

EVV Provider Notification – Delay In Imposing EVV Compliance
 Medicaid Provider Notification: HHSC Electronic Visit Verification

Delay in Payors Imposing Compliance Penalties

The Health and Human Services Commission (HHSC), Department of Aging and Disability Services (DADS) and the managed care organizations (MCOs) recognize the continued system challenges faced by providers in using the Electronic Visit Verification (EVV) system. While all required providers are expected to fully utilize EVV, the respective payors (HHSC, MCOs and DADS) have agreed to not impose penalties around compliance levels at this time. However, providers should continue to work towards acceptable compliance levels. As a reminder, the following services and programs are subject to EVV requirements.

Services	Description
Managed Care:	STAR+PLUS and STAR Health programs and Dual Eligible Integrated Care Demonstration <ul style="list-style-type: none"> • Personal assistance services (PAS) and personal care services (PCS) provided in the home and in the community • In-home respite care • CFC Services: habilitation and PAS
HHSC Fee-For-Service (FFS):	Comprehensive Care Program (CCP) <ul style="list-style-type: none"> • Personal care services (PCS) provided in the home and in the community
DADS Fee-For-Service (FFS):	Attendant-like services provided in the home and in the community for the following programs: <ul style="list-style-type: none"> • Community Living Assistance and Support Services (CLASS) • Residential habilitation and in-home respite services • CFC services provided in the home and in the community for CLASS individuals beginning June 1, 2015 • Medically Dependent Children Program (MDCP) • In-home respite services and flexible family support services • Community attendant services (CAS) • Family care (FC) • Primary home care (PHC)

HHSC will issue detailed guidance on compliance for EVV usage and will provide a minimum of a 30-day notice prior to any compliance penalties being issued.

Temporary Suspension of Visit Maintenance Requirement to End August 31, 2015

The Health and Human Services Electronic Visit Verification (EVV) Compliance Plan grace period ends August 31, 2015. The temporary suspension of the requirement to perform visit maintenance also ends August 31, 2015.

Effective September 1, 2015, all visits that require visit maintenance in the EVV system for all EVV-eligible Medicaid services that occur on or after September 1, 2015, must be completed 21 calendar days from the date of service. The 21 calendar days begin on the date of service. To help providers comply with this requirement, EVV vendor systems will be updated to prevent users from performing visit maintenance on visits with a service date older than 20 days beginning September 21.

Provider agencies that continued to voluntarily complete visit maintenance during the temporary suspension of visit maintenance, that implemented EVV under the HHSC EVV initiative on or after April 16, 2015, must have all visit maintenance completed by September 21, 2015.

(Examples) Date Service Provided	Visit Maintenance is Due	Number of days to complete visit maintenance
April 16, 2015	September 21, 2015	159
July 15, 2015	September 21, 2015	69
August 31, 2015	September 21, 2015	22
September 1, 2015	September 21, 2015	21

This means that for all visits on or after September 1, 2015, provider agencies have 21 calendar days to complete all required visit maintenance.

Claims Submission Activity

Claims Prior to September 1, 2015

Services delivered **prior to** September 1, 2015, and visits which may not have been entered into the EVV system do not require visit maintenance for claims submission. However, if visit maintenance is required and is not completed in the EVV system, the provider agency must document and maintain sufficient documentation including paper timesheets to support service delivery through August 31, 2015.

Any claim not supported by paper timesheets or other documents acceptable by your payor, may be subject to recoupment if the provider agency fails to document and maintain sufficient documentation including paper timesheets to support service delivery through August 31, 2015.

Claims On or After September 1, 2015

All required visit maintenance must be completed for dates of service on or after September 1, 2015 before claims submission. All provider agencies must submit claims in accordance with their contracted entity claims submission policy. Any claim not supported by visits entered into the EVV system may be subject to recoupment or denied.

Outstanding Small Alternative Device (SAD) Orders

Providers that have outstanding small alternative device orders should complete visits in the EVV system through visit maintenance using the following most appropriate reason code(s).

- Reason Code 200, Small Alternative Device Has Been Ordered (Initial or Replacement Order); or
- Reason Code 205, Small Alternative Device Pending Installation.

Providers should contact their EVV vendor and receive an update on their SAD orders, form approval status, and an estimated date of delivery, if appropriate. Lastly contact your appropriate payor (s) of any outstanding SAD orders with the associated member name and Medicaid number.

General Information:

Provider agencies are encouraged to sign-up for email updates at:

<https://public.govdelivery.com/accounts/TXHHSC/subscriber/new>

Questions and concerns about EVV may be directed to:

Inquiry	Contact Information																				
<ul style="list-style-type: none"> • HHSC - EVV general questions and complaints regarding an EVV vendor: • Complaints regarding an MCO: 	<ul style="list-style-type: none"> • Electronic_Visit_Verification@hhsc.state.tx.us • HPM_Complaints@hhsc.state.tx.us 																				
<ul style="list-style-type: none"> • DADS - (contracted fee-for-service providers) • EVV website: 	<ul style="list-style-type: none"> • DADS.EVV@dads.state.tx.us • http://www.dads.state.tx.us/evv 																				
<ul style="list-style-type: none"> • TMHP- Questions regarding HHSC EVV Vendor Selection and CCP Policy & Compliance 	<ul style="list-style-type: none"> • 1-800-925-9126, Option 5 																				
<ul style="list-style-type: none"> • MCO Contracted Providers 	<p>Amerigroup</p> <table border="1" data-bbox="673 1738 1409 2049"> <thead> <tr> <th>Service Area</th> <th>Contact Name</th> <th>Contact Number</th> </tr> </thead> <tbody> <tr> <td>Bexar/Travis</td> <td>Jennifer Pena</td> <td>1-800-589-5274 ext. 54925</td> </tr> <tr> <td>El Paso</td> <td>Deborah Kurtzrock</td> <td>1-877-405-9871 ext. 59503</td> </tr> <tr> <td>Harris/Jefferson</td> <td>Eric Preston</td> <td>1-800-325-0011 ext. 55446</td> </tr> <tr> <td>Lubbock/Amarillo</td> <td>Nancy Beltcher</td> <td>1-800-589-5274 ext. 52317</td> </tr> <tr> <td>Tarrant</td> <td>I’Esha Hudson-Buggs</td> <td>1-800-589-5274</td> </tr> </tbody> </table>			Service Area	Contact Name	Contact Number	Bexar/Travis	Jennifer Pena	1-800-589-5274 ext. 54925	El Paso	Deborah Kurtzrock	1-877-405-9871 ext. 59503	Harris/Jefferson	Eric Preston	1-800-325-0011 ext. 55446	Lubbock/Amarillo	Nancy Beltcher	1-800-589-5274 ext. 52317	Tarrant	I’Esha Hudson-Buggs	1-800-589-5274
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		ext. 5779
Western RSA	Nancy Beltcher	1-800-589-5274 ext. 52317
• Email: www.amerigroup.com/providers		
<p>Cigna HealthSpring</p> <ul style="list-style-type: none"> • 1-877-653-0331 • Email: ProviderRelationsCentral@healthspring.com <p>Molina</p> <ul style="list-style-type: none"> • 1-855-322-4080 <p>Superior</p> <ul style="list-style-type: none"> • 1-877-391-5921 • Email: SHP_EVV@centene.com <p>United</p> <ul style="list-style-type: none"> • 1-888-887-9003 • Email: uhc_cp_prov_relations@uhc.com 		