

Claim submission for electronic visit verification (EVV) required services

Summary: Beginning September 1, 2019, electronic visit verification (EVV)-relevant claims with dates of service on or after September 1, 2019, will be subject to the EVV claims matching process to confirm that a service visit occurred prior to payment of the claim.

Providers must submit all claims for EVV-relevant services with dates of service on or after September 1, 2019, to Texas Medicaid & Healthcare Partnership (TMHP). Claims submitted to Amerigroup will be rejected, and the provider will be informed to submit the claim to TMHP.

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

Providers and financial management service agencies (FMSA) can access TMHP's EDI Homepage for basic information needed to file claims electronically. Providers can also access user guides, forms, and technical information intended for billing agents that file claims for program providers. Please refer to the reference section on page 2 for the EDI Homepage website.

Providers and FMSAs that need assistance in setting up C21 or CMS submitter IDs should contact the TMHP EDI Help Desk at 1-888-863-3638, option 4.

Claims for EVV required services

Please take note of the important information below related to submitting claims for EVV services:

- If claims with dates of service on or after September 1, 2019 are submitted to Amerigroup, the claim will be rejected, and the provider agency will need to submit the claim to TMHP.
- TMHP will forward the claim to Amerigroup with the EVV claim matching results, and Amerigroup will continue with the adjudication process.
- Claims submitted without a matching EVV visit transaction for the specified date(s) of service will be denied by Amerigroup.
- Claims cannot have overlapping dates of service before and after September 1, 2019. If the claim contains dates of service that overlap the September 1 date, it will be rejected.

<https://providers.amerigroup.com>

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc. Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

- Providers will continue to submit claims to Amerigroup for dates of service **before** September 1, 2019.

Claim matching process

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

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

- National provider identifier or atypical provider identifier
- Date of service
- Member Medicaid ID number
- Service identifier as HCPCS code and any associated modifier(s)
- Billed units of service delivered

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

References

TMHP EDI homepage:

http://www.tmhp.com/Homepage%20File%20Library/NetscapeAgreement.aspx?http://www.tmhp.com/Pages/EDI/EDI_Home.aspx

Texas Health and Human Service (HHSC) EVV webpage: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification/21st-century-cures-act>

HHSC EVV Tool Kit — Module 8: <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-module-8-claim.pdf>

Billing policy changes for providers required to use EVV:

<https://hhs.texas.gov/sites/default/files/documents/govdelivery/evv-update-march-15-2019-billing-policy-changes.pdf>

Questions

For questions regarding TexMedConnect or EDI, contact TMHP at EVV@tmhp.com.

For any questions related to this communication, please email our EVV email inbox at TXEVVSupport@amerigroup.com. You may also contact your Provider Relations Representative.