
- Complete visit maintenance before billing.
- Train/re-train their staff on how to use the EVV system.
- Review the EVV Usage Report and become familiar with the data.

During the EVV Usage grace period, program providers *will not be required to* meet the minimum EVV compliance score of 80 percent until further notice.

Review Period/Schedule

The EVV Usage Review period consists of all visits with dates of service within the state's fiscal year quarters. Reviews may begin sixty calendar days from the last day of the quarter beginning on or after the 5th day of the following month. This allows for visit maintenance to be completed for all visits within the quarterly review period. The EVV Usage Review Period/Schedule is listed below:

EVV Usage Review Period/Schedule

Quarter #	Review Period (based on date of visit)	EVV Usage Review May Begin On or After:
1	September, October, November	February 5
2	December, January, February	May 5
3	March, April, May	August 5
4	June, July, August	November 5

Report

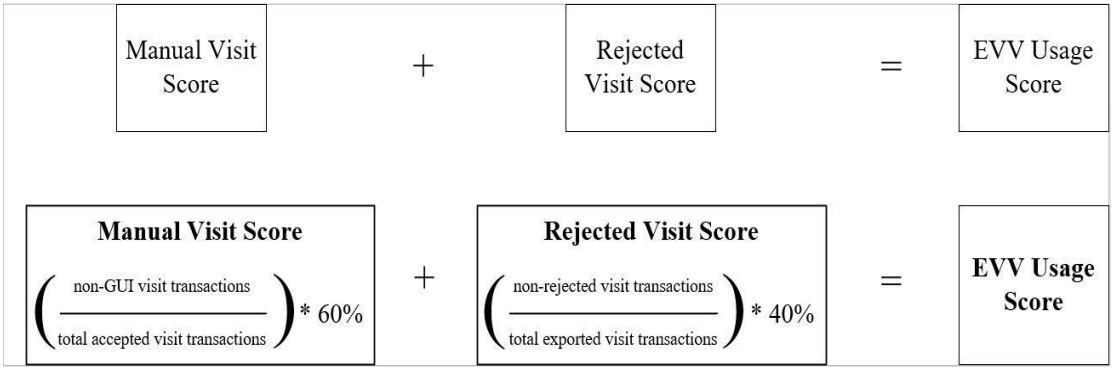
Effective for visits on or after Sept. 1, 2019, the payers will use the *EVV Usage Report* (located in the EVV Portal) to determine the EVV Usage Score for each program provider's contract with HHSC and the MCOs. This report will show the EVV Usage score for the preceding quarter and is available for up-to-date monitoring.

Score Calculations

The EVV Usage Score is equal to the manual visit score plus the rejected visit score for the quarter.

- The manual visit score is equal to the number of non-GUI EVV visit transactions divided by the total accepted EVV visit transactions, multiplied by 60 percent.
- A GUI EVV visit transaction is an accepted EVV visit transaction in which the "GUI" indicator is present in the visit Clock In Method field, visit Clock Out Method field, or both fields.
- GUI EVV visit transactions with zero pay hours will be excluded from EVV Usage Score calculations.
- GUI EVV visit transactions are counted once.
- Total accepted EVV visit transactions include transactions which have been accepted into the EVV Aggregator.
    - For example, an EVV GUI visit transaction that is initially rejected by the EVV Aggregator but is resubmitted and accepted would only be counted one time.
- The rejected visit score is equal to the number of *non-rejected EVV visit transactions,* divided by the *total exported EVV visit transactions,* multiplied by 40 percent.

- Total exported EVV visit transactions include each EVV visit transaction exported from an EVV system to the EVV Aggregator.
    - For example, an EVV visit transaction that is initially rejected by the EVV Aggregator but is later resubmitted and accepted would be counted two times.
- Rejected EVV visit transactions identified as program provider error are counted as many times as they are resubmitted to the EVV Aggregator.



Review Start Date

The start date of the EVV Usage Reviews will be posted on the HHSC and MCOs' websites ninety days prior to the start of the review.

Failure to Meet the Compliance Standard

Grace period until Aug 31, 2020. Program providers *will not be required to* meet the minimum EVV compliance score of 80 percent until further notice.

EVV REASON CODE AND REQUIRED FREE TEXT REVIEWS (REVISED)

EVV Reason Code and Required Free Text Reviews will monitor:

- Misuse of EVV reason code numbers and reason code description options; and
- Failure to enter required free text.

Compliance Standard Misuse of Reason Codes

- Using the same EVV reason code number and reason code description option for the same member more than 14 days within a calendar month may constitute misuse of reason codes. If a program provider uses the same EVV reason code number and same reason code description option for more than 14 days within a calendar month, the program provider must document the situation that caused the use of the same reason code number and description option.
- Inappropriate use of EVV reason code numbers and reason code descriptions.

Required Free Text

- Free text is required for ANY missing (applies to all reason codes):
  - Actual clock in time when EVV services begin;
  - Actual clock out time when EVV services end; or
  - Actual clock in and clock out time when EVV services begin and end.
- Free text is also required whenever the following reason codes are used:
  - Reason Code 131 - Emergency: The program provider must describe the nature of the emergency and document any missing actual clock in or clock out time.
  - Reason Code 600 - Other: The program provider must document the reason why "other" was selected and document any missing actual clock in or clock out time.

Grace Period for Misuse of Reason Codes

Reason codes are required in the EVV system to clear visit exceptions, however program providers will not be assessed for misuse of reason codes for visits with dates of service between Sept. 1, 2019 through Aug. 31, 2020.

During the grace period, program providers *will be required to*:

- Use the EVV system.
- Complete visit maintenance before billing.
- Train/re-train their staff on using the most appropriate reason code/descriptions.
- Review the EVV Reason Code Usage and Free Text Report and become familiar with the data.

Grace Period for Required Free Text

There is no grace period for documenting required free text. Program providers must always document required free text.

Review Period/Schedule

- Misuse of reason codes will not be reviewed for visits with dates of service between Sept. 1, 2019 through Aug. 31, 2020.
- Required free text reviews will be at the payer's discretion and may occur at any time. Each payer will determine the date range of the review period for required free text.

Report

Effective for visits on or after Sept. 1, 2019, the payers will use the *EVV Reason Usage and Free Text Report* (located in the EVV Portal) to determine the reason code/reason code description used for each member and if any required free text was entered. This report is available for up-to-date monitoring.

Review Start Date *(For revised Reason Codes and Free Text requirements, effective Sept. 1, 2019)*

- Misuse of Reason Codes – The review start date will be posted on the HHSC and MCOs' websites 90 days prior to the start of reviews.
- Required Free Text – Reviews for revised free text requirements will start on Sept. 1, 2019.

Failure to Meet the Compliance Standard

Misuse of Reason Codes - Grace period until Aug. 31, 2020. Program providers *will not be assessed enforcement actions, including recoupments* until further notice.

Required Free Text - Failure to document any required free text may result in recoupment of associated claims.

EVV ALLOWABLE PHONE IDENTIFICATION REVIEWS (REVISED)

The EVV Allowable Phone Identification Review will monitor:

- The use of an unallowable phone type when a program provider has selected the member's home phone landline method as the clock in and clock out method.

Compliance Standard

Program providers must ensure unallowable phone types are not used to clock in and clock out of the EVV system when the visit *Clock In Method* field or visit *Clock Out Method* field is identified as Landline for the member.

Grace Period

None

Review Period/Schedule

The Allowable Phone Identification Review period will be reviewed at the payer's discretion and may occur at any time. Each payer will determine the date range of the review period for Allowable Phone Identification Reviews.

Report

The payers will use the *EVV Landline Phone Verification Report* (located in the EVV vendor system) to identify unallowable for types used to clock in and out of the EVV system, when the visit *Clock In Method* field or visit *Clock Out Method* field is identified as Landline for a member. This report is available for up-to-date monitoring of unallowable phone types.

Review Start Date

Aug. 1, 2018

Failure to Meet the Compliance Standard

If HHSC or an MCO identifies an unallowable phone type, the program provider will be notified in writing via email and mail. The written notification to the program provider must include, at a minimum, the following information:

- Phone number identified
- Phone type
- Dates the phone number was used to clock in or clock out
- Attendant associated with the EVV visit
- Member's first and last name
- Member's Medicaid number
- Date HHSC or MCO identified the phone number associated with the device
- List of supporting documentation the provider can submit to validate the identified unallowable phone number(s) is not a mobile phone, a cellular-enabled device, or tablet
- HHSC or MCO contact information

HHSC or the MCO must provide the program provider a copy of the *EVV Landline Phone Verification Report* or other phone sampling reports used to identify the unallowable phone type.

When an unallowable phone type is identified on the *EVV Landline Phone Verification Report*, the program provider must take one of the actions listed below within twenty business days from receipt of a written notice from HHSC or MCO:

- Use an allowable phone type.
- Select a different EVV call in and call out method:
  - EVV mobile method, or
  - EVV alternative device.
- Submit supporting documentation to HHSC or MCO showing the phone number identified is not an unallowable phone type. Supporting documentation may include, but is not limited to:
  - Internet search sites such as White Pages, Free Carrier Look-up Service, Reverse Phone Check
  - Documentation from the phone company

HHSC or the MCO will review all supporting documentation submitted within the required twenty business day timeframe and provide written notice of a decision. If the program provider fails to take appropriate action when using an unallowable phone type within twenty business days from the date of the written notice from HHSC or MCO, enforcement action(s), including recoupment of the claim(s) associated with the visits(s) identified in the written notice, may result.

Data Elements Policy, Effective Sept. 1, 2019 – Sept. 30, 2020

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	• 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	• Service Authorization Information • Service Group • Service Code • HCPCS Code

	• Modifiers
Member receiving the service	• Last Name • 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	• Date In • Date Out • Time In • Time Out
Location of service delivery	• GPS Coordinates - Mobile Method • Caller ID - Landline • Token ID - Alternative Device
Person providing the service	• 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.

EVV Usage Policy Effective Sept. 1, 2019 – Aug. 31, 2021

Policy

The HHSC EVV Usage Policy requires HHSC and Managed Care Organization (MCO) program providers to monitor the number of manual EVV visit transactions and the number of rejected EVV visit transactions due to program provider errors to meet the minimum quarterly EVV Usage Score.

A **manual visit transaction** is an EVV visit transaction which requires manual entry of billed hours into an EVV system through the graphical user interface (GUI). These are also called GUI transactions. A manual EVV visit transaction is identified when the "GUI" indicator is present in the visit *Clock In Method* field, visit *Clock Out Method* field, or both fields.

A **rejected visit transaction** is an EVV visit transaction submitted to the EVV Aggregator from an EVV system that is not accepted because it does not pass visit validation edits.

EVV Usage Score

All program providers must achieve and maintain a minimum EVV Usage Score of 80 percent (80%), rounded to the nearest whole percentage point, per quarter, unless otherwise notified by HHSC. This score applies for both HHSC Fee-for-Service and MCOs' programs.

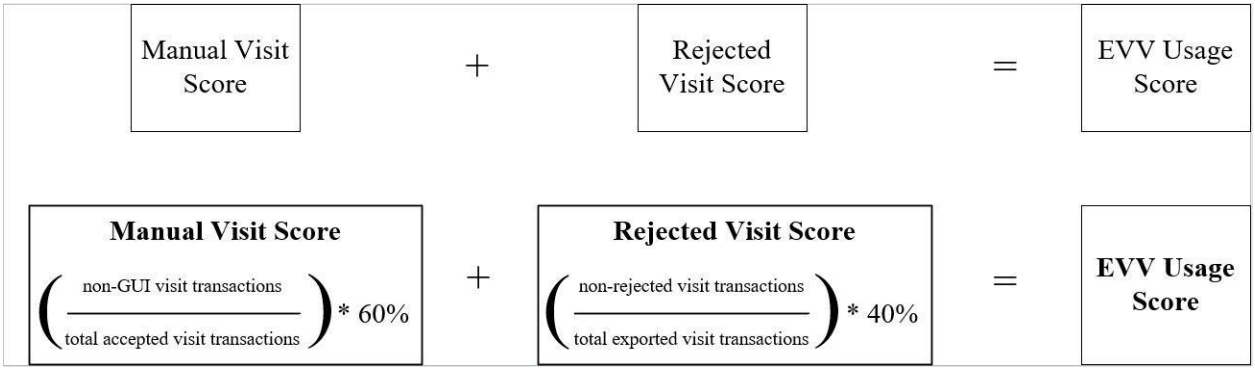
Score Calculations

The **EVV Usage Score** is equal to the **manual visit score** plus the **rejected visit score** for the quarter.

- The **manual visit score** is equal to the number of *non-GUI EVV visit transactions,* divided by the *total accepted EVV visit transactions,* multiplied by 60 percent.
    - A GUI EVV visit transaction is an accepted EVV visit transaction in which the "GUI" indicator is present in the visit *Clock In Method* field, visit *Clock Out Method* field, or both fields.

- A non-GUI EVV visit transaction is an accepted EVV visit transaction in which the "GUI" indicator is not present in the visit *Clock In Method* field nor the visit *Clock Out Method* field.
- GUI EVV visit transactions with zero pay hours will be excluded from EVV Usage Score calculations.
- GUI EVV visit transactions are counted once.
    - Total accepted EVV visit transactions include transactions which have been accepted into the EVV Aggregator. For example, an EVV GUI visit transaction that is initially rejected by the EVV Aggregator but is resubmitted and accepted would only be counted one time.

- The **rejected visit score** is equal to the number of *non-rejected EVV visit transactions,* divided by the *total exported EVV visit transactions,* multiplied by 40 percent.
    - Total exported EVV visit transactions include each EVV visit transaction exported from an EVV system to the EVV Aggregator.
        - For example, an EVV visit transaction that is initially rejected by the EVV Aggregator but is later resubmitted and accepted would be counted two times.
    - Rejected EVV visit transactions identified as program provider error are counted as many times as they are resubmitted to the EVV Aggregator.



Graphical User Interface (GUI) Visit Transactions

Program providers are expected to use an HHSC-approved method to clock in and clock out of the EVV system. When an attendant does not use an HHSC-approved method to clock in or clock out of the EVV system, the program provider must

manually enter the missing information into the EVV system using the Graphical User Interface (GUI).

The visit *Clock In Method field*, visit *Clock Out Method* field, or both fields will contain the "GUI" when the visit is entered manually.

Rejected Visit Transactions

When an EVV visit transaction is exported to the EVV Aggregator and does not pass all visit validation edits, the EVV visit transaction is rejected and sent back to the EVV system to notify the program provider visit corrections are required.

EVV visit transaction rejections identified as program provider errors are counted as many times as they are resubmitted to the EVV Aggregator towards the quarterly EVV Usage Score.

The following table shows an example of EVV visit validation edits, including data elements (as applicable) and visit rejection reasons identified as program provider errors.

Data Elements (as applicable)	**Visit Rejection Reason**
TIN	The provider TIN on the EVV visit does not match records for this provider.
NPI	Provider NPI cannot be validated as active for the visit date or the payer on the visit.
API	Provider API cannot be validated as active for the visit date or payer on the visit.
TPI	The provider TPI on the EVV visit is not associated with this provider NPI/API for the visit date.
Provider Number (DADS Contract Number)	The provider number on the EVV visit is not associated with this provider NPI/API for the visit date.
Member not authorized for	Member on the EVV visit is not authorized for this provider

Provider Number on visit date	number on this visit date.
Payer	The member's payer on the EVV visit does not match records for this member for visit date.
Member First and Last Name combination	The member first and last name combination does not match name found for member's Medicaid ID.
Member Medicaid ID	The member Medicaid ID on the EVV visit is not found.
Member Medicaid ID (no active eligibility)	The member Medicaid ID on the EVV visit does not have active Medicaid eligibility for the visit date.
Member Date of Birth	The member DOB on the EVV visit does not match the DOB from the member's Medicaid eligibility for the visit date.
MCO Member Service Delivery Area (SDA)	The MCO member SDA on the EVV visit does not match the plan code associated with the member's payer.
Service Group and Service Code combination	The service group and service code combination on the EVV visit are not eligible for EVV.
Service Group not valid for Provider Number	The service group is not valid for the provider number on the EVV visit.
Service Code not valid for Provider Number	The service code is not valid for the provider number on the EVV visit.
Member not authorized for Service Group/Service Code combination	The member on the EVV visit is not authorized for this service group/service code combination on this visit date.
HCPCS and Modifier combination not eligible for EVV	The HCPCS code and modifier combination on the EVV visit is not eligible for EVV.

Provider EVV end date	The provider EVV end date on the EVV visit file should be greater than or equal to the EVV visit date.

EVV Usage Review Period

The EVV Usage Review period consists of all visits with dates of service within the state's fiscal year quarters. Reviews may begin sixty calendar days from the last day of the quarter beginning on or after the 5th day of the following month. This allows for visit maintenance to be completed for all visits within the quarterly review period. The EVV Usage Review Period/Schedule is listed below:

EVV Usage Review Period/Schedule

Quarter #	**Review Period** (based on date of visit)	**EVV Usage Review May Begin On or After:**
1	September, October, November	February 5
2	December, January, February	May 5
3	March, April, May	August 5
4	June, July, August	November 5

EVV Usage Reviews By Program Type

Payers conduct EVV Usage Reviews by the following program types:

- Program providers with Long-Term Care (LTC) Fee-for-Service (FFS) contracts are monitored at the provider number level.
    - For example, if a program provider has five different LTC FFS contracts, each unique provider number will receive an EVV Usage Score.
- Program providers enrolled with TMHP for Acute Care FFS are monitored at the NPI or API/TIN combination level.
    - For example, if a program provider has three different NPIs or APIs with the same TIN or three different TINs, each unique NPI or API/TIN combination will receive an EVV Usage Score.
    - Program providers with MCO contracts are monitored at the NPI or API/TIN combination level.For example, if a program provider has

three different NPIs or APIs with the same TIN or three different TINs, each unique NPI or API/TIN combination will receive an EVV Usage Score.

Grace Period

Program providers currently required to use EVV will receive an EVV Usage grace period for visits with dates of service between Sept. 1, 2019 through Aug. 31, 2020.

During the grace period, program providers *will be required to*:

- Use the EVV system.
- Complete visit maintenance before billing.
- Train/re-train their staff on how to use the EVV system.
- Review the *EVV Usage Report* and become familiar with the data.

During the EVV Usage grace period, program providers *will not be required to* meet the minimum EVV compliance score of 80 percent until further notice.

Compliance

After the grace period, if a program provider fails to meet the minimum requirement score, enforcement action(s), including recoupment may result.

Refer to the EVV Compliance Oversight Reviews policy for additional information.

EVV Usage Report

The *EVV Usage Report* is a standard report located in the EVV Portal used to determine the

EVV Usage score for each program provider's contract with HHSC and MCOs. This report will show the EVV Usage score for the preceding quarter and is available for up-to-date monitoring.

EVV Visit Maintenance Unlock Request Policy, Effective Sept. 1, 2019 – June 30, 2021

Policy

The HHSC EVV Visit Maintenance Unlock Request Policy allows program providers an opportunity to correct data element(s) on an EVV visit transaction(s) after the standard 60-day visit maintenance timeframe has passed for all visit maintenance requests received on and after Sept. 1, 2019.

A program provider may request the payer unlock visit maintenance to correct data element(s) on an EVV visit transaction; however, the following data elements cannot be changed:

- Actual time in
- Actual time out
- Actual visit date
- Reason codes (the program provider can add a new reason code, but cannot remove or change the existing reason code)

Approvals and denials of EVV visit maintenance unlock requests after the standard 60-day visit maintenance timeframe has passed are at the payer's discretion and are determined on a case-by- case basis.

Making corrections to visit transactions after 60 days will not change any type of contract action (recoupment, settlement reviews, etc.) taken during a Long-Term Care Fee-for-Service contract monitoring review, because the required information was missing or incorrect during the review period.

EVV Visit Maintenance Unlock Request Process

To submit an EVV visit maintenance unlock request, the program provider must submit the following documents to the payer listed on the visit transaction via a secure email:

- A completed EVV Visit Maintenance Unlock Request Spreadsheet (downloaded from the payer website or the HHSC EVV website)
- All supporting documentation related to the visit maintenance unlock request

The program provider must include the required subject line of "Visit Maintenance Unlock Request" in the email.

Requests not sent securely could result in a Health Insurance Portability and Accountability Act (HIPAA) violation and the payer will deny the request.

Payer Responsibility for Visit Maintenance Unlock Requests

Payers must process EVV visit maintenance unlock requests within the following timeframes:

- Ten business days after receipt of a secure and complete request from the program provider, or

- Thirty business days after a receipt of a secure and complete request from the program provider if the request was submitted as supporting documentation with an appeal or reconsideration.

If there is additional information requested, the payer must give the program provider at least:

- Five business days to provide the information, or
- Fifteen business days to provide the information if the request was submitted as supporting documentation with an appeal or reconsideration.

If the program provider does not respond within the above timeframes, the payer may deny the request. If the request is denied for failure to respond, the program provider must resubmit the request.

If the request is approved:

- The payer must notify the program provider via email of the approval within ten business days after receipt of a secure and complete request.
- The payer must notify the EVV vendor via email within three business days of the visits approved for maintenance and the data elements that can be unlocked and edited.
- The payer must inform the program provider of the next steps of the unlock request process, including how to resubmit associated claims (if applicable).

If the request is denied:

- The payer must notify the program provider via email within ten business days of the reason for the denied request; and
- Inform the program provider of the next steps available, including how to request an appeal of the denied request and/or submit a formal complaint.

Mobile Application Policy, Effective April 1, 2019 – Oct. 31, 2020

Effective April 1, 2019, the EVV mobile application is a standard option for clocking in and clocking out of the EVV vendor systems for service providers and their attendants.

The EVV mobile application records the following:

- The location of the clock in and clock out
- The date of the visit
- The precise clock in and clock out time of the visit

HHSC-approved EVV vendors provide a mobile application for clocking in and out of the EVV system that must comply with the following:

- Only records the location when the attendant clocks in and clocks out
- Cannot track the location before, during, and after the visit
- Cannot use minutes from the user's cellular plan
- Cannot store Protected Health Information (PHI)

EVV Mobile Application Policy

Clock In and Clock Out Requirements

- The attendant uses the EVV mobile application to *clock in* before starting authorized services in the home or community.
- The attendant uses the EVV mobile application to *clock out* once the authorized services are completed in the home or community.
- The mobile device must be operational to use the mobile application. Failure to keep the mobile device operational will result in the attendant not being able to clock in and clock out. Not clocking in or clocking out of the EVV system is a failure to use the EVV system.

User Requirements

- The EVV mobile application may be used by the attendant if they live in the same home or apartment complex as the member.
- An attendant must not use the member's mobile device to access the mobile application.
- Users must not share login credentials used to access the mobile application.
- Users must only access the mobile application using their own login credentials.

Mobile Device Specifications

- Device must use the Apple iOS or Android operating system.
- Device must not be rooted or jailbroken.
    - Rooting is the process of getting around Android's security architecture and gaining access to the Android operating system code.
    - Jailbreaking is the process of removing the limitations put in place by a device's manufacturer.
- Please contact the EVV vendor for a full list of mobile device specifications.

EVV Mobile Application User Liability

HHSC, TMHP, EVV vendors, and payers are not liable for:

- Any cost incurred while using the EVV mobile application
- Any viruses on the device
- A hacked, broken, damaged, lost, or stolen device
- A non-working device

Reason Code and Required Free Text Policy, Effective Sept. 1, 2019 – Nov. 30, 2020

Policy

The HHSC EVV Reason Code and Required Free Text Policy requires program providers to select the most appropriate EVV reason code number(s) and reason code description option and enter any required free text when performing visit maintenance in the EVV system.

Misuse of EVV Reason Codes

Program providers must select the most appropriate EVV reason code number(s) and reason code description option (A, B, C, etc.) to explain why the EVV system could not electronically verify the service delivery visit.

Program providers must select the EVV non-preferred reason code and most appropriate reason code description option when attendants fail to use the EVV system to clock in and/or clock out.

Using the same EVV reason code number and reason code description option for the same member more than 14 days within a calendar month may constitute misuse of reason codes.

If a program provider uses the same EVV reason code number and same reason code description option for more than 14 days within a calendar month, the program provider must document the situation that caused the use of the same reason code number and description option.

Grace Period for Misuse of Reason Codes

Reason codes are required in the EVV system to clear visit exceptions, however program providers will not be assessed for misuse of reason codes for visits with dates of service between Sept. 1, 2019 through Aug. 31, 2020.

During the grace period, program providers *will be required to*:

- Use the EVV system.

- Complete visit maintenance before billing.
- Train/re-train their staff on using the most appropriate reason code/descriptions.
- Review the *EVV Reason Code Usage and Free Text Report* and become familiar with the data.

Compliance

After the grace period, misuse of an EVV reason code(s) may result in enforcement action(s), including recoupment of associated claim(s).

Refer to the EVV Compliance Oversight Reviews policy for additional information.

HHSC EVV Reason Codes – Effective September 1, 2019

Program providers must select the most appropriate EVV reason code number(s) and reason code description option (A, B, C, etc.), and enter any required free text when performing visit maintenance in the EVV system. All reason codes numbers, except reason code number 900, are considered preferred reason codes.

Reason Code	Number	Reason Code Description
Overnight Visit (If applicable)	000	This reason code is a system-generated reason code used by the EVV vendor when the EVV system auto-generates a clock out at 11:59 pm and a clock in at 12:00 am for overnight visits. This reason code is not available for program provider use.
Service Variation	100	The program provider will select this reason code and the appropriate reason code description when acceptable service variations occur. • A - Staff hours worked differ from schedule • B - Downward adjustment of pay hours • C - Authorized services provided outside of home • D - Fill-in for regular attendant • E - Member agreed or requested staff not work • F - Attendant failed to show up for work • G - Confirm visits with no schedule • H - Overlap visits • I - Split schedules • J - In-home respite: used when an in-home respite visit occurs and there is no schedule in the EVV system

		Free text is required: The program provider must document any missing actual clock in or clock out time not electronically captured by the EVV system.
Disaster	130	The program provider will select this reason code and the appropriate reason code description when all or part of the scheduled services were unable to be delivered due to a natural disaster. • A - Flood • B - Hurricane • C - Ice/snow storm • D - Tornado • E – Wildfire **Free text is required: The program provider must document any missing actual clock in or clock out time not electronically captured by the EVV system.**
Emergency	131	The program provider will select this reason code when all or part of the scheduled services were unable to be delivered due to an emergency with the member. **Free text is required: The program provider must document any missing actual clock in or clock out time not electronically captured by the EVV system.**
Alternative Device	200	The program provider will select this reason code and the appropriate reason code description when an assigned alternative device could not be used to clock in and/or clock out. • A - Alt device ordered • B - Alt device pending placement • C - Alt device missing **Free text is required: The program provider must document any missing actual clock in or clock out time not electronically captured by the EVV system.**
Mobile Device	201	The program provider will select this reason code and the appropriate reason code description when an assigned mobile device could not be used to clock in and/or clock out. • A - Mobile device ordered • B - Mobile device pending placement • C - Mobile device missing

		Free text is required: The program provider must document any missing actual clock in or clock out time not electronically captured by the EVV system.
Technical Issues	300	The program provider will select this reason code and the appropriate reason code description when technical issues prevented staff from clocking in and/or clocking out of the EVV system. • A - Phone lines not working • B - Malfunctioning alternative device • C - Incorrect alternative device value • D - Incorrect employee ID entered • E - Incorrect member EVV ID entered • F - Malfunctioning mobile device/application • G - Multiple calls for one visit • H - Reversal of call in/out time **Free text is required: The program provider must document any missing actual clock in or clock out time not electronically captured by the EVV system.**
Landline Not Accessible	400	The program provider will select this reason code and the appropriate reason code description when the member's home landline phone was not accessible, which prevented staff from clocking in and/or clocking out of the EVV system. • A - Member does not have home phone • B - Member phone unavailable • C - Member refused staff use of phone **Free text is required: The program provider must document any missing actual clock in or clock out time not electronically captured by the EVV system.**
Service Suspension	500	The program provider will select this reason code when the member's services are suspended.
Other	600	The program provider will select this reason code when an EVV system exception cannot be addressed using any other reason codes and reason code descriptions. **Free text is required: The program provider must document why use of this reason code was required and document any missing actual clock in or clock out time not electronically captured by the EVV system.**

Non-Preferred	900	The program provider will select this reason code and the appropriate reason code description when staff failed to clock in and/or clock out of the EVV system. • A - Failure to call in • B - Failure to call out • C - Failure to call in and out • D - Wrong phone number **Free text is required: The program provider must document any missing actual clock in or clock out time not electronically captured by the EVV system.**

Compliance

Inappropriate use of an EVV reason code(s) may result in enforcement action(s), including recoupment of associated claim(s).

Refer to the EVV Compliance Oversight Reviews policy for additional information.

EVV Reason Code Free Text Requirements

Free text is required for ANY missing (applies to all reason codes):

- Actual clock in time when EVV services begin;
- Actual clock out time when EVV services end; or
- Actual clock in and clock out time when EVV services begin and end.

When the EVV system cannot electronically capture the actual clock in or clock out time, the program provider must verify actual time worked and document any missing actual clock in or clock out time in the free text field.

Examples of required free text:

- *"Actual clock in was 8:05 am"* or *"8:05 am"*
- *"Actual clock out was 1 pm"* or *"1 pm"*
- *"Actual clock in was 10 am, and actual clock out was at 4 pm" or "10 am-4 pm"*

Free text is also required whenever the following reason codes are used:

- **Reason Code 131 - Emergency:** The program provider must describe the nature of the emergency and document any missing actual clock in or clock out time.

- **Reason Code 600 - Other:** The program provider must document the reason why "other" was selected and document any missing actual clock in or clock out time.

Compliance

Failure to document any required free text may result in enforcement actions; including recoupment of associated claim(s).

Refer to the EVV Compliance Oversight Reviews policy for additional information.

Standard Reports Policy, Effective Sept. 1, 2019 – Jan. 5, 2020

Policy

Effective Sept. 1, 2019, EVV standard reports are the official EVV reports that HHSC and MCOs will use for oversight and data analysis; such as but not limited to:

- HHSC contract monitoring
- HHSC EVV compliance oversight reviews
- Fraud, waste, and abuse reviews

The revised HHSC EVV standard reports will be located in the EVV Portal and EVV Vendor System.

Only EVV Portal Standard and EVV Vendor Standard Reports will be used during HHSC or MCOs contract monitoring, recoupment projects, or other oversight or review activities.

EVV visits with date(s) of service prior to Sept. 1, 2019 will be available in the DataLogic Vesta EVV system.

EVV Portal Standard Reports

HHSC, MCOs, and Program Providers will have access to the following EVV Standard Reports in the EVV Portal:

- *EVV Attendant History Report*
    - Verifies which attendants provided services to a member for a requested date range.
- *EVV Provider Report*
    - Displays contract or enrollment data used by the program provider during setup in the EVV Vendor System.
    - Displays the onboarding date, start date, and end date with each EVV Vendor System.

- *EVV Reason Code Usage and Free Text Report*
    - Displays the EVV reason code number, reason code description and any free text entered on accepted EVV visits transaction(s) during a specified month by each provider's unique identifier.
    - Allows program providers to search reason code usage and entered free text by Medicaid ID.
- *EVV Usage Report*
    - Displays the program provider EVV usage score for the preceding quarters and if the minimum EVV usage score is met.
- *EVV Visit Log*
    - Displays the hours of services delivered by the attendant to the member and includes all EVV accepted visit data sent to the EVV Aggregator for services starting Sept. 1, 2019.
    - Displays the schedule (when applicable) and the:
        - Actual hours
        - Location
        - EVV clock-in/clock-out method for each visit

Program providers will also have access to the following reports:

- *EVV Clock-In/Clock-Out Usage Report*
    - Used to review the attendant's:
        - EVV clock-in/clock-out method usage
        - Total visits worked
        - Percentage of total visits worked for each clock-in/clock-out method within a specific date range
- *EVV Units of Service Summary Report*
    - Displays daily, weekly, and monthly totals of service delivered for a specific Medicaid ID
    - Identifies breaks in service for a Medicaid ID
    - Only accessible by HHSC and FFS program providers

For questions regarding EVV Portal standard reports contact TMHP.

For questions regarding EVV Portal standard reports and contract oversight contact your payer.

EVV Vendor Standard Reports

HHSC, MCOs, and Program Providers will have access to the following EVV Standard Reports in the EVV Vendor System:

- *EVV Alternative Device Order Status Report*
    - Used to verify that Alternate Devices have been ordered and to track the status of those orders.
- *EVV CDS Service Delivery Log*
    - Displays EVV visit data for CDS visits for a requested date range.
- *EVV Landline Phone Verification Report*
    - Displays phone numbers entered into the EVV system as landlines when a program provider has selected the member's home phone landline as the clock-in/clock-out method.
- *Non-EVV Relevant Time Report*
    - Displays time that was spent on non-EVV services between clock-in/clock-out for a requested date range.

For questions regarding EVV Vendor standard reports contact TMHP

For questions regarding EVV Vendor standard reports and contract oversight contact your payer.

EVV Vendor Ad Hoc Reporting

The EVV Vendor must provide ad-hoc reporting of any data available in the EVV Vendor System at no additional cost to the program provider. Ad-hoc reports are considered EVV non-standard reports and cannot be used for contract oversight monitoring; such as contract monitoring reviews.

For questions regarding EVV Vendor Ad-hoc reporting contact your vendor.

EVV Claims Matching Data and Visit Transaction Reports

HHSC, MCOs, and Program Providers can perform searches for EVV claims matching data and EVV visit transactions in the EVV Portal. The following searches are available:

- Accepted Visit Search
    - Displays the current accepted EVV visit transactions within a specific date range.

  - Confirms if an EVV visit transaction has been accepted by the EVV Aggregator and should be used by program providers before submitting an EVV claim to TMHP, CARE, or CMBHS for EVV claims matching.

- History/Rejected Visit Search
  - Displays all changes made to an EVV visit transaction performed through visit maintenance in the EVV Vendor System; including rejected EVV visit transition(s) and the EVV rejection code(s).
- EVV Claims to Visit Search
  - Displays match results for an EVV claim submitted to TMHP and the associated matching EVV visit transaction(s) when successfully matched.

For questions regarding EVV claims matching data and visit transaction search reports contact TMHP.

For questions regarding EVV claims matching data and visit transaction search reports and contract oversight contact your payer.

Training Policy, Effective Sept. 1, 2019 – July 31, 2020

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.