

**EVV  
August  
2019**

**CookChildren's**  
Health Plan

888-243-3312

CCHPProviderRelations@cookchildrens.org

**CookChildren's**  
Health Plan



## **New EVV Claims Matching Process and EVV Portal Access**

Effective September 1, 2019, providers currently required to use Electronic Visit Verification (EVV) must submit claims for EVV-relevant services, with dates of service on or after September 1, 2019, to TMHP through TexMedConnect or Electronic Data Interchange (EDI). This applies to both fee-for-service (FFS) and Medicaid managed care claims.

### **EVV Claim Matching Process**

When TMHP receives a claim for EVV-relevant services, for dates of service on or after September 1, 2019, it will be matched against the EVV visit transactions previously accepted by the EVV Aggregator.

The EVV Aggregator is a centralized database at TMHP that collects, validates, and stores statewide EVV visit data transmitted by a Health and Human Services Commission (HHSC)-approved EVV system. Providers should check the EVV Portal to make sure their visit transactions have been accepted by the EVV Aggregator before submitting claims.

The following data elements will be used to match EVV claims to EVV visit transactions:

- Medicaid ID
- EVV visit date
- National Provider Identifier (NPI) or Atypical Provider Identifier (API)
- Healthcare Common Procedure Coding System (HCPCS) code
- HCPCS modifiers, if applicable
- Billable units

## **What's inside**

**EVV Claims Matching  
Process**

**EVV Claim Denials**

**EVV Claims Submission  
Requirements**

**Fee-for-Service Claims**

**Date Span Billing**

**EVV Portal, Reports &  
Search Tools**

**EVV Training**

**EVV Future Updates**

**Provider Services  
Supports**

**Provider Training  
Webinar**

**EFT & ERA**

**Contact Us**

Once the EVV claims matching process has been performed, all EVV claims will be forwarded to the appropriate payer for final processing. A successful match does not guarantee that the EVV claim will be paid. If an EVV claim is denied, providers should contact the correct payer for that claim. Providers will receive an explanation of benefits (EOB) or an explanation of payment (EOP) from their payers when a data element does not match during the EVV claims matching process.

## **EVV Claim Denials**

### **Managed Care Services (MCO):**

Effective September 1, 2019, EVV claims for managed care services with dates of service on or after September 1, 2019, will be denied by the payer when a data element does not match during the EVV claims matching process.

### **Acute Care and Long-Term Care (LTC) FFS:**

Effective November 1, 2019, EVV claims for Acute Care and LTC FFS with dates of service on or after November 1, 2019, will be denied by the payer when a data element does not match during the EVV claims matching process.

## **EVV Claims Submission Requirements**

### **Medicaid Managed Care Claims**

Managed Care EVV claims with dates of service on or after September 1, 2019, submitted directly to an MCO, will be rejected or denied. Providers will receive a response from the MCO directing them to submit the EVV claim to TMHP:

- Providers enrolled through HHSC as a Managed Care Long-Term Services and Support (LTSS) provider must get a C21 Submitter ID to submit EVV claims through EDI
- LTSS providers may not submit claims through TexMedConnect at TMHP
  - To get or verify a C21 Submitter ID, contact the TMHP EDI Help Desk at 888-863-3638, Option 4
- Other providers not currently submitting claims to TMHP must either:
  - Create a TMHP Portal user account to submit through TexMedConnect; or
  - Establish a C21 Submitter ID to submit electronically through EDI

Information for setting up an account can be found in the [TMHP Website Security Provider Training Manual](#).

Providers using a third-party submitter must notify them of the EVV claims submission policy.

## **Fee-for-Service Claims**

Providers who currently submit claims to TMHP for LTC services will use their Claims Management System TexMedConnect access or Claims Management System Submitter ID for EDI.

Providers who submit claims to TMHP for acute care services can use their TexMedConnect access or C21 Submitter ID for EDI.

## **Date Span Billing**

Providers must follow the billing guidelines of their payer when completing EVV billing.

**Cook Children's Health Plan (CCHP) does not allow date span billing.**

## **EVV Portal**

Beginning September 1, 2019, providers, MCOs, and HHSC employees will have access to the EVV Portal to view EVV standard reports, EVV visit transactions (accepted and rejected), and EVV claims matching data in the EVV Aggregator for dates of service on or after September 1, 2019.

## **EVV Portal Standard Reports**

The EVV Portal will include the following standard reports:

- EVV Attendant Report
- EVV Provider Report
- EVV Reason Code Usage and Free Text Report
- EVV Usage Report
- EVV Visit Log Report
- EVV Clock In/Clock Out Usage Report
- EVV Units of Service Summary Report (FFS program providers only)

Users will be able to search, view, and print the EVV Portal standard reports.

The reports will be used for activities, including:

- EVV data analysis
- HHSC and MCO EVV Compliance Oversight reviews
- Fraud, waste, and abuse reviews
- Enforcement actions

**For dates of service prior to September 1, 2019, program providers will continue to pull EVV standard reports using the DataLogic vendor system.**

## EVV Portal Search Tools

The EVV Portal search tools will help providers, HHSC, and MCOs find:

- Accepted and rejected EVV visit transactions
- History of updates made to EVV visit transactions
- EVV claims to EVV visit transactions match results

For more information about EVV Portal functions and searches, program providers can refer to [Module 9: EVV Portal Standard Reports and Search Tools](#).

## EVV Training

TMHP will have an EVV Portal job aid and computer-based training (CBT) available in August 2019. The job aid will explain how to access the EVV Portal standard reports and how to use the EVV Portal search tools. The [CBT](#) will cover EVV claims submissions, the EVV Aggregator, and the EVV Portal.

HHSC & MCO EVV training will explain:

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

For HHSC training schedule visit [HHSC EVV Training](#).

CCHP will be presenting an EVV webinar training on 8/22/19, to register visit [here](#).

## 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 can 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.

## Provider Services Support

**888-243-3312**

Make sure to use the dedicated Provider Services Support 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](mailto:CCHPFinance@cookchildrens.org)

## **Electronic Remittance Advice (ERA)**

Following EFT enrollment, providers may elect to receive Electronic Remittance Advice (ERA) through the Availity Health Information Network. To enroll for ERA delivery on the Availity Web Portal, select Enrollments > ERA Enrollment from the Availity menu, or click ERA Enrollment in the Additional Enrollments section on the Administrator Dashboard.

**You may also enroll by completing the Availity ERA enrollment form listed here.**

For questions, call Availity Client Services at 800-282-4548.

Department	Type of Issue or Request	Email Address	Fax Number
Care Management	Prior-Authorizations, Case Management, Referrals, Disease Management, Member Education	<a href="mailto:CCHPPriorauthorizations@cookchildrens.org">CCHPPriorauthorizations@cookchildrens.org</a> <a href="mailto:CCHPDenialandAppeal@cookchildrens.org">CCHPDenialandAppeal@cookchildrens.org</a>	682-885-8402 844-346-8402 682-303-0005 STAR Kids LTSS 844-843-0005
Claims Department	Claim Status, Payments, Appeals or Questions	<a href="mailto:CCHPClaims@cookchildrens.org">CCHPClaims@cookchildrens.org</a> <a href="mailto:CCHPClaimAppeals@cookchildrens.org">CCHPClaimAppeals@cookchildrens.org</a>	682-885-2148 682-888-8404
Compliance	Member and Provider Complaints, Fraud, Waste and Abuse	<a href="mailto:CCHPCompliance@cookchildrens.org">CCHPCompliance@cookchildrens.org</a>	682-303-0276
Coordination of Benefits	Other Health Insurance, Third Party Resources, Cost Avoidance Verification Reports	<a href="mailto:CCHPCOB@cookchildrens.org">CCHPCOB@cookchildrens.org</a>	682-885-8401
Customer Service	Member Demographic Updates, PCP Changes, ID Card Requests, Value Added Services, Legal Documentation	<a href="mailto:CCHPCustomerSVC@cookchildrens.org">CCHPCustomerSVC@cookchildrens.org</a>	682-885-8401 STAR Kids 844-843-0004
Electronic Visit Verification	Open Visit Maintenance Unlock Requests, EVV Questions	<a href="mailto:CCHPEVV@cookchildrens.org">CCHPEVV@cookchildrens.org</a>	
Finance	Electronic Funds Transfer, Electronic Remittance Advice	<a href="mailto:CCHPFinance@cookchildrens.org">CCHPFinance@cookchildrens.org</a>	682-885-8482
Interpreter Services	Interpreter Requests, Translation Requests, Interpreter Complaints	<a href="mailto:CCHPInterpreterRequest@cookchildrens.org">CCHPInterpreterRequest@cookchildrens.org</a>	682-885-8401

Department	Type of Issue or Request	Email Address	Fax Number
Member Advocates	STAR Kids Member Assistance for Access to Care, Complaints and Appeals	<a href="mailto:CCHPMemberAdvocate@cookchildrens.org">CCHPMemberAdvocate@cookchildrens.org</a>	682-885-8401
Network Development	Credentialing, Contracting, Demographic Changes (TPI, NPI, Billing Updates)	<a href="mailto:CCHPNetworkDev@cookchildrens.org">CCHPNetworkDev@cookchildrens.org</a>	682-885-8403
Provider Relations	Provider Education and Training	<a href="mailto:CCHPProviderRelations@cookchildrens.org">CCHPProviderRelations@cookchildrens.org</a>	682-885-8436
Quality	Quality of Care Concerns, HEDIS, Access and Availability	<a href="mailto:CCHPQualityImprovement@cookchildrens.org">CCHPQualityImprovement@cookchildrens.org</a>	682-885-8494

Vendor	Service	Email Address Website	Number
Availity	Claims Clearinghouse CHIP Payor ID: CCHP1 STAR/STAR Kids Payor ID: CCHP9	Website: <a href="http://www.availity.com">www.availity.com</a>	Ph.: 800-282-4548
Beacon Health Services	Mental Health Services	Email: <a href="mailto:TexasProviderRelations@beaconhealthoptions.com">TexasProviderRelations@beaconhealthoptions.com</a> Website: <a href="http://www.beaconhealthoptions.com/providers/login/">www.beaconhealthoptions.com/providers/login/</a>	Ph: 855-481-7045 Fax: 855-371-9227
National Vision Administrators	Vision Services	Email: <a href="mailto:Providers@e-nva.com">Providers@e-nva.com</a>	Ph.: 888-830-5630 Fax: 888-830-5560
Navitus Pharmacy	Prescription Services	Email: <a href="mailto:Providerrelations@navitus.com">Providerrelations@navitus.com</a> Website: <a href="http://www.navitus.com">www.navitus.com</a>	Ph.: 866-333-2757 Hotline: 877-908-6023 Fax: 866-808-4649