



2020 Electronic Visit Verification (EVV) Archived Policies

Electronic Verification Methods Policy, Effective Nov. 1, 2020 – Aug. 31, 2021....	2
EVV Claims Matching Policy, Effective Oct. 1, 2020 – Aug. 31, 2021	10
EVV Claims Submission Policy, Effective Oct. 1, 2020 – Aug. 31, 2021	16
EVV Data Collection Policy, Effective Aug. 1, 2020 – Aug. 31, 2021.....	21
EVV Last Visit Maintenance Date Policy, Effective Jan. 1, 2020 – June 30, 2021	23
EVV Proprietary Systems Policy, Effective Feb. 1, 2020 – Aug. 31, 2021	25
EVV Reason Codes Policy, Effective Dec. 1, 2020 – Aug. 31, 2021	33
EVV Reports Policy, Effective Jan. 6, 2020 – Nov. 30, 2020	36
EVV Reports Policy, Effective Dec. 1, 2020 – Aug. 31, 2021.....	39
EVV Schedules Policy, Effective Jan. 1, 2020 – Aug. 31, 2021	44
EVV Service Authorization Policy, Effective Aug. 1, 2020 – Aug. 31, 2021	44
EVV System Selection Policy, Effective Aug. 1, 2020 – Aug. 31, 2021.....	46
EVV System Transfer Policy, Effective Aug. 1, 2020 – Aug. 31, 2021.....	50
EVV Training Policy, Effective Aug. 1, 2020 – Aug. 31, 2021	52
EVV Vendor Selection Policy, Effective Jan. 1, 2020 – July 31, 2020.....	56
EVV Vendor Transfer Policy, Effective Jan. 1, 2020 – July 31, 2020.....	57
Guidance and Temporary Policies	58
Guidance Related to DataLogic/Vesta EVV System Outage from Dec. 5, 2020 to Dec. 10, 2020	58
Temporary EVV Policies for Novel Coronavirus (COVID-19)	61



Electronic Verification Methods Policy, Effective Nov. 1, 2020 – Aug. 31, 2021

Policy

Effective November 1, 2020, the Health and Human Services Commission (HHSC) updated the Electronic Visit Verification (EVV) Electronic Verification Methods Policy to:

- Incorporate the Mobile Application Policy dated April 1, 2019 and the Allowable Phone Identification Policy dated September 1, 2019.
- Allow a service attendant or CDS employee to use multiple clock in and clock out methods for a member.
- Provide information on how to document non-EVV relevant time associated with a visit.
- Include consumer directed services (CDS) employer and financial management services agency (FMSA) functions.

The EVV Electronic Verification Methods Policy requires the service attendant or CDS employee to use one of three approved electronic verification methods to clock in at the beginning of service delivery and clock out at the end of service delivery when providing services to a member in the home or the community.

The EVV vendors offer the following three approved clock in and clock out methods:

- Mobile method (Smart phone or tablet)
- Home phone landline
- Alternative device

A program provider or FMSA operating their own EVV proprietary system, known as the EVV proprietary system operator (PSO), may choose to offer one or more of the three approved clock in and clock out methods listed above.

When the service attendant or CDS employee clocks in and clocks out using an approved method, the EVV system captures the following visit data:

- The type of service provided (Service Authorization Data)
- The name of the recipient to whom the service is provided (Member Data)
- The date and times the provider began and ended the service delivery visit
- The location, including the address, where the service is provided
- The name of the individual who provided the service (Service Attendant Data)

Failure to Clock in or Clock out of the EVV system



If the service attendant or CDS employee fails to, or is unable to, clock in or clock out using one of the approved methods, the program provider, CDS employer or FMSA (if the CDS employer has designated the FMSA) must manually enter visit data in the EVV system through visit maintenance. See the EVV Visit Maintenance policy.

Failure to complete all required visit maintenance prior to the program provider or FMSA submitting an EVV claim will result in the denial or recoupment of the EVV claim.

Mobile Method Policy

The service attendant or CDS employee may use a mobile method for clocking in and clocking out of the EVV system. Each EVV vendor and EVV PSO, if applicable, will supply a downloadable application for use on a smart phone or device with Internet connectivity. The service attendant or CDS employee may use the mobile method to clock in and clock out in the home or in the community.

If an internet connection or a cellular network is not available, the service attendant or CDS employee can still use the mobile method to log in and clock in or clock out.

The service attendant:

- May use their own personal smart phone or tablet, or
- May use a smart phone or tablet issued by the program provider.
- Must not use a member's mobile device to clock in and clock out.

The CDS employee:

- May use their own personal smart phone or tablet, or
- May use a smart phone or tablet owned by the CDS employer, if the CDS employer has authorized the CDS employee to use their smart phone or tablet.

A mobile method is the only electronic clock in and clock out method the service attendant or CDS employee may use when delivering services in the community.

The mobile method:

- Utilizes a secure login function for each user.
- Records the specific location at the exact time of clocking in and clocking out.
- Does not track location before clocking in, during the visit or after clocking out.
- Does not use mobile device plan minutes.
- Does not store Protected Health Information (PHI) on the mobile device.



Clock in and Clock Out Requirements:

- The program provider, FMSA or CDS employer must setup the mobile method in the member's profile and notify the EVV vendor or PSO, if applicable, to allow service attendants or CDS employees to use a mobile device.
- The mobile device must be operational (working phone, charged battery, etc.) to use the mobile method.

Service Attendant and CDS Employee Requirements:

- Must follow instructions from their program provider, CDS employer or FMSA to download and activate the mobile application and obtain their own unique login credentials from the EVV vendor or PSO.
- Must only access the EVV mobile application method using their own login credentials
- Must not share login credentials to access the EVV mobile application method

A program provider or CDS employer may contact their EVV vendor or EVV PSO, if applicable, for a full list of mobile application method specifications, including supported mobile devices.

User Liability if Using the Mobile Method:

- HHSC, the Texas Medicaid & Healthcare Partnership (TMHP), EVV vendors and managed care organizations (MCO) are not liable for:
 - Any cost incurred while using the mobile method.
 - Any viruses on the mobile device.
 - A hacked, broken, damaged, lost or stolen mobile device.
 - A non-working mobile device.

Home Phone Landline Policy

The service attendant or CDS employee may use the member's home phone landline, if the member agrees, for clocking in and clocking out of the EVV system by calling the EVV vendor's or EVV proprietary system operator's (PSO) toll-free number.

If a member does not agree to allow the service attendant or CDS employee to use their home phone landline or if the member's home phone landline is frequently not available for the service attendant or CDS employee to use, the service attendant or CDS employee will need to use another approved clock in and clock out method.

Landline Requirements



- Program providers and FMSAs must follow the instructions from the vendor or PSO to set up the landline
- The landline must be the member's current primary home phone landline
 - The systems must allow the use of alternate home phone landline numbers if the member frequently receives services in a secondary location.
- The phone must be a landline phone and must not be an unallowable type

The program provider or FMSA must enter the member's primary home phone landline number in the EVV system under the member's profile before the service attendant or CDS employee can use the home phone landline to clock in and clock out.

The program provider or FMSA may also enter one or more alternate landline phone numbers if the member frequently receives services in a secondary location.

The program provider or FMSA must not enter an unallowable landline phone type into the EVV system as the member's home phone landline. An unallowable landline phone type is a mobile phone number or cellular enabled phone number. See the EVV Unallowable Landline Phone Type section below.

The program provider or FMSA must ensure the landline phone number listed in the member's profile is current. The program provider, CDS employer or FMSA must perform visit maintenance in the EVV system if the landline phone number used for clocking in and clocking out does not match the member's profile.

Unallowable Landline Phone Type

Home phones used to clock in/out through the landline method must be a landline telephone, and not a cellular phone or device.

Visits are subject to recoupment by the payer (HHSC or an MCO) if the service attendant or CDS employee uses an unallowable landline phone type to clock in or clock out.

Unallowable landline phone types include:

- Cellular phones
- Cellular enabled devices such as tablets and smart watches

NOTE: If the attendant or CDS employee wants to use a cell phone or tablet, they must use the mobile method.

Program providers, FSMAs and CDS employers must use The EVV Landline Phone Verification Report in the EVV system to identify an unallowable landline phone type as "mobile".

Alternative Device Policy



An alternative device is an HHSC-approved electronic device provided at no cost by an EVV vendor or Proprietary System Operator (PSO), if applicable, that allows the service attendant or CDS employee to clock in and clock out of the EVV system from the member's home.

A program provider representative or the CDS employer must place the alternative device in the member's home, if the member agrees. An example of the program provider representative may be the service attendant or supervisor.

The program provider representative or CDS employer must explain to the member the purpose of the alternative device and how the alternative device works.

The alternative device must always remain in the member's home. If the alternative device does not remain in the home, visits may be subject to recoupment and the payer may make a Medicaid fraud referral to the HHS Office of the Inspector General.

The alternative device produces codes or information that display the precise date and time service delivery begins and ends. Codes from alternative devices expire seven days from the date of the visit. To record the visit in the EVV system within the seven-day timeframe, please contact your EVV vendor or EVV PSO for instructions.

The service attendant or CDS employee must follow the instructions provided by the program provider or CDS employer to use the alternative device to record a visit.

The service attendant or CDS employee may use any phone to call the toll-free number and enter the alternative device codes. However, the service attendant or CDS employee should never use or request to use the member's mobile phone unless the member is a CDS employer and the CDS employer has given the service attendant or CDS employee authorization to use the CDS employer's mobile phone.

The program provider or CDS employer must train the service attendant or CDS employee in the use of the alternative device to clock in and clock out of the EVV system.

If a member does not want an alternative device in their home, the program provider must document the issue in the member's case file and use the member's preferred method.

NOTE: A PSO may offer different types of alternative devices. All alternative devices must support the collection of the critical data elements. HHSC must approve any alternative device used by the EVV PSO before use. Refer to the Proprietary System Policy and Data Collection Policy.

Ordering an Alternative Device from an EVV vendor



Once the program provider, FMSA or CDS employer has determined a member needs an alternative device, they have 14 days to order an alternative device from the EVV vendor.

Program providers, CDS employers, or FMSAs on behalf of a CDS employer, can order an alternative device through an EVV vendor. The EVV vendor will provide instructions on how to order a device.

The EVV vendor has 10 business days to process and ship the alternative device to the requestor upon receipt of a complete order. Depending on the shipping method, it may take additional days to deliver the order.

If an electronic verification method is not available for the service attendant or CDS employee to use prior to the delivery of an alternative device, the service attendant or CDS employee must manually document the visit as described in the EVV Visit Maintenance Policy.

Using the EVV vendor electronic ordering method, program providers, CDS employers, or FMSAs on behalf of CDS employers can:

- Order a new or replacement alternative device
- Track orders for the alternative device
- Manage, assign and un-assign alternative devices
- Manage shipping addresses

Installing an Alternative Device

The program provider, the program provider's representative or a CDS employer must install the alternative device by placing the device in the member's home for use by the service attendant or CDS employee.

Program providers and CDS employers must ask the member where to place the device in the member's home. The device should be in a location where it is always accessible to the service attendant or CDS employee.

The program provider representative or the CDS employer may attach the device using a zip tie, however, the device must not be mounted in a location that may be dangerous to a member or cause damage to the member's home.

Examples of places where the program provider or CDS employer may locate the device in the home include:

- Kitchen counter
- Coffee table
- Lockbox located in the garage or on the patio

Malfunctioning Alternative Device



The service attendant or CDS employee must notify the program provider or CDS employer immediately if the alternative device malfunctions or fails to generate codes.

When the service attendant or CDS employee reports that the device has malfunctioned:

- The service attendant or CDS employee must manually document the visit as described in the EVV Visit Maintenance Policy.
- The program provider, CDS employer or FMSA must contact the EVV vendor or EVV PSO to report the malfunctioning device and order a replacement alternative device.

Using Multiple Clock in and Clock Out Methods

A service attendant or CDS employee may use one method to clock in and clock out one day and a different method to clock in and clock out the next day. A service attendant or CDS employee may also use one method to clock in and clock out for a single visit or use multiple clock in and clock out methods for a single visit.

Using one method to clock in and clock out happens when the service attendant or CDS employee:

- Clocks in and clocks out using the mobile method.
- Clocks in and clocks out using a home phone landline.
- Clocks in and clocks out using an alternative device.

Using multiple methods to clock in and clock out happens when the service attendant or CDS employee:

- Clocks in using a home phone landline and clocks out using a different clock out method (alternative device or mobile)
- Clocks in using an alternative device and clocks out using a different clock out method (home phone landline or mobile)
- Clocks in using the mobile method and clocks out using a different clock out method (home phone landline or alternative device)

Program providers and CDS employers may contact their EVV vendor or EVV proprietary system operator (PSO) if you have additional questions or need training on clock in and clock out methods.

EVV Services Delivered Outside the Member's Home

A service attendant or CDS employee must record the visit when they begin or end an EVV service outside the member's home either by:

- Using the mobile method or



- Manually documenting the visit as described in the EVV Visit Maintenance policy.

The mobile method is the recommended clock in and clock out method when an EVV service begins or ends in the community. Using the mobile method for clocking in and clocking out in the community will avoid negative impacts to the EVV Usage Score.

Program providers and CDS employers may contact their EVV vendor or EVV proprietary system operator (PSO) for more information and training on available methods to document visits in the community.

Non-EVV Services Policy

A non-EVV service is an authorized service not required to use EVV. Examples of non-EVV services are transportation and supported employment.

Program providers and CDS employers must continue to follow program documentation requirements for non-EVV services. Using the EVV system does not replace paper documentation for non-EVV services.

The program provider or CDS employer will determine how the service attendant or the CDS employee will clock in and clock out of the EVV system when performing non-EVV services and EVV services throughout the day.

The program provider or the CDS employer may select one of the following options for their service attendant or CDS employee to document a non-EVV service that occurs during an EVV visit:

- Option 1: Clock in to the EVV system and clock out of the EVV system before the non-EVV service begins and clock back in to the EVV system after the non-EVV service has ended.
- Option 2: Remain clocked in to the EVV system while delivering the non-EVV service and document the amount of time spent on the non-EVV service. Note: Follow the EVV vendor or EVV proprietary system operator (PSO) instructions on how to subtract the non-EVV service time at the end of the visit and use an appropriate EVV Reason Code Number and EVV Reason Code Description as necessary.

Examples for recording non-EVV time:

The service attendant or CDS employee is working from 8:00 am to 2:00 pm. The service attendant or CDS employee spends five hours on EVV required services from 8:00 am – 12:00 pm and 1:00 pm – 2:00 pm and one hour on non-EVV services from 12:00 pm – 1:00 pm.



- Option 1: Clock out of the EVV system before the non-EVV service begins and clock back in to the EVV system after the non-EVV service has ended.
 - The service attendant or CDS employee will:
 - Clock in at 8:00 am and clock out at 12:00 pm
 - Begin the non-EVV service
 - Clock back in at 1:00 pm and clock out at 2:00 pm
 - Documents the non-EVV services in accordance with program policy
- Option 2: Remain clocked in to the EVV system while delivering the non-EVV service and document the amount of time spent on the non-EVV service.
 - The service attendant or CDS employee will:
 - Clock in at 8:00 am and clock out at 2:00 pm.
 - Record the service time in accordance with program policy and report the time to the program provider.
 - The program provider, CDS employer, or FMSA will use the EVV system to indicate one hour of time spent.
 - Contact your EVV vendor or EVV PSO for instruction to adjust the pay hours for a claim that is delivering a non-EVV service.

The program provider, CDS employer and FMSA can review the reported non-EVV service time by accessing the Non-EVV Relevant Time Report in the EVV system. The report will show the total hours worked for non-EVV services.

NOTE: The program provider or CDS employer must contact their EVV vendor or EVV PSO to determine how to document non-EVV services for members with pre-scheduled visits.

For questions related to this policy contact HHSC at electronic_visit_verification@hhsc.state.tx.us

EVV Claims Matching Policy, Effective Oct. 1, 2020 – Aug. 31, 2021 Policy

Effective October 1, 2020, the Health and Human Services Commission (HHSC) revised the Electronic Visit Verification (EVV) Claims Matching Policy to include additional EVV claims match result codes and to identify exceptions to the claims matching process, where applicable.

All claims for [services required to use EVV](#) (EVV claims) must match to an accepted EVV visit transaction in the EVV Aggregator (the state's centralized EVV database) prior to reimbursement of an EVV claim by the payer. The Texas Medicaid & Healthcare Partnership (TMHP), the claims administrator for the state of Texas, oversees this process.



Payers, either HHSC or a managed care organization (MCO), will deny or recoup an EVV claim that does not match an accepted EVV visit transaction. This includes fee-for-service claims paid by HHSC, acute care claims paid by TMHP on behalf of HHSC and managed care claims paid by the MCO.

Program providers and financial management services agencies (FMSAs) using a third-party to bill claims must notify the third-party of the EVV claims matching policy.

EVV Claims Matching Process

HHSC uses the EVV claims matching process to identify one or more EVV visits that support a Medicaid claim. Once a program provider or FMSA submits an EVV claim to a claims management system operated by HHSC or TMHP, the claims management system forwards any claims for EVV services to the EVV Aggregator for claims matching.

The automated claims matching process includes:

- Receiving an EVV claim line item.
- Matching data elements from each EVV claim line item to data elements from one or more accepted EVV visit transactions in the EVV Aggregator.
- Forwarding an EVV claim match result code to the payer once the claims match process is complete.

Program providers and FMSAs must use the EVV Portal to review and confirm the EVV Aggregator has accepted the EVV visit transactions before submitting the EVV claim(s) for those services.

The following data elements from the claim line item and the EVV visit transaction must match:

EVV Claim Line Item	Accepted EVV Visit Transaction
Medicaid ID	Medicaid ID
Date of Service	EVV Visit Date
National Provider Identifier (NPI) or Atypical Provider Identifier (API)	National Provider Identifier (NPI) or Atypical Provider Identifier (API)
Healthcare Common Procedure Coding System (HCPCS) Code	Healthcare Common Procedure Coding System (HCPCS) Code
HCPCS Modifiers	HCPCS Modifiers
Billed Units	Units (if applicable)



If any of the above data elements do not match, the claim matching process will return an unsuccessful match result code and the payer will deny the claim.

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

Unit Matching for Multiple Visits on the Same Date of Service

If there are multiple visits for the same member for the same service (HCPCS and Modifier combination) from the same provider on the same date of service, the claims matching process combines the total number of units on all accepted EVV visits for that date and compares the unit total to the billed units on the claim line item.

Unit Matching Requirement for EVV Claims with Single Line Item

Program providers and FMSAs submitting EVV claims with a single EVV claim line item for each date of service must have one or more matching accepted EVV visit transactions for the same date in the EVV Aggregator or the payer may deny or recoup the EVV claim line item.

Unit Matching Requirement for EVV Claims with Span Dates (more than one consecutive date)

Program providers and FMSAs submitting an EVV claim with a span of dates for a line item must ensure that:

- Each date of service within the span of dates has one or more matching EVV visit transactions accepted in the EVV Aggregator.
- The total units on the EVV claim line item must match the combined total units on the accepted EVV visit transactions (if applicable).

The payer will deny or recoup an EVV claim line item with span dates that does not have matching accepted EVV visit transactions for each date within the span of dates.

Exceptions to the Claims Matching Process

HHSC will establish any exceptions to the claims matching process in the [EVV Service Bill Codes Table](#).

Service-Specific Bypass

HHSC will bypass the claims matching process for the following services because HHSC does not currently use the bill codes exclusively for in-home services. Once HHSC has reconfigured the bill codes to work with the EVV claims matching process and distinguish in-home services, HHSC will remove the bypass and notify program providers and FMSAs of the change.



Program	Service
• Home and Community-based Services (HCS) Waiver	• In-Home Respite provided in own home or family home settings • In-Home Day Habilitation provided in own home or family home settings
• Texas Home Living (TxHmL) Waiver	• In-Home Respite • Day Habilitation provided in the home

Units Matching Bypass

The EVV claims matching process does **not** match Units on the EVV visit transaction against the Billed Units on the EVV claim line item for any of the services associated with the consumer directed services (CDS) option.

In addition, the claims matching process does not match Units on the EVV visit transactions against the Billed Units on the claim line item for the following services delivered under the agency option.

Program	Service
• Community Living Assistance and Support Services (CLASS) Waiver	• In-Home Respite
• Deaf Blind with Multiple Disabilities (DBMD) Waiver	• In-Home Respite
• Home and Community-based Services (HCS) Waiver	• CFC/PAS HAB • In-Home Respite provided in own home or family home settings • In-Home Day Habilitation provided in own home or family home settings
• Texas Home Living (TxHmL) Waiver	• CFC/PAS HAB • In-Home Respite • Day Habilitation provided in the home
• Home and Community-Based Services Adult Mental Health (HCBS- AMH)	• In-Home Respite • Supported Home Living – Habilitative Support (SHL)
• Youth Empowerment Services (YES) Waiver	• In-Home Respite

Bypass for Disasters and Temporary Circumstances

HHSC may temporarily set the EVV claims matching process to bypass EVV claims in response to a disaster or temporary circumstances that may disrupt delivery of



services. In such cases, HHSC will provide written direction to program providers and FMSAs, including the effective dates of the bypass.

EVV Claims Match Result Codes

Based on the result of the EVV claims matching process, the EVV Portal displays an EVV claims match result code. After the EVV claims matching process, the EVV Aggregator returns an EVV claims match result code to the claims management system for final claims processing.

EVV claim match result codes viewable in the EVV Portal are:

- EVV01 – EVV Successful Match
- EVV02 – Medicaid ID Mismatch
- EVV03 – Visit Date Mismatch
- EVV04 – Provider Mismatch (NPI/API)
- EVV05 – Service Mismatch (HCPCS and Modifiers if applicable)
- EVV06 – Units Mismatch
- EVV07 – Match Not Required
- EVV08 – Natural Disaster

The payer will communicate the outcome of the final claims processing to program providers and FMSAs.

EVV Claim Match Result Code EVV01

If the EVV Aggregator identifies one or more accepted EVV visit transactions matching the EVV claim line item, the EVV claims matching process will return an EVV01 – EVV Successful Match result code. A payer may still deny or recoup an EVV claim with a match code result of EVV01 if other claim requirements fail the claims adjudication process.

For example:

- The payer will deny the claim if the claim billed amount exceeds the authorized amount for the member.
- The payer may recoup an EVV claim if the program provider or FMSA changes an EVV visit after the match and does not submit an updated claim.

EVV Claim Match Result Codes EVV02 – EVV06

If the EVV Aggregator identifies a mismatch between an accepted EVV visit transaction and an EVV claim line item, the EVV claims matching process will return one of the EVV claim match result codes of EVV02, EVV03, EVV04, EVV05, or EVV06. The payer will deny the EVV claim if the EVV claim line item receives an EVV claim match result code of EVV02, EVV03, EVV04, EVV05, or EVV06.



EVV Claim Match Result Codes EVV07 and EVV08

When HHSC implements a bypass of the claims matching process for a disaster or other temporary circumstance:

- The EVV claims matching process will return a match result code of EVV07 or EVV08.
- Payers will not immediately deny an EVV claim with either of these claims match result codes for an unsuccessful EVV match.
- A payer may still deny an EVV claim if other claim requirements fail the claims adjudication process.

When HHSC sets the EVV claims match bypass, the EVV Aggregator will still perform a match between the EVV claim line item and the EVV visit transactions and record the actual match outcome. Program providers and FMSAs can view the actual match results using the Informational Match Result column in the EVV Claim Search results in the EVV Portal to determine whether the claim would have matched without the bypass.

Even though the payer will not deny the claim for an EVV07 or EVV08 upfront, it is possible that the payer will recoup the EVV claim if the program provider or FMSA does not follow instructions from HHSC or their MCO for an EVV claim match result code of EVV07 or EVV08.

Claims Status Report

The payer will return a claims status report for each EVV claim. The claims status report includes the EVV claim match result code and the EVV claims processing result. This may include an Explanation of Benefit (EOB), Explanation of Payment (EOP) or a billing exception report. Claims status reports differ by the payer and program.



See the table below for the claims management system responsible for sending an EVV claim to the EVV Aggregator and the system that will report the EVV claims

Payer	Claims Management System	Claims Status Reports
TMHP on behalf of HHSC (Acute Care Fee-for- Service)	TMHP Compass 21	Remittance and Status (R&S) Report
HHSC (Long Term Care Fee-for-Service)	TMHP Claims Management System	R&S Report
HHSC (HCS1 / TxHmL2)	CARE Claims System	Billing Exception Report
Managed Care	MCO Claims Systems	Varies
HHSC (YES3)	CMBHS Claims System	R&S Report
HHSC (HCBS-AMH4)	Encounter Invoice Template	HHSC-AMH

status.

1 HSC – Home and Community Based Services Waiver

2 TxHmL – Texas Home Living Waiver

3 YES – Youth Empowerment Services Waiver

4 HCBS-AMH – Home and Community Based Services (HCBS) Adult Mental Health

5 CARE – Client Assignment and Registration System

6 CMBHS – Clinical Management for Behavioral Health Services

For additional questions regarding the EVV claims matching process or EVV claim denial see the [EVV Contact Information Guide](#) on the HHSC EVV website to determine who to contact.

EVV Claims Submission Policy, Effective Oct. 1, 2020 – Aug. 31, 2021 Policy

Effective October 1, 2020, the Health and Human Services Commission (HHSC) revised the Electronic Visit Verification (EVV) Claims Submission Policy to:

- Require program providers and financial management services agencies (FMSAs) who deliver services required to use EVV, to submit claims for



EVV services (EVV claims) to the appropriate HHSC claims management system.

- Incorporate the EVV Billing policy.

All EVV services listed in the [EVV Service Bill Codes Table](#) on the HHSC EVV website are subject to this policy.

Program providers and FMSAs must follow the billing guidelines of their payer, either HHSC or their managed care organization (MCO), when submitting an EVV claim.

Each claims management system will forward the EVV claims to the EVV Aggregator for the EVV claims matching process. The EVV Aggregator will return the EVV claims and the EVV claims match result code(s) back to the claims management system for further claims processing.

Program providers and FMSAs must submit EVV claims per claim line item with either a single date of service or a span of dates as required by the payer. See the *EVV Claims Matching Policy* for more information about how the EVV Aggregator performs the EVV claims match for each type of billing.

Program providers and FMSAs using a third-party claims submitter (or billing agent) must notify the third-party submitter of the EVV claims submission policy.

EVV Claims Submission

Program providers and FMSAs must submit EVV claims for the program and services as detailed in the tables below.

Long-Term Care (LTC) Fee-for-Service (FFS)

Program providers and FMSAs must submit EVV claims for LTC FFS to the Texas Medicaid & Healthcare Partnership (TMHP) Claims Management System (CMS) for the following program and services:

Program	Services	Service Delivery Options
Community Attendant Services (CAS)	• Personal Attendant Services	• Agency • Consumer Directed Services (CDS) • Service Responsibility Option (SRO)



Program	Services	Service Delivery Options
Community Living Assistance and Support Services (CLASS) Waiver	• Community First Choice (CFC) Personal Assistance Services (PAS)/Habilitation (HAB) • In-Home Respite	• Agency • CDS
Deaf Blind with Multiple Disabilities (DBMD) Waiver	• CFC PAS / HAB • In-Home Respite	• Agency • CDS
Family Care (FC)	• Personal Attendant Services	• Agency • CDS
Primary Home Care (PHC)	• Personal Attendant Services	• Agency • CDS • SRO

Home and Community-based Services (HCS) Waiver and Texas Home Living (TxHmL) Waiver

Program providers and FMSAs must submit EVV claims to the HHSC Client Assignment and Registration (CARE) system for the following programs and services:

Program	Services	Service Delivery Options
HCS Waiver	• CFC PAS / HAB • In-Home Respite provided in own home or family home settings • In-Home Day Habilitation provided in own home or family home settings (Agency Only)	• Agency • CDS
TxHmL Waiver	• CFC PAS / HAB • In-Home Respite • Day Habilitation provided in the home	• Agency • CDS

Acute Care FFS

Program providers and FMSAs must submit EVV claims for Acute Care FFS to the TMHP Compass 21 (C21) system for the following programs and services:



Program	Services	Service Delivery Options
Personal Care Services (PCS)	• PCS	• Agency • CDS
Community First Choice (CFC)	• CFC PCS • CFC HAB	• Agency • CDS

Youth Empowerment Services (YES)

Program providers must submit EVV Claims for YES to the HHSC Clinical Management for Behavioral Health Services (CMBHS) system for the following program service:

Program	Services	Service Delivery Options
YES Waiver	In-Home Respite	• Agency

Home and Community Based Services Adult Mental Health (HCBS-AMH) Waiver

Program providers must submit EVV Claims for HCBS-AMH to HHSC using an Encounter Invoice Template for the following program services:

Program	Services	Service Delivery Options
HCBS-AMH Waiver	• In-Home Respite • Supported Home Living – Habilitative Support (SHL)	• Agency

Managed Care Long-Term Services and Supports (LTSS)

Program providers and FMSAs must submit EVV claims to TMHP C21 for the following managed care programs and services:



Program	Services	Service Delivery Options
STAR Health	• CFC HAB • CFC PAS • PCS	• Agency • CDS • SRO
STAR Health – Medically Dependent Children’s Program (MDCP) Covered Services	• In-Home Respite • Flexible Family Supports	• Agency • CDS • SRO
STAR Kids	• CFC PAS • CFC HAB • PCS	• Agency • CDS • SRO
STAR Kids – MDCP Covered Services	• In-Home Respite • Flexible Family Supports	• Agency • CDS • SRO
STAR+PLUS	• CFC PAS • CFC HAB • PAS	• Agency • CDS • SRO
STAR+PLUS – Home and Community Based Services (HCBS)	• CFC PAS • CFC HAB • PAS • In-Home Respite • Protective Supervision	• Agency • CDS • SRO
STAR+PLUS - Medicare-Medicaid Plan (MMP)	• CFC PAS • CFC HAB • PAS • In-Home Respite • Protective Supervision	• Agency • CDS • SRO

For additional questions regarding the EVV claims submission process see the [EVV Contact Information Guide](#) on the HHSC EVV website to determine who to contact.

Program providers and FMSAs can access [TMHP’s EDI homepage](#) for basic information needed to submit claims electronically including:

- User guides
- Forms

Technical information intended for billing agents that file claims on behalf of program providers and FMSAs.



EVV Data Collection Policy, Effective Aug. 1, 2020 – Aug. 31, 2021

Policy

Effective August 1, 2020, the Health and Human Services Commission (HHSC) replaced the Electronic Visit Verification (EVV) Data Elements Policy with the Data Collection Policy.

In alignment with Texas Government Code §531.024172 and federal requirements, the EVV system must allow for verification of the following critical data elements relating to the delivery of Medicaid services:

- The type of service provided
- The name of the recipient to whom the service is provided
- The date and times the provider began and ended the service delivery visit
- The location, including the address, at which the service was provided
- The name of the individual who provided the service
- Other information the commission determines is necessary to ensure the accurate adjudication of Medicaid claims

HHSC categorizes critical data elements as:

- Identification data
- Visit data

Identification Data

Before using the EVV system, the program provider or financial management services agency (FMSA) must enter (or import) the following *identification* data into the EVV system:

- The type of service provided (Service Authorization Data)
- The name of the recipient to whom the service is provided (Member Data)
- The name of the individual who provided the service (Service Attendant Data)
- Other information the commission determines is necessary to ensure the accurate adjudication of Medicaid claims (Program provider or FMSA information)

Program providers and FMSAs must manually enter or electronically import identification data during the EVV system onboarding process, or after the onboarding process for new members.



Once the program provider or FMSA has completed the entry of all identification data, the service attendant may begin to use the EVV system. Program Providers and FMSAs must maintain the identification data as needed.

The program provider or FMSA signature authority is solely responsible for maintaining accurate data within the EVV system, including information managed or maintained by a third party. If the program provider or FMSA identifies data errors, they must take action to resolve the inaccuracy.

Visit Data

When the service attendant clocks in and clocks out of the EVV system, the system captures the following *visit data*:

- The type of service provided (Service Authorization Data)
- The name of the recipient to whom the service is provided (Member Data)
- The date and times the provider began and ended the service delivery visit
- The location, including the address, at which the service was provided
- The name of the individual who provided the service (Service Attendant Data)

Missing or incorrect identification data and visit data in the EVV system will result in rejected EVV visit transactions, denied or recouped EVV claims and inaccurate EVV standard reports.

EVV Data Collection Overview Diagram

The EVV system:

- Electronically captures and verifies critical data elements to confirm service delivery.
- Validates identification data against data received from the Texas Medicaid system.



- Exports a complete, accurate and validated EVV visit transaction to the EVV Aggregator for use in the EVV claims matching process.

Identification Data

+

Visit Data

=

EVV Visit Transaction

- Service Authorization Data
- Member Data
- Service Attendant Data
- Program Provider or FMSA Information
- Date and Time of the Service
- Location of the Service

For questions related to the data elements, contact your payer.

For questions related to entering data into the EVV system, contact your EVV vendor or the operator of your EVV proprietary system.

EVV Last Visit Maintenance Date Policy, Effective Jan. 1, 2020 – June 30, 2021

Policy

The HHSC Electronic Visit Verification (EVV) Last Visit Maintenance Date Policy identifies the field(s) on the EVV visit transaction that the program provider may change after the visit has occurred. Changes to any of the following fields will result in a change to the Last Visit Maintenance Date recorded in the EVV visit transaction:

- API
- NPI
- Contract Number
- Member Medicaid Number
- Service Group
- Service Code
- HCPCS Code
- Modifier



- Pay Hours
- Units
- Adding a Reason Code Number
- Adding a Reason Code Description
- Entering a Reason Code Comment

Once the program provider makes a change and saves the record within the EVV system, the EVV system will update the Last Visit Maintenance Date, including the time of the change, and reflect the change in the EVV visit transaction. The program provider and payer may review the Last Visit Maintenance Date on the EVV visit log report and EVV visit detail screen located in the EVV Portal.

The program provider must complete all visit maintenance prior to submitting an EVV claim for payment. If the program provider submits an EVV claim for payment prior to completing all visit maintenance, the EVV claim is subject to recoupment.

If the program provider needs to make a change to the visit more than 60 days after the date the visit occurred, then the program provider must file a visit maintenance unlock request with the payer prior to making the change. Refer to the EVV Visit Maintenance Unlock Policy on the [HHSC EVV website](#) for more information.

Last Visit Maintenance Date

Payers will review the Last Visit Maintenance Date on the EVV visit transaction and the date and time TMHP received the EVV claim. If the Last Visit Maintenance Date is after the EVV claim receipt date, the claim is subject to recoupment.

The EVV Claim Receipt Date and Time

The EVV claim receipt date is the date the TMHP claims management system receives the claim submitted by the program provider or their third-party biller. TMHP will forward the claim receipt date along with the claim to the appropriate MCO.

Changes to the EVV Claim

If the program provider needs to make a change or addition to one of the data elements listed above, the program provider must follow the payer's policy and resubmit the claim after the program provider has completed visit maintenance, if required.

**EVV Proprietary Systems Policy, Effective Feb. 1, 2020 – Aug. 31, 2021**

Revision 20-0; Effective Feb. 1, 2020

Overview

The Health and Human Services Commission (HHSC) Electronic Visit Verification (EVV) Proprietary Systems Policy explains the selection and use of an EVV proprietary system by a program provider or financial management services agency (FMSA) and is an addendum to the EVV Policy Handbook. Section 531.024172 of the Texas Government Code provides the authority for HHSC to recognize a program provider or FMSA's EVV proprietary system to comply with Texas EVV requirements. Program providers or FMSAs authorized by HHSC to operate an EVV proprietary system must comply fully with the EVV Policy Handbook, except where noted in this addendum, including all specific EVV proprietary system policies.

A program provider or FMSA may opt to use an EVV proprietary system for the electronic collection and documentation of service visits under Medicaid programs required to use EVV instead of selecting an EVV vendor from the EVV vendor pool managed by the Texas Medicaid & Healthcare Partnership (TMHP).

An EVV proprietary system is an HHSC-approved EVV system that a program provider or FMSA may opt to use, instead of an EVV vendor system from the state vendor pool, that:

- Is purchased or developed by the program provider or FMSA;
- Is used to exchange EVV information with the EVV Aggregator;
- Complies with the requirements of Texas Government Code §531.024172; and
- Complies with all HHSC EVV standards, rules and reporting requirements.

An EVV proprietary system operator (PSO) is a program provider or FMSA that selects to use an EVV system to meet HHSC EVV requirements and completes the EVV Proprietary System Request Form to initiate the proprietary system onboarding process.

The program provider or FMSA who chooses to use their own EVV proprietary system:

- Agrees to forego use of one of the cost-free EVV systems provided by the state as part of the EVV vendor pool;
- Assumes full responsibility for the design, development, operation and performance of the EVV proprietary system;
- Is responsible for all costs to develop, implement, operate and maintain the EVV proprietary system;



- Is responsible for the accuracy of EVV data collected, submitted, exchanged or reported by the EVV proprietary system;
- Assumes all liability and risk for the use of the EVV proprietary system; and,
- Must maintain all system data, backup data, and historical data to comply with and support all legal, regulatory and business needs.

The program provider or FMSA seeking HHSC approval to become a PSO must meet applicable rules and follow all HHSC EVV standards and requirements including, but not limited to:

- State and federal rules governing EVV;
- Health Insurance Portability and Accountability Act (HIPAA) and the American Disabilities Act (ADA);
- HHSC EVV Policy Handbook;
- HHSC EVV Policies posted on the HHSC EVV website;
- HHSC EVV Business Rules for Proprietary Systems; and, the
- EVV Proprietary System Operator Onboarding Process document.

The PSO must continue to adhere to all requirements specified through HHSC or managed care organization (MCO) program provider or FMSA contracts and will be subject to the HHSC and MCO EVV Compliance Oversight Reviews and other compliance monitoring under the program provider or FMSA contract(s). The PSO must inform the state if the EVV proprietary system is not compliant with state-defined EVV standards and requirements and may be subject to periodic verification, system testing, and audit as specified by HHSC.

Eligibility to Use an EVV Proprietary System

Program providers and FMSAs under contract with HHSC and/or an MCO and required to use EVV may be eligible to operate and use an EVV proprietary system to comply with EVV requirements.

Program providers or FMSAs currently using an EVV vendor from the state vendor pool must continue to use their current EVV vendor until successfully completing the EVV Proprietary System Onboarding process and receiving HHSC written approval.

Program providers or FMSAs not currently using EVV but required to begin using EVV under the Cures Act EVV Expansion, must successfully complete the EVV proprietary system onboarding process and receive HHSC approval within the appropriate timeline to meet EVV requirements.

EVV Proprietary System Operator Responsibilities



The PSO will build or modify their EVV proprietary system as needed to meet all the rules governing the use of EVV proprietary systems.

The PSO will assume responsibility for the following:

- Operation, management and cost of the EVV proprietary system;
- Training of all users of the EVV proprietary system to include:
 - PSO staff and service attendants
 - CDS employers and employees, if applicable
 - HHSC and other state staff
 - TMHP staff
 - Staff from MCOs with which the PSO has a contractual relationship, if applicable;
- Providing system access to state staff, TMHP staff, MCO staff (if applicable) and other state and federal entities as required; and,
- Provision and management of HHSC-approved electronic verification methods and devices for visit data collection by service attendants.

The PSO must identify and assign key personnel to administer the EVV proprietary system. This must include an EVV system administrator that will serve as the primary contact for HHSC and TMHP. The EVV system administrator will perform, or assign a staff member to perform, all activities related to the onboarding and readiness of the EVV proprietary system.

Prior to HHSC approval, the PSO must communicate in writing procedures and contact information to HHSC, indicating how users will gain system access, receive system training and access technical and user support.

The PSO must provide electronic verification methods at no cost to the member, HHSC, MCO or TMHP. The PSO is solely responsible for the functionality and accuracy of all electronic verification methods, and if applicable, the performance and reliability of any alternative devices.

The PSO must ensure that use of the EVV proprietary system will not conflict with any provisions of the EVV Member Rights and Responsibilities or any other EVV policy, requirement or rule.

Onboarding of the Proprietary System

Once a program provider or FMSA makes the decision to pursue operation of an EVV proprietary system, the program provider or FMSA must follow the EVV Proprietary System Onboarding Process to become a PSO. To initiate the process, the program provider or FMSA must complete an EVV Proprietary System Request Form signed by the program provider or FMSA signature authority and submit the form to TMHP. TMHP will process the EVV Proprietary System Request Form and schedule an initial appointment for orientation.



HHSC, TMHP and the PSO will review the requirements for the onboarding process to establish an implementation plan and timeline. The PSO will provide monthly status reports to HHSC and TMHP on the PSO's progress toward completion of the onboarding process. The PSO must notify HHSC of any deviations from the agreed upon project implementation timeline. If the HHSC, TMHP and PSO determine that the completion of the project implementation within the established timeline is at risk, HHSC may require the program provider or FMSA to onboard with an EVV vendor from the state vendor pool to meet EVV requirements.

The PSO may choose to implement the EVV proprietary system for one or more NPIs or API/TIN combinations when onboarding if the PSO intends to use the same EVV proprietary system for each NPI or API/TIN combination.

EVV Proprietary System Readiness Review

To determine whether to grant approval for a PSO to operate their own system, HHSC and TMHP will conduct a validation process referred to as the Readiness Review.

During the Readiness Review, the PSO must accomplish all required steps in the written, agreed upon implementation plan within the established timeline. As part of the implementation, HHSC will require the PSO to:

- Attest to adherence with the Texas Administrative Code and HHSC EVV Policy;
- Attest to adherence to specific HHSC EVV Business Rules for Proprietary Systems;
- Provide documentation of compliance with the HHSC EVV Business Rules for Proprietary Systems, where appropriate;
- Demonstrate functionality that complies with the HHSC EVV Business Rules for Proprietary Systems, where appropriate; and,
- Participate in Trading Partner Testing with TMHP to include system set up, review of testing and technical documentation, and demonstrations of scenario-based system functionality.

HHSC may require the program provider or FMSA to complete an HHSC or TMHP Data Use Agreement, or update an existing agreement if applicable, prior to beginning the Readiness Review process.

HHSC Approval or Disapproval of the EVV Proprietary System

The PSO must successfully complete the Readiness Review prior to EVV proprietary system approval by HHSC. HHSC will determine the success or failure of the EVV proprietary system Readiness Review based on the established criteria.



HHSC will notify the PSO in writing of the Readiness Review outcome. If approved, the PSO will move to the system deployment phase and complete the remaining onboarding tasks.

If the PSO does not pass the Readiness Review process, the program provider or FMSA must then select an EVV vendor from the state pool per the EVV Vendor Selection policy and onboard with the EVV vendor to comply with HHSC EVV requirements.

EVV Proprietary System General Operations

EVV Proprietary System Training

The PSO assumes full responsibility for training all users on the proper use of the EVV proprietary system including electronic verification methods. The PSO will provide training to all system users including:

- PSO staff and service attendants;
- CDS employers and employees, if applicable;
- State staff;
- TMHP staff; and,
- Staff from MCOs with which the PSO has a contractual relationship, if any.

Electronic Verification Methods

The PSO must obtain written approval from HHSC for all electronic verification methods during the Readiness Review. The PSO must select one or more electronic verification methods from the three HHSC-approved methods described in the *Electronic Verification Methods Policy*.

The PSO may use any one, or all three, of the electronic verification methods for attendant and/or employee clock in and clock out but must follow HHSC EVV Policy and comply with specific HHSC EVV Business Rules for Proprietary Systems related to the selected electronic verification method(s). Any rules and reports specific to an electronic verification method not chosen will not apply.

Mobile Method

In accordance with the *EVV Mobile Application Policy*, the attendant must not use a member's mobile device to clock in and clock out of the EVV system unless the member is a CDS employers. The CDS employer may opt to allow their attendant to use their device to clock in and clock out using a mobile method.



Member's Home Phone Landline

The PSO may not require the use of a member's home phone landline in accordance with the Member's Rights and Responsibilities and must comply with all the *Electronic Verification Methods Policy* and other HHSC policy and rules regarding use of the home phone landline.

Alternative Devices

The PSO may choose to offer an alternative device for use in the home of the member or CDS employer for attendant or employee clock in and clock out of the EVV system. The PSO must demonstrate the alternative device to HHSC and gain HHSC approval prior to use of the device. Any alternative device approved by HHSC must derive the exact clock in and clock out date and time when used by an attendant or employee, and if there is no geo-location capability within the device, the attendant or employee must only use the device in the home. HHSC may waive components of the *Electronic Verification Methods Policy* that are not applicable to a specific alternative device. HHSC and the PSO will identify and document any applicable exceptions during the EVV Proprietary System Onboarding process.

EVV Proprietary System Maintenance

The PSO is fully responsible for ongoing maintenance of the EVV proprietary system.

The PSO may not make changes to its approved EVV proprietary system that conflict with any state-defined EVV standards and requirements. In addition, the PSO must inform HHSC within two business days of discovery if the PSO is not compliant with any state-defined EVV standards and requirements.

HHSC may periodically change or update EVV standards, policies and requirements, including the HHSC EVV Business Rules for Proprietary Systems. HHSC will notify the PSO of updates to standards and requirements. The PSO assumes full responsibility to make updates to the EVV proprietary system and gain HHSC approval when HHSC publishes new standards or requirements. HHSC will generally allow the PSO 90 calendar days to make the modifications necessary to comply with updated standards and requirements unless otherwise instructed by HHSC. In the event HHSC requires an emergency system or policy change, HHSC and the PSO will mutually agree upon an earlier effective date.

The PSO must notify HHSC of any planned system changes which alter a component of the system which the PSO tested, demonstrated or documented during the Readiness Review. Based upon the nature of the change, HHSC may require approval prior to making the change.

For any system changes HHSC requires, or changes HHSC approves, HHSC will specify Readiness Review steps that the PSO must complete prior to deployment.



TMHP will assist the PSO in resolving production problems in their EVV proprietary system related to data exchange with the EVV Aggregator as needed.

Access to the EVV Proprietary System

The PSO must provide read-only access to the EVV proprietary system to the state and any MCOs with which it has a contractual relationship at no cost to the state or MCO. In addition, the PSO must allow HHSC or an MCO with which they contract, immediate, direct, on-site access to the EVV proprietary system.

The PSO must limit MCO access to the MCO's respective member visit data only, and only for dates of service within the timeframe covered by the PSO contract with the MCO. The PSO must allow this access indefinitely after the PSO's contract with the MCO ends (in accordance with applicable law). The PSO must provide HHSC and the MCOs access to reports and data necessary to verify EVV usage, including those standard reports identified in the HHSC EVV Business Rules for Proprietary Systems.

Access for CDS Employers

If the PSO delivers Medicaid services under the CDS option, then the PSO must provide access to the EVV proprietary system to their CDS employers. The PSO must train the CDS employers on the use of the system; including clock in and clock out methods and give the CDS employer access to the system. See the HHSC EVV website for more information on CDS policy.

Required EVV Proprietary System Standard Reports

The PSO must make standard reports available to EVV proprietary system users according to the HHSC EVV Business Rules for Proprietary Systems, however, some exceptions may apply.

HHSC and the PSO will identify and document any applicable exceptions during the EVV Proprietary System Onboarding process.

The PSO will be responsible for generating and providing the EVV Landline Phone Verification Report only if using the member's home phone landline as an electronic verification method used by the attendant or employee in the home of the member or CDS employer.

The PSO will be responsible for generating and providing the CDS Delivery Log report and any other necessary reports to CDS employers if serving as the FMSA under the CDS option.

EVV proprietary system standard and ad hoc reports must be available on demand to HHSC and, if applicable, to MCOs and CDS employers.



Compliance Oversight Reviews

The PSO will be subject to EVV Compliance Oversight Reviews (see the *HHSC EVV Compliance Oversight Reviews Policy*) to monitor the PSO's use of the EVV proprietary system to electronically document authorized service delivery visits.

The state will use EVV visits in the EVV Aggregator as the system of record for PSO compliance oversight reviews, specifically the EVV Usage Report and the EVV Reason Code Usage and Free Text Report available in the EVV Portal. The state may perform other compliance reporting and oversight based on data in the EVV proprietary system. The PSO is responsible for transmitting all confirmed EVV visits to the EVV Aggregator and ensuring that the EVV Aggregator accepts the EVV visit transactions.

HHSC Cancellation of EVV Proprietary System Approval

The state may disapprove the use of an EVV proprietary system at any time if it deems the system is unable to ensure data accuracy or integrity, or if the PSO fails to meet HHSC EVV standards and requirements.

The state will issue a written notice to the PSO specifying the reason(s) for disapproval of the use of their EVV proprietary system. HHSC, at its discretion, may allow the PSO to submit a Root Cause Analysis and Corrective Action (RCCA) plan to the state, within a timeframe specified by HHSC, and attempt to remedy the deficiencies within the EVV proprietary system.

HHSC has the sole authority to cancel the use of an EVV proprietary system and require the program provider or FMSA to transition to an EVV vendor from the state vendor pool within a timeframe to be determined by HHSC.

Changing EVV Systems

The program provider or FMSA must follow the *HHSC EVV Vendor Transfer Policy* to transfer from one of the EVV vendor systems in the state vendor pool to an EVV proprietary system, or to transfer from an EVV proprietary system to one of the EVV vendors. The program provider or FMSA must notify the state 120 calendar days in advance of the planned transition date from one system to another. A program provider or FMSA operating an EVV proprietary system may transition to a different EVV proprietary system under the *HHSC EVV Vendor Transfer Policy*.

The PSO must not collect productional EVV visit data in more than one system at a time and must transition all EVV visit collection activities to the new EVV system (EVV vendor or EVV proprietary system) as of the onboarding effective date with the new system. The PSO must complete visit maintenance in the originating system and may transmit updates to the EVV Aggregator from the originating system for visits that occurred prior to the onboarding effective date with the new system.



In the event the PSO decides to migrate from one EVV proprietary system to another, the PSO is responsible for:

- Migrating all necessary data from one EVV proprietary system to another prior to beginning EVV visit collection activities in the new system.
- Importing existing EVV visit data into the new EVV proprietary system (if needed) prior to decommissioning the originating system.
- Completion of any necessary visit maintenance for visits captured in the originating system in accordance with the timeframe stated in the *EVV Visit Maintenance Policy*.
- Ensuring the transmission and acceptance of all visit data in to the EVV Aggregator.

In addition, during any system transition process, whether it be between EVV proprietary systems or during transfer to or from an EVV vendor, the PSO is responsible for:

- Completion of any necessary visit maintenance for visits captured in the originating system in accordance with the timeframe stated in the *EVV Visit Maintenance Policy*. Migration of data from the originating (if needed) prior to decommissioning the originating system.
- Ensuring access by the PSO, HHSC and MCOs, if applicable, to historical data which may reside in the originating system.

Fraud, Waste and Abuse

Non-compliance with state-defined EVV standards and requirements may result in fraud, waste and abuse investigations in accordance with Texas Government Code fraud statutes.

Non-compliance with state-defined EVV standards and requirements may result in the recoupment of funds for any claim paid or any overpayment made based on inaccurate data.

The state may require the EVV Aggregator to reject all EVV visit transactions from an EVV proprietary system effective immediately if the state substantiates an allegation of fraud, waste or abuse related to the functioning of the EVV proprietary system. In addition, the state may cancel the approval of an EVV proprietary system and require the PSO to immediately transfer to a selected EVV vendor from the state pool.

EVV Reason Codes Policy, Effective Dec. 1, 2020 – Aug. 31, 2021

Policy



Effective December 1, 2020 the Health and Human Services Commission (HHSC) Electronic Visit Verification (EVV) Reason Codes Policy replaces the EVV Reason Code and Required Free Text policy. The EVV Reason Codes Policy describes the requirements for using reason codes when completing visit maintenance in the EVV system. See the *EVV Visit Maintenance* policy for more information about visit maintenance.

EVV Reason Code Number(s) describe the purpose for completing visit maintenance on an EVV visit transaction.

Program providers, FMSAs or CDS employers must input the most appropriate EVV Reason Code Number(s), EVV Reason Code Description(s) and must enter any required free text when performing visit maintenance in the EVV system.

Program providers, FMSAs and CDS employers can use multiple EVV Reason Code Numbers to clarify more than one exception when completing visit maintenance on a single visit.

Exceptions that could cause visit maintenance include but are not limited to:

- Service attendant or CDS employee forgot to clock in or clock out
- Visit did not begin or end as scheduled due to an emergency
- The electronic verification method was not accessible when services began

Please see the current [HHSC EVV Reason Codes table](#) for the EVV Reason Code Number(s), EVV Reason Code Description(s) and free text requirement that must be documented for each reason code.

EVV Reason Code Free Text Requirements

Free text is additional information attached to an EVV Reason Code Description.

Program providers, FMSAs or CDS employers completing visit maintenance in the EVV system must include an explanation in the free text field when:

- The visit is missing a clock in time, a clock out time, or both.
- Using the following Reason Code Numbers:
 - 131-Emergency
 - 600-Other
 - 900-Non-preferred

Please see the current [HHSC EVV Reason Codes table](#) for the free text requirement that must be documented for each reason code.

The table below lists examples of required free text.



Reason for Visit Maintenance	EVV Reason Code Number	Free Text Required (Examples)
Missing Clock In Time	900 A	• "Actual clock in was 8:05 am" or • "Actual start time was 8:05 am" • "8:05 am"
Missing Clock Out Time	900 B	• "Actual clock out was 1:00 pm" or • "Actual end time was 1:00 pm" • "1:00 p.m."
Missing Clock In and Clock Out Time	900 C	• "Actual clock in was 10 am, and actual clock out was at 4 pm" or • "10 am-4 pm"
Emergency	131	• "When attendant arrived, member unresponsive." • "Actual clock in was 10:00 am"
Other	600	• "EVV system down." • "Missing clock in or clock out time."

Compliance

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

Refer to the *EVV Compliance Oversight Reviews* policy for more information.

Misuse of EVV Reason Codes Requirements

When the program provider, FMSA or CDS employer uses the same EVV Reason Code Number(s) and EVV Reason Code Description(s) for the same member more than 14 calendar days in a month, this may constitute misuse of an EVV reason code.

The program provider, FMSA or CDS employer may use an EVV reason code more than 14 times in a calendar month for the same member but must explain the reason for using the same EVV Reason Code Number(s) and EVV Reason Code Description(s) in the free text field within the EVV system beginning on the 15th occurrence of a calendar month and thereafter.

Compliance



Failure to provide and explain the reason for using the same EVV Reason Code Number(s) and the same EVV Reason Code Description(s) for the same member more than 14 days within a calendar month may result in enforcement action(s), including recoupment of associated claims.

Refer to the *EVV Compliance Oversight Reviews* policy for more information.

EVV Reports Policy, Effective Jan. 6, 2020 – Nov. 30, 2020

Revision 20-2; Effective Jan. 6, 2020

Policy

Effective January 6, 2020, HHSC has revised the HHSC EVV Standard Reports Policy to include a policy name change, add financial management services agencies (FMSAs) and to update report details due to EVV Portal enhancements.

The EVV Reports Policy (previously EVV Standard Reports Policy) is the official list of EVV reports that HHSC and MCOs will use for oversight and data analysis; such as but not limited to:

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

Program providers and FMSAs must access the HHSC EVV standard reports in the EVV Portal and EVV System.

CDS employers will not have access to the EVV Portal standard reports. See Appendix XI for CDS employer EVV standard reports.

The EVV system that generates the standard report is the system of record for the compliance data within the standard reports. HHSC and MCOs will only use the EVV Portal standard reports and EVV system standard reports during contract monitoring, recoupment projects, or other compliance oversight and review activities.

HHSC and MCOs will use EVV visits accepted in the EVV Aggregator with date(s) of service on or after Sept. 1, 2019 for EVV compliance oversight beginning Sept. 1, 2019.

HHSC and MCOs will use EVV visits in the DataLogic Vesta EVV system with date(s) of service prior to Sept. 1, 2019 for EVV contract monitoring covering service delivery prior to Sept. 1, 2019.

EVV Portal Standard Reports

HHSC, MCOs, program providers, and FMSAs will have access to the following EVV standard reports in the EVV Portal:



- *EVV Attendant History Report*
 - Verifies which attendants provided services to a member for a requested date range.
- *EVV Provider Report*
 - Displays contract or enrollment data used by the program provider or FMSA during setup in the EVV system.
 - Displays the program provider or FMSA EVV system onboarding date, start date and end date.
- *EVV Reason Code Usage and Free Text Report*
 - Displays the EVV reason code number, reason code description and any free text entered on accepted EVV visits transactions during a specified month, sorted by each program provider's or FMSAs unique identifier.
 - Allows program providers and FMSAs, on behalf of the CDS employers, to search reason code usage and entered free text by Medicaid ID.
- *EVV Usage Report*
 - Displays the program provider or FMSA EVV usage score for the preceding quarter(s) and if the minimum EVV usage score was met.
- *EVV Visit Log*
 - Displays the hours of services delivered by the attendant to the member and includes all EVV accepted visit data sent to the EVV Aggregator for services starting Sept. 1, 2019.
 - Displays the schedule (when applicable) and the:
 - Actual hours
 - Location
 - EVV clock in/clock out method for each visit
- *EVV Clock In/Clock Out Usage Report*
 - Used to review the attendant's:
 - Use of EVV clock in/clock out methods
 - Total visits worked within a specific date range
 - Percentage of total visits worked for each clock in/clock out method within a specific date range



- *EVV Units of Service Summary Report*
 - Displays daily, weekly and monthly totals of services delivered for a Medicaid ID
 - Identifies breaks in service for a Medicaid ID

EVV System Standard Reports

HHSC, MCOs, program providers and FMSAs will have access to the following EVV standard reports in the EVV System:

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

EVV Vendor Ad Hoc Reporting

The EVV vendor, or EVV proprietary system operator where applicable, must provide ad hoc reporting of any EVV data available in the EVV system at no additional cost to HHSC, MCOs, the program provider or FMSAs.

HHSC and MCOs will consider ad hoc reports as EVV **non-standard** reports. HHSC and MCOs will not use ad hoc reports for contract oversight monitoring; such as contract monitoring reviews.

For questions regarding EVV vendor ad hoc reporting, contact your EVV vendor or the EVV proprietary system operator.

EVV Claims Matching Data and Visit Transaction Reports

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

- Accepted Visit Search



- Displays the current accepted EVV visit transactions within a specific date range.
- Confirms if the EVV Aggregator has accepted an EVV visit transaction.
- Provides the date and time when the EVV Aggregator received the EVV visit transaction.
- Program providers and FMSAs should review the Accepted Visit Search before submitting an EVV claim to TMHP, CARE or CMBHS to ensure proper EVV claims matching.
- Visit History Search
 - Displays all changes made to an EVV visit transaction through visit maintenance in the EVV system; including EVV visit transactions rejections and the EVV rejection code(s).
- EVV Claim Search
 - Displays all EVV claim match result codes when searching for a range of dates of service. Claims with no matching EVV visit will have claim mismatch result codes but will not have an EVV Visit ID because the EVV Aggregator was unable to match those claims to a visit.

Questions:

- How to use the EVV Portal, contact TMHP@EVV.com
- How to access EVV Standard Reports from the EVV system, contact your EVV vendor.
- For EVV policy, contact HHSC or your MCO.

EVV Reports Policy, Effective Dec. 1, 2020 – Aug. 31, 2021

Policy

Effective December 1, 2020, the Health and Human Services Commission (HHSC) has revised the Electronic Visit Verification (EVV) Reports Policy to include additional reports.

The EVV Reports Policy covers EVV standard reports that HHSC and Managed Care Organizations (MCOs) use for oversight and data analysis; such as but not limited to:

- Contract monitoring
- Recoupment
- EVV compliance oversight reviews



- Fraud, waste, and abuse reviews

Program providers and financial management services agencies (FMSAs) must access the HHSC EVV standard reports located in the EVV Portal and EVV systems.

Consumer Directed Services (CDS) employers must access HHSC EVV standard reports in the EVV system.

EVV Portal Standard Reports

Below are the EVV standard reports available to program providers, FMSAs, MCOs, and state staff in the EVV Portal.

EVV Attendant History Report

- Verifies which service attendants and CDS employees provided services to a member for a requested date range

EVV Claim Match Reconciliation Report

- Identifies claims that received a match code of EVV07 or EVV08 and an informational match code of EVV02, EVV03, EVV04, EVV05 or EVV06 at the time of claims matching
- Displays the match code the claim would receive on the report run date. These include match codes EVV01, EVV02, EVV03, EVV04, EVV05 or EVV06
- Serves as a tool for program providers, FMSAs and payers to research informational claim matching codes.

EVV Clock In/Clock Out Usage Report

- Displays the service attendant's and CDS employee's:
 - Use of EVV clock in and clock out methods
 - Total visits worked within a specific date range
 - Percentage of total visits worked for each clock in and clock out method within a specific date range

EVV Provider Report

Displays contract or enrollment data used by the program provider or FMSA during setup in the EVV system.

- Displays the program provider or FMSA EVV system onboarding date, start date and end date.

EVV Reason Code Usage and Free Text Report



- Used to conduct EVV compliance oversight reason code and required free text reviews. See the *EVV Compliance Oversight Reviews policy* for more information.
- Displays the EVV reason code number, reason code description and any free text entered on accepted EVV visits transactions during a specified month, sorted by each program provider's or FMSAs unique identifier.
- Allows program providers and FMSAs, on behalf of the CDS employers, to search reason code usage and entered free text by Medicaid ID.

EVV Units of Service Summary Report

- Displays daily, weekly and monthly totals of services delivered for a Medicaid ID
- Identifies breaks in service for a Medicaid ID

EVV Usage Report

- Used to conduct EVV compliance oversight usage reviews. See the *EVV Compliance Oversight Reviews policy* for more information.
- Displays the EVV Usage Score for each program provider and FMSA for the preceding quarter(s)

EVV Visit Log

- Displays the hours of service delivered by the service attendant or CDS employee to the member.
- Includes all EVV accepted visit data sent to the EVV Aggregator for service delivery visits on or after Sept. 1, 2019.
- Displays the:
 - Schedule, if applicable
 - Actual hours
 - Location
 - EVV clock in and clock out method for each visit

EVV System Standard Reports

Below are the EVV system standard reports available to program providers, FMSAs, CDS employers, MCOs, and state staff.

EVV Alternative Device Order Status Report

- Used to verify and track the status of alternate devices orders



EVV Attendant History Report*

- Verifies which service attendants and CDS employees provided services to a member for a requested date range

EVV CDS Service Delivery Log

- Displays EVV visit data for CDS employers for a requested date range
- Data is based only on completed and verified visits from the EVV system

EVV Clock In/Clock Out Usage Report*

- Displays the service attendant's and CDS employee's:
 - Use of EVV clock in and clock out methods
 - Total visits worked within a specific date range
 - Percentage of total visits worked for each clock in and clock out method within a specific date range

EVV Landline Phone Verification Report

- Used to conduct EVV compliance oversight landline phone reviews. See the
 - *EVV Compliance Oversight Reviews policy* for more information.
- Displays the phone number used for clocking in and clocking out of the EVV system to ensure the home phone landline number is an allowable phone type.

EVV Reason Code Usage and Free Text Report*

- Used to conduct EVV compliance oversight reason code and required free text reviews. See the *EVV Compliance Oversight Reviews policy* for more information.
- Displays the EVV reason code number, reason code description and any free text entered on accepted EVV visits transactions during a specified month, sorted by each program provider's or FMSAs unique identifier.
- Allows program providers and FMSAs, on behalf of the CDS employers, to search reason code usage and entered free text by Medicaid ID.

EVV Units of Service Summary Report*

- Displays daily, weekly and monthly totals of services delivered for a Medicaid ID
- Identifies breaks in service for a Medicaid ID

Non-EVV Relevant Time Report



- Displays service attendant and CDS employee time spent on non-EVV services during each visit for a requested date range.

*Data is exported from the EVV Portal.

EVV Vendor Ad Hoc Reporting

Ad hoc reports are EVV non-standard reports. HHSC and MCOs will not use ad hoc reports for contract oversight monitoring or reviews.

The EVV vendor, or EVV proprietary system operator (PSO) where applicable, must provide ad hoc reporting of any EVV data available in the EVV system at no additional cost to HHSC, MCOs, program providers, FMSAs or CDS employers.

For questions regarding ad hoc reporting, contact your EVV vendor or EVV PSO.

EVV Portal Search Tools

HHSC, MCOs, program providers and FMSAs can perform the following searches for EVV visit transactions in the EVV Portal.

Accepted Visit Search

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

Visit History Search

- Allows users to search for EVV visit transactions that have been accepted or rejected by the EVV aggregator.
- Search results display all changes made to an EVV visit transaction through visit maintenance in the EVV system; including EVV visit transactions rejections and the EVV rejection code(s).

EVV Claim Search

- Allows users to search for EVV claims.
- Search results display EVV claims, claims match result codes and other claim information.
- Claims with a claim mismatch result codes will not have an EVV Visit ID because the EVV Aggregator was unable to match those claims to a visit.

For additional questions about:

- EVV standard reports in the EVV Portal, contact evv@tmhp.com
- EVV standard reports in the EVV system, contact your EVV vendor or EVV PSO



- EVV policy, contact your payer

EVV Schedules Policy, Effective Jan. 1, 2020 – Aug. 31, 2021

Policy

Effective Jan. 1, 2020, program providers must enter schedules in the EVV system if program policy or rule requires the use of schedules. Schedules are optional for members who selected the consumer directed services (CDS) option regardless of the program requirement.

The EVV vendor will provide instructions on the use of the EVV system with or without schedules.

Failure to enter a required schedule in the EVV system may result in a contract action such as recoupment of EVV related claim(s). The EVV system will not alert the program provider if a program requires a schedule.

For questions related to schedule requirements, please contact your payer.

EVV Service Authorization Policy, Effective Aug. 1, 2020 – Aug. 31, 2021

Policy

Effective August 1, 2020, the Health and Human Services Commission (HHSC) Electronic Visit Verification (EVV) Service Authorization Policy requires program providers and financial management service agencies (FMSAs) to enter and maintain the most current service authorization in the EVV system for each member receiving services required to use EVV.

As the payers, HHSC or a managed care organization (MCO) must authorize the program provider or FMSA to deliver services to a member. An authorization is documentation for the services a member is eligible to receive.

A program provider or FMSA may receive authorization documentation for member services through the:

- Service authorization
- Prior authorization
- Individual plan of care (IPC)



- Individual service plan (ISP)
- Community care service notification

The EVV system refers to authorization documentation as a service authorization. Information from the service authorization must include, at a minimum:

- Payer
- Provider (National Provider Identifier (NPI)/Atypical Provider Identifier (API), Texas Identification Number (TIN), Texas Provider Identifier (TPI), if applicable)
- Member Medicaid ID
- Service group / service code or Healthcare Common Procedure Coding System (HCPCS) and Modifier, (if applicable)
- Authorization start date
- Authorization end date

The EVV system will electronically retrieve the most recent service authorization from Texas Medicaid & Healthcare Partnership (TMHP) for the following HHSC programs:

- Community Living Assistance and Support Services (CLASS) Waiver
- Deaf Blind Multiple Disabilities (DBMD) Waiver
- Personal Care Services (PCS)
- Primary Home Care (PHC)
- Family Care (FC)
- Community Attendant Services (CAS)
- Youth Empowerment Service (YES) Waiver

The EVV vendor or an EVV proprietary system operator (PSO) will instruct program providers and FMSAs on the entry of service authorizations into the EVV system.

Note: An EVV proprietary system operator (PSO) is a program provider or FMSA that selects to use an EVV system to meet HHSC EVV requirements, instead of an



EVV vendor system from the state vendor pool. See *EVV Proprietary Systems policy* for more information.

Program providers and FMSAs must enter service authorizations manually into the EVV system for the following HHSC and managed care programs:

- Home and Community-based Services (HCS) Waiver
- Texas Home Living (TxHmL) Waiver
- Home and Community-based Services - Adult Mental Health (HCBS-AMH)
- STAR Kids
- STAR Kids Medically Dependent Children's Program (MDCP)
- STAR+PLUS
- STAR+PLUS Home and Community Based Services (HCBS)
- STAR+PLUS Medicare-Medicaid Plan (MMP)
- STAR Health
- STAR Health MDCP

The program provider or FMSA may manually enter service authorization changes and updates into the EVV system at any time.

Failure to enter the most current service authorization issued by the payer into the EVV system may result in the need for visit maintenance or the payer may deny or recoup related claims.

Program providers and FMSAs must confirm all electronically received service authorization information in the EVV system to ensure the accuracy for each member.

For questions related to service authorization requirements, please contact your payer.

EVV System Selection Policy, Effective Aug. 1, 2020 – Aug. 31, 2021

Policy

Effective August 1, 2020, the Health and Human Services Commission (HHSC) is renaming the Electronic Visit Verification (EVV) Vendor Selection Policy to the EVV System Selection Policy, revising the policy to add a proprietary system option and updating the requirement for selecting an EVV system.



State and federal law require program providers and financial management services agencies (FMSA) to use an EVV system for Medicaid [services required to use EVV](#).

Program Providers and FMSAs must complete the following:

- Select a single EVV system
- Complete the EVV system training and onboarding process
- Complete required EVV Policy and EVV Portal trainings
- Begin using the EVV system

Failure to use an EVV system to verify and document the occurrence of a service visit will result in the denial or recoupment of EVV claims by HHSC and managed care organizations (MCOs).

Subcontracted providers must use the EVV system selected by the program provider directly contracted with HHSC or an MCO. Consumer Directed Services (CDS) employers must use the EVV system selected by their FMSA.

There are two types of EVV systems:

- EVV vendor systems from the state vendor pool
- EVV proprietary systems purchased or developed by a program provider or FMSA

EVV Vendor Systems

An EVV vendor is an entity contracted with Texas Medicaid & Healthcare

Partnership (TMHP), the state's Medicaid claims administrator, to provide a cost-free EVV system option for program providers and FMSAs contracted with HHSC or a managed care organization (MCO). The program provider or FMSA may select one of the following EVV vendors available from the state vendor pool.

Table of EVV Vendors from the State Vendor Pool

EVV Vendor	EVV Vendor System Name	EVV Vendor Contact Information
DataLogic Software, Inc.	Vesta EVV	Website: https://vestaevv.com/ Phone: 844-880-2400



First Data Government Solutions	AuthentiCare EVV	Website: http://solutions.fiserv.com/authenticare-tx Phone: 877-829-2002
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EVV vendor responsibilities include, but are not limited to the following:

- Adhering to all HHSC EVV vendor business rules for system operation
- Following HHSC EVV Policy
- Supporting multiple electronic verification methods required to use the EVV system
- Providing EVV system training and technical support

EVV Proprietary Systems

An EVV proprietary system is an HHSC-approved EVV system that a program provider or FMSA may choose to use instead of an EVV vendor system from the state vendor pool.

An EVV proprietary system must be:

- Purchased or developed by the program provider or FMSA.
- Used to exchange EVV information with the EVV Aggregator.
- In compliance with the requirements of Texas Government Code §531.024172.
- In compliance with all HHSC EVV standards, rules and reporting requirements.

An EVV proprietary system operator (PSO) is a program provider or FMSA that selects to use an EVV system to meet HHSC EVV requirements. The EVV PSO is responsible for completing the EVV Proprietary System Request Form to initiate the proprietary system onboarding process.

A program provider or FMSA who elects to operate their own EVV proprietary system agrees to:

- Forego use of one of the cost-free EVV systems provided by the state as part of the EVV vendor pool.
- Be responsible for the design, development, implementation, ongoing operation, performance, maintenance and cost.
- Ensure the accuracy of EVV data collected, submitted, exchanged or reported.
- Assume all liability and risk for the use of the EVV proprietary system.



- Maintain all system data, backup data, and historical data to comply with and support all legal, regulatory and business needs.

Please refer to the *HHSC EVV Proprietary System Policy* for more information.

Select an EVV System

EVV Vendor Selection

To select an EVV vendor from the state vendor pool, the program provider or FMSA signature authority and, if applicable, the agency's appointed EVV system administrator, must complete, sign and date the EVV Provider Onboarding Form located on the EVV vendor's website.

The program provider or FMSA must submit an accurate and completed form directly to the selected EVV vendor. There is no charge to the program provider or FMSA to use an EVV vendor system from the state vendor pool.

EVV vendors may offer additional software such as billing solutions for a fee. HHSC does not require program providers or FMSAs to purchase any software when selecting an EVV vendor system.

HHSC encourages program providers and FMSAs to research all EVV vendors before they select one. For example, program providers and FMSAs should learn about the vendor clock in and clock out methods, visit maintenance process and training options.

To aid in the selection of an EVV vendor, the program provider or FMSA may visit the [TMHP EVV vendor website](#) to learn more about the EVV vendor systems in the state vendor pool.

EVV Proprietary System Selection

To elect the use of an EVV proprietary system, the program provider or FMSA signature authority and, if applicable, the agency's appointed EVV system administrator, must visit the [TMHP Proprietary System website](#) to review the proprietary system request and HHSC approval process.

Interested program providers or FMSAs must submit the EVV Proprietary System Onboarding Request Form to apply for EVV proprietary system implementation.



A program provider or FMSA must complete the EVV proprietary system onboarding process and receive written approval from HHSC in order to use their system to comply with HHSC EVV requirements.

For questions regarding EVV system selection, contact TMHP at evv@tmhp.com.

EVV System Transfer Policy, Effective Aug. 1, 2020 – Aug. 31, 2021

Policy

Effective August 1, 2020, the Health and Human Services Commission (HHSC) Electronic Visit Verification (EVV) Vendor Transfer Policy name has changed to EVV System Transfer Policy. The revised policy provides guidance on transferring from one EVV system to another EVV system.

A program provider or financial management services agency (FMSA) may:

- Transfer from one EVV vendor system to another EVV vendor system within the state vendor pool.
- Transfer from an EVV vendor system to an EVV proprietary system.
- Transfer from an EVV proprietary system to an EVV vendor system.
- Transfer from one EVV proprietary system to another EVV proprietary system.

Program providers and FMSAs that have not selected an EVV system must follow the HHSC *EVV System Selection Policy*.

Transferring EVV systems

Program providers and FMSAs must request a transfer to another EVV system at least 120 calendar days prior to the desired transfer date.

- If transferring to an EVV vendor system within the state vendor pool, the transfer may occur sooner than 120 days if the program provider or FMSA and the EVV vendors agree on an earlier date.
- If transferring to an EVV proprietary system, the transfer may only occur after HHSC agrees on an implementation date with the program provider or FMSA, and HHSC provides written approval of the EVV proprietary system.

The 120-day transfer timeframe allows for:

- Training on the new EVV system
- Transfer and verification of identification and visit data elements



- Completion of all import tasks necessary to begin using the new EVV system.

The effective transfer date will be the date the program provider or FMSA begins using the selected EVV system. Program providers and FMSAs must continue to use their current EVV system until they have successfully transferred to the new EVV system.

After transferring from an EVV vendor system, the program provider or FMSA must collect and return all alternative devices supplied by the prior EVV vendor.

FMSAs must notify Consumer Directed Services (CDS) employers 60 calendar days in advance of the planned transfer date to allow time for retraining employers and their employees on the new EVV system.

How to Transfer to an EVV Vendor within the State Vendor Pool

To initiate a transfer to an EVV vendor system, the program provider or FMSA:

- Must submit a complete and accurate EVV Provider Onboarding Form directly to the selected EVV vendor.
 - The EVV vendor will provide further onboarding and EVV system training instructions once the form is received.
 - All required EVV system trainings must be completed prior to any user receiving access to the EVV system.

Program providers or FMSAs who transfer to a new EVV vendor system:

- Must follow the HHSC *EVV System Selection Policy*.
- Will not receive a grace period and will be subject to all EVV policies, including those related to compliance and enforcement.
- May have EVV claims denied or recouped if there are no matching accepted EVV visit transactions in the EVV Aggregator.

How to Transfer to an EVV Proprietary System

To initiate a transfer to an EVV proprietary system, the program provider or FMSA:

- Must submit an EVV Proprietary System Request Form directly to Texas Medicaid & Healthcare Partnership (TMHP).
 - TMHP will contact the program provider or FMSA and provide additional instructions and set up an initial planning meeting.
 - The program provider or FMSA, TMHP and HHSC will establish an implementation date for the EVV proprietary system.



Program providers or FMSAs who transfer to an EVV proprietary system:

- Must provide training on the EVV proprietary system and must ensure EVV system training is completed prior to any user receiving access to the EVV proprietary system. See HHSC *EVV Proprietary Systems Policy* for more information.
- Will not receive a grace period and will be subject to all EVV policies, including those related to compliance and enforcement.

May have EVV claims denied or recouped if there are no matching accepted EVV visit transactions in the EVV Aggregator. For questions regarding EVV system transfer, contact the selected EVV vendor or email TMHP at evv@tmhp.com.

EVV Training Policy, Effective Aug. 1, 2020 – Aug. 31, 2021

Policy

Effective August 1, 2020, the Health and Human Services Commission (HHSC) Electronic Visit Verification (EVV) Training Policy requires program providers, financial management service agencies (FMSA) and Consumer Directed Services (CDS) employers to complete all required EVV training:

- Prior to using either an EVV vendor system or an EVV proprietary system and
- Yearly thereafter.

The EVV vendor or EVV proprietary system operator (PSO) will not grant access to the EVV system until the program provider, FMSA or CDS employer has completed EVV system training. An EVV PSO is a program provider or an FMSA who has selected to use their own EVV proprietary system.

The payers, HHSC or a managed care organization (MCO) may request proof of completed trainings. Do not submit proof of training completion to HHSC, an MCO or Texas Medicaid & Healthcare Partnership (TMHP) unless requested.

Proof of completed trainings must include the:

- Name of the training
- Name of the person completing the training
- Date of the training

Program providers currently using EVV can review the HHSC [Existing Provider EVV Training Requirements Checklist](#) for more information.

Program providers, FMSAs and CDS employers subject to the Federal 21st Century Cures Act EVV Expansion can review the HHSC [Cures Act EVV Required Training Checklist](#) for more information.



The EVV vendor, HHSC, MCOs and TMHP may offer EVV trainings in different delivery methods, such as but not limited to:

- Computer-based training (CBT)
- Instructor-led training (ILT)
- Webinars

Contact your EVV vendor, HHSC, MCO or TMHP for details on specific training delivery methods.

Training Requirements for Program Providers

Program provider staff must complete the required EVV training shown in the table below. EVV system users are staff who perform EVV system operations and visit maintenance in the EVV vendor system or EVV proprietary system. Billing staff are staff who submit Medicaid claims for an EVV-required service.

Program Providers:

EVV Training Requirement	Taken By	Provided By
EVV System Training	• EVV system users	EVV vendor or EVV PSO
EVV Portal Training	• EVV system users • Billing staff	TMHP
EVV Policy Training	• EVV system users • Billing staff	Payer (HHSC or MCO)

Program providers must keep up-to-date training records for their staff.

Program providers or FMSAs who have received written approval from HHSC to use an EVV proprietary system must train all users on the proper use of the EVV proprietary system, to include clock in and clock out methods.

Training Requirements for FMSAs

FMSA staff must complete the required EVV training shown in the table below. EVV system users are staff who perform EVV system operations and visit maintenance in the EVV vendor system or EVV proprietary system. Billing staff are staff who submit Medicaid claims for an EVV-required service.

FMSAs:



EVV Training Requirement	Taken By	Provided By
EVV System Training	• FMSA EVV system users • CDS employers	EVV vendor or EVV PSO
EVV Portal Training	• FMSA EVV system users • FMSA billing staff	TMHP
EVV Policy Training	• FMSA EVV system users • FMSA billing staff • CDS employers	Payer (HHSC or MCO)

FMSAs must keep up-to-date training records for their staff. FMSAs must also keep up-to-date training records for their CDS employers.

Training Requirements for CDS Employers

CDS employers must complete the required EVV training shown in the table below.

CDS employers must train their CDS employees on the clock in and clock out methods with assistance from the EVV vendor or the EVV PSO.

CDS Employer Training based on delegation of visit maintenance on Form 1722 – CDS Employer’s Selection for Electronic Visit Verification Responsibilities.

If the CDS employer selected:

Form 1722 Options	EVV Training Requirement	Provided By
Option 1: The CDS employer agrees to perform all visit maintenance and approve their employee’s time worked in the EVV system.	• Full EVV System Training • Clock in and clock out methods	EVV Vendor or EVV PSO
	• EVV Policy Training	Payer (HHSC or MCO) or FMSA
Option 2: The CDS employer elects to have their FMSA complete all visit maintenance on their behalf; however, the CDS employer will approve their employee’s time worked in the EVV system.	• Full EVV System Training • Clock in and clock out methods	EVV Vendor or EVV PSO



Form 1722 Options	EVV Training Requirement	Provided By
	• EVV Policy Training	Payer (HHSC or MCO) or FMSA
Option 3: The CDS employer elects to have their FMSA complete all visit maintenance on their behalf and confirm the employee's time worked in the EVV system based on approval documentation from the CDS employer.	• Overview of EVV System • Clock in and clock out methods	EVV Vendor or EVV PSO
	• EVV Policy Training	Payer (HHSC or MCO) or FMSA

If a CDS employer switches their option by completing a new Form 1722, they must take the proper training for that option, as detailed in the table above, before being granted access to the EVV system by their FMSA or EVV PSO. The CDS employer must keep up-to-date training records of their training completions and provide training records to their FMSA, HHSC or their MCO if requested.

Training Requirements for Service Attendants and CDS Employees

Service Attendants and CDS Employees must complete the required EVV training shown in the table below.

The EVV vendor or EVV PSO will provide materials and resources.

Service Attendants and CDS Employees:

EVV Training Requirement	Provided By
Clock In and Clock Out Methods	Program Provider or CDS Employer

The CDS employer must keep up-to-date training records of service attendant and CDS employee training completions by using Form 1732. Form 1732 should be provided to the FMSA.

EVV Training Registration

To register for EVV training:

- EVV System: Visit your EVV vendor website or contact your EVV PSO.
 - EVV Policy: Visit the HHSC or MCO EVV website.



- Access the [HHSC Learning Portal](#) then create an account.
- EVV Portal Training: contact TMHP
 - Access the [TMHP Learning Management System \(LMS\)](#) and create an account.

For questions related to training, contact:

Topic	Contact
EVV Policy Training	• HHSC EVV Operations at Electronic_visit_verification@hhsc.state.tx.us • Your MCO
EVV Portal	• TMHP at EVV@tmhp.com
EVV Vendor or EVV PSO System	• Your EVV vendor or EVV PSO

EVV Vendor Selection Policy, Effective Jan. 1, 2020 – July 31, 2020

This policy is replaced by the EVV System Selection Policy effective Aug. 1, 2020.

Policy

Effective Jan. 1, 2020, the HHSC EVV Vendor Selection Policy requires program providers to select an approved EVV vendor within 30 business days of receiving a contract with HHSC or an MCO. Program providers and Financial Management Services Agencies (FMSAs) must begin using an EVV system prior to submitting an EVV claim(s). Payers will deny EVV claim(s) if there is not a matching, accepted EVV visit transaction in the EVV Aggregator.

The program provider's and FMSAs signature authority and, if applicable, the Provider EVV System Administrator must complete, sign and date the EVV Provider Onboarding Form located on the EVV vendor's website and submit the accurate and completed form directly to the selected EVV vendor via email, fax, or electronically.

Program providers and FMSAs are required to select and use only one EVV vendor. Program providers and FMSAs should visit the EVV vendor's website to learn more about the EVV vendor systems. The EVV vendor must provide system training to program providers and FMSAs.

EVV vendors may offer additional software, such as a billing solution, for purchase. Program provider and FMSAs are not required to purchase any software or equipment under the HHSC EVV program.

EVV Vendor Selection



The program provider and FMSA must take into consideration time needed for new system setup, training, and other onboarding activities to ensure they are using an EVV system prior to submitting a claim. New contracted program providers will not receive a grace period unless otherwise noted by HHSC.

The selected EVV vendor will contact the signature authority and the Provider EVV System Administrator via email with an acknowledgment statement within one business day from receipt of the EVV Provider Onboarding Form.

If the form is complete, the EVV vendor will contact the Provider EVV System Administrator within five business days of receipt of the completed form to initiate the EVV provider onboarding process and schedule an appointment. The EVV vendor will provide further onboarding and training instructions.

All required EVV system trainings must be completed prior to receiving access to the EVV system. Additional users who will be given access to the EVV vendor system will also be required to complete the EVV vendor system trainings prior to receiving access.

EVV vendors must provide an EVV system allowing a program provider and FMSA to enter all required EVV data element categories either through an automated system or a manual system.

- For program providers and FMSA that do not utilize an automated scheduling system, EVV vendors must provide the functionality for a manual entry of schedules at no cost to the provider.
- For program providers and FMSAs utilizing an automated scheduling system, EVV vendors must provide an electronic data exchange function, including interfaces with third party systems, at no cost to the program provider and FMSA.

For questions regarding EVV vendor selection, please contact the selected EVV vendor or TMHP at EVV@tmhp.com.

EVV Vendor Transfer Policy, Effective Jan. 1, 2020 – July 31, 2020

This policy is replaced by the EVV System Transfer Policy effective Aug. 1, 2020.

Policy

The HHSC EVV Vendor Transfer Policy requires program providers and financial management services agencies (FMSAs) to request a transfer to another EVV vendor 120 calendar days prior to the desired transfer date. The transfer may occur sooner than 120 days if the program provider or FMSA and the EVV vendor agree on an earlier date. Program providers and FMSAs must continue to use their current EVV vendor system until they have successfully transferred to the selected EVV vendor. The transfer process includes training on the new EVV system, transfer and



verification of visit data elements and completion of all migration tasks necessary to begin using the EVV system.

The program provider or FMSA must collect and return all devices supplied by the previous EVV vendor once the program provider or FMSA has transferred to the new EVV system and is ready to begin using the new EVV system.

Program providers must complete the EVV provider onboarding form located on each EVV vendor's website and submit the accurate and completed form directly to the selected EVV vendor via email, fax, or electronically to initiate the transfer.

Information about transferring to or from an EVV proprietary system will be posted to the [HHSC EVV Proprietary System](#) webpage when available.

EVV Vendor Transfer

The 120-day transfer timeframe will ensure adequate time for data transfer, new system setup, training and other transition activities. The effective transfer date will be the date the program provider is ready to begin using the selected EVV system.

The selected EVV vendor will contact the program provider with additional instructions once they have received the completed form.

Program providers who transfer to a new EVV vendor:

- Must follow the EVV Vendor Selection Policy.
- Will not receive a grace period for EVV compliance.
- May have EVV claims denied if there are no matching accepted EVV visit transactions associated with the EVV claims.
- Will be subject to all EVV policy enforcement.

For questions regarding EVV vendor transfer, contact the selected EVV vendor or TMHP.

Guidance and Temporary Policies

Guidance Related to DataLogic/Vesta EVV System Outage from Dec. 5, 2020 to Dec. 10, 2020

HHSC is issuing this guidance to program providers, financial management services agencies (FMSAs) and consumer directed services (CDS) employers who used the Vesta Electronic Visit Verification (EVV) system between Dec. 5, 2020 and Dec. 10, 2020. Vesta EVV experienced a major system outage during this time.

As a result of the outage:



- Attendants and CDS employees were unable to reliably clock in and clock out.
- CDS employers, program providers and FMSAs were unable to verify visits and perform visit maintenance.

DataLogic has established a process to assist program providers and FMSAs with verifying pending visits that occurred during the outage. Program providers and FMSAs who would like assistance with verifying pending visits from the outage can email DataLogic at svr@vestaevv.com for more information about how to get started with this process.

HHSC Guidance for Program Providers Required to use EVV Prior to the Cures Act EVV Expansion

This section applies to program providers who were required to use EVV by state law prior to the Cures Act EVV Expansion on Jan. 1, 2021, as identified on pages 3 and 4 of the [Programs and Services Required to Use EVV](#) document.

Visit Entry and Reason Codes

To support payment of claims and hours worked, program providers must ensure an EVV visit is accepted at the Texas Medicaid & Healthcare Partnership (TMHP) EVV Portal for any service delivery visits for EVV-required services that occurred during the outage within 180 days of the visit. As noted above, DataLogic can assist with entering these visits.

When manually entering visits and completing visit maintenance for visits impacted by the outage, HHSC recommends program providers use "Reason Code 600 – Other" and include "Vesta system outage" and the clock in and clock out times in the required free text field.

Claims

As a reminder, claims were able to be paid during this timeframe without a supporting EVV visit because of the [temporary EVV policies for COVID-19](#) and the Cures Act EVV practice period.

Claims must be billed to reflect only actual hours worked and must comply with other claims processing requirements, such as billing in accordance with the authorization.

Recoupments



HHSC and managed care organizations (MCOs) will not recoup claims for EVV- related reasons for visits that meet the following criteria:

- The visit was recorded in the DataLogic/Vesta EVV system; and,
- The visit occurred **after** Nov. 27, 2020 and **before** Dec. 11, 2020.

This includes recoupments related to:

- EVV claims matching criteria;
- Reason code misuse;
- Free text requirements (including actual time in and actual time out in the free text); and,
- Supporting documentation for manually entered visits (also known as GUI visits).

Claims may still be audited or reviewed for recoupment reasons unrelated to EVV, such as exceeding authorized units.

EVV visits and claims during the outage may still be audited or reviewed in relation to an allegation of fraud, waste or abuse.

EVV Compliance Oversight

For the month of December 2020, HHSC and MCOs will not review data from the DataLogic/Vesta EVV systems for EVV compliance oversight. This includes:

- EVV Usage Reviews
 - Note: Program providers' quarterly score will be calculated based on the months of January and February
- EVV Reason Code Misuse Reviews
- Landline Phone Verification Reviews
- EVV Reason Code Required Free Text Reviews

EVV visits and claims during the outage may still be audited or reviewed in relation to an allegation of fraud, waste or abuse. EVV visits and claims may also be reviewed by HHSC or an MCO during a contract monitoring event for reasons unrelated to EVV, such as exceeding authorized units.

Cures Act EVV: HHSC Guidance to Program Providers, FMSAs, and CDS Employers

This section applies to Cures Act program providers, FMSAs and CDS employers who are required to use EVV by the Cures Act EVV Expansion on Jan. 1, 2021 as identified on pages 1 and 2 of the [Programs and Services Required to Use EVV](#) document.



Cures Act program providers, FMSAs and CDS employers, must **either** have an EVV visit record **or** supporting time documentation (as required the specific Medicaid program) to support the billed claim because this outage occurred during the practice period when EVV was not mandatory. Cures Act program providers, FMSAs and CDS employers must follow the documentation requirements of their program if an EVV visit is not documented to support the billed claim.

As a reminder, Cures Act program providers, FMSAs and CDS employers have a [grace period for EVV compliance oversight](#).

Claims for services that occurred during the outage may still be audited or reviewed for recoupment reasons unrelated to EVV, such as exceeding authorized units. EVV visits and claims during the outage may still be audited or reviewed in relation to an allegation of fraud, waste or abuse.

Questions

If compliance actions are taken against a program provider, FMSA or CDS employer that conflicts with this guidance, [email HHSC EVV](#).

[Questions? Email HHSC EVV](#).

Temporary EVV Policies for Novel Coronavirus (COVID-19)

In response to the novel coronavirus (COVID-19), the following temporary Electronic Visit Verification policy changes are effective March 21, 2020 until December 31, 2020. HHSC will provide further guidance, as needed.

Use of the EVV System

All service delivery for an EVV-required service must be documented in the EVV system.

Effective March 21, 2020, if the normal electronic verification method (landline, mobile, or alternative device) is not available due to COVID-19, program providers may allow service attendants to manually document service delivery visits on paper.

Program providers must:

- Enter manual service delivery information into the EVV system and ensure it is accepted into the EVV Aggregator/Portal within 180 calendar days from the date of the visit.
- Keep all supporting service delivery documentation. Service delivery documentation must include the following:
 - o Program Provider Name;
 - o HHSC Contract Number or Managed Care Organization (MCO) National Provider Identifier (NPI);



- o Member First and Last Name;
- o Member Medicaid ID;
- o Date of the Visit;
- o Actual Time In and Actual Time Out;
- o Attendant First and Last Name; and
- o Location of the Visit; in the home or in the community.

Claims are subject to retrospective review by the payer. Program providers must have an accepted EVV visit transaction that supports the billed claim in the EVV Aggregator/Portal within 180 calendar days from the date of the visit, or claims may be recouped.

EVV Visit Maintenance Completion Timeframe

Program providers will have 180 calendar days from the date of the visit to complete visit maintenance for all visits beginning March 21, 2020.

EVV Claims Matching

Effective March 21, 2020, EVV claims matching will not be performed for EVV-required services.

- All claims will display "EVV07-Match Not Required" in the Claims Match Result field in the EVV Portal.
 - o Effective June 26, 2020, program providers can refer to the Informational Match Result field in the EVV Portal to see the result of the claims matching process when receiving an "EVV07-Match Not Required" in the Claims Match Result field. See the [June 29, 2020 TMHP EVV Portal Updates article](#) for more information.
- Claims will be forwarded to the appropriate payer with match code EVV07 and will not be denied for an EVV mismatch. Program providers must:
 - o Bill in accordance with the member's authorization.
 - o Only bill for actual hours worked.
 - o Complete all required visit maintenance within 180 calendar days from the date of the visit.
 - o Ensure EVV visit transactions that support the claim are accepted into the EVV Aggregator/Portal within 180 calendar days from the date of the visit.

Claims are subject to retrospective review by the payer. Program providers must have an accepted EVV visit transaction that supports the billed claim in the EVV Aggregator/Portal within 180 calendar days from the date of the visit, or claims may be recouped.

Billing Prior to Completing Visit Maintenance

Effective March 21, 2020, program providers may submit a claim for an EVV-required service prior to completing all required visit maintenance.

New EVV Reason Code Description for COVID-19

HHSC has added a new EVV reason code and description combination to identify



service exceptions related to COVID-19 beginning March 21, 2020.

Reason Code:

Disaster Number:

130

Description: F – Public Health Disaster

Program providers must select this code for service delivery exceptions related to COVID- 19, for example:

- The normal electronic verification method (landline, mobile, or alternative device) is unavailable due to member being relocated, and the visit is manually entered.
- A member has requested an alternate attendant due to infection concerns.
- A member refuses service due to infection concerns.

Program providers may, but are not required to, use additional reason codes to document more specific information related to the exception. For example:

- If the member refuses service due to infection concerns, the program provider:
 - o Must enter *130 F – Public Health Disaster*; and;
 - o May also enter *100 E – Member agreed or requested staff not work*.
- If the member has requested an alternate attendant due to infection concerns, the program provider:
 - o Must enter *130 F – Public Health Disaster*; and;
 - o May also enter *100 D – Fill-in for regular attendant*.

Free Text Requirements

When using reason code *130 F – Public Health Disaster* program providers must use free text to document any missing actual clock in or clock out time not electronically captured by the EVV system.

EVV Compliance

As a reminder, program providers are under a grace period for EVV compliance reviews until August 31, 2020. Therefore, program providers will not be measured for misuse of reason codes or EVV usage at this time.

Additional Information

Program providers who are unable to access the EVV system because of COVID-19 should notify their payer or HHSC when possible.

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