

Medicaid Provider Notification:

HHSC EVV IMPLEMENTATION AND SERVICES UPDATE

HHSC ALLOWING FOR ADDITIONAL IMPLEMENTATION DATES

(Actions and dates documented in this notice become effective upon the posting date of the notification)

Based on provider feedback, the Health and Human Services Commission (HHSC) is allowing provider agencies subject to Electronic Visit Verification (EVV) to implement EVV on the HHSC-defined rolling schedule below. Provider agencies can implement as they become operationally ready between April 16 and June 1, 2015.

The following two groups of provider agencies are excluded from the rolling implementation schedule and must implement under the HHSC EVV initiative on June 1, 2015:

- Department of Aging and Disability Services (DADS) provider agencies currently using Santrax under the DADS EVV initiative and which chose to remain with Sandata, but had to re-select another EVV Vendor by March 20; and
- DADS provider agencies currently not participating in the DADS EVV Initiative.

Operationally ready means:

- Provider agency staff are fully trained;
- EVV systems are functional and can document service provision, including:
 - Provider agency has entered individual/member and attendant/nurse information in the EVV system;
 - Provider agency has the ability to enter or upload individual/member schedules in the EVV system;
 - Visits can be documented through auto-verification or visit maintenance; and
 - EVV vendor agrees that provider agency is functionally ready to implement EVV by submitting provider agency name, with confirmed implementation date, to each appropriate payor (Managed Care Organization (MCO), Texas Medicaid & Healthcare Partnership (TMHP/Accenture).
- All visits must be entered into the EVV system prior to billing, with or without a small alternative device (SAD). If the provider agency chooses to implement without SADs, the provider agency is required to document service delivery through visit maintenance within 21 calendar days of when the visit was provided. (The requirement to perform visit maintenance within 21 calendar days of service provision is the standard process under the HHSC EVV initiative.)
- NOTE: Claims not supported by an entry in a HHSC-approved EVV system may be subject to denial or recoupment.

Implementation will be managed as follows:

- **Managed Care and HHSC Fee-for-Service (FFS) Provider Agencies** – may implement EVV on the HHSC-defined *Rolling Implementation Schedule* (see below), as they become operationally ready.

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- **DADS EVV Initiative Provider Agencies that Previously Selected Sandata** – DADS and managed care provider agencies using the Santrax system under the DADS EVV Initiative that chose to remain with Sandata for the HHSC EVV Initiative but had to re-select another EVV Vendor by March 20 (due to Sandata's withdrawal) will implement EVV on June 1, 2015.
- **DADS EVV Initiative Provider Agencies that Elected to Transfer to Another EVV Vendor** – DADS provider agencies and managed care provider agencies using the Santrax system under the DADS EVV Initiative that, by the February 10 deadline, elected to transfer from the Santrax system to an alternate EVV system are allowed to implement EVV on the HHSC-defined *Rolling Implementation Schedule* (see below), as they become operationally ready.
- **DADS Provider Agencies Currently Not Participating in DADS EVV Initiative** – DADS provider agencies currently not participating in the DADS EVV Initiative will implement EVV on June 1, 2015.
- **Managed Care, HHSC and DADS FFS providers that failed to select an EVV vendor by the previously outlined timeline dates** – will be default assigned to an EVV vendor by HHSC and will implement EVV on June 1, 2015.

Rolling Implementation Schedule

The following rolling EVV implementation schedule aligns with provider agency billing schedules:

- April 16, 2015
- May 1, 2015
- May 16, 2015
- June 1, 2015

Provider agencies must notify their selected EVV vendor of the EVV implementation date they have chosen **no less than 14 days prior** to their requested implementation date if implementing prior to the June 1, 2015 date. EVV vendors must provide a list of provider agencies to the appropriate MCO or TMHP (for fee-for-service programs), **no less than 10 days prior** to the provider agency's requested implementation date.

Provider Actions and Timelines

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|---|--------------------------------|
| Required EVV vendor selection date for February 1, 2015 implementation: | January 9, 2015 COMPLETED |
| Required EVV vendor selection date for March 1, 2015 implementation: | February 10, 2015 COMPLETED |

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|---|-----------------------------|
| HHSC default assignment for provider agencies that did not select an EVV vendor by required January and February 2015 dates: | March 2015 COMPLETED |
| Required EVV vendor selection date for provider agencies that selected Sandata prior to Sandata withdrawal from HHSC EVV initiative: | March 20, 2015 COMPLETED |
| HHSC default assignment for provider agencies that selected Sandata prior to Sandata withdrawal from HHSC EVV initiative and did not select another EVV vendor by the required March 20, 2015 date: | April 2015 |
| Required EVV vendor selection date for private duty nursing (PDN) services or Community First Choice (CFC) providers (for those providers contracted with an MCO for CFC): | April 10, 2015 |

HHSC **revised** the EVV implementation and compliance dates to prevent further delays in EVV implementation for provider agencies that worked with their selected or defaulted vendor and are operationally ready to begin using EVV:

| Action | DATE |
|--|----------------|
| Rolling Implementation Dates EVV implementation dates for provider agencies that selected an EVV vendor or were defaulted to an EVV vendor by HHSC and are operationally ready to actively begin using EVV. | April 16, 2015 |
| | May 1, 2015 |
| | May 16, 2015 |
| | June 1, 2015 |
| Final EVV Implementation Date (Mandatory) All Medicaid-enrolled provider agencies providing covered services in the home and in the community are required to actively begin using an HHSC-approved EVV system to record on-site visitation with the individual or health plan member. | June 1, 2015 |

REQUIRED IMPLEMENTATION DATES

| | |
|--|-----------------------------------|
| <p>Grace Period A timeframe when provider agencies actively use an HHSC-approved EVV system and refine their operational processes. Provider agencies use data recorded in their EVV system to submit claims. Provider agencies may use paper timesheets as backup supporting documentation only, but may not use paper timesheets in lieu of the EVV system.</p> | <p>April 16 - August 31, 2015</p> |
| <p>Grace Period End Date The optional use of paper timesheets as backup to the EVV system ends at midnight:</p> | <p>August 31, 2015</p> |
| <p>Provider Compliance Plan Effective Date Provider agencies must be in full compliance (not using paper timesheets) with EVV requirements. Provider agencies are subject to contract actions for failure to meet provider compliance plan requirements:</p> | <p>September 1, 2015</p> |

COVERED SERVICES

The HHSC EVV initiative affects Medicaid STAR+PLUS, STAR Health, acute care fee-for-service, and DADS service providers that provide the covered services in the home and in the community listed below. All agencies providing covered services to an individual or health plan member must use an HHSC-approved EVV system to record visit arrival and departure times. The provider agency will use the time recorded in the EVV system to determine billable units/hours before requesting payment.

The following services are subject to EVV requirements (**Update:** In-home respite services have been added to managed care services):

| Services | Description |
|---------------------------------|--|
| Managed Care | Personal assistance services (PAS), personal care services (PCS), private duty nursing (PDN) services, in-home respite services, and Community First Choice (CFC) services (basic attendant and habilitation) provided in the home and in the community in the managed care STAR+PLUS and STAR Health programs |
| HHSC acute care fee-for-service | PCS and PDN services provided in the home and in the community |

REQUIRED IMPLEMENTATION DATES

| Services | Description |
|----------------------------|---|
| DADS fee-for-service | <p>Attendant-like services provided in the home and in the community for the following programs:</p> <ul style="list-style-type: none"> • Community Attendant Services (CAS) • Community Living Assistance and Support Services (CLASS) <ul style="list-style-type: none"> ○ Habilitation services to transition to CFC on June 1, 2015 ○ In-Home Respite • Family Care (FC) • Medically Dependent Children Program (MDCP) <ul style="list-style-type: none"> ○ In-home respite and flexible family support • Primary Home Care (PHC) |
| Consumer Directed Services | <p>EVV is optional for individuals who have selected the Consumer Directed Services (CDS) option.</p> |

REQUIRED IMPLEMENTATION DATES

NOTICE TO DADS PROVIDERS

All DADS service providers currently using the Santrax EVV system should continue using the Santrax system based on the *HHSC EVV Implementation Dates* timeline listed above.

TRAINING INFORMATION

HHSC will host webinars for provider training. EVV vendors will conduct face-to-face training for providers, and vendor training materials can be found on-line at EVV vendor websites.

Provider agencies should monitor MCO, TMHP, HHSC and DADS websites for additional information regarding EVV implementation and training opportunities.

GENERAL INFORMATION

Provider agencies are encouraged to sign-up for email updates at: <https://public.govdelivery.com/accounts/TXHHSC/subscriber/new>

Questions about EVV implementation or the Medicaid Electronic Visit Verification Provider System Selection Form may be directed to:

| Program | Email |
|--|--|
| Managed Care | Managed_Care_Initiatives@hhsc.state.tx.us |
| DADS fee-for-service programs | CPC@dads.state.tx.us |
| TMHP (acute care fee-for-service programs) | 1-800-925-9126, Option 5 |