EVV
June 2020

888-243-3312
CCHPProviderRelations@cookchildrens.org

Providing CHIP and Medicaid services to Tarrant, Denton, Parker, Wise, Hood and Johnson

Existing EVV Users: Training Opportunities

Providers can meet annual training requirements by completing computer-based training (CBT) online in the HHSC Learning Portal and TMHP Learning Management System (LMS). Users must have a user name and password to access training materials on the LMS. Click here to register for the LMS. HHSC and TMHP are planning additional live training events this fall and will provide more information when available. Email evv@tmhp.com with questions regarding registration or the EVV portal. For EVV Training requirements, email HHSC at electronic_visit_verification@hhsc.state.tx.us.

Compliance Oversight Review Statistics for Quarter One (September - November 2019)

a) The total number of Provider compliance oversight reviews completed by type including EVV Usage Reviews, EVV Reason Code Reviews, Required Free Text Reviews, and EVV Allowable Phone Identification Reviews: 3
b) The total number of Providers not compliant with HHSC EVV policy requirements by type: 11
c) The total number of Providers compliant with HHSC EVV policy requirements: 40
d) The top five reasons (from zero to five) that the MCO denied EVV-relevant claims including, but not limited to, EVV claims that match result codes returned from the EVV Aggregator:
   1. Authorizations
   2. Service Mismatch
   3. Units Mismatch
   4. Visit Date Mismatch
   5. Medicaid ID Mismatch
e) The top five reason (from zero to five for the MCO Recoupment of EVV relevant claims: Cook Children's Health Plan did not conduct any recoupments in this quarter.

**Compliance Oversight Review Statistics for Quarter Two
(December 2019 - February 2020)**

a) The total number of Provider compliance oversight reviews completed by type including EVV Usage Reviews, EVV Reason Code Reviews, Required Free Text Reviews and EVV Allowable Phone Identification Reviews: 3
b) The total number of Providers not compliant with HHSC EVV policy requirements by type: 10
c) The total number of Providers compliant with HHSC EVV policy requirements by type: 39
d) The top five reasons (from zero to five) that the MCO denied EVV-relevant claims including, but not limited to, EVV claims that match result codes returned from the EVV Aggregators:
    1. Authorizations
    2. Service Mismatch
    3. Units Mismatch
    4. Visit Date Mismatch
    5. Medicaid ID Mismatch
e) The top five reasons (from zero to five) for the MCO Recoupment of EVV-relevant claims: Cook Children's Health Plan only conducted recoupments for duplicate claims paid in this quarter.

EVV Compliance Oversight Reviews Start Date

EVV Compliance Oversight Reviews consist of:
- LEVV Usage
- EVV Reason codes and Required Free Text
- EVV Allowable Phone Identification Reviews

EVV Usage:
- Providers will be reviewed for EVV visit transactions manually-entered into the EVV system and EVV visit transactions rejected by the EVV Aggregator
- All Providers must achieve and maintain a minimum EVV Usage score of 80%
- Providers currently required to use EVV have a grace period for the EVV Usage for dates of services September 1, 2019 through August 31, 2020

EVV Reason codes and Required Free Text:
- Providers will be reviewed for appropriate use of reason codes and reason code description options and entry of required free text
- Misuses of Reason Codes: using the same EVV reason code number and reason code description option for the same Member more than 14 days within a calendar month may constitute a misuse of reason codes
- Providers currently required to use EVV have a grace period for the Misuses of Reason Codes for dates of services September 1, 2019 through August 31, 2020
- Required Free Text is required for ANY missing (applied to all reason codes):
    ○ Actual clock in the time when EVV services begin
    ○ Actual clock out time when EVV services end
    ○ Actual clock in and clock out time when EVV services begin and end
- Free Text is also required whenever the following reason codes are used:
    ○ Reason Code 131 Emergency: The Provider must describe the nature of the emergency and document any missing actual clock in or clock out time
- There is no grace period for documenting required free text. Providers must always document required free text

EVV Allowable Phone Identification Reviews:
- Will monitor the use of an allowable phone type when a Provider has selected the Member's home phone landline method as the clock in and clock out method
- There is no grace period for the EVV Allowable Phone Identification Review

All EVV compliance Oversight Reviews under a grace period will end August 31, 2020. Cook Children's Health Plan will start the EVV compliance oversight review for dates of services from September 1, 2020.

Reference the following on the HHSC EVV webpage:
- Compliance Oversite Reviews Policy
- Allowable Phone Identification Policy
- Usage Policy
- Reason Code and Free Text Policy

Cures Act EVV: The EVV Practice Period Begins July 1, 2020

From July 1, 2020, through November 30, 2020, and Electronic Visit Verification (EVV) practice period will allow providers and financial management services agencies (FMSAs) impacted by the 21st Century Cures Act to practice using the EVV system, EVV Portal, and EVV claims matching. Consumer Directed Services (CDS) employers can practice using the EVV system.

EVV claim will not be denied for a mismatch during the Practice Period
Beginning December 1, 2020, all service visits for an EVV-required service must be captured in the EVV systems. Claims that don't have a matching EVV visit transaction in the EVV Portal will be denied.

Get Ready for the Practice Period
To take full advantage of the practice period, HHSC encourages providers and FMSAs to prepare for the July 1, 2020, start date by:
- Onboarding with their EVV vendor
- Completing EVV training requirements
- Preparing to submit managed care claims for EVV- required services (EVV claims) to TMHP, if applicable

Note: CDS employers must also complete training requirements.

If Providers or FMSAs have chosen to use an EVV propriety system, they are considered to be "proprietary systems operators (PSOs)" and can begin practicing at any time.

Onboard with Your EVV Vendor
If an EVV vendor system has been selected or assigned, Providers and FMSAs must complete the onboarding process with their vendors before they will be given access to the EVV systems.
Once they have completed the onboarding process, they can begin practicing anytime ahead of the July 1, 2020, start date.

Complete EVV Training Requirements
Providers, FMSAs, and CDS Employers must complete EVV training requirements before they will be given access to EVV system, and they must also complete additional training requirements by December 1, 2020, and then annually. The HHSC Cures Act EVV Required Training Checklist provides more information about training requirements and various ways to complete them.

Prepare to Submit Managed Care EVV Claims to TMHP
STAR Health, STAR Kids, STAR+PLUS, and STAR+PLUS Medicaid-Medicare Plan (MMP) Providers and FMSAs submitting claims for EVV services directly to an MCO are encouraged to take full advantage of the claims matching practice period and prepare to submit managed care EVV claims to TMHP on July 1, 2020.

When a managed care EVV claim is submitted to TMHP, the EVV Aggregator will perform the claims matching process, return claims matching results to the EVV Portal, and automatically forward the claim within 24 hours to the appropriate managed care organization (MCO) for final processing.

Beginning October 1, 2020, all managed care EVV claims:
- Must be submitted to TMHP
- Will be denied or rejected if they are submitted directly to an MCO

To prepare for submitting EVV claims to TMHP, refer to Preparing to Submit EVV Claims to TMHP guide.

Practice Using the EVV System
During the practice period, Providers, FMSAs, and CDS employers can familiarize themselves with the EVV system. Practice activities include:
- Identifying appropriate methods for clocking in and clocking out when delivering services to capture visits
- Providing training on clock in and clock out methods
- Reviewing EVV visit transactions to**:**
  o Confirm that all of the data elements that are needed to verify a service delivery visit are correct
  o Perform visit maintenance to correct any errors, such as missing clock in or clock out times
  o Reviewing reports

For more information, see EVV Tool Kit Module 4: EVV Visit Transactions

Practice Using the EVV Portal and EVV Claims Matching
When EVV claims are submitted to TMHP, the claims matching process is performed and claims matching results can be viewed in the EVV Portal. Claims matching results identify whether the EVV-required services on the claim match the accepted EVV visit transactions in the EVV Portal. After the matching process is performed, the claim is forwarded within 24 hours to the appropriate payer for final processing.

Important: Acute care and long-term care fee-for-service programs will continue to submit claims using their current process, and their EVV claims matching results will be available in the EVV Portal, including:

- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Youth Empowerment Services (YES) Waiver

Home and Community Based Services-Adult Mental Health (HCBS-AMH) Providers will also submit claims using their current process, and they should contact AMH.Services@hhsc.state.tx.us for more information about EVV claims matching.

EVV Portal and EVV claims matching practice activities include:

- Confirming that EVV visit transactions are accepted in the EVV Portal before submitting an EVV claim
- After submitting an EVV claim, checking claims matching results to confirm that the line items on the claim match the accepted EVV visit transactions
- Reviewing reports

Note*:* The EVV Portal will be upgraded on June 29, 2020, to provide more information about claims matching results during the practice period. Training materials, including a demonstration, will be available in the *TMHP Learning Management System (LMS).*

For more information, refer to EVV Tool Kit Module 7: EVV Portal and Module 8: Submitting an EVV Claim. For instructions on how to create an EVV Portal account, refer to the Accessing the EVV Portal for Program Providers and Financial Management Services Agencies (FMSAs) job aid. Contact evv@tmhp.com for additional information.

Updated Timeline for Cures Act EVV Expansion

The updated timeline for expanding the Cures Act EVV requirement to all Medicaid personal care services is now available on the HHS Cures Act EVV website. The timeline includes new information and resources about the EVV Practice Period beginning July 1, completing training requirements, and more. This information is for Cures Act program providers and FMSAs (PDF) required to use Electronic Visit Verification by Jan. 1, 2021. For questions, contact EVV.

EVV Future Updates

For EVV updates, Providers can refer to CCHP EVV Web page, the HHSC EVV web page, the Publications section in the Vesta EVV Home Tab, and the TMHP EVV web page. Providers should also sign up for EVV alerts using GovDelivery. For questions or concerns, Providers can refer to the EVV Contact Information Matrix for the correct contacts by topic.

Accessing the EVV Portal

For information on how to access and use the EVV Portal, refer to the EVV Portal Job Aid on the TMHP website. For questions, email CCHPEVV@cookchildrens.org

Provider Support Services 888-243-3312

Make sure to use the dedicated Provider Support Services telephone number 888-243-3312. Our dedicated staff is here to help you

Provider Training Webinars

We'd love to have you or a member of your team attend our Provider training webinars. The most up to date schedule can always be found under Education & Training on our website.

Electronic Fund Transfer (EFT)

Sign up for EFT and enjoy the benefits of decreased data errors and improved cash flow resulting from no checks lost in the mail, reduced paperwork and expedited account reconciliations. Complete and submit this form to get started and fax to CCHPFinance@cookchildrens.org