



2019 Electronic Visit Verification (EVV) Alerts

The following EVV alerts may include resources that are no longer available.

The date at the beginning of the title is the date the alert was published.

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1/1/19: 21st Century Cures Act: Texas EVV Implementation

To prepare and help guide contract providers and consumer directed services employers in the use of EVV, HHSC is providing an [EVV Tool Kit](#) throughout the 2019 calendar year. The EVV Tool Kit contains resources such as:

- Informational web alerts posted on the first and 15th of each month, beginning Jan. 1, 2019.
- Live webinar Q&A sessions on the 22nd of each month
 - If the 22nd is a weekend or holiday the live webinar will be held on the next normal business day.

[Register for the Jan. 22 live webinar Q&A session.](#)

[Subscribe to GovDelivery](#) to receive email alerts when new resources are added to the EVV Tool Kit.

[Learn more about the federal requirements of the 21st Century Cures Act.](#)

For questions regarding this alert, please contact [HHSC EVV Operations](#).

1/15/19: Change to Access of Historical EVV Records Stored by Sandata

The process to access historical EVV records stored by Sandata is changing.

Effective March 1, 2019 all requests to access Sandata historical EVV records must be emailed to Electronic_Visit_Verification@hhsc.state.tx.us. Please include "Sandata Request" in the subject line.

Contact [HHSC EVV Operations](#) for questions regarding this alert.

1/15/19: EVV Tool Kit – Module One: An Introduction to EVV

The 21st Century Cures Act expands certain programs and services required to use Electronic Visit Verification effective January 1, 2020. To help prepare contract providers and Consumer Directed Services employers in the use of EVV, HHSC is providing an EVV Tool Kit. The EVV Tool Kit is a collection of resources published throughout 2019.

The first module [of the EVV Tool Kit is now available](#). This module provides an introduction to EVV and includes information such as:

- What is EVV?
- How does EVV work?
- FAQs and Tips



[Subscribe to GovDelivery](#) to receive email alerts when new EVV Tool Kit resources are available.

[Register for the live webinar Q&A session on January 22 to ask your questions about the implementation of EVV in Texas.](#)

[Learn more about the federal requirements of the 21st Century Cures Act.](#)

For questions regarding this alert, please contact [HHSC EVV Operations](#).

1/24/19: Read-only Access to EVV Data for Providers Not Active with an Approved EVV Vendor

Medicaid providers who were required to use EVV and who are not active with a current HHSC state approved EVV Vendor can request 30 days of read-only access to their historical EVV visit data by completing the [EVV Data Access Request Form](#).

Read-only access consists of the following and allows viewers to review their previous EVV visit data:

- Attendant or Nurse Providing Services
- Contract List
- EVV Compliance Plan Daily
- EVV Compliance Plan Summary
- EVV Compliance Snapshot Report
- EVV Visit Log
- Provider Agency/FMSA List
- Reason Code Free Text
- Reason Code Use
- Units of Service Summary

Providers will be contacted within three business days of submitting the EVV Data Access Request Form by a TMHP EVV specialist with information on next steps in the process.

Please contact TMHP at EVV@tmhp.com for additional information or for assistance with completing the [EVV Data Access Request Form](#).



2/1/19: EVV Tool Kit – Module Two: EVV Roles and Responsibilities

[EVV Tool Kit – Module Two](#) is now available on the HHSC EVV website. This module is part one of two and provides an overview of the EVV roles and responsibilities of contracted providers, financial management services agencies, members, and consumer directed services employers. Module two also includes additional EVV tips and frequently asked questions.

[Register](#) for the live webinar on Feb. 22 to ask your questions about EVV roles and responsibilities. [Email questions](#) ahead of time and include in the subject line “webinar question.”

[Subscribe to GovDelivery](#) to receive email alerts when new EVV Tool Kit resources are available.

For questions regarding this alert, please contact [HHSC EVV Operations](#).

2/4/19: MCO and Fee-for-Service EVV Recoupments

Managed care organizations and HHSC fee-for-service contract monitoring staff must offer appeal rights to providers in writing *prior* to recoupment of funds. MCOs and HHSC fee-for-service contract monitoring staff may not recoup funds until the provider has exhausted all appeal rights.

MCO providers who have appeal rights or MCO EVV recoupment complaints with their MCOs should email HPM_Complaints@hhsc.state.tx.us with supporting documentation.

Fee-for-service providers who experience issues with fee-for-service contract monitoring related to MEDsys EVV data should email Electronic_Visit_Verification@hhsc.state.tx.us.

2/8/19: EVV Visit Maintenance of MEDsys EVV Historical Data

Starting Feb. 11, 2019, providers who transitioned from MEDsys to DataLogic can request visit maintenance be opened to make corrections to the MEDsys EVV historical data element(s). Providers will not be allowed to create new MEDsys visits.



Timeframes:

- Providers have 60 business days from Feb. 11 to request visit maintenance be unlocked from the appropriate payer.
- DataLogic has 60 business days from the received approval date from the payer to open visit maintenance to make the approved changes and export the changes to the payer.
- Managed Care Organizations and fee-for-services payers may not recoup until the re-exported file is received.

Data Elements:

- **The following data elements can be updated with payer approval:**
 - Payer (requests go to payer listed on the visit)
 - Medicaid number
 - Medicaid first and last name
 - Service group and service code
 - HCPCS
 - Modifier
 - Pay hours
 - Member date of birth
 - Fee for service contract number
 - NPI/API
 - TPI
 - TIN
 - SDA/Region
- **The following data elements cannot be changed at any time:**
 - Actual visit date
 - Actual call-in time
 - Actual call-out time



The provider agency must receive approval to open visit maintenance prior to DataLogic making any changes to the MEDsys EVV data. The provider agency must:

- Identify the incorrect EVV data element(s).
- Complete the *EVV Visit Maintenance Unlock Request* spreadsheet located on the HHSC EVV or MCO websites.
- Send *EVV Visit Maintenance Unlock Request* spreadsheet **secure** email to the payer (payer listed on the visit). The payer will email the decision.
- If approved, must forward the approval email secure; including the spreadsheet to DataLogic.
- Allow DataLogic up to 60 business days from the receipt to make the approved changes and export the changes to the payer.

Instructions on how to complete a request for unlocking visit maintenance is included in the required EVV Visit Maintenance Unlock Request spreadsheet located on the HHSC EVV website; [Training Materials and Resources or on your MCO website](#).

The DataLogic data correction process is located on [DataLogic's website](#).

MCO providers who have appeal rights or MCO EVV recoupment complaints with their MCOs should email HPM_Complaints@hhsc.state.tx.us with supporting documentation.

Fee-for-service providers who experience issues with fee-for-service contract monitoring related to MEDsys EVV data should email HHSC at Electronic_Visit_Verification@hhsc.state.tx.us.

Send questions regarding this notice to Electronic_Visit_Verification@hhsc.state.tx.us.

2/12/19: MEDsys EVV Recoupments Resumed

Managed Care Organizations and fee-for-service payers may resume recoupments of MEDsys EVV claim(s) after you receive the re-exported files from DataLogic.

The re-export of files applies to payers who approve visit maintenance to be opened on or after Feb. 11, 2019.

DataLogic has 60 business days from the received approval date from the payer to open visit maintenance to make the approved changes and re-export to the payer.



MCO providers who have EVV recoupment complaints with their MCO payer should email HPM_Complaints@hhsc.state.tx.us with supporting documentation.

Fee-for-service providers who experience issues with fee-for-service contract monitoring related to MEDsys EVV data should email HHSC at Electronic_Visit_Verification@hhsc.state.tx.us.

Please send questions regarding this notice to [HHSC EVV Operations](#).

2/15/19: EVV Tool Kit – Module Three: EVV Roles and Responsibilities

EVV Tool Kit – Module Three is now available on the HHSC EVV website. This module provides an overview of the roles and responsibilities of the EVV vendor, data aggregator and payer. Module three also includes additional EVV tips and frequently asked questions.

[Register](#) for the live webinar on Feb. 22 to ask your questions about EVV roles and responsibilities. [Email questions](#) ahead of time and include in the subject line “webinar question”.

[Subscribe to GovDelivery](#) to receive email alerts when new EVV Tool Kit resources are available.

For questions regarding this alert, please contact [HHSC EVV Operations](#).

2/25/19: All EVV Relevant Claims Must Be Submitted to TMHP Starting Sept. 1, 2019

Claims Submission: Providers currently required to use EVV must submit all claims for EVV relevant services in fee-for-service and Medicaid Managed Care to TMHP via TexMedConnect or Electronic Data Interchange for the new claims matching process to be performed. Providers who submit claims to their Managed Care Organization on or after Sept. 1, 2019 will have their claim(s) denied or rejected for resubmission to TMHP. Once the matching process has been performed, all claims will be forwarded to the appropriate payer for final adjudication and processing.

Claims Matching: Once a claim with EVV relevant services has been received at TMHP it will be matched against the EVV visit data, previously sent to TMHP by the EVV vendor system(s). If the following data elements do not match, the claim will be denied:



- National Provider Identifier or Atypical Provider Identifier
- Date of Service
- Medicaid Identifier of the individual
- Service Identifier as Healthcare Common Procedure Coding System and any associated Modifier(s)
- Units of service delivered

Only prospective (pre-payment) reviews will be conducted and payers will no longer pay any unmatched claims. If you are using a third-party submitter, please notify them to prepare for this change.

For questions regarding TexMedConnect or EDI please contact [TMHP](#).

For questions regarding this alert please contact [HHSC EVV Operations](#).

3/1/19: EVV Tool Kit – Module Four: EVV Visit Transactions

[EVV Tool Kit – Module Four](#) is now available on the HHSC EVV website. This module defines an EVV visit transaction and provides an overview of the clock in and clock out methods, data elements, and data validations. Module four also includes frequently asked questions.

[Register](#) for the live webinar on Mar. 22 to ask your questions about EVV roles and responsibilities. [Email questions](#) ahead of time and include in the subject line “webinar question”.

[Subscribe to GovDelivery](#) to receive email alerts when new EVV Tool Kit resources are available.

For questions regarding this alert, please contact [HHSC EVV Operations](#).

3/15/19: Update for August 17, 2018 Notification: Billing Policy Changes for Providers Required to Use EVV

Beginning September 1, 2019, EVV relevant claims will be subject to the EVV claims matching process to confirm that a service visit occurred prior to payment of a claim.

Providers may continue to submit EVV relevant claims:

- With a range of service dates which are also known as span dates of service billing or
- By single date of service according to the billing guidelines of your Managed Care payer or TMHP for Fee-for-service.



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

If your payer allows span dates for billing EVV services, then the EVV claim(s) may be billed as span dates.

- If the provider is allowed to submit span dates for billing EVV services, the following criteria must be met for the EVV matching process:
 - Each date within the span of dates must have one or more associated EVV visit(s) and;
 - The total units on the claim must match the combined total units of the matched EVV visits for the span dates.
- If a date within the span does not have an associated EVV visit, the claim will deny for no EVV match.
- If the total units of the matched EVV visits for the date span does not match the units billed on the claim, the claim will deny.

HHSC and managed care organizations will adhere to the following:

- Claims not submitted according to the guidelines for the payer will be denied by the payer.
- Claims submitted without a matching EVV visit transaction for the specified date(s) of service will be denied by the payer.
- Payers will no longer pay any unmatched claims.

For questions regarding your payer's billing guidelines, please contact your payer.

For questions regarding this alert please contact HHSC EVV Operations.

3/18/19: EVV Tool Kit – Module Five: EVV Visit Maintenance

[EVV Tool Kit – Module Five](#) is now available on the HHSC EVV website. This module provides an overview of EVV visit maintenance, EVV reason codes, and EVV free text associated with reason codes. Module five also includes frequently asked questions about visit maintenance.

[Register](#) for the March 22 webinar to ask your questions about EVV visit transactions and visit maintenance. [Questions can also be emailed](#) ahead of time, include in the subject line "webinar question".

[Subscribe to GovDelivery](#) to receive email alerts when new EVV Tool Kit resources are available.

For questions regarding this alert, please contact [HHSC EVV Operations](#).



3/18/19: Reminder: Transitioned MEDsys Providers Have Until May 7, 2019 to Request the Unlocking of Visit Maintenance to Correct Historical MEDsys Visit Data

Since Feb. 11, providers who moved from MEDsys to DataLogic have been able to request the unlocking of visit maintenance to make corrections to their MEDsys EVV historical data elements. Providers won't be allowed to create new MEDsys visits.

Providers have until May 7 to request the unlocking of visit maintenance from their appropriate payer. After May 7, the request to unlock visit maintenance will require a specific reason why the provider didn't ask for visit maintenance to be unlocked within the posted timeframe.

Please refer to the Feb. 8 EVV alert [EVV Visit Maintenance of MEDsys EVV Historical Data](#) for more information, including the process to request the unlocking of visit maintenance.

For questions regarding this alert contact [HHSC EVV Operations](#).

3/20/19: EVV Provider Compliance Review Changes

Effective Sept. 1, 2019, the HHSC Electronic Visit Verification provider compliance review period will change for all contracted providers currently required to use EVV.

The EVV Provider Compliance review schedule will align with the state's fiscal quarters beginning with visits on or after Sept. 1, 2019. The new EVV Compliance review quarters are:

- Quarter 1 = September/October/November
- Quarter 2 = December/January/February
- Quarter 3 = March/April/May
- Quarter 4 = June/July/August

All other [EVV Provider Compliance](#) requirements remain the same.

For questions regarding this alert please contact [HHSC EVV Operations](#).

3/21/19: EVV Mobile Application Available April 1

Effective April 1, the EVV Mobile Application pilot will change from a pilot to a standard option for service providers and their attendants. The mobile application will become the HHSC preferred method to clock in and clock out of the EVV system when service delivery begins and ends.



The benefits of using the EVV mobile application include:

- Increased auto-verification of visits.
- Reduction of visit maintenance.
- Fast and easy clock in and clock out by the attendant.
- Limited data entry required by the attendant.
- Can be used in the community and does not require a manual visit entry.
- Only records the location when the attendant clocks in and clocks out and does not track the attendant during the visit.
- Free and quick installation of the mobile application.
- Application requires minimal data usage (estimated at less than two megabytes per month).
- Does not use minutes from the attendant's mobile phone plan.
- No protected health information is stored on the application.

More information regarding mobile application policies will be forthcoming.

Please contact DataLogic at info@vestaevv.com to receive training and to begin using the EVV mobile application.

For questions regarding this alert, please contact [HHSC EVV Operations](#).

4/1/19: New EVV Provider Data Validation Process - Improves Quality

Effective April 1, 2019, the Texas Health and Human Services Commission is implementing an Electronic Visit Verification provider data validation process for all contracted providers required to use EVV. This new process will improve data quality by standardizing EVV data within the Vesta® EVV system, which will help reduce data element errors on visits.

For more information, refer to the [complete EVV provider data validation process](#).

For questions regarding this alert, please contact [HHSC EVV Operations](#).

4/4/19: Billing Policy Changes for Providers Required to Use EVV – Update

To confirm that a service visit occurred before payment of a claim, EVV relevant claims will be subject to the EVV claims matching process beginning Sept. 1, 2019. **This is an update to the March 15, 2019 policy.**



The EVV claims matching process supports claims submitted with a single date of service and claims submitted with a span of service dates. Providers must bill claims according to their payer's billing requirements.

To see all of the billing policy changes effective Sept. 1, 2019 [click here](#).

For questions regarding your payer's billing guidelines, please contact your payer.

For questions regarding this alert please contact [HHSC EVV Operations](#).

4/15/19: EVV Tool Kit – Module Seven: EVV Aggregator and EVV Portal

[EVV Tool Kit – Module Seven](#) is now available on the HHSC EVV website. This module provides an overview of the EVV Aggregator and EVV Portal, including information about data validation and EVV claims submission.

[Register](#) for the live webinar on April 22 to ask your questions about the EVV Aggregator. [Email questions](#) ahead of time and include in the subject line "webinar question".

[Subscribe to GovDelivery](#) to receive email alerts when new EVV Tool Kit resources are available.

For questions regarding this alert, please contact [HHSC EVV Operations](#).

4/30/19: EVV Tool Kit – Module Eight: Submitting an EVV Claim

[EVV Tool Kit – Module Eight](#) is now available on the HHSC EVV website. This module discusses the following topics:

- EVV Claims Matching
- EVV Claims Submission
- EVV Billing – Following Payer Guidelines
- EVV Claims Matching Process
- EVV Claim Match Result Codes
- Denial of EVV Claims
- Explanations of Benefits and Explanation of Payments

[Register](#) for the live webinar on May 22 to ask your questions about EVV Claims and the EVV Portal. [Email questions](#) ahead of time and include in the subject line "webinar question".



[Subscribe to GovDelivery](#) to receive email alerts when new EVV Tool Kit resources are available.

For questions regarding this alert, please contact [HHSC EVV Operations](#).

5/3/19: Reminder: EVV Visit Maintenance of MEDsys EVV Historical Data

Providers have until May 7 to request the unlocking of visit maintenance from their appropriate payer. After May 7, the request to unlock visit maintenance will require a specific reason why the provider did not ask for visit maintenance to be unlocked within the posted timeframe.

Please refer to the Feb. 8 EVV alert [EVV Visit Maintenance of MEDsys EVV Historical Data](#) for more information, including the process to request the unlocking of visit maintenance.

For questions regarding this alert contact [HHSC EVV Operations](#).

5/15/19: EVV Tool Kit – Module Nine: EVV Portal Standard Reports and Search Tools

[EVV Tool Kit – Module Nine](#) is now available on the HHSC EVV website. This module provides an overview of the standard reports and search tools that will be available in the EVV Portal beginning Sept. 1, 2019. Module nine also includes tips and FAQs.

[Register](#) for the live webinar on May 22 to ask your questions about EVV Claims and the EVV Portal. [Email questions](#) ahead of time and include in the subject line “webinar question”. Read the [frequently asked questions and answers](#) from the webinars.

[Subscribe to GovDelivery](#) to receive email alerts when new EVV Tool Kit resources are available.

For questions regarding this alert, please contact [HHSC EVV Operations](#).

5/22/19: EVV Mobile Application Policy Now Available

HHSC EVV Operations has published [the EVV mobile application policy](#). The EVV mobile application policy establishes clock in and clock out requirements, user requirements, and mobile device specifications.

On April 1, 2019, the [EVV mobile application](#) became a standard option for clocking in and clocking out of the EVV vendor systems for service providers and their attendants.



The benefits of using the EVV mobile application include:

- Increased auto-verification of visits.
- Reduction of visit maintenance.
- Fast and easy clock in and clock out by the attendant.
- Limited data entry required by the attendant.
- Can be used in the community and does not require a manual visit entry.
- Only records the location when the attendant clocks in and clocks out and cannot track the attendant before, during, and after the visit.
- Free and quick installation of the mobile application.
- Application requires minimal data usage (estimated at less than two megabytes per month).
- Does not use minutes from the attendant's mobile phone plan.
- No protected health information is stored on the application.

Please contact DataLogic at info@vestaevv.com to receive training and to begin using the EVV mobile application.

For questions regarding this alert, please contact [HHSC EVV Operations](#).

5/28/19: Changes to Electronic Visit Verification (EVV) Vendor System Effective June 1, 2019

Effective June 1, 2019, the Texas Health and Human Services Commission (HHSC) is making additional enhancements to the Electronic Visit Verification (EVV) provider data validation process that was implemented on April 1, 2019, for all program providers required to use EVV. These enhancements will improve data quality by standardizing EVV data within the Vesta EVV system.

The Vesta EVV system will alert program providers when discrepancies are found between the program provider data currently in the Vesta EVV system and the Medicaid enrolled program provider data stored in the EVV Aggregator.

Alerts for discrepancies for the following data elements will begin in the Vesta EVV system effective June 1, 2019:

- Legal Name
- Address
- City
- State
- ZIP code



Program providers will be required to accept the changes in the Vesta EVV system. By accepting the required changes, program providers are ensuring their program provider data used for EVV visit transactions matches the Medicaid enrolled program provider data stored in the EVV Aggregator.

If program providers determine that an update is needed to their Medicaid enrolled program provider data, the program provider should use one of the appropriate methods listed below:

- Program providers enrolled with TMHP (must have a Texas Provider Identifier [TPI]) can update their demographic information, contact information, and addresses using the Provider Information Management System (PIMS) or by fax or mail using the Provider Information Change Form. Additional information on how to use PIMS can be found in the [PIMS User Guide](#) or by calling the TMHP EDI Help Desk at 1-888-863-3638, Option 4.
- HHSC Long Term Care program providers should contact HHSC at hhseopcm@hhsc.state.tx.us or call (512) 438-3550.
- MCO Long Term Services & Support (LTSS) program providers should contact HHSC at [MCO LTSS Provider Re-Enrollment@hhsc.state.tx.us](mailto:MCO_LTSS_Provider_Re-Enrollment@hhsc.state.tx.us).

For details about this and future EVV updates, program providers can refer to the [HHSC EVV webpage](#), the Publications section in the Vesta EVV Home Tab, your MCO's website, and in future articles on this website. Program providers are also encouraged to sign up to receive EVV alerts at [GovDelivery](#).

Please contact HHSC at electronic_visit_verification@hhsc.state.tx.us or your MCO for EVV questions.

5/28/19: EVV Visit Transaction Validation Enhancements Effective June 1, 2019

Effective June 1, 2019, the Health and Human Services Commission (HHSC) will enhance the Electronic Visit Verification (EVV) process by standardizing EVV visit data to improve accuracy and reduce data corrections required by program providers. These enhancements will help program providers prepare for the new claims matching process that will begin in September 2019, by ensuring that the data is complete and correct. Program providers should use the period between June 1, 2019 and August 31, 2019 to clean up data in the Vesta EVV system to prepare for the new claims matching process.



The implementation of the validation enhancements for EVV visit transactions with a date of service on or after June 1, 2019, applies to program providers who submit EVV-relevant claims to the following payers:

Aetna

Children's Medical Center Health Plan

Cigna

Cook Children's Health Plan

Driscoll Health Plan

Fee-for-Service – Acute Care

Fee-for-Service – Long Term Care

Program providers who submit EVV-relevant claims to all remaining payers will see the results of this EVV Aggregator validation process in the DataLogic Vesta system on September 1, 2019.

Required Information for EVV Visit Transactions

EVV visit transactions, with a date of service on or after June 1, 2019, submitted to the EVV Aggregator with incomplete or incorrect data will not be accepted. Program providers will need to confirm that information submitted into the Vesta EVV system is complete and correct to avoid rejections. The Vesta EVV system will assist program providers by identifying incomplete or incorrect data and providing alerts that require program providers to make updates prior to the data being submitted on an EVV visit transaction.

If an EVV visit transaction has been rejected, the program provider will be notified in the Vesta EVV system and visit maintenance will be required prior to re-exporting the EVV visit transaction to the EVV Aggregator.

The following EVV visit transaction data is currently required, however EVV visit transactions will start to reject if the data is incomplete or incorrect on EVV visit transactions submitted with dates of service on or after June 1, 2019:



EVV Visit Transaction Data	Requirements
Program Provider Data	
Taxpayer Identification Number (TIN)	Must be valid and active for the visit date.
National Provider Identifier (NPI) or Atypical Provider Identifier (API)	Must be valid and active for the visit date. Program providers without an NPI must submit an API.
Texas EVV Attendant ID	Format of ID must be last four digits of an employee's Social Security Number (SSN) or passport and last name.
Employee Discipline	Must be one of the following values: attendant, nurse, certified nurse attendant (CNA), physical therapist (PT), occupational therapist (OT), speech language pathologist (SLP), or other.
Member Data	
Member Payer	Must match the Member Medicaid ID and HHSC eligibility and authorization records for the visit date.
Member Medicaid ID	Must have active Medicaid eligibility on the date of the visit.
Member First Name	First Name and Last Name combination must match Member Medicaid ID and Medicaid eligibility information. Validation looks for first two characters of First Name.
Member Last Name	First Name and Last Name combination must match Member Medicaid ID and Medicaid eligibility information. Validation looks for first two characters of Last Name.



EVV Visit Transaction Data	Requirements
Member DOB	Must match date of birth (DOB) from the member's Medicaid eligibility for the visit date.
Visit Data	
Healthcare Common Procedure Coding System (HCPCS) code	Must be valid for EVV service. Must be associated with Service Group/Service Code combination if payer is LTC.
Healthcare Common Procedure Coding System (HCPCS) modifier	If a HCPCS modifier is required, then it must be valid for the EVV service.
EVV Bill (Pay) Hours	Must provide the actual hours the program provider plans to bill.
EVV Units of Service	Must provide the number of units used during an EVV visit. Must match the EVV bill hours (pay hours) based on unit type.
EVV Visit Location	Must provide the location where services are being provided.
EVV Input Method	Must provide the data input method for clock in/clock out based on the following values: mobile method, landline, alternative device, or graphical user interface (GUI).

Managed Care Organization (MCO) Payer Specific Data

In addition to the fields listed above, the following field is required if the member's payer is an MCO:

EVV Visit Transaction Data	Requirements
Member Service Delivery Area (SDA)	Must be a valid value and match Member Medicaid ID and Member Payer for the visit date.



For a complete list of required fields and how to make updates to information in the Vesta EVV system, program providers can call Vesta customer support at (844) 880-2400.

For details about this and future EVV updates, program providers can refer to the [HHSC EVV webpage](#), the Publications section in the Vesta EVV Home Tab, your MCO's website, and in future articles on this website.

For more information, contact TMHP at EVV@tmhp.com.

6/4/19: EVV Tool Kit – Module Ten: EVV Visit Transaction Validation Enhancements

[EVV Tool Kit – Module Ten](#) is available on the HHSC EVV website and affects program providers required to use EVV. It provides an overview of the new EVV Visit Validation Process effective June 1, 2019, an example of EVV Visit Validation Edits, and includes provider best practices for correcting visits which fail to export.

To ask your questions about EVV Visit Transaction Validation Enhancements [register](#) for the live webinar on June 24. [Email questions](#) ahead of time and include in the subject line "webinar question". Read the [frequently asked questions and answers](#) from the webinars.

[Subscribe to GovDelivery](#) to receive email alerts when new EVV Tool Kit resources are available.

For questions about this alert, please contact [HHSC EVV Operations](#).

6/18/19: EVV Contact Information for Questions and Issues

Electronic Visit Verification contact information is available. It helps program providers know who to contact with questions or issues about EVV. The list provides several contacts based on the inquiry or needs of the program provider. EVV contact information can be found [here](#).

For questions about this alert contact [HHSC EVV Operations](#).



6/18/19: EVV Tool Kit – Module 11: Summary of EVV Changes

[EVV Tool Kit – Module 11](#) is available on the HHSC EVV website. This module will review changes to EVV from Jan. 1 – June 1, 2019 and upcoming changes beginning in August 2019, including:

- EVV vendors
- EVV aggregator and EVV portal
- Computer-based training
- EVV claims submission and claims matching
- Billing policies

[Register](#) for the live webinar on June 24 to ask your questions about EVV visit transaction validation enhancements. [Email questions](#) ahead of time and include in the subject line “webinar question”.

Refer to the [frequently asked questions and answers](#) from the webinars, which now includes questions from January – April, 2019.

[Subscribe to GovDelivery](#) to receive email alerts when new EVV Tool Kit resources are available.

For questions about this alert, please contact [HHSC EVV Operations](#).

6/24/19: EVV Revises Visit Maintenance Unlock Request Policy and Form

Effective July 1, 2019, the Texas Health and Human Services Commission, applicable Managed Care Organizations, and program providers must adhere to the revised Electronic Visit Verification Visit Maintenance Unlock Request policy. The revised policy is up to date with time frames payers must follow when processing visit maintenance unlock requests.

The EVV Visit Maintenance Unlock Request policy allows program providers an opportunity to correct certain data elements on EVV visit transactions after the standard 60-day visit maintenance timeframe has passed.

Read the full EVV Visit Maintenance Unlock Request policy [here](#).

The [EVV Visit Maintenance Unlock Request form](#) is up to date and lists the data elements that cannot be changed when performing visit maintenance. The form is located on the [Training Resources](#) page of the HHSC EVV website. Program providers can also contact their payer to request a copy of the form.



For questions about this alert contact [HHSC EVV Operations](#).

7/8/19: Submit All EVV-relevant Claims to TMHP Beginning Sept. 1

EVV Claims Submission: Starting Sept. 1, 2019:

- For the new EVV claims matching process, program providers required to use Electronic Visit Verification must submit all claims for EVV-relevant services with a date of service Sept. 1 or after, to TMHP via TexMedConnect or Electronic Data Interchange.
- Program providers enrolled with Medicaid through TMHP, who do not currently submit claims to TMHP, must establish a Compass 21 Submitter ID. Program providers who want to submit through EDI must also establish a Receiver ID.
- Managed care organization Long-Term Services and Support program providers enrolled through HHSC, must contact the TMHP EDI Helpdesk to establish a C21 Submitter ID to submit EVV-relevant claims through EDI. LTSS program providers may not submit claims through TexMedConnect.

Program providers who submit claims to their managed care organization for dates of service Sept. 1, 2019 or after, will have their claims denied or rejected. The MCO will inform the program provider to submit their EVV-relevant claims to TMHP through TexMedConnect or EDI. The payment or denial of the claims will continue to be provided by the MCO, not by TMHP.

EVV Claims Matching: When TMHP receives a claim for EVV-relevant services, for dates of service Sept. 1, 2019 or after, it will be matched against the accepted EVV visit transactions in the EVV Aggregator. The EVV Aggregator is a centralized database that collects, validates, and stores statewide EVV visit data transmitted by an HHSC-approved EVV system. Program providers can refer to the article published on March 29, 2019, titled "[EVV Aggregator Infographic, EVV Vendor Infographic Now Available](#)," to learn more about the EVV Aggregator.

Once the EVV claims matching process is performed, all claims are forwarded to the appropriate payer for final processing. If the following data elements do not match an accepted EVV visit transaction, the claim will be denied:

- Medicaid ID
- EVV visit date and claim date of service
- National Provider Identifier or Atypical Provider Identifier
- Healthcare Common Procedure Coding System code
- HCPCS modifiers, if applicable
- Billed units



MCO or HHSC payers will no longer pay any unmatched claims. Payers may deny an EVV claim during processing, even if the claim passes the EVV claims matching process.

Program providers using a third-party submitter must notify them to prepare for EVV claims submission policy.

For questions regarding TexMedConnect or EDI, or to obtain a C21 Submitter ID or a Receiver ID, contact the TMHP EDI Help Desk at 888-863-3638, Option 4 or visit the [EDI webpage](#) for additional information.

For questions about this notification, contact [HHSC EVV Operations](#).

7/8/19: Upcoming Webinars for EVV Aug. 1 and 15, 2019

Texas Medicaid & Healthcare Partnership is holding two webinars in August on the following Electronic Visit Verification topics:

- Selecting a Texas Health and Human Services Commission approved EVV vendor
- The EVV Provider Onboarding process
- An introduction to the EVV Aggregator and the EVV Portal
- Submitting EVV claims

To register, click on the date you would like to attend:

[Aug. 1, 2019 - Live Webinar](#)

[Aug. 15, 2019 - Pre-Recorded Webinar](#)

After registering, a confirmation email will be sent with information about joining the webinar. TMHP will conduct both webinars, including a live question and answer session after the presentation.

Note: The Aug. 15, 2019, webinar will be pre-recorded with no live question and answer session after the presentation.

For those unable to attend, a recording of the webinar will be posted on the TMHP Learning Management System at a later date.

For more information, contact evv@tmhp.com.



7/12/19: Update to Revised EVV Visit Maintenance Unlock Request Policy

On June 26, 2019, HHSC notified program providers and managed care organizations about the revised Electronic Visit Verification Visit Maintenance Unlock Request Policy and Visit Maintenance Unlock Request Form, effective July 1, 2019.

The revised policy is on hold.

Program providers and MCOs **must follow the existing policy** for unlocking visit maintenance per the [EVV Provider Policy Handbook, Section 4200 - Visit Maintenance](#).

Program providers will continue to request the unlocking of visit maintenance by **submitting the revised** [Visit Maintenance Unlock Request form](#) to their appropriate payer. A copy of the form may also be requested from your payer.

Please contact [HHSC EVV Operations](#) with any questions.

7/15/19: EVV Tool Kit – Module 13: EVV Training Requirements

[EVV Tool Kit – Module 13 is now available](#). This module provides an overview of EVV training policy and requirements, including information about EVV training topics, how to access training and the dates training will begin.

[Register for the live webinar](#) on July 22 to ask your questions about getting started with EVV and training requirements. [Email questions](#) ahead of time and include in the subject line “Webinar question.”

[Subscribe to GovDelivery](#) to receive email alerts when new EVV Tool Kit resources are available.

7/17/19: Electronic Visit Verification Training Begins Aug. 1, 2019

EVV Training Begins Aug. 1 for program providers and financial management services agencies to include:

- Policy requirements, EVV reason codes and compliance oversight
- EVV aggregator, portal, vendor selection and claims
- Clocking in and out methods and performing visit maintenance on the EVV system

Training Options



Computer-Based Training

- [Health and Human Services Learning Portal](#)

Modules about EVV Policy available Aug. 1 – To access, log in or create an account. Select “All Courses,” then “HHSC Courses” and scroll down to “Electronic Visit Verification Training.”

- [TMHP Learning Management System](#)

Modules about EVV aggregator, portal, vendor selection and claims available Aug. 2 - [Access training](#).

Register for Webinar Training on Aug. 1

- Register for the webinar for EVV aggregator, portal, vendor selection and claims training. After registering, a confirmation email will be sent with information about joining the webinar.

Instructor-Led Training – EVV Texas Roadshow (Strongly recommended for new providers and FMSAs who will begin using EVV Jan. 1, 2020)

- Beginning Aug. 1 through Nov. 1, classes will be held throughout the state to include EVV policy, aggregator, portal, vendor selection and claims.
- [Training schedule](#).
- Register on the [HHS Learning Portal](#). Log in or create an account. Select “All Courses,” “Health and Human Services Commission Courses,” “Electronic Visit Verification Training” and “Roadshow.”

Stay Up to Date with EVV Information and Training

- Bookmark the [HHSC EVV webpage](#) and check frequently for updates.
- Sign up for [GovDelivery](#) to receive email alerts when new information is posted.
- Create a user account on the [HHS Learning Portal](#) and [TMHP LMS](#).
- Review the [EVV Tool Kit](#) (new modules are posted twice a month).
- Attend HHSC EVV Live Q&A webinars on the 22nd of each month. Registration information is available in the EVV Tool Kit.
- Review [Frequently Asked Questions from the Webinars](#) (updated monthly).

Contact your managed care organization for training.



7/22/19: Electronic Visit Verification New and Revised Policies for HHSC and MCO Program Providers Effective Sept. 1, 2019

Effective Sept. 1, program providers will be reviewed on using the EVV system to electronically document authorized service delivery visits.

- **New EVV Usage Policy**

- Program providers will be reviewed for visit transactions manually entered into the EVV system and visit transactions rejected by the [EVV Aggregator](#).
- EVV usage replaces the current EVV compliance plan score reviews.
- A program provider's use of preferred and nonpreferred reason codes will not be used to calculate the usage score for visits with dates of service on and after Sept. 1, 2019.
- Program providers currently required to use EVV will receive a usage grace period for visits with dates of service between Sept. 1, 2019, through Aug. 31, 2020.

- **Revised Policy for EVV Reason Codes and Required Free Text**

- Program providers will be reviewed for appropriate use of reason codes and entry of required free text.
- 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.
- Program providers must document required free text—there is no grace period.

- **Revised Policy for EVV Allowable Phone Identification**

- Program providers will be reviewed for allowable home landline phone types used to clock in and clock out of the EVV system.
- There is no grace period for allowable phone identification reviews.

[Read the full EVV Compliance Oversight Reviews policy.](#)



New EVV Claims Policies

- **Billing Policy**
 - Requires program providers to follow the billing guidelines of their payer for EVV claims.
- **Claims Matching Policy**
 - Requires that any claim for EVV services be matched to an accepted 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 visit transaction will be denied by the payer.
 - All EVV payers will implement the new claims matching policy on Sept. 1, 2019.
- **Claims Submission Policy**
 - Requires program providers to submit EVV claims to Texas Medicaid & Healthcare Partnership for EVV services.

[Read the full version of each policy above.](#)

EVV Training, Vendor Selection, Vendor Transfer and Data Elements Policies

- **New Training Policy**
 - Requires HHSC and MCO program providers to complete all required 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, portal and policy training on or before Dec. 31, 2019, and annually thereafter.
- **Revised Vendor Selection Policy**
 - Requires program providers to select an HHSC-approved EVV vendor within 30 business days of receiving a contract with HHSC or an MCO.
- **Revised Transfer Policy**
 - Requires program providers to request a transfer to another HHSC-approved EVV vendor 120 calendar days prior to the desired transfer date.



- **Revised 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
- 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 visit transactions, denied or recouped claims, inaccurate standard reports and inaccurate data.

[Read the full version of each policy above.](#)

Revised EVV Standard Reports Policy

- Standard reports located in the EVV portal and vendor system are the official reports HHSC and MCOs use for oversight and data analysis, not limited to:
 - HHSC contract monitoring
 - HHSC EVV compliance oversight reviews
 - Fraud, waste and abuse reviews
- Only EVV portal standard and vendor standard reports will be used during HHSC or MCO 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.

[Read the full version of this policy.](#)

Contact [HHSC EVV Operations](#) with any questions.



8/12/19: HHSC Requests Approval from CMS to Delay EVV Start Date

The 21st Century Cures Act is a federal law that requires all states to use electronic visit verification for Medicaid [personal care services](#) by Jan. 1, 2020, and home health care services by Jan 1, 2023.

States must implement EVV or risk a loss of federal Medicaid matching dollars. The Centers for Medicare and Medicaid Services allows states to request a one-year exemption from funding losses.

On Aug. 2, 2019, HHSC requested this exemption for personal care services.

Next steps

HHSC is committed to working with program providers, financial management services agencies, Consumer Directed Services employers, members, and other stakeholders to ensure they are prepared for the use of EVV before it becomes mandatory.

- All implementation activities will continue as planned until further notice.
- CMS should notify HHSC of the outcome of the exemption request within one month.
- HHSC is exploring other options to address implementation concerns if the exemption request is not approved.
- HHSC will communicate a new timeline for EVV personal care services implementation activities once CMS's decision is made.

Providers currently required to use EVV must continue to use EVV in accordance with state law and HHSC policy.

Stay up to date

To receive EVV updates, sign up for [EVV GovDelivery notices](#) and visit the HHSC [EVV website](#).

Questions? Contact electronic_visit_verification@hhsc.state.tx.us.

8/15/19: EVV GovDelivery Alerts Aug. 15, 2019

Update to EVV Claims Matching Policy for Fee-for-Service EVV Claims

The new EVV Claims Matching Policy, effective Sept. 1, 2019, was [published on July 24](#). An update to this policy is as follows:

EVV claims for Acute Care and Long-Term Care Fee-for-Service:



- With dates of service between Sept. 1, 2019 through Oct. 31, 2019
 - receive an informational explanation of benefit and are not denied when a data element does not match during the EVV claims matching process.
- With dates of service on or after Nov. 1, 2019
 - EVV claims for Acute Care and LTC FFS are denied by the payer when a data element does not match during the EVV claims matching process.

EVV Visit Maintenance Unlock Request Policy

The EVV Visit Maintenance Unlock Request Policy was revised with an effective date of July 1, 2019. However, on July 12 the policy was placed on hold. New updated EVV Visit Maintenance Unlock Request Policy is effective Sept. 1, 2019. Program providers and MCOs should follow the existing policy in the [EVV Provider Policy Handbook, Section 4200 – Visit Maintenance](#) until the new policy goes into effect on Sept. 1, 2019.

EVV Training is Available

Multiple training methods and topics about electronic visit verification are available to program providers and financial management services agencies, including:

EVV Roadshow – Instructor-Led Training (Aug. 1 – Nov. 1)

- Classes will be held throughout the state about EVV policy, the EVV Aggregator, EVV Portal, vendor selection, and claims.
- [Register and view the training schedule on the Texas Health and Human Services Learning Portal](#). After logging in or creating an account, select “All Courses,” “Health and Human Services Commission Courses,” “Electronic Visit Verification Training” and “EVV Roadshow.”

Computer-Based Training

Courses will be available in mid-August:

- On the [HHS Learning Portal](#) about EVV policy. To access a course, log in or create an account. Select “All Courses,” then “HHSC Courses” and scroll down to “Electronic Visit Verification Training.”
- In the [Texas Medicaid & Healthcare Partnership Learning Management System](#). Topics include the EVV Aggregator, EVV Portal, vendor selection, and claims. [Click here for instructions to access training](#).



Webinar with Live Q&A Session Hosted by TMHP

- [Register for the Aug. 15 webinar](#) about selecting an HHSC-approved EVV vendor, the EVV provider onboarding process, the EVV Aggregator, EVV Portal, and submitting EVV claims.
- After registering, a confirmation email will be sent with information about joining the webinar.

EVV Tool Kit

- An informational series all about EVV posted twice monthly throughout 2019 available on the [HHSC EVV website](#).
- Live question and answer webinars held each month. Register for the Aug. 22 webinar: [Preparing for Sept. 1 - Summary of EVV Changes](#).
- [Read all of questions and answers from the live webinars](#). Questions and answers are updated monthly.

New EVV Claims Matching Process and EVV Portal Access Begins Sept. 1, 2019

Effective Sept. 1, 2019, program providers currently required to use EVV must submit claims for EVV-relevant services, with dates of service on or after Sept. 1, 2019, to TMHP through TexMedConnect or Electronic Data Interchange. This applies to both Fee-for-Service and Medicaid managed care claims.

[Click here for more information about the EVV claims matching process and EVV Portal access.](#)

EVV Visit Transaction Validation Enhancements for All MCOs

Effective Aug. 1, 2019, EVV visit transaction validation enhancements will be enabled in the DataLogic Vesta EVV system for program providers who submit EVV-relevant claims to MCOs. These EVV visit transaction validation enhancements will be enabled to help improve data quality and to help program providers prepare for the new claims matching process beginning Sept. 1, 2019.

[Click here for more information.](#)

EVV Service Bill Codes Table Available

Detailed bill code information for EVV services is now available in the [EVV Service Bill Codes](#) table on the HHSC EVV website. The EVV Service Bill Codes table identifies the EVV program and service bill codes required for EVV-relevant services that are currently in use, and those with changes effective Sept. 1, 2019.



[Click here for more information.](#)

For questions about these alerts contact [HHSC EVV Operations](#).

8/27/19: Claims Submission Requirements for MCO-Only Program Providers Currently Required to Use EVV

Beginning Sept. 1, 2019, program providers currently required to use Electronic Visit Verification must submit all EVV-relevant claims with a date of service on or after Sept. 1, 2019, to Texas Medicaid & Healthcare Partnership.

EVV-relevant claims submitted directly to a managed care organization for dates of service on or after Sept. 1, 2019 **will be denied**.

MCO-only enrolled program providers, who are not enrolled with TMHP and who submit EVV-relevant services for Long-Term Services and Supports have two options for submitting claims to TMHP:

1. Use a third-party claim submitter to submit claims on the program provider's behalf to the TMHP C21 claims management system through Electronic Data Interchange.
2. Submit claims directly to the TMHP C21 system through EDI.

MCO-only enrolled program providers who submit EVV-relevant services for LTSS **cannot** submit EVV claims through TexMedConnect.

For more information refer to the [Aug. 16 article](#) posted at TMHP. [Frequently asked questions](#) about the new EVV claims submission process are also available.

For questions, contact the TMHP EDI Help Desk at 888-863-3638, Option 4.

8/29/19: New HHSC EVV Proprietary System Work Group

HHSC is forming a new work group required by recently signed into law Senate Bill 1991, to seek feedback about EVV proprietary systems.

An EVV proprietary system is an HHSC-approved EVV system that a program provider or financial management services agency may choose to use instead of an EVV vendor system supplied by the state, that:

- A program provider or FMSA has purchased or developed.
- Is used to exchange EVV information with the HHSC EVV Aggregator.
- Complies with the requirements of Texas Government Code §531.024172 and its successors.

We are looking for the following to take part in this new work group:



- Program providers
- Local intellectual and developmental disability authorities
- Local mental health authorities
- FMSAs who want to operate their own EVV proprietary system to meet Texas EVV requirements

The first meeting is Oct. 1, 2019 in Austin with the option to participate by phone.

Email Electronic_Visit_Verification@hhsc.state.tx.us by **Sept. 16, 2019** if you are interested. Include the following in your email:

- The subject line: "Proprietary Systems Work Group"
- Program provider or agency name
- Program provider or agency representative name and email and phone number
- Information about whether you are currently developing, have developed, or have purchased a proprietary system for the use of EVV.

For questions about this alert contact [HHSC EVV Operations](#).

9/9/19: URGENT: Updates to STAR+PLUS LTSS Billing Matrix and Authorizations

Effective Sept. 1, 2019, STAR+PLUS LTSS bill codes, modifiers, or billing increments for EVV-relevant services have been updated. Providers should have gotten new or updated authorizations from their MCOs reflecting the Sept. 1 changes.

To avoid EVV visit transaction rejections at the EVV Aggregator and EVV claim mismatches and denials, providers **must** do the following:

1. **View the updated bill codes** [for STAR+PLUS EVV-relevant services](#).
2. **Log-in to your MCO provider portals** to view new or updated authorizations for your members. Confirm the updated codes, modifiers and billing increments are consistent with the HHSC EVV Service Bill Codes Table.
3. **Log-in to the Vesta EVV system.** Create a new authorization using the updated bill codes, modifiers and unit increments. If you need help, refer to the Publications section on the Vesta EVV Home Tab. Click on the document titled "How to Create Vesta Authorizations with New Bill Codes."



4. **Log-in to the EVV Portal** to confirm that visits for these services have been accepted at the EVV Aggregator before submitting a claim.
5. **Submit claims** with dates of service on or after Sept. 1, 2019 using the updated codes, modifiers, and billing increments to TMHP for the claims matching process to occur. The claim will be forwarded to the appropriate MCO for final processing.

For questions about this alert, contact your payer.

Provider Resources

Amerigroup

- Notice on [STAR+PLUS LTSS Billing Matrix Updates](#)
- Log-in to Amerigroup's [Provider Portal](#)
- Call Amerigroup at 1-800-454-3730

Cigna

- Notice on [STAR+PLUS LTSS Code and Modifier Changes](#)
- Log-in to Cigna's [Provider Portal](#)
- Call Cigna at 1-877-725-2688

Molina

- Call Molina for new authorizations at 1-866-409-0039
- Log-in to Molina's [Provider Portal](#)
- For other questions call 1-855-322-5080 or email mhtxproviderservices@molinahealthcare.com

Superior

- Notice on [STAR+PLUS LTSS Billing Matrix Changes](#)
- Log-in to Superior's [Provider Portal](#)
- Call Superior at 1-877-277-9772

UnitedHealthcare

- Notice on [STAR+PLUS LTSS Billing Matrix Updates](#)
- Guide to [Prior Authorization and Notification Status and Updates](#)
- Log-in to United's [Provider Portal](#)



Contact United at 1-800-349-0550, or email uch_cp_prov_relations@uhc.com

9/10/19: EVV Tool Kit – Module 15: How to Avoid EVV Claim Mismatches

[Module 15 of the EVV Tool Kit](#) is available on the HHSC EVV website. This module includes steps program providers can take before and after submitting an EVV claim. This will help providers avoid receiving a mismatch during the claims matching process.

Register for the Sept. 23 live question and answer webinar: [EVV Claims Process: Best Practices](#). Attendees can [email questions](#) ahead of time to be asked during the webinar. Include in the subject line of the email "Webinar Question."

View all the questions and answers from the webinars in the [Frequently Asked Questions](#) posted on the HHSC EVV website.

For questions contact electronic_visit_verification@hhsc.state.tx.us.

9/11/19: CMS has Approved HHSC's Request to Delay the EVV Start Date

[HHSC's request to delay](#) the Jan. 1, 2020 electronic visit verification start date for the programs, services, and service delivery options affected by 21st Century Cures Act is approved.

HHSC already requires EVV for about 90 percent of personal care services. This delay allows more time to address EVV implementation challenges for the remaining personal care programs and services. See the full list of delayed programs, services, and service delivery options in the table below.

Providers currently required to use EVV must continue to use EVV under state law and HHSC policy. See the [Programs and Services Currently Required to Use Electronic Visit Verification](#) on page 3.

For the programs approved for the delay:

- HHSC will provide a new EVV start date and more implementation details
- Providers for these programs should still prepare and train for EVV

For training resources:

- [HHSC EVV website](#)
- [HHS Learning Portal](#)
- [TMHP's Learning Management System](#)



Programs, Services, and Service Delivery Options Affected by Delay

Program	Services	Service Delivery Options
1915(c) Community Living Assistance and Support Services Waiver	• CFC PAS/HAB • In-Home Respite	• CDS Option
1915(c) Deaf Blind with Multiple Disabilities Waiver	• CFC PAS/HAB • In-Home Respite	• Agency • CDS Option
1915(c) Home and Community-based Services Waiver	• CFC PAS/HAB • In-Home Respite • Day Habilitation – provided in the home	• Agency • CDS Option
1915(c) Texas Home Living Waiver	• CFC PAS/HAB • In-Home Respite • Day Habilitation – provided in the home	• Agency • CDS Option
1915(c) Youth Empowerment Services Waiver	• In-Home Respite	• Agency
1915(i) Home and Community Based Services Adult Mental Health	• In-Home Respite • Supported Home Living-Habilitative Support	• Agency



Program	Services	Service Delivery Options
1915(k) Community First Choice (including STAR members who receive these services through the traditional Medicaid model)	• CFC PAS • CFC HAB	• Agency • CDS Option • SRO
Community Attendant Services	• PAS	• CDS Option • SRO
Family Care	• PAS	• CDS Option
Personal Care Services provided under the Texas Health Comprehensive Care Program (including STAR members who receive these services through the traditional Medicaid model)	• PCS	• Agency • CDS Option • SRO
Primary Home Care	• PAS	• CDS Option • SRO
STAR Health	• CFC PAS • CFC HAB • PCS	• CDS Option • SRO
STAR Health – MDCP Covered Services	• In-Home Respite • Flexible Family Supports	• Agency • CDS Option • SRO



Program	Services	Service Delivery Options
STAR Kids	• CFC PAS • CFC HAB • PCS	• CDS Option • SRO
STAR Kids – MDCP Covered Services	• In-Home Respite • Flexible Family Supports	• CDS Option • SRO
STAR+PLUS	• CFC PAS • CFC HAB • PAS	• CDS Option • SRO
STAR+PLUS Home and Community Based Services	• CFC PAS • CFC HAB • PAS • In-Home Respite • Protective Supervision	• CDS Option • SRO

Sign up for [EVV GovDelivery](#) notices to get EVV updates.

Email electronic_visit_verification@hhsc.state.tx.us with questions.

9/16/19: Sept 1. EVV Changes: Known Issues and Common Troubleshooting Questions

[TMHP has identified known issues and common troubleshooting questions](#) about the Sept. 1 Electronic Visit Verification changes. Program providers should check the [TMHP EVV](#) webpage for the current status of known issues.

Refer to the [EVV Contact Information Guide](#) for contact information for EVV questions and issues.



9/17/19: EVV Claims: Medicare and Medicaid Issue Resolved

The issue that caused Electronic Visit Verification claims to be rejected or denied for dual eligible members [is resolved](#).

This is an update to the article titled "Issue Identified for Some Medicare-Medicaid EVV Claims," published on the TMHP website Sept. 12, 2019.

Contact EVV@tmhp.com with questions.

10/9/19: EVV Training Updates

EVV Question and Answer Webinar on Oct. 22nd

HHSC EVV and TMHP will be hosting a webinar with a question and answer session on Oct. 22 from 1pm - 3pm for program providers and financial management services agencies. The webinar will cover:

- EVV claims matching and claims submission updates
- How to avoid EVV visit transaction rejections and EVV claim mismatches
- Training updates

[Register here](#).

EVV Required Training Must Be Completed by Dec. 31

- The new [HHSC EVV Training Policy](#) requires program providers using Electronic Visit Verification prior to Sept. 1, 2019 to complete Health and Human Services Commission EVV Policy, Texas Medicaid & Healthcare Partnership EVV Aggregator and EVV Portal training by Dec. 31, 2019 and annually thereafter.
- EVV training will help program providers understand EVV policies, accessing and using the EVV Portal, submitting EVV claims, and the EVV claims matching process. Program providers are not required to submit proof of training completion to HHSC, managed care organizations, or TMHP.

Trainings Available:

EVV Policy Training (Provided by your payer)

- [The HHSC EVV Policy](#) computer-based training (CBT).
- The MCO Policy training. Contact your MCO for EVV Policy training opportunities.

EVV Aggregator and EVV Portal Training (Provided by TMHP)



- [TMHP EVV CBT modules 1-6.](#)
- [TMHP EVV Webinar training.](#)

There will also be instructor-led trainings (EVV Roadshow) in October. Find the schedule and register on the [HHS Learning Portal](#).

Additional training resources are available on the [HHSC EVV website](#) and the [TMHP EVV Provider Training webpage](#).

For questions about this alert, email Electronic_Visit_Verification@hhsc.state.tx.us.

10/22/19: EVV Claim Denials Begin Nov. 1 for Fee-for-Service Program Providers

Effective Nov. 1, 2019, acute care and long-term care fee-for-service Electronic Visit Verification claims with dates of service on or after Nov. 1, 2019, will be denied by TMHP if the data elements on the claim do not match the data elements on the EVV visit transaction during the EVV claims matching process. [Read the full article on TMHP.com](#).

For questions, email Electronic_Visit_Verification@hhsc.state.tx.us.

11/6/19: EVV Updates: Vendors, Visit Maintenance, and Service Bill Codes Table for October 2019

Updated Information About HHSC-Approved EVV Vendors

The Health and Human Services Commission and the Texas Medicaid & Healthcare Partnership are working to expand the number of HHSC-approved Electronic Visit Verification vendors available to program providers and financial management services agencies. HHSC and TMHP plan to announce additional vendors by Dec. 31, 2019. [Read the full article here.](#)

For questions about HHSC-approved EVV vendors, email EVV@tmhp.com.

EVV Visit Maintenance Time Frame Extended for Sept. 1, 2019 – Oct. 31, 2019 Visits

HHSC is extending the visit maintenance time frame for program providers. This extension allows providers to correct data elements on visit transactions for visits with dates of service between Sept. 1, 2019 and Oct. 31, 2019. Instead of the standard 60 calendar days, providers will have 90 calendar days from the date of the visit to perform visit maintenance in the EVV system.

This extension will give providers more time to:



- Adjust to new EVV processes effective Sept. 1, 2019
- Update records for STAR+PLUS bill code changes effective Sept. 1, 2019
 - Providers can [refer to this article](#) for instructions on creating new authorizations using the updated bill codes, modifiers, and unit increments in the Vesta EVV system
- Correct visits to ensure a visit transaction is accepted in the EVV Portal before billing the claim

Providers are responsible for ensuring data elements in the EVV system are accurate and complete. Missing or incorrect data elements in the EVV system will result in rejected visit transactions and denied claims.

Updated EVV Service Bill Codes Table

An updated Electronic Visit Verification [Service Bill Codes table](#) is available on the HHSC EVV website in Excel and PDF format. Details of the changes are listed in the Revision History sheet of the Excel workbook and the Revision History page of the PDF.

Point of Contact: Electronic_Visit_Verification@hhsc.state.tx.us.

11/8/19: EVV Webinar on Nov. 22 – EVV Portal Enhancements

Texas Health and Human Services and Texas Medicaid & Healthcare Partnership will host a webinar with a question and answer session for program providers required to use EVV.

Nov. 22

1– 3 p.m.

The webinar will present enhancements to the EVV Portal.

[Register for the webinar.](#)

Email questions to Electronic_Visit_Verification@hhsc.state.tx.us.

11/15/19: Comments on EVV Draft Rules Due Nov. 22

Texas Health and Human Services is accepting comments from stakeholders on the following draft rules. The comment period ends Nov. 22, 2019.

Texas Health and Human Services Commission 1 TAC, Part 15, Chapter 354, Subchapter E, Electronic Visit Verification. Comments can be emailed to [HHSC Electronic Visit Verification](#). Include in the email subject line “EVV Rules”.



[Visit the HHS Rulemaking website for more information.](#)

11/18/19: CLASS EVV Billing Update for CFC PAS/HAB and Service Planning Team Meetings

For Community First Choice Personal Assistance Services/Habilitation services billed using HCPCS T2026 and service code 10CFC:

- The Electronic Visit Verification Aggregator won't match Community Living Assistance and Support Services claims to EVV visits.
- This is effective Nov. 1, 2019.
- The claim will begin processing and providers will receive the following EVV claims match code: EVV07 – Claim to Visit Match not performed per state direction.

CLASS Direct Service Agencies use HCPCS T2026 and service code 10CFC for billing CFC PAS/HAB services requiring EVV. This bill code is also used for program directors attending SPT meetings. EVV is not required for SPT meetings.

HHSC is creating a separate bill code for attending SPT meetings and will notify the CLASS direct service agencies when the code is available. The EVV Aggregator will resume the claims matching process for CFC PAS/HAB services billed using HCPCS T2026 and service code 10CFC once the code is available.

When delivering CFC PAS/HAB services, CLASS direct services agency must:

- Continue using EVV
- Confirm an accepted visit transaction is in the EVV Portal before billing the EVV claim
- Follow the [EVV Claims Matching Policy](#) as though the claims were being matched systematically

When program directors or any direct services agency staff attend SPT meetings, CLASS program providers:

- Should not use EVV
- Should bill the claim as you do today

Next Steps

- HHSC will notify CLASS direct service agencies when a new bill code is available for SPT meetings.



- HHSC will notify CLASS direct service agencies when the EVV Aggregator resumes claims matching for HCPCS code T2026 and service code 10CFC.

Send questions to Electronic_Visit_Verification@hhsc.state.tx.us.

11/22/19: EVV Portal Enhancements Available Nov. 22, 2019

Texas Medicaid & Healthcare Partnership and the Texas Health and Human Services Commission are making updates to the Electronic Visit Verification Portal based on stakeholder feedback.

Enhancements to the EVV Portal search tabs will be available Nov. 22, 2019. These changes will improve search capabilities and allow users to find EVV visit transactions and claims data more quickly and more efficiently. [A list of the enhancements is available online.](#)

Send questions to EVV@tmhp.com.

12/4/19: EVV Updates - December 2019

EVV Visit Maintenance Extension Reminder

Program providers have 90 calendar days instead of the standard 60 calendar days to perform visit maintenance for visits with dates of service Sept. 1, 2019 thru Oct. 31, 2019.

This extension gives program providers more time to:

- Update records for STAR+PLUS bill code changes effective Sept. 1, 2019 and outdated authorizations in the vendor EVV system.
 - [Instructions are available for creating new authorizations](#) using the updated bill codes, modifiers, and unit increments in the vendor EVV system.
- Adjust to EVV processes effective Sept. 1, 2019.
- Make corrections to ensure a visit transaction is accepted in the EVV Portal before billing the claim.

Program providers may request the unlocking of visit maintenance after the extended 90- day time frame for dates of service Sept. 1, 2019 thru Oct. 31, 2019, however approval is at the payer's discretion and is not guaranteed. The standard 60-day visit maintenance time frame will resume for visits with dates of service on or after Nov. 1, 2019.

New EVV Training Materials



Texas Medicaid & Healthcare Partnership has created three new quick reference guides to address frequently asked questions about:

- [EVV claims submission submitter IDs and receiver IDs](#)
- [Avoiding EVV claim mismatches due to the EVV06 Units Mismatch](#)
- [EVV Visit Details screen in the EVV Portal](#)

More information is available on the [TMHP EVV website](#).

Updates to EVV Required Programs, Services, and Service Delivery Options

HHSC has updated the [Programs, Services, and Service Delivery Options Required to Use Electronic Visit Verification](#) on the HHSC EVV website. This document lists programs, services, and service delivery options requiring EVV today, and those [requiring EVV in the future](#) as mandated by the 21st Century Cures Act.

Updates have been made to the:

- **Family Care Program**
 - The Cures Act will require EVV for personal attendant services delivered through the service responsibility option.
- **STAR Health – MDCP Covered Services**
 - The Cures Act will require EVV for these services delivered through the agency, consumer directed services, and SRO. In a previous version these services were listed as currently required to use EVV.
- **STAR+PLUS Medicare-Medicaid Plan**
 - The Cures Act will require EVV for these services delivered through CDS/SRO.
 - In a previous version STAR+PLUS MMP was combined with STAR+PLUS. Both programs have been listed separately.
- **Texas Health Steps Comprehensive Care Program**
 - Personal care services delivered through the agency option are currently required to use EVV under state law and HHSC policy. In a previous version the agency option was listed as required by the Cures Act.
 - The Cures Act will require EVV for PCS delivered through SRO.



HHSC is developing an updated timeline for the new EVV start date for programs, services, and service delivery options affected by the Cures Act, and once known, will notify stakeholders and update the [EVV website](#).

TexMedConnect for MCO-Only Enrolled Program Providers

Effective Nov. 22, 2019, managed care organization-only enrolled program providers can use the TexMedConnect online claims submission system to submit claims (including EVV claims), perform claim status inquiries, and submit appeals. [For more information, read the full article on TMHP.com.](#)

Send questions to Electronic_Visit_Verification@hhsc.state.tx.us.