

**EVV
May 2019**

CookChildren's
Health Plan
888-243-3312
CCHPPProviderRelations@cookchildrens.org



Electronic Visit Transaction (EVV) Validation Enhancements Effective June 1, 2019

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

The implementation of the validation enhancements for EVV visit transactions with a date of service of June 1, 2019 or later, applies to program providers who submit EVV-relevant claims to Cooks Children's Health Plan.

[Click here](#) for more information about the EVV visit transaction validation enhancements.

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

Providers must submit ALL EVV-Relevant Claims to TMHP Starting September 1, 2019

Beginning September 1, 2019, Medicaid providers currently required to use electronic visit verification (EVV) must submit all claims for EVV-relevant services, with a date of service on or after September 1, 2019, to the Texas Medicaid Healthcare Partnership (TMHP) via TexMedConnect or Electronic Data Interchange (EDI) for the new EVV claims matching process to be performed.

**What's inside
EVV Changes**

Providers, or a provider's 3rd party billing service, who do not currently submit claims to TMHP, must establish a Compass 21 (C21) Submitter ID, and in order for providers to submit claims through electronic data interchange (EDI), a Receiver ID is also required prior to September 1, 2019.

Providers who submit claims for dates of service on or after September 1, 2019 to their managed care organization (MCO) will have their claims denied or rejected and the MCO will inform the providers to submit their claims to TMHP.

Claims submitted without a matching EVV visit transaction for the specified date(s) of service will be denied by the payer.

Claims Matching Process: Upon receipt of a claim with EVV-relevant services. TMHP will perform the claims match by comparing the claim data to the EVV visit data that was previously sent to the EVV Aggregator at TMHP. The EVV Aggregator is a centralized database that collects, validates and stores statewide EVV visit data transmitted by an HHSC-approved EVV system. Once the EVV claims matching process has been performed, all claims will be forwarded to the appropriate MCO for final processing.

If the following data elements do not match, the MCO will deny the claim:

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

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

For questions regarding TexMedConnect or EDI Contact evv@tmhp.com

Visit the TMHP [EDI homepage](#) for additional information.

Resources

[HHSC EVV Webpage](#)

[HHSC EVV Tool Kit Module 8: Submitting an EVV Claims](#)

[Billing Policy Changes for Providers Required to Use EVV](#)

[TMHP EDI Homepage](#)

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

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	CCHPSTARKidsCCC@cookchildrens.org CCHPPriorauthorizations@cookchildrens.org CCHPDenialandAppeal@cookchildrens.org	682-885-8402 844-346-8402 682-303-0005 STAR Kids LTSS 844-843-0005
Claims Department	Claim Status, Payments, Appeals or Questions	CCHPClaims@cookchildrens.org CCHPClaimAppeals@cookchildrens.org	682-885-2148 682-888-8404
Compliance	Member and Provider Complaints, Fraud, Waste and Abuse	CCHPCCompliance@cookchildrens.org	682-303-0276
Coordination of Benefits	Other Health Insurance, Third Party Resources, Cost Avoidance Verification Reports	CCHPCOB@cookchildrens.org	682-885-8401
Customer Service	Member Demographic Updates, PCP Changes, ID Card Requests, Value Added Services, Legal Documentation	CCHPCustomerSVC@cookchildrens.org	682-885-8401 STAR Kids 844-843-0004
Electronic Visit Verification	Open Visit Maintenance Unlock Requests, EVV Questions	CCHPEVV@cookchildrens.org	
Finance	Electronic Funds Transfer, Electronic Remittance Advice	CCHPFinance@cookchildrens.org	682-885-8482
Interpreter Services	Interpreter Requests, Translation Requests, Interpreter Complaints	CCHPInterpreterRequest@cookchildrens.org	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	CCHPMemberAdvocate@cookchildrens.org	682-885-8401
Network Development	Credentialing, Contracting, Demographic Changes (TPI, NPI, Billing Updates)	CCHPNetworkDev@cookchildrens.org	682-885-8403
Provider Relations	Provider Education and Training	CCHPProviderRelations@cookchildrens.org	682-885-8436
Quality	Quality of Care Concerns, HEDIS, Access and Availability	CCHPQualityImprovement@cookchildrens.org	682-885-8494

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

Paper Claims Mailing Address:
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Fort Worth, TX. 76161-1295

Appeals, COB and General Mailing Address:
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