

# Health and Human Services Commission Electronic Visit Verification Compliance Training

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**Health and Human Services Commission  
and  
Department of Aging and Disability Services  
May 2016**

- This presentation is for provider agencies who are required to use Health and Human Services Commission (HHSC) Electronic Visit Verification (EVV) and are contracted with:
  - HHSC and enrolled with Texas Medicaid Healthcare Partnership (TMHP)
  - Department of Aging and Disability Services (DADS)
  - Managed Care Organizations (MCOs)
- This material reflects a collaboration between HHSC, TMHP, DADS, and MCOs.

# Agenda

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- EVV Requirements for Provider Agencies
- Required Data Elements
- EVV Rounding Rules
- Call-Matching Window
- EVV Compliance Plan Reports
- EVV Compliance Plan
- DADS Notifications of Liquidated Damages and Appeal Processes
- EVV Contacts

# EVV Requirements for Provider Agencies

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# HHSC EVV Requirements

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- It is the provider agency's responsibility to train their employees to use the EVV system and follow the EVV requirements.
- Provider agencies **MUST** enter complete and accurate data in the EVV system.
- Failure to do so may result in denials or recoupments of the affected visits and may negatively impact the provider's HHSC EVV Initiative Provider Compliance Plan Score.

# HHSC EVV Requirements

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## Provider agencies must:

- Complete visit maintenance within 60 calendar days from the date of visit.
- Complete visit maintenance before billing. If visit maintenance is completed *after* billing, the visit may be denied or recouped.
- Use the most appropriate reason code to clear exceptions.
- No longer use paper timesheets to document service delivery.

# HHSC EVV Requirements

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## Provider agencies must:

- Complete any documentation required by program rules, or program polices.
- Complete required free text in the comment field when using Reason Codes 130, 305, 310, 900, 905, 910 and 999.
- Maintain a compliance score of 90% per review period.
- Notify their EVV vendor immediately of system issues.
- Notify each payor within 48 hours of any on-going EVV system issues.

# HHSC EVV Requirements

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Provider agencies must complete **Form H1002, Provider Electronic Visit Verification Vendor System Selection** to select an EVV vendor. Form H1002 can be filled out and submitted electronically to TMHP directly from the webpage.

- <http://www.dads.state.tx.us/forms/H1002/>

**\*\*Provider agencies with new contracts on or after February 1, 2016 must research and select an HHSC EVV approved vendor and send a completed Form H1002 to TMHP according to time lines established by their payor.**

# HHSC EVV Requirements

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- Changing HHSC-approved EVV Vendor System after initial implementation:
  - A provider agency requesting to change EVV vendors must complete and submit a new **Form H1002 Provider Electronic Visit Verification Vendor System Selection** to TMHP 120 calendar day in advance of the effective change date (Effective Date).
  - The Effective Date must be 120 calendar days or more from the date of form submission (Submission Date).
  - Provider agencies changing EVV vendors do not get a new grace period.

# Provider Agencies EVV Required Data Elements

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# HHSC EVV Data Elements Provider Agencies

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- Provider agencies are required to enter the following data elements accurately and completely in the EVV system.
- Missing or incorrect data elements in the EVV system may result in denied claims, recoupments, contract actions and inaccurate EVV reports.

# HHSC EVV Data Elements Provider Agencies

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- The provider agency:
  - TIN (Taxpayer Identification Number)
  - NPI (National Provider Identifier)
  - API or TPI (if applicable)
  - Provider Legal Name
  - Provider Address
  - Provider City
  - Provider Zip

# HHSC EVV Data Elements Provider Agencies

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- The individual/member receiving services:
  - Medicaid Identification Number (all 9 digits)
  - First and Last Name
  - Date of Birth
  - Home Telephone Landline Number, if applicable (no cell phones numbers)
  - Individual/Member's Payor (MCO, HHSC, DADS)
  - MCO HCPCS (if applicable)
  - MCO Modifier(s) (if applicable)
  - MCO System Unique Member ID (if applicable)
  - MCO Service Delivery Area of Member's Residence (if applicable)

# HHSC EVV Data Elements DADS Provider Agencies

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- Provider agencies are required to enter the following data elements accurately and completely in the EVV system to identify appropriate contract and billing information:
  - DADS Contract Number (must include all 9 digits including any leading zeros)
  - DADS Service Group
  - DADS Service Code
  - DADS Region

# HHSC EVV Data Elements Provider Agencies

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- **Employee Providing Services:**
  - Employee ID (Employer Assigned ID for HR/Payroll Purposes)
  - Employee Last four Social Security number or passport number
  - Employee Discipline (attendant, CNA, other)
  - Employee First and Last name
  - Employee Start Date (start date of employment with provider)
  - Employee End Date (end date of employment with provider) (if applicable)

# HHSC EVV Data Elements Provider Agencies

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- **Additional Data Required:**
  - Employee EVV user ID (user ID used to conduct visit maintenance)
  - Employee EVV user first name (EVV user name- first name of person associated with EVV user ID)
  - Employee EVV user last name (EVV user name- last name of person associated with EVV user ID)

# EVV Rounding Rules

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# EVV Rounding Rules

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- The EVV system rounds the total actual hours for every visit. The rounded number is shown under the Pay Hours column in each vendor's EVV Visit Log Report.
- Within each quarter-hour increment, the EVV system rounds up to the next quarter-hour when the actual time worked is 8 minutes or more, and rounds down to the previous quarter hour when the actual time worked is 7 minutes or less.
- The EVV system does NOT round each actual clock-in and clock-out time.

# EVV Rounding Rules

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- Provider agencies contracted with DADS must bill in quarter-hour increments (0, 15, 30 or 45 minutes past the hour) based on the actual hour.
- Billed hours should match the Pay Hours in the EVV Visit Log Report.
- Provider agencies should contact their contracted MCO(s) for detailed information regarding each MCO's rounding and billing policies.

# Rounding to nearest quarter hour

(Reference Guide)

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Minutes	Round to
:00-:07	.00
:08-:22	.25
:23-:37	.50
:38-:52	.75
:53-:60	1.00

# Rounding Rule Example

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- Example of Rounding:
  - If an attendant actually works 2 hours and 53 minutes for a scheduled shift, the adjusted pay hours will round to 3.00 hours.
  - If an attendant actually works 2 hours and 52 minutes, the adjusted pay hours will round to 2.75 hours.

# EVV Call-Matching Window

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# EVV Call Matching Window

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The default call matching window setting is two hours.

- **Two-Hour Call Matching Window**
  - A visit is scheduled from 1 pm – 3 pm.
  - Any call-in or call-out made between 11 am and 5 pm (**two** hours on either side of the scheduled visit) will be matched to the scheduled visit.

# EVV Call Matching Window

## How does it work?

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- The attendant, individual/member, phone number, date, and total actual hours of the visit must all match the planned schedule for the call matching window to work.
- The call matching window works based on the total duration of the visit, not each clock-in and clock-out time.

# EVV Call Matching Window

## How does it work?

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In order for the call matching window to auto-verify a visit, the actual total visit hours must match the scheduled hours.

For example:

- If the planned schedule is 10am - 12pm, the attendant clocked-in at 8 am and clocked-out at 10:07am. The EVV system will round down the total actual hours to two hours (10:00 am) and will **auto-verify** the visit.
- If the attendant clocked-in at 8 am and clocked-out at 10:08 am, the system will round up to the next quarter hour (10:15 am) and the call will **not auto-verify** because the actual hours are longer than the scheduled hours.

# EVV Compliance Plan Reports

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# EVV Compliance Reports

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- There are three main EVV Compliance Plan reports:
  - EVV Compliance Plan Summary Snapshot Report
  - EVV Compliance Plan Daily Snapshot Report
  - EVV Compliance Plan Summary-Ad Hoc version  
(some MCOs will utilize)
- An Ad Hoc version of the EVV Compliance Plan Summary report allows provider agencies to monitor their EVV compliance on a regular basis.

# EVV Compliance Reports

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- The EVV system allows for providers to pull standardized and Ad Hoc reports to analyze their own EVV compliance.
- DADS/MCOs/TMHP can:
  - Review the same data as provider agencies in the EVV systems; and
  - Verify that the provider agency has completed visit maintenance prior to billing using data from the EVV system.

# EVV Compliance Reports

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- Each EVV Compliance Report/System has a statement that states: **“Data may contain information that is within the 60-day maintenance window.”**
  - DataLogic/Vesta has this statement on each compliance report.
  - MEDsys has this statement on the compliance report filter page.
- This statement informs provider agencies any visit maintenance performed after you run a compliance report may change the results of the compliance score.

# EVV Compliance Plan Summary Snapshot Report

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- The purpose of the *EVV Compliance Plan Summary Snapshot Report* is to provide a snapshot summary of visits and the number of days the provider fell below the compliance plan program expectations within a three month period.
- The snapshot is taken on the 5th of each month.
- This report is used to determine the provider's HHSC EVV Compliance Plan score.

# EVV Compliance Plan Daily Snapshot Report

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- The purpose of the *EVV Compliance Plan Daily Snapshot Report* is to provide a snapshot of the daily visits that fell below program expectations within a three month review period.
- The snapshot is taken on the 5th of each month.
- This report is used to determine which specific days during the quarter had a Compliance Plan score of less than 90% (below program expectations) and how many non-preferred visits occurred on each of those days below program expectations.

# List of Standard EVV Reports

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- The following EVV Standard reports can be reviewed by DADS/MCOs/TMHP and provider agencies:
  - Attendant/Nurse Providing Services by Individual
  - Alternate Device Order Status
  - CDS Employee List
  - Contracts List
  - EVV Compliance Plan Summary Snapshot Report
  - EVV Compliance Plan Daily Snapshot Report
  - EVV Visit Log
  - Provider Agency/FMSA List
  - Reason Code Free Text Report
  - Reason Code Use Report
  - Units of Service Summary Report

# EVV Provider Compliance Plan

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## Provider Compliance Plan

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- The HHSC EVV Initiative Provider Compliance Plan establishes a standard for EVV usage that must be adhered to by provider agencies under the HHSC EVV initiative.
- The HHSC Compliance Plan establishes utilization standards for provider agencies to electronically verify visits.
- The HHSC EVV Compliance Plan has common elements across HHSC, DADS, and MCOs, each of these entities may have other requirements for provider agencies, according to their individual contracts.

## Provider Compliance Plan

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- EVV compliance started April 1, 2016.
- Regardless of your implementation date for the use of an EVV system – DataLogic/Vesta or MEDsys – all Medicaid providers subject to EVV will have their EVV visits reviewed for compliance.

**\*\*\*CDS and FMSAs are exempt from the HHSC EVV Initiative Provider Compliance Plan.**

## Provider Compliance Plan

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- Provider agencies will be required to meet a minimum compliance score of 75% (instead of 90%) for their first quarter review in 2016.
- The first quarter of compliance will review visits between April 1, 2016-June 30, 2016.
- After the first quarter of EVV compliance, all provider agencies will be required to meet the minimum requirement of 90 % as outlined in the EVV Provider Compliance plan.

# Provider Compliance Plan

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For the first quarter review (April, May, June 2016):

- The *EVV Compliance Plan Summary Snapshot Report* will be pulled on or after September 5<sup>th</sup>, 2016 to evaluate the provider agency's EVV compliance for the first quarter review.

*\*\*\*Pulling the snapshot report two months after the last day of the last review month allows the provider agency to complete any visit maintenance within the 60 day timeframe.*

## DADS EVV Compliance Review Schedule

Last Digit of Contract Number	Group to which contract assigned	Compliance Review Months	The Months during which compliance reports will be run
Zero Three Six Nine	1	April, May, June*	September
		July, August, September	December
		October, November, December	March
		January, February, March	June
One Four Seven	2	May, June, July*	October
		August, September, October	January
		November, December, January	April
		February, March, April	July
Two Five Eight	3	June, July, August*	November
		September, October, November	February
		December, January, February	May
		March, April, May	August

\* Each group will be evaluated at 75% for their first quarter review of EVV compliance in 2016.

# EVV Provider Compliance Plan

## How will my agency be reviewed?

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### FOR DADS:

- DADS will run a compliance report by a provider agency's contract number, regardless of locations/branches.

### FOR MCOs:

- MCOs will run a compliance report by a provider agency's NPI and TIN number.

# How to calculate an EVV compliance score

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# EVV Compliance, Non-Compliance, and Assessment of Liquidated Damages

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- If a provider agency's contract has a quarterly EVV Compliance Score:
  - **Greater than or equal to 90%, then:**
    - The contract is in compliance, and
    - The contract will NOT be assessed liquidated damages or corrective action.
  - **Less than 90%, then:**
    - The contract is NOT in compliance, and
    - Each day below program expectations may be assessed liquidated damages by DADS of \$3 per non-preferred visit, subject to a minimum of \$10 up to a maximum of \$500 per day OR corrective action by the MCOs.

# EVV Compliance Plan Data Definitions

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EVV Compliance Plan calculations use these data points from the Compliance Plan reports:

- **Visits Auto-Verified:**
  - The number of visits with no exceptions and for which no visit maintenance was required.
- **Visits Verified – Preferred:**
  - The number of visits with exceptions which were verified through visit maintenance using only preferred reason codes.
- **Visits Verified – Non-Preferred:**
  - The number of visits with exceptions which were verified through visit maintenance using at least one NON-preferred reason code.

# EVV Compliance Plan Data Definitions

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- **Visits Verified:**
  - The number of visits that have no exceptions or for which all exceptions have been resolved through visit maintenance in the EVV System.
  - Visits that have been verified are eligible for billing.

$$\begin{aligned} & \text{Visits Auto-Verified} \\ & + \text{Visits Verified Preferred} \\ & + \underline{\text{Visits Verified Non-Preferred}} \\ & = \text{Visits Verified} \end{aligned}$$

# Compliance Plan Score Calculation

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The compliance plan score for each provider's contract or NPI is determined for a three-month review period by adding the Visits Auto-Verified to the Visits Verified – Preferred and dividing the total by Visits Verified. This value is rounded to the nearest percent. **Example:**

[# of Visits Auto Verified (279) + # of Visits Verified Preferred (987)]

÷ # of Visits Verified (1534)

$(279 + 987) / 1534 = 0.825\%$  (round to nearest %)

**83% is the HHSC EVV Initiative Provider Compliance Plan Score**

# Days Below Program Expectation

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- When the compliance score is below 90% for the quarter, the payor will look at the Daily Snapshot Report to see how many days within that non-compliant quarter were below 90%.
- The payor will review each day that was below 90% and count how many non-preferred visits were verified that day.

# Days Below Program Expectation Example

- The compliance period in this example is only one week.
- In the table below, there are three days (Tuesday, Friday and Saturday) that each have an compliance score less than 90% and therefore fall below the program expectation threshold.

Day	# of Visits AutoVerified	# of Visits Verified Preferred	Total # of Visits Verified	Calculation	Calculated Value	Below Program Expectations (<90%)?
Monday	5	40	50	$(5+40) \div 50$	90%	no
Tuesday	6	31	45	$(6+31) \div 45$	82%	<b>YES</b>
Wednesday	11	35	49	$(11+35) \div 49$	94%	no
Thursday	7	44	51	$(7+44) \div 51$	100%	no
Friday	3	39	52	$(3+39) \div 52$	81%	<b>YES</b>
Saturday	5	17	36	$(5+17) \div 36$	61%	<b>YES</b>
Sunday	1	8	10	$(1+8) \div 10$	90%	no

# DADS Liquidated Damages Example

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- The process for calculating liquidated damages for failure to meet EVV compliance requirements was specified in DADS Information Letter 2014-35 dated July 2, 2014.
- Example
  - Contract #999999999 had a quarterly review period of April, May and June, and had an compliance score of 83% with 10 days below program expectations for the quarter.
  - The total liquidated damages for this quarter are \$1,565 as shown on the next slide.

# DADS Liquidated Damages Example

The 10 days below program expectations during the example review period were:

<b>Date Below Program Expectations</b>	<b>HHSC EVV Compliance Score Per Day</b>	<b>Visits Verified Non-Preferred Per Day</b>	<b>Calculation of LDs</b>	<b>Final Liquidated Damages Per Day</b>
April 2	75%	3	3 NP visits x \$3 = \$9	* \$10
April 5	89%	2	2 NP visits x \$3 = \$6	* \$10
April 16	1%	168	168 NP visits x \$3 = \$504	† \$500
May 5	25%	94	94 NP visits x \$3 = \$282	\$282
May 7	33%	72	72 NP visits x \$3 = \$216	\$216
May 19	79%	30	30 NP visits x \$3 = \$90	\$90
May 20	62%	56	56 NP visits x \$3 = \$168	\$168
June 10	57%	83	83 NP visits x \$3 = \$249	\$249
June 21	88%	1	1 NP visit x \$3 = \$3	* \$10
June 29	80%	10	10 NP visits x \$3 = \$30	\$30
<b>TOTALS:</b>		<b>519</b>		<b>\$1,565</b>

\* The calculated value was adjusted up to the daily minimum of \$10.

† The calculated value was adjusted down to the daily maximum of \$500.

## Compliance Plan Non-Compliance

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- If a provider agency fails to meet any compliance plan requirements, including failing to achieve a compliance score of at least 90% for a review period, then the provider agency becomes subject to:
  - Liquidated damages,
  - Corrective action plan, or
  - Contract actions

# Notification of Non-Compliance & Appeal Processes

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## For DADS Contracted Providers

# EVV Non-Compliance Notification for DADS Contracts

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- If a DADS contract is found to have a quarterly compliance score less than 90%, the provider agency will be notified via certified mail of the following:
  - The EVV Compliance Score.
  - The data supporting the EVV Compliance Score, including a copy of the pertinent EVV report.
  - The amount of any assessed liquidated damages.

# EVV Non-Compliance Notification for DADS Contracts

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- The method for payment of any assessed liquidated damages.
  - Liquidated damages will be a deduction from Medicaid funds payable to the provider agency.
  - No action is required on the part of the provider agency to pay the liquidated damages.

# DADS Informal Review

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- If the provider agency can demonstrate a quarterly EVV Compliance Score under 90% was based on a failure of the EVV system, the provider agency may request an informal review.
  - DADS will notify the provider agency in writing of the results of the informal review.
  - A request for an informal review that does not meet the requirements will not be granted.

# DADS Informal Review Requirements

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The informal review request must:

- be sent in the form of a letter;
- describe the specific EVV system failure(s) that prevented the provider from complying with the required performance standard;
- include all documentation that supports the provider's position; and
- be received by DADS within 10 calendar days after the provider receives the Notice of Finding of Non-Compliance and Assessment of Liquidated Damages.

# DADS Formal Appeal Requirements

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- Providers may request a formal appeal in accordance with Title 1 of the TAC, Part 15, Chapter 357, Subchapter I, §357.484, Request for a Hearing. The request for a formal appeal must:
  - be requested in writing to HHSC;
  - be received by HHSC within 15 calendar days of receipt of the Notice of Finding of Non-Compliance and Assessment of Liquidated Damages;
  - contain a legible copy of the Notice of Finding of Non-Compliance and Assessment of Liquidated Damages; and
  - have a copy sent to DADS contract staff.

# Which HHSC Programs Are Affected?

Program	Services
STAR+PLUS Dual Eligible Integrated Care Demonstration	<ul style="list-style-type: none"> <li>• Personal assistance services (PAS)</li> <li>• Personal care services (PCS)</li> <li>• In-home respite services</li> <li>• Community First Choice- PAS and Habilitation (HAB)</li> </ul>
STAR Health	<ul style="list-style-type: none"> <li>• PCS</li> <li>• CFC (PAS/HAB)</li> </ul>
Fee for Service	Comprehensive Care Program - PCS •CFC (PAS/HAB)
STAR Kids (effective November. 1, 2016)	<ul style="list-style-type: none"> <li>• PCS</li> <li>• In-home respite services</li> <li>• Flexible family support services</li> <li>• CFC (PAS/HAB)</li> </ul>

# Which DADS Programs Are Affected?

Program	Services
Community Living Assistance and Support Services (CLASS)	<ul style="list-style-type: none"> <li>• In-home respite services</li> <li>• CFC (PAS/HAB)</li> </ul>
Medically Dependent Children Program (MDCP)	<ul style="list-style-type: none"> <li>• In-home respite services provided by an attendant</li> <li>• Flexible family support services provided by an attendant</li> </ul>
Community Attendant Services (CAS)	<ul style="list-style-type: none"> <li>• Personal assistance services (PAS)</li> </ul>
Family Care (FC)	
Primary Home Care (PHC)	

# EVV Contacts

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# HHSC EVV

## Email Updates and Alerts

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- Providers should sign up for email updates at:  
<https://public.govdelivery.com/accounts/TXHHSC/subscriber/new>

\*\*Please be sure to select EVV as a topic for alerts.

# Contact Information

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- HHSC EVV Contacts

- HHSC EVV Initiative general questions and complaints regarding an EVV vendor:

- [Electronic\\_Visit\\_Verification@hhsc.state.tx.us](mailto:Electronic_Visit_Verification@hhsc.state.tx.us)

- Complaints regarding an MCO:

- [HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us)

- Website

- [www.dads.state.tx.us/evv](http://www.dads.state.tx.us/evv)

- TMHP

Questions regarding HHSC EVV Vendor Selection

1-800-925-9126, Option 5

# Contact Information

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- DADS EVV Contacts
  - EVV Mailbox:
    - DADS.EVV@dads.state.tx.us
  - EVV Website:
    - <http://www.dads.state.tx.us/evv>

# MCO Contracted Providers

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- Amerigroup
  - 1-855-817-5790
- Cigna HealthSpring
  - 1-877-653-0331
  - Email: [ProviderRelationsCentral@healthspring.com](mailto:ProviderRelationsCentral@healthspring.com)
- Molina
  - 1-866-449-6849
- Superior
  - 1-877-391-5921
- United
  - 1-888-887-9003
  - Email: [uhc\\_cp\\_prov\\_relations@uhc.com](mailto:uhc_cp_prov_relations@uhc.com)

# HHSC EVV Vendors

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- Data Logic/Vesta Software, Inc.
  - Vesta EVV Tech Support
    - Email: [support@vestaevv.com](mailto:support@vestaevv.com)
    - Token Support: [tokens@vestaevv.com](mailto:tokens@vestaevv.com)
  - Vesta EVV Training
    - Email: [training@vestaevv.com](mailto:training@vestaevv.com)
  - Vesta EVV Customer Relations
    - Email: [info@vestaevv.com](mailto:info@vestaevv.com)
  - Vesta EVV Customer Support Phone Number
    - 1-844-880-2400
- MEDsys Software Solutions, LLC
  - Texas Dedicated Support:
    - (877) 698-9392 Option 1

Thank you for your time!

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