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HHSC Electronic Visit Verification

Module 9

EVV Portal Standard Reports and Search Tools

May 15, 2019

Introduction

This is Module 9 of the EVV Tool Kit: EVV Portal Standard Reports and Search Tool.

EVV Tool Kit: A collection of resources that will help prepare program providers, Financial Management Services Agencies (FMSAs), and Consumer Directed Services (CDS) employers in the use of EVV.

Click here for information on the [21st Century Cures Act – Texas Implementation](#).



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EVV Tool Kit

Previous modules are available in the EVV Tool Kit section of the [HHSC EVV website](#):

- Module 1: January 15, 2019:
 - [EVV 101 - Introduction to EVV](#)
- Module 2: February 1, 2019:
 - [EVV Roles and Responsibilities – Part I](#)
- Module 3: February 15, 2019:
 - [EVV Roles and Responsibilities – Part II](#)
- Module 4: March 1, 2019:
 - [EVV Visit Transactions](#)



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EVV Tool Kit (cont'd.)

Previous modules are available in the EVV Tool Kit section of the [HHSC EVV website](#):

- Module 5: March 15, 2019:
 - [EVV Visit Maintenance](#)
- Module 6: April 1, 2019:
 - [EVV Process Flow: Beginning to End](#)
- Module 7: April 15, 2019:
 - [EVV Aggregator and EVV Portal](#)
- Module 8: May 1, 2019:
 - [Submitting an EVV Claim](#)



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Overview

This module will discuss the following EVV topics:

- EVV Portal Standard Reports
- EVV Portal Search Tools

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



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EVV Portal Standard Reports

- Program providers, FMSAs, managed care organizations (MCOs), and HHSC will have access to standard EVV reports in the EVV Portal for dates of service on or after September 1, 2019.
- EVV standard reports only include EVV visit transactions accepted by the EVV Aggregator.
- EVV standard reports in the EVV Portal will be considered the source of truth and used for contract monitoring, recoupments, and enforcement purposes.



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EVV Portal Standard Reports (cont'd.)

- Current program providers using the DataLogic vendor system will continue to pull EVV standard reports for dates of service prior to September 1, 2019, from DataLogic's Vesta EVV system.
- The EVV Portal will only display visits with dates of service on or after September 1, 2019.



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Using EVV Portal Standard Reports

EVV standard reports will be used by program providers, FMSAs, HHSC, and MCOs. The EVV standard reports can be used at a minimum for:

- Conducting contracting and billing audits.
 - Fee-for-service (FFS) EVV compliance monitoring.
 - MCOs EVV compliance monitoring.
 - Medicaid fraud investigations.
 - Texas Medicaid data analysis.
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- CDS employers will pull CDS-specific reports from the EVV vendor system (not the EVV Portal).



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EVV Portal Standard Reports List

- The EVV Portal will include the following standard reports:
 - EVV Visit Log
 - Units of Service Summary (FFS only)
 - EVV Usage Report
 - EVV Reason Code Usage and Free Text
- The final list of EVV standard reports will be included in training materials by September 1, 2019.



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Standard Report: EVV Visit Log

Examples of the EVV visit data included in the EVV Visit Log will include:

- All EVV visit transactions that have been accepted into the EVV Aggregator.
- Planned visit schedule date and time, if applicable.
- Actual visit date.
- Actual clock in and clock out times.
- Billed hours.
- Reason codes and free text.
- Last visit maintenance date.



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Standard Report: Units of Service Summary

The Units of Service Summary report is used by FFS contract managers during contract monitoring visits to verify service delivery and breaks in service.



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Standard Report: EVV Usage Report

- The EVV Usage Report will show the EVV provider compliance score for the preceding quarter and will be available for up-to-date monitoring of compliance scores.
- This report shows how well program providers and CDS employers are using the EVV system to electronically document service delivery.
- The EVV Compliance score is a weighted score of manually entered visits and rejected EVV visit transactions.
- The final EVV Compliance Plan will be posted in the summer of 2019.



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Standard Report: Reason Code Usage and Free Text

The Reason Code Usage and Free Text report will show:

- The reason code used on accepted EVV visit transactions.
- The percentage of overall reason code usage.
- Any free text saved to an accepted EVV visit transaction.



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EVV Portal Search Tools Overview

In addition to EVV standard reports:

- Program providers, FMSAs, MCOs, and HHSC staff can search for EVV visit transactions and claims matching data in the EVV Portal.
- EVV Portal users can use the “Accepted Visit Search,” “History/Rejected Visit Search,” and “EVV Claim to Visit Search” tabs to select specific criteria to run searches for:
 - Accepted EVV visit transactions.
 - Rejected EVV visit transactions.
 - History of updates made to EVV visit transactions.
 - EVV claims to EVV visit transaction match results.
- EVV Portal users can export search results to Microsoft Excel®.



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“Accepted Visit Search” Tab

- The “Accepted Visit Search” tab allows viewing of the most current accepted EVV visit transactions within a specific date range.
- Before submitting an EVV claim, program providers and FMSAs use this tab to confirm an EVV visit transaction has been accepted by the EVV Aggregator.



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“History/Rejected Visit Search” Tab

The “History/Rejected Visit Search” tab displays:

- All changes made to visits performed through visit maintenance.
- Rejected EVV visit transactions with rejection codes.



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“EVV Claim to Visit Search” Tab

The “EVV Claim to Visit Search” tab allows viewing of match results for a claim that was submitted to Texas Medicaid & Healthcare Partnership (TMHP), and all of its associated EVV visit transactions.



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“Claim to Visit Search” Tab (cont’d.)

This tab provides the following information:

- Match dates
- Match results using matching codes
 - EVV01 - EVV Match
 - EVV02 - Medicaid ID Mismatch
 - EVV03 - Visit Date Mismatch
 - EVV04 - Provider Mismatch (National Provider Identifier [NPI] or Atypical Provider Identifier [API] mismatch)
 - EVV05 - Service Mismatch (Healthcare Common Procedure Coding System [HCPCS]/modifier mismatch)
 - EVV06 - Units Mismatch



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EVV Claim Match Result Code

An EVV claim match result code is used to indicate if an EVV claim line item matched or did not match an accepted EVV visit transaction.



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Tip #1

Know your provider information.

- Know all of your program provider's NPIs, APIs (as applicable), Tax Identification Number (TIN), provider numbers (nine-digit contract number), and associated payers to run visit searches and reports.



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Tip #2

Check EVV visit transaction status before submitting claims.

- Always check the “Accepted Visit Search” tab to ensure the EVV visit transaction was accepted by the EVV Aggregator before submitting the claim.



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FAQs

FAQ 1 – EVV Standard Reports and Search Tools



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Question: Can I save search results?

Answer: Yes, the data that is returned by a search can be exported into an Excel spreadsheet using a button located on the search results page in the EVV Portal.

FAQ 2 – EVV Standard Reports and Search Tools



Question: What causes a visit to be rejected by the EVV Aggregator?

Answer: All data elements associated with an exported EVV visit transaction are validated against a visit file layout that includes many edits. When a data element does not pass an edit, the EVV vendor is required to notify the program provider or FMSA of rejected visits and the reason for the rejection.

Some examples of rejection reasons include:

"Provider NPI cannot be validated as active for the visit date."

"The EVV HCPCS code and EVV modifier combination on the EVV visit is not eligible for EVV."

Program providers and FMSAs can also view rejected visits and the reason for rejection in the EVV Portal.

FAQ 3 – EVV Standard Reports and Search Tools



Question: How do I fix a rejected visit?

Answer: When a program provider or FMSA is notified of a rejected visit either by the EVV vendor or when checking the EVV Portal, the program provider or FMSA should complete visit maintenance to fix identified errors on the visit.

Program providers and FMSAs/CDS employers have 60 days from the visit date to complete visit maintenance.

Once errors are fixed, the EVV vendor will re-export the visit to the EVV Aggregator to be validated again.

What's Next?

- **May 22, 2019: Live Webinar Q&A Session**
 - Topic: EVV Claims and Standard Reports
 - [Register](#) for the webinar
- **June 1, 2019, Web Alert:**
 - EVV Policy and Process Requirements
- **June 15, 2019, Web Alert:**
 - EVV Oversight



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Thank you

Email EVV reports questions to:

EVV@TMHP.com