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Electronic Visit Verification (EVV)

EVV provider training

The purpose of this training is to offer program providers and Financial Management Service Agencies (FMSAs) in-depth information regarding EVV. The information in this training is designed to assist you with establishing your own internal processes with how EVV is managed within your organization in order for you to be successful when it comes to EVV compliance, policies and procedures.

What is EVV?

EVV is a computer-based system that electronically verifies that service visits occur. It also documents the date and time that service delivery begins and ends.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV training topics

- EVV required services
- EVV compliance oversight reviews
- *EVV Policies And Procedures*
  - **NOTE:** The information in this training document provides a high-level overview of all EVV policies and procedures. Program providers and FMSAs are required to **read and adhere** to the full EVV policies and procedures and all requirements within each policy.
- Amerigroup EVV claim denial and informational codes
- EVV postpayment claim reviews
- EVV overpayment projects
- EVV visit maintenance (VM) unlock request process
- EVV recap of requirements
  - **Note:** This section provides a recap of a select few requirements within the EVV policies and procedures that Amerigroup feels are most important. Program providers and FMSAs are required to **read and adhere** to the full EVV policies and procedures and all requirements within each policy.
- EVV tips and recommendations
- Other EVV resources and references

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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EVV services

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EVV required services – agency model

EVV is required for the following services:

- **STAR+PLUS and Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan):**
  - In-home respite care (agency model)
  - Personal assistance service (PAS) (agency model)
  - Personal assistance service protective supervision (PAS-PS) (agency model)
  - Community first choice (CFC) Personal Assistance Service (agency model)
  - CFC habilitation (HAB) (agency model)

- **STAR Kids:**
  - CFC personal care service (PCS) (agency model)
  - CFC habilitation (agency model)
  - PCS (agency model)
  - PCS behavioral health (BH) condition (agency model)
  - In-home respite care (agency model)
  - Flexible family support services (agency model)

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EVV service codes – agency model

STAR+PLUS and Amerigroup STAR+PLUS MMP

STAR+PLUS and Amerigroup STAR+PLUS MMP						
HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	Service description	Units
S5125	U5				PAS Agency Model (Non-HCBS)	15 mins = 1 unit
S5125	U5	U7			PAS Agency Model (Non-HCBS) (CFC)	15 mins = 1 unit
S5125	U3				PAS Agency Model (HCBS)	15 mins = 1 unit
S5125	U3	U7			PAS Agency Model (HCBS) (CFC)	15 mins = 1 unit
S5125	U3	U1			PAS Protective Supervision Agency Model (HCBS)	15 mins = 1 unit
T2017	U5	U7			Habilitation Agency Model (Non-HCBS) (CFC)	15 mins = 1 unit
T2017	U3	U7			Habilitation Agency Model (HCBS) (CFC)	15 mins = 1 unit
T1005	U3				Respite Care Agency Option (AO)(HCBS)	15 mins = 1 unit

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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EVV service codes – agency model (cont.)

STAR Kids — Service codes required to use EVV

STAR Kids							
HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	Service description	Service	Units
T1019	UD				CFC PCS Attendant care only- Agency Model	CFC Attendant Care Only (CFC-PCS)	15 mins = 1 unit
T1019	U9				CFC Attendant care and habilitation, HAB - Agency Model	Attendant Care and Habilitation (CFC-HAB)	15 mins = 1 unit
T1019	U6				PCS - Agency Model	Personal Care Services (PCS)	15 mins = 1 unit
T1019	UA	U6			PCS, BH Condition - Agency Model		15 mins = 1 unit
H2015	U1				Attendant, Agency Model	In Home Respite	15 mins = 1 unit
H2015	U1	UA			Attendant with RN delegation, Agency Model		15 mins = 1 unit
H2015	99	U1			Attendant, Agency Model	Flexible Family Support Services	15 mins = 1 unit
H2015	99	U1	UA		Attendant with RN delegation, Agency Model		15 mins = 1 unit

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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EVV required services – Consumer Directed Services (CDS) Option model and Service Responsibility Option (SRO) model

Effective January 1, 2021, the following services are required to utilize EVV under the *21st Century Cures Act EVV Expansion*. All claims with dates of service on or after January 1, 2021, will be denied if there is no match to an EVV visit transaction for the services listed below.

- **STAR+PLUS and Amerigroup STAR+PLUS MMP:**
  - In-home respite care (CDS and SRO)
  - Personal assistance service (PAS) (CDS and SRO)
  - Personal assistance service protective supervision (PAS-PS) (CDS and SRO)
  - Community first choice (CFC) Personal Assistance Service (CDS and SRO)
  - CFC habilitation (HAB) (CDS and SRO)
- **STAR Kids**
  - CFC personal care service (PCS) (CDS and SRO)
  - CFC habilitation (CDS and SRO)
  - PCS (CDS and SRO)
  - PCS, behavioral health (BH) condition (CDS and SRO)
  - In-home respite care (CDS and SRO)
  - Flexible family support services (CDS and SRO)

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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EVV service codes – CDS and SRO

The following service codes will be required for EVV under the *21st Century Cures Act EVV Expansion*. Effective January 1, 2021, claims with dates of service on or after January 1, 2021, will be denied if there is no match to an EVV visit transaction for the service codes listed below.

STAR+PLUS and Amerigroup STAR+PLUS MMP						
HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Units
S5125	U5	UC			PAS Consumer Directed Services (CDS) (Non-HCBS)	15 mins = 1 unit
S5125	U5	UC	U7		PAS Consumer Directed Services (CDS) (Non-HCBS) (CFC)	15 mins = 1 unit
S5125	U3	UC			PAS Consumer Directed Services (CDS) (HCBS)	15 mins = 1 unit
S5125	U3	UC	U7		PAS Consumer Directed Services (CDS) (HCBS) (CFC)	15 mins = 1 unit
S5125	U3	UC	U1		PAS Protective Supervision (CDS) (HCBS)	15 mins = 1 unit
S5125	U5	UD			PAS Service Responsibility Option (SRO) (Non-HCBS)	15 mins = 1 unit
S5125	U5	UD	U7		PAS Service Responsibility Option (SRO) (Non-HCBS) (CFC)	15 mins = 1 unit
S5125	U3	UD			PAS Service Responsibility Option (SRO) (HCBS)	15 mins = 1 unit
S5125	U3	UD	U7		PAS Service Responsibility Option (SRO) (HCBS) (CFC)	15 mins = 1 unit
S5125	U3	UD	U1		PAS Protective Supervision (SRO) (HCBS)	15 mins = 1 unit
T2017	U5	UC	U7		Habilitation Consumer Directed Services (Non-HCBS) (CFC)	15 mins = 1 unit
T2017	U3	UC	U7		Habilitation Consumer Directed Services (HCBS) (CFC)	15 mins = 1 unit
T2017	U5	UD	U7		Habilitation Service Responsibility Option (SRO) (Non-HCBS) (CFC)	15 mins = 1 unit
T2017	U3	UD	U7		Habilitation Service Responsibility Option (SRO) (HCBS) (CFC)	15 mins = 1 unit
T1005	U3	UC			Respite Care Consumer Directed Services (CDS) (HCBS)	15 mins = 1 unit
T1005	U3	UD			Respite Care Service Responsibility Option (SRO) (HCBS)	15 mins = 1 unit

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV service codes – CDS and SRO (cont.)

The following service codes will be required for EVV under the *21st Century Cures Act EVV Expansion*. Effective January 1, 2021, claims with dates of service on or after January 1, 2021, will be denied if there is no match to an EVV visit transaction for the service codes listed below.

STAR KIDS							
HCPCS	**Mod 1**	**Mod 2**	**Mod 3**	**Mod 4**	**Service Description**	**Service**	**Units**
T1019	U3				CFC PCS Attendant care only-Consumer Directed Services Model	CFC Attendant Care Only (CFC-PCS)	15 mins = 1 unit
T1019	U1				CFC PCS Attendant care only-Service Responsibility Option Model		15 mins = 1 unit
T1019	U4				CFC Attendant care and habilitation, HAB- Consumer Directed Services Model	Attendant Care and Habilitation (CFC-HAB)	15 mins = 1 unit
T1019	U2				CFC Attendant care and habilitation, HAB- Service Responsibility Option Model		15 mins = 1 unit
T1019	UC				PCS - Consumer Directed Services Model	Personal Care Services (PCS)	15 mins = 1 unit
T1019	US				PCS - Service Responsibility Option Model		15 mins = 1 unit
T1019	UA	UC			PCS, BH Condition - Consumer Directed Services Model		15 mins = 1 unit
T1019	UA	US			PCS, BH Condition - Service Responsibility Option Model		15 mins = 1 unit
H2015	U1	UC			Attendant, CDS Option	In Home Respite	15 mins = 1 unit
H2015	U1	US			Attendant, Service Responsibility Option		15 mins = 1 unit
H2015	U1	UA	US		Attendant with RN delegation, Service Responsibility Option		15 mins = 1 unit
H2015	U1	UA	UC		Attendant with RN delegation, CDS Option		15 mins = 1 unit
H2015	99	U1	UC		Attendant, CDS Option	Flexible Family Support Services	15 mins = 1 unit
H2015	99	U1	US		Attendant, Service Responsibility Option		15 mins = 1 unit
H2015	99	U1	UA	US	Attendant with RN delegation, Service Responsibility Option		15 mins = 1 unit
H2015	99	U1	UA	UC	Attendant with RN delegation, CDS Option		15 mins = 1 unit

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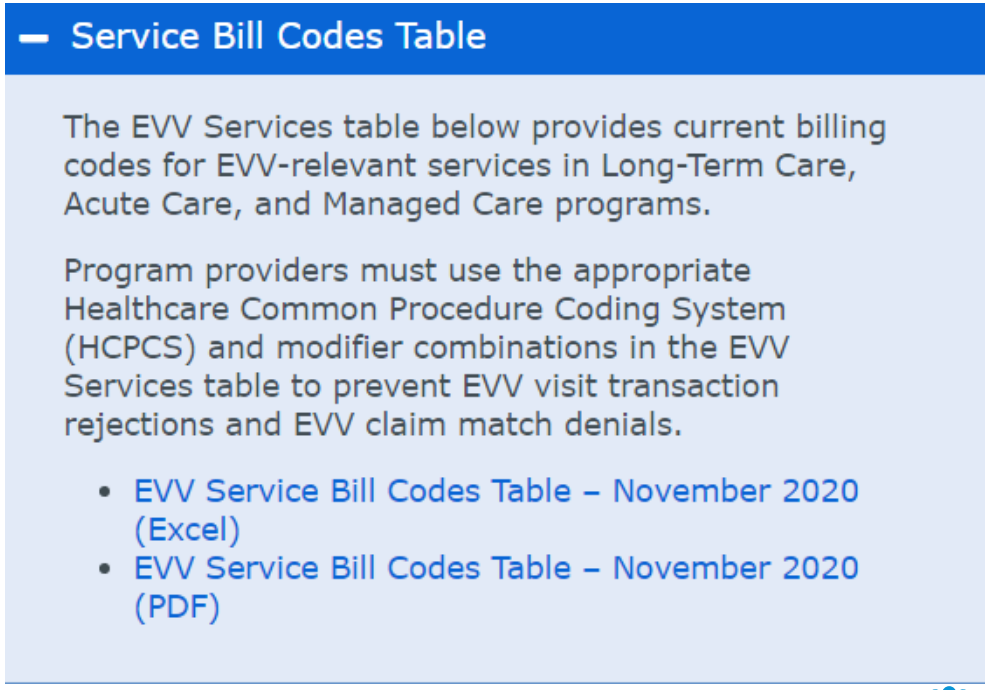
EVV service codes (cont.)

For more information regarding EVV services and service codes, please visit the Texas Health and Human Services Commission (HHSC) EVV website and refer to the *Service Bill Codes Table.* https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification



Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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EVV compliance oversight reviews

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EVV Compliance Oversight Reviews policy

HHSC and MCOs monitor program providers and FMSAs on a regular basis using the EVV Compliance Oversight Reviews to ensure they are following EVV requirements and policies in the following areas:

- EVV usage
- EVV Reason Codes and required free text
- EVV home phone landline

To read the full *EVV Compliance Oversight Reviews Policy* please visit: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-compliance-oversight-reviews-policy.pdf.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV usage reviews

Program providers and FMSAs must achieve and maintain a minimum EVV usage score of 80% per state fiscal year quarter, unless otherwise noted by HHSC. The EVV usage score consists of both:

- Manual EVV visit transactions
- Rejected EVV visit transactions

Manual EVV visit transactions equal the number of nongraphical user interface (GUI) EVV visit transactions divided by the total accepted EVV visit transactions and then multiplied by 60%. Manual EVV visit transaction percentages:

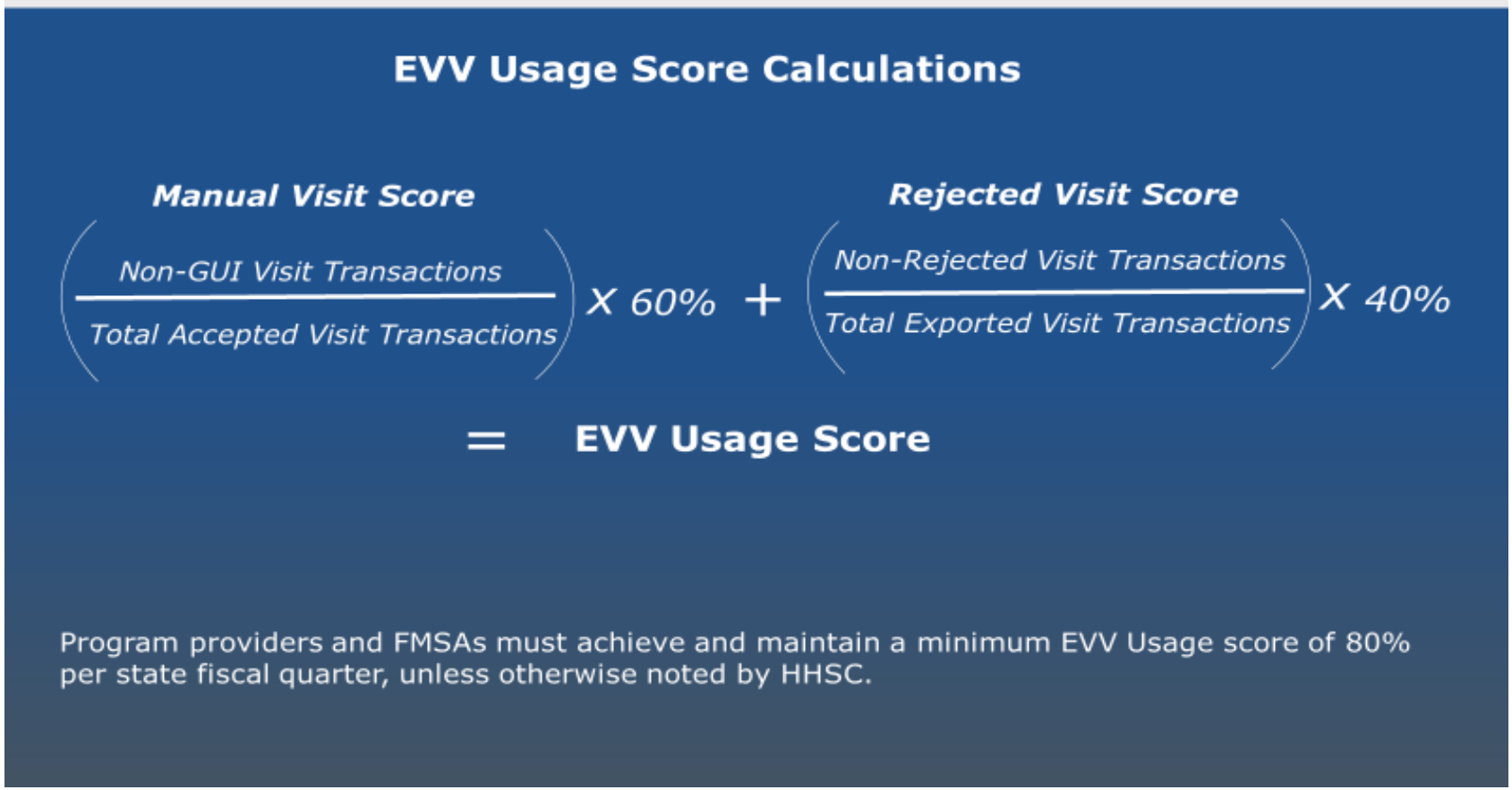
- Exclude EVV visits transactions with zero pay.
- Occur once per state fiscal year quarter.
- Only include EVV visit transactions accepted into the EVV aggregator.

Rejected EVV visit transactions equal the number of nonrejected EVV visit transactions divided by the total exported EVV visit transactions and then multiplied by 40%.

- A rejected EVV visit transaction occurs each time the EVV aggregator rejects an EVV visit transaction resulting from a program provider or FMSA error.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV usage reviews (cont.)



Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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EVV usage reviews (cont.)

Failure to meet the compliance standard

Failure to meet and maintain the minimum EVV usage score of 80% per state fiscal year quarter may result in one or more of the following actions based on the number of occurrences within a 24-month period:

- Additional EVV training
- Submission of a corrective action plan (CAP)
- Recoupments of associated visits
- Vendor hold
- Contract termination

Report

Payers will use the *EVV Usage Report* located in the EVV portal to conduct EVV usage reviews for visits with a date on or after September 1, 2019. This report will show the EVV usage compliance score for the preceding quarter. This report is also available to program providers and FMSAs to use for internal monitoring of their EVV usage score.

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Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV usage reviews (cont.)

Grace period for EVV usage reviews

Program providers and FMSAs who provide consumer directed services (CDS) and service responsibility option (SRO) as part of the *21st Century Cures Act EVV Expansion* will receive a grace period from January 1, 2021, through December 31, 2021, unless otherwise noted by HHSC.

During the grace period:

Program providers and FMSAs will not be required to meet the minimum EVV usage score of 80%, unless otherwise noted by HHSC. Payers will not take action if the minimum EVV usage score is not met. Program providers and FMSAs must:

- Use the EVV system.
- Complete all required visit maintenance before billing.
- Train or retrain their staff on current EVV usage.
- Review the *EVV Usage Report* and become familiar with the data.
- Ask questions.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV usage reviews (cont.)

Review period schedule

The EVV usage reviews period follows the state fiscal year quarters. Reviews may begin 60 calendar days from the last day of the quarter beginning on or after the fifth day of the following month.

Quarter number	Review period (based on date of service)	EVV usage review may begin on or after:
1	September, October, November	February 5
2	December, January, February	May 5
3	March, April, May	August 5
4	June, July, August	November 5

Review start date

For program providers who provide the Agency Model services required to use EVV:

- The EVV usage reviews will begin on or after February 1, 2021.
- The EVV usage reviews will begin with dates of service within the quarters of state fiscal year (SFY) 2021 and thereafter, unless otherwise noted by HHSC.

To read the full *EVV Usage Policy* please visit https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-usage-policy.pdf.

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EVV reason code free text requirements and reviews

Free text is additional information attached to an EVV reason code description.

Program providers, FMSAs or CDS employers completing visit maintenance in the EVV system must include an explanation in the free text field when:

- Any EVV visit is missing a clock in time, a clock out time or both.
- Using the following reason code numbers:
  - 131 — Emergency
  - 600 — Other
  - 900 — Non-preferred
  - Program providers, FMSAs or CDS employers must document any missing a clock in time, a clock out time or both when using any reason code number and reason code description.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV reason code free text requirements and reviews (cont.)

The table below lists examples of required free text.

Reason for Visit Maintenance	EVV Reason Code Number	Free Text Required (Examples)
Missing Clock In Time	900 A	• *"Actual clock in was 8:05 am"* or • *"Actual start time was 8:05 am"* • *"8:05 am"*
Missing Clock Out Time	900 B	• *"Actual clock out was 1:00 pm"* or • *"Actual end time was 1:00 pm"* • *"1:00 p.m."*
Missing Clock In and Clock Out Time	900 C	• *"Actual clock in was 10 am, and actual clock out was at 4 pm"* or • *"10 am-4 pm"*
Emergency	131	• *"When attendant arrived, member unresponsive."* • *"Actual clock in was 10:00 am"*
Other	600	• *"EVV system down."* • *"Missing clock in or clock out time."*

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EVV reason code free text requirements and reviews (cont.)

HHSC and MCOs will review the program provider and FMSAs use of EVV reason codes to determine the entry of required free text.

Failure to meet the compliance standard

Failure to explain any required free text may result in enforcement actions including recoupment of associated paid claim(s).

Report

Payers (HHSC/MCOs) will use the *EVV Reason Code Usage and Free Text Report* in the EVV portal to conduct EVV reason code required free text reviews.

The program provider and FMSAs may access the *EVV Reason Code Usage and Free Text Report* in the EVV portal.

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EVV reason code free text requirements and reviews (cont.)

Grace period for required free text

Program providers and FMSAs who provide Consumer Directed Services (CDS) and Service Responsibility Option (SRO) that are part of the *21st Century Cures Act EVV Expansion*, will receive a grace period from January 1, 2021 through December 31, 2021, unless otherwise noted by HHSC.

During the grace period:

Payers will not recoup visit transactions that do not have the required free text in the free text field in the EVV system. Program providers or FMSAs must:

- Use the EVV system.
- Complete all required visit maintenance before billing.
- Train or retrain their staff on the current EVV reason code policy.
- Review the *EVV Reason Code Usage and Free Text Report* and become familiar with the data.
- Ask questions

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV reason code free text requirements and reviews (cont.)

Review period/schedule

Required free text reviews will be at the payer's discretion and may occur at any time after 60 days from the date of the visit. Each payer will determine the date range of the review period for required free text.

Review start date

For program providers who provide the Agency Model services required to use EVV:

- The free text reviews will begin on or after February 1, 2021.
- The free text reviews will begin with dates of service within the quarters of state fiscal year (SFY) 2021 and thereafter, unless otherwise noted by HHSC.

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Misuse of EVV reason codes requirements and reviews

When the program provider, FMSA or CDS employer uses the same EVV reason code number(s) and EVV reason code description(s) for the same member more than 14 calendar days in a month, this may constitute misuse of an EVV reason code.

The program provider, FMSA or CDS employer may use an EVV reason code more than 14 days in a calendar month for the same member but must explain the reason for using the same EVV reason code number(s) and EVV reason code description(s) in the free text field within the EVV system beginning on the 15th day of a calendar month and thereafter.

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Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

Misuse of EVV reason codes requirements and reviews (cont.)

HHSC and MCOs will review program providers and FMSAs on whether they documented in the EVV system the reason for using the same EVV reason code number(s) and the same EVV reason code description(s) for the same member within a calendar month in the free text field beginning on the 15th day and thereafter.

Failure to meet the compliance standard

Failure to explain the reason for using the same EVV reason code number(s) and the same EVV reason code description(s) for the same member more than 14 days in a calendar month may result in enforcement action(s), including recoupment of associated claims.

Report

Payers (HHSC/MCOs) will use the *EVV Reason Code Usage and Free Text Report* in the EVV portal to conduct misuse of EVV reason code reviews.

The program provider and FMSAs may access the *EVV Reason Code Usage and Free Text Report* in the EVV portal.

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Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

Misuse of EVV reason codes requirements and reviews (cont.)

Grace Period for required free text

Program providers and FMSAs who provide Consumer Directed Services (CDS) and Service Responsibility Option (SRO) that are part of the *21st Century Cures Act EVV Expansion*, will receive a grace period from January 1, 2021, thru December 31, 2021, unless otherwise noted by HHSC.

During the grace period:

Payers will not recoup visit transactions that do not have an explanation for using the same EVV reason code number(s) and EVV reason code description(s) for the same member 14 days in a calendar month in the free text field in the EVV system. Program providers and FMSAs must:

- Use the EVV system.
- Complete all required visit maintenance before billing.
- Train or retrain their staff on the current EVV reason code policy.
- Review the *EVV Reason Code Usage and Free Text Report* and become familiar with the data.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

Misuse of EVV reason codes requirements and reviews (cont.)

Review period/schedule

Misuse of EVV reason code reviews will be at the payer's discretion and may occur at any time after 60 days from the date of the visit.

Review start date

For program providers who provide the Agency Model services required to use EVV:

- The misuse of EVV reason code reviews will begin on or after February 1, 2021.
- The misuse of EVV reason code reviews will begin with dates of service within the quarters of state fiscal year (SFY) 2021 and thereafter, unless otherwise noted by HHSC.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV home landline phone verification reviews

HHSC and MCOs will review program providers' and FMSAs' use of the home phone landline number used for clocking in and clocking out of the EVV system to ensure the home phone landline number is an allowable phone type.

Amerigroup will mail and email the program provider or FMSA a written notice if an unallowable phone type is identified. The written notification will include at a minimum the following information:

- Phone number identified
- Phone type
- The month the phone number was used to clock in or clock out
- Member's first and last name
- Member's Medicaid ID number
- Date HHSC or MCO identified the phone number associated with the device
- List of supporting documentation the provider can submit to validate the identified unallowable phone number(s) is not a mobile phone or a cellular-enabled device or tablet
- HHSC or MCO contact information

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EVV home landline phone verification reviews (cont.)

Program providers and FMSAs must take one of the actions listed below within 20 business days from the date of the written notice from Amerigroup and provide a response to Amerigroup with the action that will be taken.

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

Failure to meet the compliance standard

If the program provider or FMSA fails to take one of the required actions outlined in the written notice from Amerigroup within 20 business days from the date of the written notice, enforcement actions may be recoupment of paid claim(s) associated with the visit(s) identified in the written notice.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV home landline phone verification reviews (cont.)

Report

HHSC and MCOs will use the *EVV Landline Phone Verification Report* in the EVV system to conduct EVV home landline phone verification reviews. Program providers and FMSAs also have access to the *EVV Landline Phone Verification Report* in the EVV system.

Grace period for home phone landline reviews

Program providers and FMSAs who provide Consumer Directed Services (CDS) and Service Responsibility Option (SRO) that are part of the *21st Century Cures Act EVV Expansion*, will receive a grace period from January 1, 2021, through December 31, 2021, unless otherwise noted by HHSC.

During the grace period:

Payers will not recoup visit transactions if the program provider or FMSA fails to take the required actions outlined in the notification from the payer. Program providers and FMSAs must continue to:

- Use the EVV system.
- Complete all required visit maintenance before billing.
- Train or retrain their staff on the *EVV Landline Phone Verification Policy.*
- Review the *Home Phone Landline Verification Report* in the EVV system and become familiar with the data.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV home landline phone verification reviews (cont.)

Review period/schedule

EVV home landline phone verification reviews will be at the payer's discretion and may occur any time after the date of the visit if the clock in or clock out method and the home phone landline number used has already been captured in the EVV system.

Review start date

For program providers who provide the Agency Model services required to use EVV:

- Amerigroup will begin the EVV home landline phone verification reviews on or after February 1, 2021.
- Amerigroup will begin the EVV home landline phone verification reviews with dates of service within the quarters of state fiscal year (SFY) 2021 and thereafter unless otherwise noted by HHSC.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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EVV Policies and Procedures

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EVV Policies and Procedures

- ***Claims Matching Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-claims-matching-policy.pdf
- ***Claims Submission Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-claims-submission-policy.pdf
- ***Data Collection Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-data-collection-policy.pdf
- ***Electronic Verification Methods Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/electronic-verification-methods-policy.pdf
- ***EVV Proprietary Systems Policy*:** https://hhs.texas.gov/sites/default/files/documents/govdelivery/evv-proprietary-systems-policy-feb-2020.pdf
- ***EVV System Selection Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-systems-selection-policy.pdf
- ***EVV System Transfer Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-systems-transfer-policy.pdf
- ***Reason Codes Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-reason-codes-policy.pdf
- ***Reports Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-reports-policy.pdf

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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EVV Policies and Procedures (cont.)

- ***Schedules Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-schedules-policy.pdf
- ***Service Authorization Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-service-authorization-policy.pdf
- ***Training Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-training-policy.pdf
- ***Visit Maintenance: Last Visit Maintenance Date Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-last-visit-maintenance-date-policy.pdf
- ***Visit Maintenance Unlock Request Policy*:** https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-visit-maintenance-unlock-request-policy.pdf

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

Amerigroup EVV claim denial and informational codes

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Amerigroup EVV claim denial codes

Amerigroup will deny a claim or claim line(s) due to an EVV mismatch if the match result code is an EVV02 thru EVV06. For Medicaid claims, the program provider and FMSA will receive an *Explanation of Payment (EOP)* and will see one of the following denial codes based on the EVV claims match result code that is received from TMHP.

	Medicaid denial code information	
TMHP match result code	**Amerigroup denial code**	**Denial Code Description**
EVV02 (Medicaid ID Mismatch)	ZV2	No EVV visits with the Medicaid ID. Verify all data elements used for EVV match the claim data being billed.
EVV03 (Date(s) of Service Mismatch)	ZV3	No EVV visits with the Medicaid ID on the Date of Service. Verify all data elements used for EVV match the claim data being billed.
EVV04 (Provider Mismatch)	ZV4	No EVV visits with the Medicaid ID & NPI/API on the Date of Service. Verify all data elements used for EVV match the claim data being billed.
EVV05 (Service Mismatch)	ZV5	No EVV visits with the Medicaid ID & HCPCS/Mods on the DOS. Verify all data elements used for EVV match the claim data being billed.
EVV06 (Units Mismatch)	ZV6	EVV claim billed units do not equal units total of matched visit(s).

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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Amerigroup EVV claim denial codes (cont.)

Amerigroup will deny a claim or claim line(s) due to an EVV mismatch if the match result code is an EVV02 thru EVV06 for Medicare and Medicaid Program (MMP) claims. The program provider and FMSA will receive an *Explanation of Payment (EOP)* and will see one of the following denial codes based on the EVV claims match result code that is received from TMHP.

	Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) Denial Code Information	
TMHP match result code	**Amerigroup denial code**	**Denial Code Description**
EVV02 (Medicaid ID Mismatch)	ZE2	No EVV visits with the Medicaid ID. Verify all data elements used for EVV match the claim data being billed
EVV03 (Date(s) of Service Mismatch)	ZE3	No EVV visits with the Medicaid ID on the Date of Service. Verify all data elements used for EVV match the claim data being billed
EVV04 (Provider Mismatch)	ZE4	No EVV visits with the Medicaid ID & NPI/API on the Date of Service. Verify all data elements used for EVV match the claim data being billed
EVV05 (Service Mismatch)	ZE5	No EVV visits with the Medicaid ID & HCPCS/Mods on the DOS. Verify all data elements used for EVV match the claim data being billed
EVV06 (Units Mismatch)	ZE6	EVV claim billed units do not equal units total of matched visit(s)

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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Amerigroup EVV claim denial codes (cont.)

For EVV claim(s) that result in a denial with the Amerigroup denial codes listed on page 36 and 37, program providers and FMSAs should take the following steps:

- Check the EVV portal to ensure the EVV visit transaction(s) has been accepted by the EVV aggregator.
- Compare the critical data elements from the claim to the EVV visit transaction(s) to validate each critical data element matches.
    - If there is a discrepancy between any of the critical data elements used for EVV claim matching the provider will need to make the needed corrections to the EVV visit transaction(s), or the claim (only if the claim was submitted with the wrong data).
- Once any corrections have been made the provider will need to re-submit the claim as a corrected claim.
- Make sure the corrected claim has the frequency code number seven.
- If a program provider or FMSA submits a dispute to Amerigroup for a denied claim that was denied with one of the denial codes listed on page 36 and 37, the dispute will be **dismissed or upheld**, and the provider will be instructed to resubmit the claim to TMHP as a corrected claim.
    - Disputes will be **dismissed or upheld**, because per HHSC requirements Amerigroup cannot internally reprocess claims with an EVV claim match result code of EVV02 thru EVV06.
- There are no changes to the timely filing limits. Providers must submit corrected claims within the current timely filing requirements. EVV does not change or override the timely filing requirements for new and corrected claims.

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Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

Amerigroup EVV claim informational codes

As applicable, HHSC may implement a bypass of the claims matching process for a disaster or other temporary circumstances. TMHP will apply the EVV07 and EVV08 match result code, and in turn Amerigroup will apply an informational code to the claim or claim line(s).

- For **Medicaid claims**, the provider will receive an *Explanation of Payment (EOP)* and will see one of the following informational codes based on the EVV07 and EVV08 match result code that is received from TMHP.

	Medicaid informational code information	
TMHP match result code	**Amerigroup informational code**	**Informational Code Description**
EVV07 (Match Not Required)	ZV1	EVV Claims match not performed per State direction.
EVV08 (Natural Disaster)	ZV8	EVV Claims match not performed per State direction, due to a Natural Disaster.

- For **MMP claims**, the provider will receive an *Explanation of Payment (EOP)* and will see one of the following informational codes based on the EVV07 and EVV08 match result code that is received from TMHP.

	MMP informational code information	
TMHP match result code	**Amerigroup informational code**	**Informational Code Description**
EVV07 (Match Not Required)	ZE7	EVV Claims match not performed per State direction.
EVV08 (Natural Disaster)	ZE8	EVV Claims match not performed per State direction, due to a Natural Disaster.

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EVV postpayment claim reviews

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EVV postpayment claim reviews

- Pertaining to EVV paid claims with a date of service on or after September 1, 2019, Amerigroup will complete a postpayment claim review of all paid claim line(s) that resulted an EVV07 and EVV08 (EVV Claim Match Result Code). Amerigroup follows all direction and guidance from HHSC regarding EVV postpayment claim reviews.
- **The EVV postpayment claim reviews:**
  - Are only for paid claim line(s) with EVV required services.
  - The reviews will be based on dates of services.
    - The date of service is determined by HHSC's direction to Amerigroup.
  - Amerigroup will use the *EVV Claim Match Reconciliation Report* from the EVV portal to identify the paid claim line(s) that resulted an EVV07 and EVV08 match result code.
  - In order to ensure the paid claim line(s) have a matching EVV visit transaction(s), Amerigroup will look at the following columns on the *EVV Claim Match Reconciliation Report:*
    - Claim_Informational_Match_Result, and
    - Match_Result_on_Report_Run_Date
  - As long as the *Match_Result_on_Report_Run_Date* shows an EVV01 as the EVV Claim Match Result Code, Amerigroup will acknowledge the paid claim line(s) to have a matching EVV visit transaction(s).
  - If the *Match_Result_on_Report_Run_Date* shows an EVV02 thru EVV06 as the EVV Claim Match Result Code, Amerigroup will start an EVV overpayment project for the paid claim line(s).
  - The review will begin after full guidance is received from HHSC.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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EVV postpayment claim reviews (cont.)

- **Exceptions for EVV postpayment claim reviews:**
  - If HHSC provides direction to not complete an EVV postpayment claim review on paid claim line(s) that result an EVV07 and EVV08, Amerigroup will not complete the review.
  - For example, paid claim line(s) for EVV required services that were part of the *21st Century Cures Act EVV Expansion* that received an EVV07 match result code during the dates of service within EVV practice period (July 1, 2020 thru December 31, 2020), will not be reviewed by Amerigroup as the directive provided by HHSC.
- To request additional training regarding EVV postpayment claim reviews, please submit your request in an email to TXEVVSupport@amerigroup.com.

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EVV overpayment projects

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EVV overpayment projects

An EVV overpayment project will be started if:

- Amerigroup identifies paid claim lines do not have matching EVV visit transactions or
- Paid claim lines resulted in an EVV claim match result code of EVV07 or EVV08, and the paid claim lines do not have matching EVV visit transactions based on the *Match_Result_on_Report_Run_Date* column on the *EVV Claim Match Reconciliation Report* in the EVV portal.
    - Amerigroup follows HHSC's directive regarding postpayment reviews on paid claim lines that contain these match result codes to ensure the paid claim lines have matching EVV visit transactions.

Any paid claim lines identified as not having matching EVV visit transactions will be submitted to Amerigroup's Cost Containment Unit (CCU) to start the EVV overpayment project.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV overpayment projects (cont.)

Cost Containment Unit (CCU) first overpayment notice:

- The CCU team will mail out a first overpayment notice. This notice will include claim details and identify the data element(s) that contain a mismatch.
- Program providers have **60-days** from the date of the first overpayment notice to:
  - Contact Amerigroup via secure email at TXEVVSupport@Amerigroup.com to file a dispute.
  - Submit a *VM Unlock Request Form* if an EVV visit transaction needs data corrections.

CCU final overpayment notice:

- The CCU team will mail out a final notice if the program provider or FMSA has not refunded the dollar amount or disputed the recovery.

CCU recovery:

- If the program provider or FMSA has not refunded the dollar amount or disputed the recovery within **60-days** from the date of the *first* overpayment notice, the Amerigroup CCU team will adjust the claim to automatically offset the program provider's account.

NOTE: The first and final notice letters will contain *Electronic Visit Verification* as part of the reason for the overpayment. This is how program provider and FMSAs can tell if the overpayment project is specific to an EVV overpayment project.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV overpayment projects (cont.)

Dispute process:

- Program providers or FMSAs need to submit all requests for disputes to an EVV overpayment project via secure email to TXEVVSupport@Amerigroup.com.
- Providers need to provide any supporting documentation and information to support their dispute.
- The dispute must include the following information:
  - Provider agency name and NPI number
  - Project number
  - Attach any supporting documentation to the email
- Amerigroup will send a secure email to the provider once the review has been completed. When the dispute is in-process, all communication regarding the dispute is sent in a secure email to the provider.
- Once the dispute is finalized, Amerigroup will mail a letter to the provider that identifies any claim(s) that are being overturned or upheld.

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Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV overpayment projects (cont.)

Dispute process (continued):

- **Examples of supporting documentation include but not limited to:**
  - Amerigroup's *VM Unlock Request Form* to request corrections to EVV visit transactions.
  - Copy of the search results from the Accepted Visit Search tool in the EVV portal if the claim dates of service are on or after September 1, 2019.
    - All search results can be exported to Excel in the EVV portal in order to email the results to Amerigroup.
  - Copy of the *EVV Claim Match Reconciliation Report* from the EVV portal.
  - Any other documentation showing all EVV visit transaction(s) were accepted by the EVV aggregator and match the claim line(s) that were paid.
- For questions regarding the dispute process for EVV overpayment projects please contact Amerigroup's EVV email box at TXEVVSupport@amerigroup.com.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV visit maintenance (VM) unlock request process

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EVV VM unlock request process

- Amerigroup allows program providers and FMSAs to submit a request to unlock VM to request corrections for *verified* EVV visit transactions after the allowable VM time period has passed.
- Program providers and FMSAs should use the *Amerigroup EVV Visit Maintenance Unlock Request Form* in order to submit their request.
- To request a copy of the *Amerigroup EVV Visit Maintenance Unlock Request Form,* please email TXEVVSupport@amerigroup.com to request a copy.
- Program providers and FMSAs need to refer to the instructions tab on the spreadsheet for directions on how to complete the spreadsheet.
- The request must be submitted in Microsoft Excel and do not make any modifications to the layout of the form.
- Providers must email secure the completed spreadsheet to TXEVVSupport@amerigroup.com.
- Once Amerigroup receives the request, it will be reviewed and the decision will be emailed securely back to the program provider or FMSA and the EVV vendor listed.
- Requests not sent securely could result in a *HIPAA* violation and Amerigroup will deny the request.
- All requests for VM unlocks are reviewed on a case-by-case basis.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV VM unlock request process (cont.)

- Amerigroup reviews for situations that were outside of the program provider's and FMSA's control to correct the visits within the visit maintenance time period.
  - Standard visit maintenance time period is 60-days from the date of the visit.
  - HHSC may temporarily change the visit maintenance time period. Any temporary changes that HHSC makes to the visit maintenance time period will be posted on Amerigroup and HHSC's EVV websites.
- A program provider and FMSA may request Amerigroup to unlock visit maintenance to correct data element(s) on a *verified* EVV visit transaction; however, the following data elements cannot be changed:
  - Actual visit date
  - Actual time in
  - Actual time out
  - Actual hours
  - Reason codes (the provider can add a new reason code, but cannot remove or change the existing reason code)

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Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV VM unlock request process (cont.)

- If the *VM Unlock Request Form* is not completed correctly the request will be denied.
  - The information on what was incorrectly completed will be listed on the *Reason for Denial* column.
  - The program provider, FMSA or CDS employer will need to make the needed corrections to their request and they may resubmit their request once the corrections to the request form have been made.
- If the EVV visit transaction is not in the *verified* status the request will be denied.
- If the request is denied the information as to why the request was denied will be detailed in the *Reason for Denial* column on the request form.
- The program provider, FMSA or CDS employer will need to review the *reason for denial* for each EVV visit transaction that was denied.
- To dispute a denial, the program provider or FMSA may resubmit their request that was denied and provide the additional information need to support the situation for their request for correction on the EVV visit transaction.
- Amerigroup will complete another review for any request that is denied if the provider agency resubmits with additional information.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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EVV recap of requirements

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EVV recap of requirements

- All program providers and FMSAs must use an HHSC approved EVV system to document the provided services that require the use of EVV.
- Training is mandatory for all attendants and other assigned staff prior to beginning services with members. The program provider, FMSA and CDS employer is responsible for keeping track of details of training for staff. This documentation may be reviewed by Amerigroup upon reasonable request.
- Program providers, FMSAs and CDS employers must complete all required EVV training.
- Sign up for HHSC GovDelivery email notices and receive EVV alerts at https://public.govdelivery.com/accounts/TXHHSC/subscriber/new?topic_id=TXHHSC_247.
- All visits must be electronically documented in the EVV system and the EVV visit transaction must be *verified* to confirm the service was provided to an Amerigroup member.
- Visit maintenance must be completed within 60 days from date of service.
    - If HHSC issues a temporary change to the visit maintenance time period, then visit maintenance must be completed within the time period identified in the temporary change.
- Program providers, FMSAs and CDS employers must use the most appropriate HHSC reason code, reason code option description and any required free text to verify a visit that requires visit maintenance.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

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EVV recap of requirements (cont.)

- Program providers and FMSAs must follow EVV policies outlined in the HHSC *EVV Policy Handbook* and in the policy section of the HHSC EVV website.
- CDS employers must follow EVV policies that are outlined in the policy section of the HHSC EVV website that are specific to CDS employers.
  - Example: *EVV Training Policy*
- Program providers and FMSAs must contact Amerigroup and HHSC within 48 hours of an unresolved EVV system issue that has been reported to the EVV vendor or proprietary system operator (PSO).
- For EVV required services, Amerigroup will not accept paper timesheets from a program provider, FMSA or CDS employer to confirm EVV required services were provided to an Amerigroup member.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV tips and recommendations

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EVV tips and recommendations

1. Program providers and FMSAs should make sure their agency has the ability to submit electronic claims to TMHP.
   - Program providers and FMSAs required to submit electronic claims directly to TMHP can create a TexMed Connect account on https://www.tmhp.com.
   - Visit TMHP's EDI homepage (http://www.tmhp.com/Pages/EDI/EDI_Home.aspx) for information on filing claims electronically.
     - This page also has user guides, forms and technical information intended for billing agents that file claims for program providers.
2. Before submitting an EVV claim, always check the EVV visit transactions has been accepted by the EVV Aggregator and check to make sure the EVV visit transaction data matches the claim data.
   - If program providers and FMSAs do not complete this step before submitting EVV claims you run the risk of having high claim denials due to mismatching EVV visit transactions.
   - Program providers and FMSAs may do this by doing a search in the TMHP EVV portal for EVV visit transactions under the *Accepted Visit Search.*
   - By doing this it will also help to make sure your agency is *not* submitting EVV claims *before* the EVV visit transactions are accepted by the EVV aggregator.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV tips and recommendations (cont.)

3. Program providers and FMSAs should wait at least 24-hours prior to submitting claims to ensure EVV visit transaction(s) have been exported and **accepted** by the EVV aggregator. There is a **24-hour delay** from when EVV visit transaction(s) are verified or when corrections are made to a verified visit to when the EVV visit transaction is exported to the EVV aggregator.
   - For example: a provider verifies, or makes corrections to a verified EVV visit transaction, in the EVV system on Thursday the EVV visit transaction will be exported to the EVV aggregator on Friday.
   - If the claim is received *before* the EVV visit transaction(s) is received, the claim will result in a denial because at the time the claim was submitted the EVV visit transactions was not accepted by the EVV aggregator.
4. Program providers and FMSAs should always make sure they are entering the correct data into the EVV system at all times. This includes all data for:
   - Member/client information
   - Provider agency information
   - Attendant information
   - Schedule and visit information
   - Service information (is based on the Amerigroup authorization that is sent to the provider agency from Amerigroup)

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV tips and recommendations (cont.)

5. If a program provider and FMSA has staff who is responsible for the EVV system and another staff who is responsible for claim submissions, the program provider and FMSA should make sure the staff who is responsible for the EVV system and the staff who is responsible for claims submissions are in communication with each other in order to prevent discrepancies between the EVV visit transaction data and the claim data.
6. Any additional staff working in the EVV portal, EVV system, or billing EVV claims should take the EVV trainings.
7. Amerigroup recommends program providers and FMSAs submit EVV claims for a single date of service verses a date span. EVV claims may also be submitted with multiple claim lines for a single date of service. This will prevent a date of service from being billed that does not have an EVV visit transaction.
    - Amerigroup does allow date span billing, however the EVV claim matching process will consider the claim a mismatch to EVV visit transactions if there is not an accepted EVV visit transaction for all the dates of service within the date span.
8. Program providers and FMSAs must sign up for GovDelivery with HHSC in order to receive EVV alerts and notices from the state.
    - https://public.govdelivery.com/accounts/TXHHSC/subscriber/new?topic_id=TXHHSC_247
9. Program providers and FMSAs should frequently check Amerigroup's EVV website for alerts, updates, and changes to EVV policies and requirements.
    - https://providers.amerigroup.com/Pages/tx-electronic-visit-verification.aspx

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Other EVV resources and references

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Other EVV resources and references

- Amerigroup EVV provider website: https://providers.amerigroup.com/Pages/tx-electronic-visit-verification.aspx
- HHSC EVV website: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification
- HHSC EVV training website: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification/training-materials-resources
- HHSC learning portal: https://learningportal.dfps.state.tx.us/login/index.php
- HHSC *EVV Existing Provider EVV Training Requirements Checklist*: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/existing-evv-training-requirement-list.pdf
- HHSC *EVV Cures Act Training Requirements Checklist*: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-required-training-checklist.pdf
- HHSC *EVV Policy*: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification#policy
- HHSC *EVV Glossary of Terms*: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-glossary-terms.pdf

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Other EVV resources and references (cont.)

- HHSC GovDelivery website: https://public.govdelivery.com/accounts/TXHHSC/subscriber/new?topic_id=TXHHSC_247
- HHSC *EVV 21st Century Cures Act* website: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification/21st-century-cures-act
- HHSC *Form 1718 – EVV Rights and Responsibilities* (MCO): https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-1718-electronic-visit-verification-evv-rights-responsibilities-managed-care-organization
- HHSC EVV service bill codes table: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification
- TMHP EVV training website: http://www.tmhp.com/Pages/EVV/EVV-Training.aspx
- TMHP Learning Management System (LMS): https://learn.tmhp.com/
- TMHP EDI homepage: http://www.tmhp.com/Pages/EDI/EDI_Home.aspx
- EVV Historical Provider Compliance Plan effective April 1, 2016 through August 31, 2019: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/hhsc-provider-compliance-plan.pdf

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Amerigroup EVV contact information

EVV vendor contact information
DataLogic Software Inc. (VESTA EVV) Website: https://vestaevv.com Phone **1-844-880-2400**
First Data Government Solutions (AuthentiCare EVV) Website: http://solutions.fiserv.com/authenticare-tx Phone: **1-877-829-2002**

Amerigroup EVV email address
TXEVVSupport@amerigroup.com

Provider Relations Representative		
Service delivery area/Counties	**Name**	**Email**
Bexar/Travis	Jennifer Pena	jennifer.pena@anthem.com
El Paso	Maribel Martinez	maribel.martinez@anthem.com
Harris	Leslie Goffney	Leslie.goffney@Amerigroup.com
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