

Cures Act EVV: Prepare to Submit CDS and SRO Managed Care EVV Claims to TMHP

Information posted August 7, 2020

By October 1, 2020, all managed care claims for Electronic Visit Verification (EVV)-relevant services that are delivered through the Consumer Directed Services (CDS) option or Service Responsibility Option (SRO) in the STAR Health, STAR Kids, STAR+PLUS, and STAR+PLUS Medicaid-Medicare Plan (MMP) programs must be submitted to TMHP for the EVV claims matching process to occur.

Beginning October 1, 2020, EVV claims with a date of service on or after October 1, 2020, must be submitted to TMHP and will be denied or rejected if they are submitted directly to a managed care organization (MCO).

To prepare for submitting EVV claims to TMHP, refer to [How to Setup Managed Care EVV Claims Submission to TMHP](#).

Important: The process of setting up claims submission can take up to three weeks to complete. Program providers and financial management services agencies (FMSAs) should begin the process as soon as possible so that they are ready by October 1, 2020.

EVV Practice Period

From July 1, 2020, through November 30, 2020, program providers and FMSAs impacted by the 21st Century Cures Act can practice using the EVV system, EVV Portal, and submitting EVV claims to TMHP for EVV claims matching.

During the practice period, EVV claims for [services included in the Cures Act EVV expansion](#) will not be denied for a mismatch.

For more information about the practice period, refer to the article titled [Cures Act EVV: The EVV Practice Period Begins July 1](#), which was posted on May 22, 2020.

EVV Claim Denials for Mismatches Begin

Beginning December 1, 2020:

- All service visits for an EVV-required service must be captured in the EVV system.

- Claims that don't have a matching EVV visit transaction in the EVV Portal will be denied.

For more information, contact evv@tmhp.com.