Electronic Visit Verification Financial Management Services Agencies and Consumer Directed Services Provider Training

Revised: 060922

Cook Children's Health Plan

Our Promise

Knowing that every child's life is sacred, it is the Promise of Cook Children's to improve the health of every child through the prevention and treatment of illness, disease and injury.

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Provider Support Services

888-243-3312

A representative is available Monday – Friday, 8am–5pm, excluding State holidays.

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Provider Education and Training

In our ongoing effort to provide web-based services you can now find self-paced training presentations on our website, cookchp.org, select Provider, Provider Relations, scroll down to training presentations and select the training you'd like to view.

The most current Provider training webinar schedule is located on the Provider Relations page on our website, cookchp.org.

- Webinars are scheduled from 12pm – 1pm CT
  – Dates and times are subject to change
- You can register for a webinar at anytime
  – You do not need to wait until the day of the event

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Benefits, Limitations and Exclusions

Providers should verify benefits, limitations and exclusions located in the Texas Medicaid Provider Procedures Manual at tmhp.com prior to rendering services. Always refer to the most recent publication.

When submitting services for reimbursement Providers should refer to the most recent publications of the:

- Texas Medicaid Provider Procedures Manual located at tmhp.com
- Cook Children's Health Plan Provider Manuals located on cookchp.org
- Electronic Data Interchange Requirements located on tmhp.com and cookchp.org
- CPT, ICD-10, HCPC coding books
- Diagnostic and Statistical Manual of Mental Disorders (DSM)
- National Correct Coding Initiative Edits located on CMS.gov and Medicaid.gov

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Electronic Visit Verification FMSAs and CDS Provider Training

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Electronic Visit Verification

Electronic Visit Verification (EVV) is a computer-based system that electronically documents and verifies the occurrence of a visit by a Service Provider or Consumer Directed Services (CDS) Employee, as defined in Chapter 8.7.2 of the Uniform Managed Care Manual (UMCM), to provide certain services to a Member.

The EVV system documents the following:

- Type of service provided
    - Service Authorization Data
- Name of the Member who received the service
    - Member Data
- Date and times the visit began and ended
- Service delivery location

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Electronic Visit Verification

- Name of the Service Provider or Consumer Directed Services (CDS) employee who provided the service
  - Service Provider Data
- Other information the Texas Health and Human Services (HHS) determines is necessary to ensure the accurate adjudication of Medicaid claims

What Services Require EVV?

- Lists of Programs and Services Required to Use EVV
    - The EVV requirements cover Financial Management Services Agencies (FMSA), Consumer Directed Services (CDS) employers and Designated Representatives (DR)

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Getting Started with EVV

- Select an EVV system
  - FMSAs have either selected an EVV system
  - FMSAs have been assigned to an EVV vendor
- FMSAs complete onboarding process
- FMSAs, CDS employers and CDS employees complete all required EVV annual training
  - EVV Policy Training
  - EVV Portal Training
  - EVV System Training
- FMSAs, CDS employers and CDS employees begin using the EVV system
  - CDS employers ensure CDS employees clock in and clock out using the EVV system
  - Perform any required EVV visit maintenance in the EVV system
  - CDS employers pull/review reports in the EVV system

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Getting Started with EVV

– FMSAs pull/review reports in the EVV portal and the EVV system

– FMSAs submit claims to TMHP and view claim matching results in the EVV Portal

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Cures Act EVV Expansion

EVV claims matching with denials began January 1, 2021.

- All service visits for EVV required services must be captured in the EVV system
- EVV claims submitted without a matching EVV visit transaction accepted into the EVV Aggregator will be denied

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Cures Act EVV Expansion

All required EVV training must be completed annually.

- FMSA must complete:
    - EVV Policy Training
    - EVV Portal Training
    - EVV System Training

- CDS employer, DR if applicable, must complete:
    - EVV Policy Training
    - EVV System Training

Note: EVV system training must be completed before access is granted to the EVV system.

Responsibilities

- Texas Health and Human Services (HHS) and Managed Care Organization (MCO) staff are required to notify Medicaid service recipients receiving EVV related services of their EVV responsibilities

- Form 1718 EVV responsibilities and additional information has information on Members responsibilities for EVV

- Cook Children's Health Plan service coordinators will review this form with Members on initial visit and on their annual visit

Form 1718, EVV Responsibilities and Additional Information (Managed Care Organization)

Vendor Systems

The EVV system allows a FMSA or a CDS employer to document the delivery of Medicaid services requiring EVV. There are two types of EVV vendor systems that TMHP has selected on behalf of HHS:

- Datalogic Software, Inc
  - Phone: 1-844-880-2400
  - Email: info@vestaevv.com
  - Website: vestaevv.com/
- First Data Government Solutions
  - Phone: 1-877-829-2002
  - Email: AuthentiCareTXSupport@firstdata.com
  - Website: solutions.fiserv.com/authenticare-tx

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Vendor Systems

EVV Proprietary system which is purchased or developed by the FMSA

 Note: The CDS employer will use the EVV system selected by their FMSA.

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System Selection Policy

The FMSA must either:

- Select an approved EVV Vendor System
    - Visit the EVV Vendor's website to learn more about the EVV system
- Elect to use their own EVV Proprietary System
    - Proprietary systems must be approved by HHS

To comply with HHS EVV requirements, FMSAs must:

- Select and use only one EVV system
- Complete all required EVV training
- Begin using the EVV system prior to submitting claims for services required to use EVV (also referred to as EVV relevant claims)

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System Selection Policy

Note: Cook Children's Health Plan will deny EVV claims if there is not a matching, accepted EVV visit transaction in the EVV Aggregator.

EVV System Selection Policy

Proprietary System

A EVV Proprietary System is an EVV system that is:

- Purchased or developed by the FMSA who is also known as a Proprietary System Operator (PSO)

- Used to exchange EVV information with the EVV Aggregator
  - Compliant with the requirements of Texas Government Code, Section 531.024172 and its successors and HHS EVV Proprietary System Business Rules

- Must be approved by HHS

FMSAs who choose to purchase or rent their own EVV Proprietary System will incur the cost of their own EVV system.

Note: Visit the HHS EVV Proprietary systems website or the TMHP EVV Proprietary Systems webpage.

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System Transfer Policy

- The system transfer policy allows a FMSA to transfer from:
    - EVV Vendor to another EVV Vendor
    - EVV Vendor to an EVV Proprietary system
    - EVV Proprietary system to an EVV Vendor system

The effective transfer date will be the date the FMSA is ready to begin using the selected EVV system.

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System Transfer Policy

A request to transfer to another EVV system must be made at least one hundred twenty (120) calendar days prior to the desired transfer date.

- The transfer may occur sooner than one hundred twenty (120) days if:
    - the FMSA and the EVV Vendor agree on an earlier date
    - the EVV Proprietary system operator has received written approval from HHS

Note: The FMSA must notify the CDS employer of EVV system transfers.

EVV System Transfer Policy

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System Transfer Policy

The transfer process includes:

- Training for FMSA, CDS employers and designated representative (DR) on the new EVV system before being given access

- The FMSAs transfer and verification of identification data and visit data elements

- Completion of all migration tasks necessary for the FMSAs, CDS employers and DRs to begin using the EVV system

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System Transfer Policy

The FMSA must follow the EVV system selection policy:

- Will not receive a grace period for EVV compliance
- May have EVV claims deny if there is no matching accepted EVV visit transactions
- Will be subject to all EVV policy enforcement

Note: If transferring from an EVV Vendor system, all devices supplied by the previous EVV vendor must be returned once the FMSA has completely transferred to the new EVV system.

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System Onboarding Form

The EVV system's onboarding form must be signed by the signature authority and EVV system administrator.

- Signature Authority:
    - Person who signs the FMSA contract with the state or a MCO

- FMSA EVV System Administrator:
    - Person who is granted initial access to an EVV Vendor system and is the primary contact for the onboarding process, unless otherwise directed by the signature authority

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System Administrator

The FMSA EVV System Administrator:

- Is the primary contact for the onboarding process

- Sets up user access in the EVV system, including CDS employers

- Ensures all required EVV system trainings are completed by those who will have access to the EVV system

- FMSAs should have a back-up EVV system administrator

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Data Collection Policy

In alignment with Texas Government Code §531.024172, 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 Medicaid Member receiving the service
- The date and times the CDS employee begins and ends the service delivery visit
- The location where the service is provided
- The name of the person (CDS employee) providing the service
- Other information the commission determines is necessary to ensure the accurate adjudication of Medicaid claims

Data Collection Policy

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Data Collection Policy

For EVV visit transactions, HHS categorizes the critical data elements as:

*   Identification data
*   Visit data

The FMSA must enter or import the following identification data into the EVV system during the onboarding process:

*   Type of service performed
*   Member receiving the service
*   Person providing the service
*   Other information the commission determines is necessary to ensure the accurate adjudication of Medicaid claims (Provider or FMSA information)

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Validation of Identification Data

Once the identification data is entered into the EVV system:

- The EVV system will validate the identification data against data received from Texas Medicaid systems, when applicable

- If the data does not match, the FMSA may need to make corrections to the identification data in the EVV system

Note: The FMSA may need to make corrections in other systems that interact with the systems at TMHP.

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FMSA Data

The FMSAs data entered into the EVV system may include:

- National Provider Identifier (NPI)
- Atypical Provider Identifier (API)
- Taxpayer Identification Number
- Texas Provider Identifier (only FFS)
- HHS Provider Number (Legacy DADS contract number)
- FMSAs
  - Legal Name
  - Address
  - City
  - Zip Code

Note: It's important to ensure this data is correct.

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Data Collection Policy

Individual's enrolled in Medicaid programs that require the use of EVV **must** have Medicaid eligibility at the time the FMSA enters the individual's data into the EVV system.

- The EVV system uses the Medicaid ID and date of birth entered by the FMSA and compares it to the data stored by TMHP

Note: The FMSA will enter the CDS employer and DR information into the EVV system.

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Service Authorization

FMSAs must enter and maintain the most current service authorization in the EVV system for each Medicaid Member receiving services required to use EVV.

- The EVV Vendor will provide instructions on the entry and maintenance of service authorizations into the EVV system

FMSAs must enter service authorizations manually into the EVV system for the following HHS and Managed Care programs:

- Home and Community-based Services
- Texas Home Living
- Health and Community-based Services Adult Mental Health
- STAR Kids

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Service Authorization

The EVV system will not export an EVV visit transaction to the EVV Aggregator without the most current service authorization.

Note: FMSAs using a EVV Proprietary system are responsible for entry and maintenance of service authorizations in their system.

Service Authorization Policy

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Service Bill Codes Table

The HHS EVV service bill codes for the service authorizations entered or imported into the EVV system can be found on the HHS EVV Services Bill Code Table located on the HHS EVV website.

The group/service codes or HCPCS and modifiers for service authorizations must match the service bill codes in the EVV Service Bill Codes Table.

Schedules Policy

The CDS option does not require the use of schedules.

- The CDS employer has the option to either enter a schedule or not

Note: The EVV Vendor will provide instructions on the use of the EVV system with or without schedules.

Schedules Policy

Training Policy

HHS EVV Training Policy requires FMSAs to complete all required EVV training prior to using an EVV system and annually thereafter.

• The yearly clock is based on when the initial training is completed

FMSAs and CDS employers must maintain current records indicating completion of training requirements.

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Training Policy

HHS or an MCO may request a FMSA to provide documentation of training completion.

- FMSAs that fail to produce training completion documentation will not have met the EVV training requirement and may be subject to contract action

EVV Training Policy

Note: FMSAs must adhere to accessibility requirements under the Americans with Disabilities Act and other state and federal requirements.

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Training for FMSAs

EVV Training Requirements:

- EVV System Training: Conducted by EVV Vendor
- EVV Portal Training: Conducted by TMHP
- EVV Policy Training: Conducted by Payer (HHS or MCO)
- Clock In and Clock Out Methods: Conducted by EVV Vendor

The clock in and clock out methods training is part of the EVV system training with the EVV vendor or Proprietary Systems Operator (PSO).

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Training for CDS Employer

EVV Training Requirements:

- EVV System Training: Conducted by EVV vendor
- EVV Policy Training: Conducted by Payer (HHS or MCO) FMSA
- Clock In and Clock Out Methods: Conducted by EVV vendor

The clock in and clock out methods training is part of the EVV system training with the EVV vendor or PSO.

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Training for CDS Employees

EVV Training Requirements:

  – Clock In and Clock Out Methods: Conducted by EVV Vendor

The clock in and clock out methods training is part of the EVV system training with the EVV Vendor or PSO. The EVV Vendor is training the CDS employer. If the CDS employer needs additional assistance, the EVV Vendor will need to provide the assistance.

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Training Policy-PSOs

FMSAs using their own EVV Proprietary system assume full responsibility for training all users on the proper use of the EVV Proprietary system, including clock in and clock out methods. The PSO or whom they designate, will need to provide training on their EVV Proprietary system to:

- FMSA staff
- CDS employers
- HHS staff
- MCO staff
- TMHP staff

EVV Proprietary System Policy

Training Topics

Some of the topics the FMSA needs to train the CDS employers on are:

- What EVV is and why EVV is required
- Programs and services required to use EVV
- EVV training policy and schedules policy
- EVV clock in and clock out methods
- Visit maintenance policy and times frames
- EVV reason codes policy and required free text
- Misuse of EVV reason codes policy
- EVV compliance oversight policy and EVV system reports

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Training Registration

To register for EVV training:

- EVV System
  - Visit your EVV Vendor website or contact your PSO
- EVV Policy
  - Visit the HHS or MCO EVV website
- EVV Portal Training
  - Contact TMHP

Access the TMHP Learning Management System (LMS):
- Create an account

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Using the EVV System

The FMSA and CDS employer can begin using the EVV Vendor system once:

- An EVV system has been selected

- All required EVV training is completed

- The onboarding process with an EVV system is complete, including entering all required identification data

EVV Proprietary Systems must receive written approval from HHS before being used.

HHS EVV Proprietary System webpage

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Visit Data

The CDS employee clocking in and clocking out of the EVV system will generate the EVV visit data.

- Date and time of the service
- Location of the service

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Visit Transaction

Identification Data:

- Prior to using the EVV system, the Provider or FMSA must enter (or import) their identification data into the EVV system.
    - Provider or FMSA
    - Member receiving the service
    - Person providing the service
    - Type of service performed

Visit Data:

- The person providing the service (service attendant) uses the EVV system to clock in when service delivery begins and clock out when service delivery ends. The EVV system captures the visit data.
    - Date and time of the service
    - Location of the service

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Visit Transaction

The EVV system combines the identification data and the visit data to create an EVV transaction.

- Provider or FMSA
- Member receiving the service
- Person providing the service
- Type of service performed
- Date and time of the service
- Location of the service

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Visit Transaction

An EVV Visit Transaction is a complete, verified visit consisting of the date and time service delivery begins and ends matched with other required data elements that identify the Medicaid Member, CDS employee, FMSA and Payer.

Note: An EVV visit transaction with missing or incorrect data in the EVV system result in:

- Rejected EVV visit transactions
- Denied or recouped EVV claims
- Inaccurate EVV standards reports

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Electronic Verification Methods Policy

When a CDS employee provides authorized services to a Medicaid Member in the home or community, the CDS employee must use one of three approved EVV methods to clock in and clock out.

- HHS-approved EVV mobile method
- EVV Alternative Device
- CDS Employer's home phone landline

Clock In and Clock Out Methods

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Clock In and Clock Out Methods

EVV policy allows the CDS employee to use multiple clock in and clock out methods for a service delivery visit.

- For example: The CDS employee can clock in using the designated clock in and clock out method of the Medicaid Member's home phone landline
  - If the CDS employee also has the mobile application, they can clock out using the mobile method

Note: Check with the EVV vendor on the specifics of how each of their clock in/clock out methods work.

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Mobile Method

A mobile device or mobile device application used in the home or community to clock in when service delivery begins and clock out when service delivery ends.

To clock in and clock out of the EVV system, the CDS employee can use:

- Their own personal mobile device
- A mobile device provided by the FMSA or CDS employer
- The CDS employer's mobile device

Note: The mobile method is the only clock in and clock out method that can be used in the community.

Mobile Application Method

- The FMSA or CDS employer must update the EVV system when authorizing the use of a mobile method by a CDS employee

- If the mobile method is a smart phone application, the mobile application must be downloaded and registered with the EVV system

  – This allows the CDS employee to be linked to the Medicaid member

- The mobile device must be kept operational

- If the CDS employee is unable to clock in or clock out due to the mobile device not being operational another method must be used or the visit must be manually entered

  – Manually entered visits are considered a failure to use the EVV system

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Mobile Application Method

- Mobile application login credentials must not be shared
  - Users must only access the mobile application using their own login credentials

Note: The mobile method application cannot store Protected Health Information (PHI).

The EVV mobile application:

- Only records the location at time of clock in and clock out
- Does not track the location of the CDS employee, CDS employer, or Medicaid member before, during, or after the visit
- May be used by the CDS employee if they live in the same home or apartment complex as the Medicaid member
- May be used in the community

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Mobile Application Method

Mobile Method-Specifications:

The mobile device must use the Apple iOS or Android operating system. Device must not be rooted or jailbroken.

- Rooting
  - Process of getting around Android's security architecture and gaining access to the Android operating system code
- Jailbreaking
  - Process of removing the limitations put in place by a device's manufacturer

Note: Contact the EVV vendor for a full list of mobile method specifications, including device types.

User Liability

If using a downloadable mobile method HHS, MCOs, TMHP and EVV vendors are not liable for:

- Any cost incurred while using the EVV mobile method

- Any viruses on the device

- A hacked, broken, damaged, or lost or stolen device

- A non-working device

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Member Home Phone Landline

A method used to clock in and clock out of an EVV system by using the Medicaid Member's home phone landline to call a toll-free number when service delivery begins and ends.

A Medicaid Member has the option of allowing a CDS employee to use their home phone landline to clock in and clock out of the EVV system.

- The home phone landline must be located in the Medicaid Member's primary residence
- The FMSA must enter the Medicaid Member's home phone landline number into the EVV system before the CDS employee uses the home phone landline to clock in and clock out

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Member Home Phone Landline

The CDS employee will call a toll-free number when clocking in and clocking out from the Medicaid Member's home phone landline.

- CDS employees must not use cell phones to call the toll-free number when the Medicaid Member's home phone landline has been designated as the call in and call out method
- Cell phones can only be used for the EVV mobile method or to call in alternative device codes

When the CDS employee calls in, the EVV system will match the phone number used by the CDS employee with the Medicaid Member's home phone landline number entered into the EVV system.

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Member Home Phone Landline

- If the numbers do not match, the EVV system will reject the visit and the CDS employer or FMSA must perform visit maintenance to manually enter the visit

A Medicaid Member's home phone landline must be physically connected to the Medicaid Member's home and provided only at a specified address of the Medicaid Member.

- The CDS employee may not use an unallowable phone type when the Medicaid Member's home phone landline is the designated clock in and clock out method
- An unallowable home phone landline type is a cell phone or cellular-enabled device or tablet

Unallowable Phone Types

Example of unallowable types of mobile phone carrier options which offer prepaid or pay as you use cell phone plans include the following:

- AT&T
- Boost Mobile
- Cricket Wireless
- Metro PCS
- Spectrum (Time Warner)
- Sprint
- Straight Talk
- T-Mobile
- Verizon
- Virgin Mobile

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Unallowable Phone Types

The CDS employee also must not use a cellular-enabled device or tablet; such as but not limited to:

- iPad Tablet

- Galaxy Tablet

- Smart Watch

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

Note: If an unallowable phone type is used, the visit is subject to recoupment.

Monitoring Phone Type Usage

The FMSA or CDS employer must monitor the phone type usage when the clock in and clock out method is the Medicaid Member's home phone landline.

- The *EVV Landline Phone Verification Report* located in the EVV system will show the phone type

Note: The EVV vendor conducts monthly phone sampling of home phone landline numbers entered into the EVV system to verify that the number is a landline number and not a mobile phone number.

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Unavailable Home Phone Landline

The CDS employer should have the CDS employee use a mobile method, or order and place an alternative device in the home if the:

- CDS employer does not want the CDS employee to use the home phone landline to clock in or clock out

- Medicaid Member's home phone landline is frequently not available due to service interruption or use by the Medicaid Member

- Medicaid Member does not have a home phone landline

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Alternative Device

An Alternative Device is a HHS approved device that generates codes indicating the date, clock in and clock out time in the EVV system.

EVV Alternative Device Method Policy

The alternative device must always remain in the 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 Office of Inspector General

Note: Alternative devices are provided directly to the CDS employer by the EVV vendor.

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Ordering an Alternative Device

Upon determining that an alternative device is needed, the FMSA or CDS employer has fourteen (14) calendar days to order a device from the vendor.

- CDS employers can place the order themselves, or request assistance from their FMSAs
- The EVV vendor will provide instructions on how to order and use an alternative device
- The EVV vendor has ten (10) business days to process and ship the alternative device
  - Depending on the shipping method, it may take additional days to deliver the order

Ordering an Alternative Device

The EVV vendor electronic ordering process allows FMSAs and CDS employers to:

- Order a new or replacement alternative device

- Track alternative device orders

- Manage, assign and un-assign alternative devices

- Manage shipping addresses

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Alternative Device Placement

The CDS employer will either place the alternative device in a specific location in the home or attach the alternative device to something in the home.

The alternative device should always be accessible to the CDS employee.

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

Note: The EVV vendor will provide instructions on how to attach the alternative device in the Medicaid Member's home.

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Requirement to Use the Alternative Device

The CDS employer must designate the alternative device as the clock in and clock out method if:

- There is no home phone landline available in the Medicaid Member's home

- The Medicaid Member will not allow the use of the home phone landline for clock in and clock out

- If the CDS employee is unable to use the mobile method to clock in and clock out

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Requirement for Alternative Device

Alternative Device Codes:

- The CDS employer must train the CDS employee in the use of the alternative device and explain the process for using the device to document the clock in and clock out time

- CDS employees must document the codes generated by the alternative device and call in the codes within seven (7) calendar days

Note: The codes will expire seven (7) calendar days after the date of the visit.

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Calling in Alternative Device Codes

The CDS employee must call a toll-free number to enter the codes. Or the FMSA, CDS employer may enter the codes into the EVV system.

- The CDS employee's personal cell phone may be used to call in alternative device codes; or if the CDS employer allows it, the CDS employer's home phone landline

Note: Once the codes have expired, the visit must be manually entered into the EVV system and the Payer will consider the visit as a failure to clock in and/or clock out of the EVV system.

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Usage Policy

The HHS EVV Usage Policy specifies that HHS or MCOs, if applicable, will monitor the number of manual EVV visit transactions and the number of rejected EVV visit transactions recorded by the FMSA or CDS employer.

- Failure to clock in and clock out of the EVV system and EVV visit transaction errors will negatively impact the quarterly EVV Usage Score

Note: The CDS employer is ultimately responsible for the CDS employee clocking in and clocking out.

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Usage Policy

If the CDS employee fails to clock in or clock out using one of the approved clock in and clock out methods, the FMSA or CDS employer must:

- Manually enter the visit into the EVV system by:
  – Completing visit maintenance and
  – Adding the most appropriate EVV reason code

Note: Failure to complete all visit maintenance prior to submitting an EVV claim will result in the denial or recoupment of the EVV claim.

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Usage Policy

When a CDS employer temporarily loses Medicaid eligibility or the service authorization has been suspended, and the FMSA chooses to continue services, the CDS employee must still clock in and clock out using the EVV system.

- Any required visit maintenance must also be completed during this time

Note: The FMSA cannot bill the services until the eligibility or authorization is reinstated as required by Medicaid eligibility.

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Clocking in and Clocking Out

The EVV systems allows:

- Multiple CDS employees
  - Two or more CDS employees to provide services for one CDS employer at the same time

- Companion Cases
  - One CDS employee to provide services to more than one CDS employer at the same time

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Companion Case Example

When two or more people receive services from the same CDS employee in the same home, the CDS employee must use the EVV system to clock in and clock out for each person.

For example: CDS employee Jane provides services to Bob Jones 8am-11am, and Mary Jones, 11am-1pm.

- Jane will need to use EVV to clock in at 8am and clock out at 11am to document service delivery for Bob Jones
- Jane will also need to use EVV again to clock in at 11am and clock out at 1pm to document service delivery for Mary Jones

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Services in the Community

When a CDS employee begins or ends EVV service delivery outside the home, the CDS employee must still use the EVV system.

- Depending on the clock in and clock out method, this may require written documentation by the CDS employee on the time services began and/or ended and require the FMSA or CDS employer to perform visit maintenance

Note: The only clock in and clock out method available for clocking in and clocking out in the community is the EVV mobile method.

If the CDS employer receives services in more than one location, the FMSA or CDS employer must work with the EVV vendor on the most appropriate clock in and clock out method to use at the different locations.

Services in the Community

For example, the CDS employer receives services at their residence, but 1 (one) week out of the month they receive services at their daughter's residence.

- Contact your EVV vendor for additional questions, training, or for assistance in determining the method to use when a CDS employee provides EVV services in the community

Non-Relevant Services

There are some services that are not required to use EVV, such as transportation.

These services are referred to as non-relevant EVV services.

CDS employers will continue to follow program policy on documentation requirements for non-relevant EVV services.

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Non-Relevant Time Logged Report

Non-EVV time deducted from visits will show up on the Non-EVV Relevant Time Report located in the EVV system.

- The report only identifies time associated with non-EVV services
- The report does not identify the specific non-EVV service(s) associated with that time
  - Transportation

Note: If a CDS employee is providing two non-EVV services during a visit, the report will combine both services.

Verifying Visit Data

The FMSA or CDS employer must ensure that each EVV visit transaction in the EVV system is:

- Complete

- Accurate

- Validated

This is done by reviewing the EVV visits captured in the EVV system to verify that the required EVV visit data elements are accurate and complete.

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Verifying Visit Data

When the CDS employee clocks in or clocks out, the EVV system will capture the:

• Date and time

• Member ID

• Attendant ID

• Location of the clock in and clock out

If any of these data elements are missing or incorrect, the EVV system will alert the CDS employer and FMSA of the exception(s). The CDS employer must clear all exceptions before the EVV visit transaction can be verified.

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Visit Maintenance Definition

The process of modifying data in the EVV system to accurately reflect the delivery of service.

• Visit maintenance in the EVV system must be performed by the CDS employer or their FMSA

The CDS employer must indicate the EVV visit maintenance responsibilities on Form 1722 CDS Employer's Selection for EVV Responsibilities.

Visit Maintenance Responsibilities

Form 1722 list the following options:

- Option 1
  - The CDS employer will perform all required visit maintenance within the EVV system using their own computer or other electronic device and will approve their attendant's time worked in the EVV system

- Option 2
  - The CDS employer will have their FMSA complete all required EVV visit maintenance on their behalf; however, the CDS employer will approve their attendant's time worked in the EVV system

- Option 3
  - The CDS employer will have their FMSA complete all required EVV visit maintenance
  - Confirm their attendant's time worked in the EVV system based on approval documentation from the CDS employer

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Visit Maintenance Responsibilities

If the CDS employer elects to have the FMSA complete the EVV visit maintenance on their behalf, the CDS employer must give final approval on the visit maintenance performed.

- The CDS employer is ultimately responsible for ensuring the visit maintenance is accurate and complete before giving approval

Note: The FMSA confirmation on the Form 1722 indicates the CDS employer has approved the visit.

Visit Maintenance

The FMSA can modify the identification data and certain data elements of the EVV visit transaction. Identification data the FMSA may modify includes the:

- FMSAs data
- Medicaid Member's (Person's) data
- CDS employee's data
- Type of service performed

Note: The CDS employer can modify certain data elements of the EVV visit transaction, but not the identification data.

Visit Maintenance Policy

The FMSA and CDS employer cannot change the following visit data when performing visit maintenance. The visit data elements that cannot be changed when performing visit maintenance are:

- Member ID
- Clock in time
- Clock out time
- Visit date
- Existing reason codes or free text
  - A new reason code can be added, but not removed

Visit Maintenance Policy

The CDS employer or FMSA may adjust the pay hours (bill hours) during visit maintenance to indicate the actual time worked that the FMSA intends to bill.

Manually entering pay hours into the EVV system is known as manually entered EVV Visit Transactions. (Formally known as: Graphical User Interface visit transaction.)

The pay hours:

- Must be entered if there is a missing clock in or clock out
- May be downward adjusted, as needed
- May not be greater than the actual hours worked
 - Based on clock in and clock out times

Visit Maintenance Policy

Visit maintenance must be completed prior to submitting an EVV claim.

- EVV claims are subject to denial or recoupment if they are submitted before all required visit maintenance has been completed in the EVV system

Note: If visit maintenance is required after a claim has been submitted, then do the visit maintenance in the EVV system and resubmit the claim.

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Visit Maintenance Process Flow
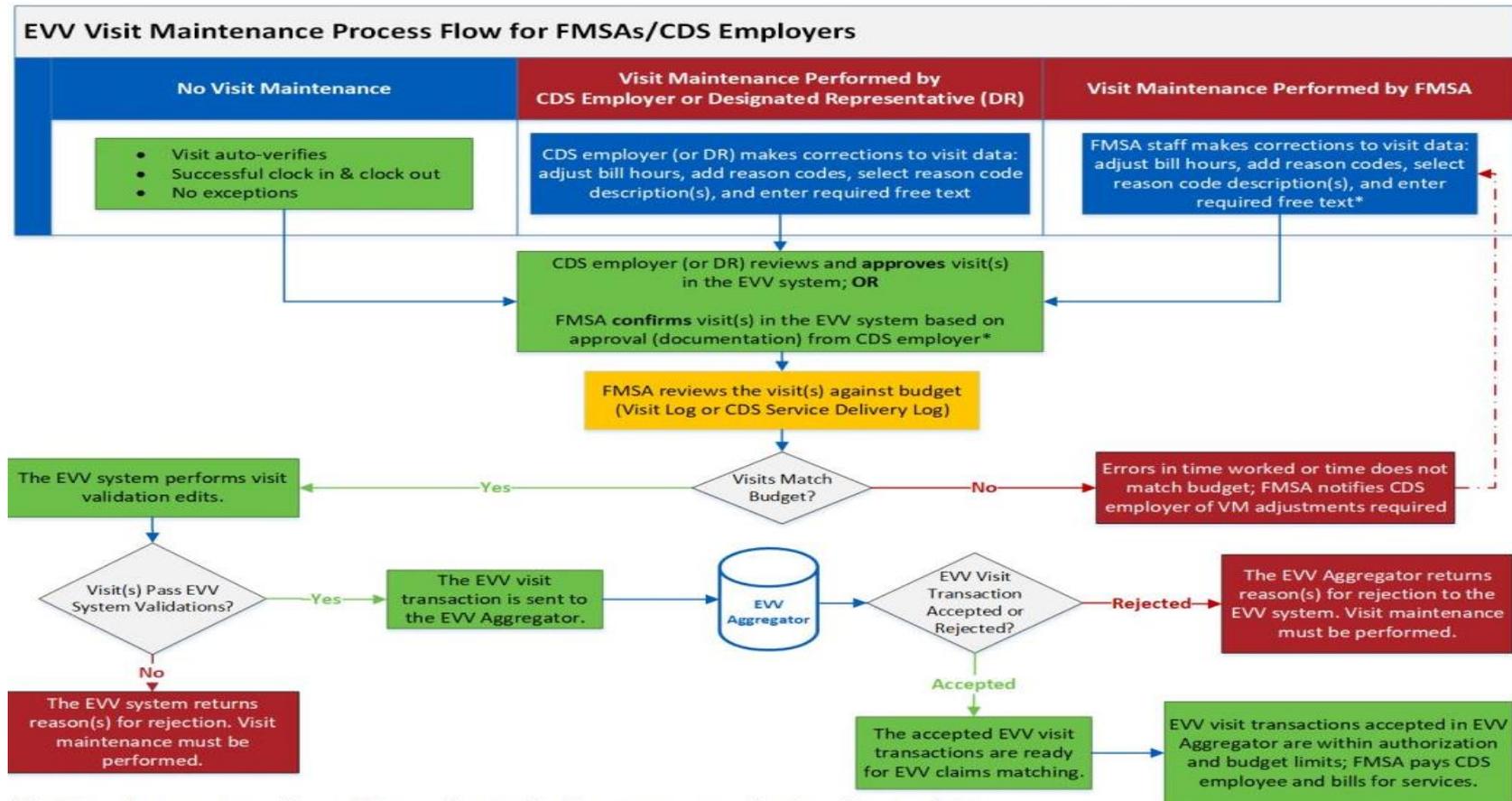
Last Visit Maintenance Date Policy

Payers will compare the last visit maintenance date and time on the EVV visit transaction to the date and time the claims management system received the EVV claim. This comparison will indicate if all visit maintenance was completed before the EVV claim was submitted.

- After the EVV visit has occurred, changes to certain fields on the EVV visit transaction will change the last visit maintenance date and time
- Once a change is made and saved, the EVV system will update the EVV visit transaction to reflect the:
  - Last visit maintenance date
  - Time of the change

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Last Visit Maintenance Date Policy

After the visit occurs, changes to any of the following fields will change the last visit maintenance date recorded in the EVV visit transaction:

- NPI
- API
- Contract number
- CDS Employer's Medicaid ID
- Service group
- Service code
- HCPCS code
- Modifiers
- Bill (pay) hours
- Units
- Adding a reason code number

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Last Visit Maintenance Date Policy

- Adding a reason code description
- Entering a reason code comment

Visit maintenance must be completed prior to submitting an EVV claim for payment.

- If the last visit maintenance date is after the EVV claim receipt date, the claim is subject to recoupment
- The last visit maintenance date may be viewed on the EVV Visit Log Report and the EVV visit details screen located in the EVV portal
- The EVV claim receipt date is the date the TMHP claims system receives the claim submitted by the FMSA or their third-party biller

Visit Maintenance Policy

Visit Maintenance Timeframe

Visit maintenance must be completed within ninety-five (95) calendar days from the date of the visits.

- After ninety-five (95) days, the visit is locked and cannot be edited unless written approval is received by the Payer

Note: Making corrections to visit transactions after ninety-five (95) days will not change any type of action taken during a monitoring review, because the required information was missing or incorrect during the review period.

- Providers and FMSAs still need to follow claims filing timeline.

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Request to Unlock Visit Maintenance

After the ninety-five (95) days time frame:

- The FMSA or CDS employer must contact their Payer to request visit maintenance be unlocked
- Approvals and denials to unlock visit maintenance are processed in the order they are received, at the Payers discretion and determined on a case-by-case basis
- Requests may take up to two (2) weeks to complete and there are no expedited requests

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Request to Unlock Visit Maintenance

For an unlock request, the FMSA or CDS employer must submit the following documents to Cook Children's Health Plan listed on the visit transaction via a secure email:

- A completed EVV Visit Maintenance Unlock Request Spreadsheet that can be downloaded from cookchp.org or the HHS EVV website
- All supporting documentation related to the visit maintenance unlock request

Visit Maintenance Unlock Request:

For program Providers and FMSAs (Excel)

For CDS employers (Excel)

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Visit Maintenance Unlock Request

The FMSA or CDS employer must include the required subject line of "Visit Maintenance Unlock Request" in the email.

- Requests must be sent by secure email
  - Requests not sent securely could result in a Health Insurance Portability and Accountability Act (HIPAA) violation and the Payer will deny the request

- For more information on Request to Unlock EVV Visit Maintenance and time frames, please see the Visit Maintenance Unlock Request Policy located on the HHS EVV website

Reason Codes

EVV visit maintenance to clear an exception on an EVV visit transaction will require the use of EVV reason codes.

- EVV Reason Codes are standardized HHS approved codes used during visit maintenance to explain the specific reason a change was made to an EVV visit transaction

HHS EVV reason codes are found on the HHS EVV website.

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Reason Code Policy

The HHS EVV Reason Code Policy requires FMSAs or CDS employers to do the following when performing visit maintenance in the EVV system:

- Select the most appropriate EVV reason code number(s)

- Select reason code description option(s)

- Enter any required free text when performing visit maintenance in the EVV system

- More than one reason code and reason code description may be used

Exceptions with Reason Codes

There may be more than one exception in the EVV system for an EVV visit transaction.

FMSAs or CDS employers must clear all exceptions before the EVV visit transaction will be exported to the EVV Aggregator.

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Reason Codes

Reason Code	Number	Reason Code Description
Overnight Visit (if applicable)	000	This reason code is a system-generated reason code used by the EVV vendor when the EVV system auto-generates a clock out at 11:59pm and a clock in at 12:00am for overnight visits. This reason code is not available for program Provider use.

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Reason Codes

Reason Code	Number	Reason Code Description
Service Variation	100	The program Provider will select this reason code and the appropriate reason code description when acceptable service variations occur.

Free text is required for A-J if any missing actual clock in or clock out time is not electronically captured by the EVV system.	A – Staff hours worked differ from schedule
	B – Downward adjustment of pay hours
	C – Authorized services provided outside of home
	D – Fill-in for regular attendant
	E – Member agreed or requested staff not work
	F – Attendant failed to show up for work
	G – Confirms visits with no schedule
	H – Overlap visits
	I – Split schedules
	J – In-home respite: Used when an in-home respite visit occurs and there is no schedule in the EVV system

Reason Codes

Reason Code	Number	Reason Code Description
Disaster	130	The program Provider will select this reason code and the appropriate reason code description when all or part of the scheduled services were unable to be delivered due to a natural disaster.

Free text is required for A-F if any missing actual clock in or clock out time is not electronically captured by the EVV system.	A – Flood
	B – Hurricane
	C – Ice/Snow storm
	D – Tornado
	E – Wildfire
	F – Public Health Disaster

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Reason Codes

Reason Code	Number	Reason Code Description
Emergency	131	The program Provider will select this reason code when all or part of the scheduled services were unable to be delivered due to an emergency with the Member.

Free text is required: The Provider must document any missing actual clock in or clock out time not electronically captured by the EVV system.

Reason Codes

Reason Code	Number	Reason Code Description
Alternative Device	200	The program Provider will select this reason code and the appropriate reason code description when an assigned alternative device could not be used to clock in and/or clock out.

Free text is required for A-C if any missing actual clock in or clock out time is not electronically captured by the EVV system.	A – Alt device ordered
	B – Alt device pending placement
	C – Alternative device missing

Reason Codes

Reason Code	Number	Reason Code Description
Mobile Device	201	The program Provider will select this reason code and the appropriate reason code description when an assigned mobile device could not be used to clock in and/or clock out.

Free text is required for A-C if any missing actual clock in or clock out time is not electronically captured by the EVV system.	A – Mobile device ordered
	B – Mobile device pending placement
	C – Mobile device missing

Reason Codes

Reason Code	Number	Reason Code Description
Technical Issues	300	The program Provider will select this reason code and the appropriate reason code description when technical issues prevented staff from clocking in and/or clocking out of the EVV system.

Free text is required for A-H if any missing actual clock in or clock out time is not electronically captured by the EVV system.	A – Phone lines not working
	B – Malfunctioning alternative device
	C – Incorrect alternative device value
	D – Incorrect employee ID entered
	E – Incorrect Member EVV ID entered
	F – Malfunctioning mobile device/application
	G – Multiple calls for one visit
	H – Reversal of call in/out time

Reason Codes

Reason Code	Number	Reason Code Description
Landline Not Accessible	400	The program Provider will select this reason code and the appropriate reason code description when the Member's home landline phone was not accessible, which prevented staff from clocking in and/or clocking out of the EVV system.

Free text is required for A-C if any missing actual clock in or clock out time is not electronically captured by the EVV system.	A – Member does not have home phone
	B – Member phone unavailable
	C – Member refused staff use of phone

Reason Code	Number	Reason Code Description
Service Suspension	500	The program Provider will select this reason code when the Member's services are suspended.

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Reason Codes

Reason Code	Number	Reason Code Description
Other	600	The program Provider will select this reason code when an EVV system exception cannot be addressed using any other reason codes and reason code descriptions.

Free text is required: The Provider must document any missing actual clock in or clock out time not electronically captured by the EVV system.

Reason Codes

Reason Code	Number	Reason Code Description
Non-Preferred	900	The program Provider will select this reason code and the appropriate reason code description when staff failed to clock in and/or clock out of the EVV system.

Free text is required for A-D if any missing actual clock in or clock out time is not electronically captured by the EVV system.	A – Failure to call in
	B – Failure to call out
	C – Failure to call in and out
	D – Wrong phone number

Reason Codes Policy

Free text is required if the following reason code(s) are used:

- Other, Reason Code 600

  – The Provider must document the reason why "other" was selected and document any missing actual clock in or clock out time

- Emergency, Reason Code 131

  – The Provider must describe the nature of the emergency and document any missing actual clock in or clock out time

- Non-preferred, Reason Code 900

  – The Provider must document the reason why "Non-preferred" was selected and document any missing actual clock in or clock out time

Reason Codes Policy

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Free Text Policy

If there is not a clock in and/or a clock out, the FMSA or CDS employer must:

- Verify the actual time worked and document the missing actual clock in time and/or clock out time in the free text field

Examples of required free text when clock in/out is missing:

- "Actual clock in was 8:05am" or "8:05a"
- "Clock out was 1pm" or "1p"
- "Actual clock in was 10am, and actual clock out was at 4pm" or "10a-4p"

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Adjusting the Pay (Bill) Hours

The FMSA or CDS employer may adjust the pay (bill) hours to indicate the actual time worked. For example, if the CDS employee forgets to clock out.

The pay (bill) hours:

- Must be entered if there is a missing clock in or clock out
- May be downward adjusted, as needed
- May not be greater than the actual hours worked

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Visit Maintenance Completed

Once visit maintenance is complete and all exceptions are cleared, the EVV system will perform final validations before sending the EVV visit transaction to the EVV Aggregator.

The EVV system sends EVV visit transactions to the EVV Aggregator on a nightly basis.

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How to Reduce Visit Maintenance

EVV system solutions have been implemented to help reduce visit maintenance, increase auto-verified visits and provide more flexibility for clocking in and clocking out.

- For more information on the visit maintenance reduction solutions, please see the EVV Provider Policy Handbook Section 8000 Visit Maintenance

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Visit Transaction

The EVV system combines the identification data with the visit data and creates an EVV Visit transaction.

- EVV Visit Transaction
  - A complete, verified visit consisting of all required data elements needed to verify a service delivery visit

Visit Transaction

Identification Data:

- Provider or FMSA

- Location of the service

- Type of service performed

- Member receiving the service

- Person providing the service

Visit Data:

- Date and time of the service

Identification Data + Visit Data = EVV Visit Transaction

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System Visit Validations

The EVV system validation ensures the identification data and visit data is in the correct format and all required information is entered.

After a visit is completed and prior to exporting a complete, accurate and verified EVV visit transaction to the EVV Aggregator, the EVV system will compare the visit data against:

• A pre-existing schedule, if a schedule is entered (Schedules are optional for the CDS option)

• Existing identification data specific to the CDS employer

Note: Data entries are compared to Texas Medicaid data.

System Visit Validations

If the visit data **passes** the EVV system validations edits, the:

• EVV visit transaction is forwarded to the EVV Aggregator for further business validations

If the visit data **fails** the EVV system validations edits:

• EVV system will generate exceptions

• EVV visit will not auto-verify and the EVV visit data will stay in the EVV system

• FMSAs or CDS Employers will be notified via a report of the EVV exceptions

• FMSAs or CDS Employers will need to go into the EVV system and perform visit maintenance

Note: Exceptions must be cleared before the EVV visit transaction can be submitted to the EVV Aggregator.

System Rejection Edits

Some examples of rejection edits are listed below:

Failure Reason	Failure Reason Description
Ex0002A – NPI is missing or invalid	• Provider NPI is missing • Length is more than or less than ten (10) digits
Ex0003A – Provider API on the EVV visit is not in a valid 10-character API format	• Provider API is missing • Length is more than or less than ten (10) digits
Ex00025B – Invalid Employee EVV User ID	• EVV visit record was manually verified but the Employee User ID is missing
Ex00058B – HCPCS Code is missing or invalid	• HCPCS code assigned to the EVV visit record is missing or invalid

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Aggregator and Portal

EVV Aggregator:

- Is a centralized database that collects, validates and stores statewide EVV visit data transmitted by an EVV system.

EVV Portal:

- Is an online system that allows users to perform searches, view reports and EVV claim match results in the EVV Aggregator.

Aggregator

After the EVV visit transaction passes all EVV system validations, it is sent to the EVV Aggregator. Once the EVV Aggregator receives the visit transaction, the EVV Aggregator will perform system validations.

The EVV Aggregator will store confirmed EVV visit transactions received from the EVV system and perform validation edits.

If the EVV Aggregator:

- Accepts the EVV visit transaction, then it becomes an accepted EVV visit transaction and is ready for the EVV claims matching process
- Rejects the EVV visit transaction, then the rejection reason is returned to the EVV system where the FMSA or CDS employer is notified and visit maintenance will need to be performed

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Claims Submission Policy

The HHS EVV Claims Submission Policy requires FMSAs to follow the billing guidelines of their payer.

The use of EVV does not replace billing for EVV services. You would still bill for services required to use EVV.

The HHS EVV Claims Submission Policy states that FMSAs that are required to use EVV must:

- Submit EVV claims for managed care services to TMHP

Claims Submission Policy

TMHP will perform the EVV claims match for all EVV claims once the claims are received at TMHP and return the match results to the appropriate claims management system.

- TMHP will forward managed care claims to the appropriate MCO along with the EVV claims match result codes
- The claims management system for the Payer will perform the final adjudication of the claim

Note: The EVV claim may be denied for other reasons not related to EVV.

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Claims Submission Policy

TMHP training will provide you with more details about preparing for submitting EVV claims and the claims submission process.

Note: FMSA using a third-party submitter must notify them of the EVV Claims Submission Policy.

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Best Practice Before Submitting Claims

FMSAs:

- Determine and follow your payers billing requirements

- Review the EVV Service Bill Codes table for correct billing codes

- Check the EVV portal to ensure EVV visit transactions were accepted by the EVV Aggregator

FMSAs and CDS employers/DRs:

- Ensure ALL visit maintenance is completed on an EVV visit transaction before the FMSA submits a claim for it

- Be familiar with how EVV applies rounding rules

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Rounding Rules

It's important to be familiar with EVV rounding rules for billing purposes and how the EVV system applies the rounding rules.

- The EVV system applies the rounding rules to the total duration of the actual hours worked by rounding the total hours worked to the nearest quarter hour increment
- By system default, pay hours are equal to actual hours based on the clock in and clock out times
- Pay hours can be adjusted down if the FMSA or CDS employer wants to bill for fewer hours than were logged on the visit

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Rounding Rules on Billed Units

EVV services are billed in quarter hour increments, (0, 15, 30, or 45 minutes past the hour).

The EVV system rounds:

- Up to the next quarter hour when the total actual time worked is eight (8) minutes or more
- Rounds down to the previous quarter hour when the total actual time worked is seven (7) minutes or less

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Rounding Rules on Billed Units

Example:

- A CDS employee works two (2) hours and fifty-three (53) minutes for a scheduled shift, the adjusted pay hours will round up to three (3) hours
  - The CDS employee worked two (2) hours, forty-five (45) minutes, plus eight (8) minutes
- A CDS employee works two (2) hours and fifty-two (52) minutes, the adjusted pay hours will round down to 2.75 hours
  - The CDS employee worked two (2) hours, forty-five (45) minutes, plus seven (7) minutes

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Claims Matching Policy

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

EVV claims will be denied if:

- Critical data elements on the EVV visit transaction do not match critical data elements on the claim
- The claim was not submitted according to Payers guidelines

The critical data elements that need to match during the CDS claims matching process are:

- Medicaid ID
- EVV Visit Date

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Claims Matching Policy

- National Provider Identifier (NPI) or Atypical Provider Identifier (API)
- Healthcare Common Procedure Coding System (HCPCS) code
- HCPCS modifier

Note: Cook Children's Health Plan does not allow date span billing.

EVV Claims Matching Policy

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Viewing Claim Matching Results

- FMSAs can view the EVV claim matching results in the EVV Portal on the EVV Claim Search tab
- An EVV claim match result code is a code used to indicate if an EVV claim line item matched or did not match an accepted EVV visit transaction

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Claim Match Result Codes

The following EVV claim match result codes are displayed in the EVV Claim Search tab in the EVV Portal:

- EVV01 - EVV Match
- EVV02 - Medicaid ID Mismatch
- EVV03 - Date(s) of Service Mismatch
- EVV04 - Provider Mismatch (NPI/API)
- EVV05 - Service Mismatch (HCPCS and modifiers if applicable)
- EVV06 - Unit Mismatch (Not applicable to CDS)
- EVV07 - Match Not Required
- EVV08 - Natural Disaster

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Claim Search Tab

The EVV Claim Search tab in the EVV portal displays all EVV claim match result codes when searching for a range of dates of service.

- Claims without a matching EVV visit transaction 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
- All EVV claim match results are forwarded to your payer

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Reports

FMSAs can conduct searches in the EVV Portal and pull reports from the EVV system and the EVV portal.

- To help stay in compliance with EVV and ensure claims are paid in a timely manner, FMSAs are encouraged to pull reports on a regular basis

EVV standard reports are the official EVV reports that HHS and MCOs will use for oversight and data analysis; including, but not limited to:

- HHS contract monitoring
- HHS EVV compliance oversight reviews
- Recoupment projects
- Fraud, waste and abuse reviews

Note: CDS employers/DRs will have access to the reports located in the EVV system, but not in the EVV Portal.

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Reports

The EVV system that generates the standard report is the system of record for the compliance data within the standard reports.

- EVV Standard reports are located in the:
  – EVV Portal
  – EVV System

Note: HHS and MCOs will only use EVV portal standard reports and EVV system standard reports for contract monitoring, recoupment projects or other compliance oversight and review activities.

Reports Policy

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Portal Standard Reports

The EVV Portal standard reports are listed below.

- EVV Attendant History Report:
  - Verifies which CDS employee provided services to a CDS employer for a requested date range
- EVV Provider Report:
  - Displays contract or enrollment data used by the FMSA during onboarding with the EVV system
  - Displays the FMSAs EVV system onboarding date, start date and end date
- EVV Reason Code Usage and Free Text Report displays:
  - EVV reason code number
  - Reason code description

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Portal Standard Reports

- – Any free text entered on accepted EVV visit transactions during a specified month
- – The report is sorted by each FMSAs unique identifier
- EVV Units of Service Summary Report:
- – Displays daily, weekly and monthly totals of services delivered for a Medicaid ID
  - o Identifies breaks in service for a Medicaid ID
- EVV Usage Report:
- – Displays the EVV usage score for the preceding quarter(s)
  - o Usage score will not apply until after the grace period
- EVV Clock In/Clock Out Usage Report:
- – Used to review the CDS employee's
  - o Use of EVV clock in/clock out methods

Portal Standard Reports

- o Total visits worked within a specific date range
- o Percentage of total visits worked for each clock in/clock out method within a specific date range
- EVV Visit Log
  – Displays the hours of services delivered by the CDS employee to the Medicaid Member and includes all EVV accepted visit data sent to the EVV Aggregator for services started July 1, 2020
  – Displays the schedule (when applicable) and the:
    - o Actual hours
    - o Location
    - o EVV clock in and clock out method for each

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Portal Standard Reports

- 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 Providers, FMSAs and Payers to research informational claim matching codes

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Portal Standard Reports

The reports located in the EVV system will be available to:

- FMSAs
- CDS employers
- HHS staff
- MCOs staff

System Reports

The EVV system reports are listed below:

- EVV Alternative Device Order Status Report
  - Used to verify that alternate devices have been ordered and to track the status of those orders
- EVV CDS Service Delivery Log
  - Displays EVV visit data for CDS visits for a requested date range
- EVV Landline Phone Verification Report
  - Used to verify the use of an unallowable phone type when a Provider has selected the Member's home phone landline method as the clock in and clock out method
- Non-EVV Relevant Time Report
  - Displays time that was spent on non-EVV services between clock in and clock out for a requested date range

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Vendor Ad-Hoc Reports

The EVV vendor must provide ad-hoc reporting of data available in the EVV vendor system at no additional cost to the FMSA or CDS employer, DR or LAR.

- Ad-hoc reports are not considered EVV standard reports and cannot be used for contract oversight monitoring; such as contract monitoring reviews
- For questions regarding EVV Vendor Ad-hoc reporting, contact the EVV vendor

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Reports Questions

For questions on EVV reports, contact the following:

- How to use the EVV Portal, contact EVV@TMHP.com

- How to access EVV Standard Reports from the EVV system, contact your EVV Vendor

- For EVV policy on reports, contact HHS or MCO

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Compliance Oversight Reviews Policy

The EVV Compliance Oversight Reviews Policy is conducted by HHS and MCOs to ensure EVV policies and requirements are being met. The reviews will be on a regular basis and consist of:

• EVV Usage Reviews

• Required Free Text Review

• EVV Landline Phone Verification Reviews

Usage

Payers conduct usage reviews to ensure the EVV system is being used and EVV visit maintenance is being conducted.

EVV usage review, looks at the:

- Manual entry of bill (pay) hours into an EVV system through Manually entered EVV Visit Transactions (formally graphical user interface transactions)

- Rejected EVV visit transactions
  - A rejected EVV visit transaction is an EVV visit transaction rejected by the EVV Aggregator because it does not pass EVV visit validation edits

Usage

FMSAs and CDS employers will need to confirm that data entered into the EVV system is complete and correct to avoid rejections by the EVV Aggregator.

- The EVV system will assist FMSAs and CDS employers by identifying incomplete or incorrect data and providing alerts that require the FMSAs or CDS employers to make updates prior to the data being submitted

Usage Report

HHS and MCOs will use the EVV Usage Report (located in the EVV Portal) to determine the EVV Usage Score for each FMSA contract.

- This report will show the EVV Usage Score for the preceding quarter and is available for up-to-date monitoring
- The report can be pulled in Excel format and filtered

Note: This report can be used by the FMSA to monitor the FMSAs EVV Usage Score.

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Usage Review Period

The EVV usage review consists of all visits with dates of service within the State's fiscal year quarters. Payers will post the review start date on their websites ninety (90) days prior to the start of the review.

EVV Usage Review Quarters	EVV Usage Review Begin Date
September, October, November	February 5
December, January, February	May 5
March, April, May	August 5
June, July, August	November 5

Reason Codes and Required Free Text

The HHS EVV Reason Code and Required Free Text Policy requires the selection of the most appropriate EVV reason code number, reason code description and the entry of any required free text when performing visit maintenance in the EVV system.

Payers will monitor:

- Misuse of EVV reason code numbers and reason code description options
    – Failure to enter required free text

Reason Codes and Free Text Report

The EVV Reason Code Usage and Free Text Report will display 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 FMSAs contract number.

- Report can be pulled in excel format and filtered

Landline Phone Verification Report

The EVV Landline Phone Verification Report is available in the EVV system for up-to-date monitoring of unallowable phone types.

- If you require assistance in locating or generating the EVV Landline Phone Verification Report, contact the EVV Vendor or EVV Proprietary System Operator

Note: Refer to the Compliance Oversight Reviews Policy for additional information.

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Written Notice From Payer

If written notice of an unallowable phone type for a Member is received, appropriate action must be taken within twenty (20) business days from receipt of the written notice.

When a written notice is received from the Payer, the appropriate action to take is:

- Use an allowable phone type
- Select a different EVV call in and call out method such as the EVV mobile method or the EVV alternative device
- Submit supporting documentation to Payer showing the phone number identified is not an unallowable phone type

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Written Notice From Payer

If a FMSA or CDS employer fails to take appropriate action within twenty business days, enforcement actions may result.

- Refer to the Compliance Oversight Reviews Policy for additional information

Compliance Calculations

The manual visit score plus the rejected visit score equals the EVV Usage Score for the quarter.

Manual Visit Score + Rejected Visit Score = EVV Usage Score

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Compliance Reviews Grace Periods

The EVV compliance grace period for CDS employers EVV Usage ends August 31, 2022.

- During the grace period, contract action will not be taken against FMSAs who do not meet the EVV compliance scores

Note: There is no grace period for documenting required free text.

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During Grace Period for FMSAs

During the grace period, FMSAs will have the opportunity to:

- Review the EVV Reason Code Usage and Free Text Report to ensure the EVV system is being used per policy

- Ensure any required visit maintenance is completed before submitting EVV claims

- Provide training/re-train if needed on using the most appropriate EVV reason codes, EVV reason code descriptions, to staff, and if applicable CDS employers

Note: Payers may send notification of misuse as a training tool only, but no action will be taken.

Fraud, Waste and Abuse

If a FMSA or CDS employer is not compliant with the EVV policies and requirements, it could result in a referral to the HHS Inspector General for Medicaid fraud, waste and abuse.

To report suspected Medicaid fraud, waste or abuse, please contact the Inspector General Integrity Line at 800-436-6184 or visit their website, Inspector General Texas Health and Human Services.

Examples of fraud include, but is not limited to:

- Refusing to use the EVV system
- Billing for services which were not provided
- Filing false claims
- Continuing inappropriate billing after Provider education visits
- Using improper billing practices

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Monitor Final Claim Adjudication

Once the claim is submitted, it's a good idea to monitor final claim adjudication from your payer by checking the:

- Explanation of Benefits
- Explanation of Payment
- Billing exception report

If the EVV claim was denied, check the reason for denial and contact the payer for the EVV claim.

Note: The EVV claim may be denied for other reasons not related to EVV.

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References

All resources are located on the EVV website:

- Texas Health and Human Services

- Electronic Visit Verification | Cook Children's Health Plan (cookchp.org)

EVV Computer Based Training (CBT):

- HHS Learning Portal

- EVV Contact Information Guide

- Cook Children's Health Plan EVV Email:

  – CCHPEVV@cookchildrens.org

- HHS EVV Email:

  – EVV@hhs.texas.gov

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Important Notice

Visit our Electronic Visit Verification page at cookchp.org and HHS EVV website for EVV notices.

For questions regarding EVV please email CCHPEVV@cookchildrens.org.

Please be available to help your CDS employers with the use of EVV regardless of what options they chose on form 1722; EVV is still new to them.

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Additional Information

Please visit HHS for all policy updates and guidance.

STAR Kids Billing Matrix

STAR Kids Billing Matrix

Bill and report Long Term Services and Supports in compliance with the STAR Kids Billing Matrix.

LTSS Billing Matrix and Crosswalk

• Appendix III, LTSS Billing Matrix and Crosswalk

Please Note: New Billing Matrix changes coming in December 2022

Interpreter Services

Interpreter Services

Cook Children's Health Plan wants to be able to meet the diverse needs of our Members. In addition to providing all of our published and website information in English and Spanish, we also offer in-office Interpreter Services for our Members.

If you do not have someone to translate for a Member during their appointment, the health plan will provide Sign Language and/or Face to Face Interpreter Services in person or over the phone.

- Translations are available of most of the commonly spoken languages around the world

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Interpreter Services

- In person Interpreter Services requires a three to four (3-4) day advance notice
  - If less than three (3) day notice
    - The health plan cannot guarantee an Interpreter will be available for last minute requests
- Appointment cancelations must be reported to the health plan as soon as the Member cancels or changes the appointment
  - If an interpreter is not canceled, the health plan is still charged for the service
- Providers may request an Interpreter
  - Secure Provider Portal by submitting a Customer Service Request
    - Topic: Request Interpreter
  - Provider Support Services at 888-243-3312
  - Email - CCHPInterpreterRequest@cookchildrens.org

Reference Pages

Reference Page

Cook Children's Health Plan Website
cookchp.org

Education & Training
Provider Relations | Cook Children's Health Plan (cookchp.org)

Provider News
Provider News | Cook Children's Health Plan (cookchp.org)

TMHP Website
https://www.tmhp.com/

Secure Provider Portal
https://epiccarelink.cookchp.org/LinkHealthPlan/common/epic_login.asp