

# Cures Act EVV: Prepare to Submit CDS and SRO Managed Care EVV Claims to TMHP

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Submit all managed care claims for Electronic Visit Verification (EVV)-relevant services delivered through the consumer directed services option or service responsibility option in the STAR Health, STAR Kids, STAR+PLUS, and STAR+PLUS Medicaid-Medicare Plan programs to Texas Medicaid & Healthcare Partnership by October 1. This is for the EVV claims matching process to occur. This information is for Cures Act program providers and financial management services agencies (FMSAs) required to use Electronic Visit Verification by January 1, 2021.

- **Submit EVV claims with a date of service on or after October 1 to TMHP. They will be denied or rejected if they are submitted directly to a managed care organization.**
- Refer to [How to Setup Managed Care EVV Claims Submission to TMHP](#) to prepare for submitting EVV claims to TMHP.
- The process of setting up claims submission can take up to three weeks to complete. Program providers and FMSAs should begin the process as soon as possible to be ready by October 1.

## EVV Practice Period

From July 1, through November 30, program providers and FMSAs impacted by the Cures Act can practice using the EVV system, EVV Portal, and submitting EVV claims to TMHP for EVV claims matching.

- During the practice period, EVV claims for [services included in the Cures Act EVV expansion](#) will not be denied for a mismatch.
- Refer to the article titled [Cures Act EVV: The EVV Practice Period Begins July 1](#), posted on May 22, for more information about the practice period.

## EVV Claim Denials for Mismatches Begin

Beginning December 1:

- Capture all service visits for an EVV-required service in the EVV system.
- Claims that don't have a matching EVV visit transaction in the EVV Portal will be denied.

[Email TMHP](#) for more questions.

Visit the [HHS EVV Cures Act webpage](#) for more Cures Act information.