

Medicaid/CHIP Provider Manual — Electronic visit verification updates

The Texas Health and Human Services Commission (HHSC) has issued new required wording for the Electronic visit verification (EVV) section of the *Medicaid/CHIP Provider Manual*. The following section of the manual is revised to include this new information:

6.5 Electronic visit verification (EVV)

General information about EVV

1. What is EVV?

EVV is a computer-based system that electronically documents and verifies the occurrence of a visit by a Service Provider or CDS Employee, as defined in Chapter 8.7.1 of the UCMCM, to provide certain services to a member. The EVV System documents the following:

- Type of service provided (Service Authorization Data).
- Name of the member to whom the service is provided (Member Data).
- Date and times the visit began and ended.
- Service delivery location.
- Name of the Service Provider or CDS Employee who provided the service (Service Provider Data).
- Other information HHSC determines is necessary to ensure the accurate adjudication of Medicaid claims.

2. Is there a law that requires the use of EVV?

Yes. In December of 2016, the federal *21st Century Cures Act* added *Section 1903(l)* to the *Social Security Act (42 USC. § 1396b(l))* to require all states to implement the use of EVV. *Texas Government Code, Section 531.024172*, requires HHSC to implement an EVV System to electronically verify certain Medicaid services in accordance with federal law. To comply with these statutes, HHSC required the use of EVV for all Medicaid personal care services requiring an in-home visit, effective January 1, 2021. HHSC plans to require the use of EVV for Medicaid home health care services requiring an in-home visit, effective January 1, 2023.

3. Which services must a Service Provider or CDS Employee electronically document and verify using EVV?

The EVV required services that must be electronically documented and verified through EVV are listed on the HHSC EVV website. Refer to the *Programs, Services, and Service Delivery Options Required to Use Electronic Visit Verification*.

Check the **EVV Service Bill Codes Table** on the HHSC EVV website for up-to-date information and specific HCPCS code(s) and modifiers for EVV-required services at [Electronic Visit Verification | Texas Health and Human Services](#).

<https://provider.amerigroup.com/TX>

4. Who must use EVV?

The following must use EVV:

- Provider: An entity that contracts with an MCO to provide an EVV service
- Service Provider: A person who provides an EVV required service and who is employed or contracted by a Provider or a CDS Employer
- CDS Employee: A person who provides an EVV required service and who is employed by a CDS Employer.
- Financial Management Services Agency (FMSA): An entity that contracts with an MCO to provide financial management services to a CDS Employer as described in *Texas Administrative Code, Title 40, Part 1, Chapter 41, Subchapter A, §41.103(25), Consumer Directed Services Option*
- CDS Employer: A member or LAR who chooses to participate in the CDS option and is responsible for hiring and retaining a Service Provider who delivers a service

EVV Systems

5. Do Providers and FMSAs have a choice of EVV Systems?

Yes. A Provider or FMSA must select one of the following two EVV Systems:

- EVV vendor system. An EVV vendor system is an EVV System provided by an EVV vendor selected by the HHSC Claims Administrator, on behalf of HHSC, that a Provider or FMSA may opt to use instead of an EVV proprietary system. More information about EVV vendors and their systems is available on the [TMHP EVV Vendors](#) webpage.
- EVV proprietary system. An EVV proprietary system is an HHSC-approved EVV System that a Provider or FMSA may choose to use instead of an EVV vendor system.
An EVV proprietary system:
 - Is purchased or developed by a Provider or a FMSA.
 - Is used to exchange EVV information with HHSC or an MCO.
 - Complies with the requirements of *Texas Government Code Section §531.024172* or its successors.

Additional information is available on the TMHP Proprietary System webpage at [EVV Proprietary Systems | TMHP](#).

6. Does a CDS Employer have a choice of EVV Systems?

No. A CDS Employer must use the EVV System selected by the CDS Employer's FMSA.

7. What is the process for a Provider or FMSA to select an EVV System?

- To select an EVV vendor from the state vendor pool, a Provider or FMSA, signature authority and the agency's appointed EVV System administrator must complete, sign, and date the *EVV Provider Onboarding Form* located on the EVV vendor's website. More information about EVV vendors and their systems is available on the [TMHP EVV Vendors](#) webpage.
- To use an EVV proprietary system, a Provider or FMSA, signature authority, and the agency's appointed EVV System administrator, must visit the TMHP Proprietary System webpage to review the EVV Proprietary System Operator (PSO) Onboarding process and HHSC EVV Proprietary System approval process. Additional information is available on the TMHP Proprietary System webpage at [EVV Proprietary Systems | TMHP](#).

8. What requirements must a Provider or FMSA meet before using the selected EVV System?

Before using a selected EVV System:

- The Provider or FMSA must submit an accurate and complete form directly to the selected EVV vendor. EVV vendor information is available on the [TMHP EVV Vendors](#) webpage.
- Providers or FMSAs must submit the PSO Request Packet to enter the EVV PSO Onboarding Process which includes:
 - An *EVV Proprietary System Request Form*
 - *EVV PSO Detailed Questionnaire (DQ)*
 - TMHP Interface Access Request
- A program provider or FMSA must complete the EVV PSO Onboarding Process and receive written approval from HHSC to use an EVV proprietary system to comply with HHSC EVV requirements.
- If selecting either an EVV vendor or an EVV Proprietary System, a Provider or FMSA must:
 - Complete all required EVV training as described in the answer to **Question #18**.
 - Complete the EVV System onboarding activities:
 - Manually enter or electronically import identification data.
 - Enter or verify member service authorizations.
 - Set up member schedules (if required).
 - Create the CDS Employer profile for CDS Employer credentials to the EVV System.

9. Does a Provider or FMSA pay to use the selected EVV System?

If a Provider or FMSA selects an EVV vendor system, the Provider or FMSA uses the system free of charge.

If a Provider or FMSA elects to use an EVV proprietary system, the Provider or FMSA is responsible for all costs for development, operation, and maintenance of the system.

10. Can a Provider or FMSA change EVV Systems?

Yes. A Provider or FMSA may:

- Transfer from an EVV vendor to another EVV vendor within the state vendor pool.
- Transfer from an EVV vendor to an EVV proprietary system.
- Transfer from an EVV proprietary system to an EVV vendor.
- Transfer from one EVV proprietary system to another EVV proprietary system.

11. What is the process to change from one EVV System to another EVV System?

To change EVV Systems, a Provider or FMSA must request a transfer as follows:

- To request a transfer to an EVV vendor, a Provider or FMSA must submit an *EVV Provider Onboarding Form* to the new EVV vendor.
- To request a transfer to an EVV proprietary system, a Provider or FMSA must submit the PSO Request packet and complete the EVV PSO Onboarding Process.
- A Provider or FMSA must submit an EVV Provider Onboarding Form to the newly selected EVV vendor or an EVV PSO Request packet to TMHP at least 120 days before the desired effective date of the transfer.

- If a Provider or FMSA is transferring to an EVV vendor, the effective date of the transfer may be earlier than the desired effective date of the transfer if the Provider or FMSA and the newly selected EVV vendor agree on an earlier date.
- If a Provider or FMSA is transferring to an EVV proprietary system, the Provider or FMSA, TMHP, and HHSC will establish an effective date of transfer for the proprietary system that may be different than the desired effective date of the transfer.
- A FMSA must notify CDS Employers 60 days in advance of the planned Go-Live date to allow time for the FMSA to train CDS Employers and CDS Employees on the new EVV System.
- A Provider or FMSA must complete all required EVV System training before using the new EVV System.
- A Provider or FMSA who transfers to a new EVV vendor or proprietary system:
 - Will not receive a grace period and will be subject to all EVV policies including those related to compliance and enforcement.
 - May have EVV claims denied or recouped if there are no matching accepted EVV visit transactions in the EVV Aggregator.
- After a Provider or FMSA begins using a new EVV System, the Provider or FMSA must return all alternative devices supplied by the previous EVV vendor to the previous EVV vendor, if applicable.

12. Are the EVV Systems accessible for people with disabilities?

The EVV vendors provide accessible systems, but if a CDS Employer, Service Provider, or CDS Employee needs an accommodation to use the EVV System, the vendor will determine if an accommodation can be provided. However, vendors will not provide a device or special software if the system user needs this type of accommodation.

If the Provider or FMSA is using a proprietary system, the Service Provider, CDS Employer, or CDS Employee must contact the Provider or FMSA to determine accessibility features of the system and if an accommodation can be provided.

EVV service authorizations

13. What responsibilities do Providers and FMSAs have regarding service authorizations issued by an MCO for an EVV required service?

A Provider and FMSA must do the following regarding service authorizations issued by a MCO for an EVV-required service:

- Manually enter into the EVV System the most current service authorization for an EVV required service, including:
 - Name of the MCO.
 - Name of the Provider or FMSA.
 - Provider or FMSA Tax Identification Number.
 - National Provider Identifier (NPI) or Atypical Provider Identifier (API).
 - Member Medicaid ID.
 - Healthcare Common Procedural Coding System (HCPCS) code and Modifier(s).
 - Authorization start date.
 - Authorization end date.
- Perform Visit Maintenance if the most current service authorization is not entered into the EVV System.

- Manually enter service authorization changes and updates into the EVV System as necessary.

EVV clock-in and clock-out methods

14. What are the approved methods a Service Provider or CDS Employee may use to clock in and to clock out to begin and to end service delivery when providing services to a member in the home or in the community?

A Service Provider or CDS Employee must use one of the three approved electronic verification methods described below to clock in to begin service delivery and to clock out to end service delivery when providing services to a member in the home or in the community. A Service Provider or CDS Employee may use one method to clock in and a different method to clock out:

1. Mobile method:

- A Service Provider must use one of the following mobile devices to clock in and clock out:
 - The Service Provider's personal smart phone or tablet.
 - A smart phone or tablet issued by the Provider.
- A Service Provider must not use a member's smart phone or tablet to clock in and clock out.
- A CDS Employee must use one of the following mobile devices to clock in and clock out:
 - The CDS Employee's personal smart phone or tablet.
 - A smart phone or tablet issued by the FMSA.
 - The CDS Employer's smart phone or tablet if the CDS Employer authorized the CDS Employee to use their smart phone or tablet.
- To use a mobile method, a Service Provider or CDS Employee must use an EVV application provided by the EVV vendor or the PSO that the Service Provider or CDS Employee has downloaded to the smart phone or tablet.
- The mobile method is the only method that a Service Provider or CDS Employee may use to clock in and clock out when providing services in the community.

2. Home phone landline:

- A Service Provider or CDS Employee may use the member's home phone landline, if the member agrees, to clock in and clock out of the EVV System.
- To use a home phone landline, a Service Provider or CDS Employee must call a toll-free number provided by the EVV vendor or the PSO to clock in and clock out.
- If a member does not agree to a Service Provider's or CDS Employee's use of the home phone landline or if the member's home phone landline is frequently not available for the Service Provider or CDS Employee to use, the Service Provider or CDS Employee must use another approved clock in and clock out method.
- The Provider or FMSA must enter the member's home phone landline into the EVV System and ensure that it is a landline phone and not an unallowable landline phone type.

3. Alternative device:

- A Service Provider or CDS Employee may use an HHSC-approved alternative device to clock in and clock out when providing services in the member's home.
- An alternative device is an HHSC-approved electronic device provided at no cost by an EVV vendor or EVV PSO.
- An alternative device produces codes or information that identifies the precise date and time service delivery begins and ends.
- The alternative device codes are active for only seven days after the date of service and must be entered into the EVV system before the code expires.
- The Service Provider or CDS Employee must follow the instructions provided by the Provider or CDS Employer to use the alternative device to record a visit.
- An alternative device must always remain in the member's home even during an evacuation.

15. What actions must the Provider or FMSA take if a Service Provider or CDS Employee does not clock in or clock out or enters inaccurate information in the EVV System while clocking in or clocking out?

- If a Service Provider does not clock in or clock out of the EVV System or an approved clock-in or clock-out method is not available, then the Provider must manually enter the visit in the EVV System.
- If a Service Provider makes a mistake or enters inaccurate information in the EVV System while clocking in or clocking out, the Provider must perform Visit Maintenance to correct the inaccurate service delivery information in the EVV System.
- If a CDS Employee does not clock in or clock out for any reason, the FMSA or CDS Employer must create a manual visit by performing Visit Maintenance in accordance with the CDS Employer's selection on *Form 1722* to manually enter the clock-in and clock-out information and other service delivery information, if applicable.
- If a CDS Employee makes a mistake or enters inaccurate information in the EVV System while clocking in or clocking out, the FMSA or CDS Employer must perform Visit Maintenance in accordance with the CDS Employer's selection on *Form 1722* to correct the inaccurate service delivery information in the EVV System.
- After the Visit Maintenance timeframe has expired, the EVV System locks the EVV visit transaction and the program provider, FMSA or CDS Employer may only complete Visit Maintenance if the MCO approves a *Visit Maintenance Unlock Request*.
- The *EVV Policy Handbook* requires the Provider, FMSA or CDS Employer to ensure that each EVV visit transaction is complete, accurate, and validated.

EVV Visit Maintenance

16. Is there a timeframe in which Providers, FMSAs, and CDS Employers must perform Visit Maintenance?

In general, a Provider, FMSA, or CDS Employer must complete any required Visit Maintenance after a visit prior to the end of the Visit Maintenance timeframe as set in the HHSC *EVV Policy Handbook*.

Note: The standard Visit Maintenance timeframe as set in the *EVV Policy Handbook* may be changed by HHSC to accommodate Providers impacted by circumstances outside of their control.

17. Are Providers, FMSAs, and CDS Employers required to include information in the EVV System to explain why they are performing Visit Maintenance?

Yes. Program providers, FMSAs, or CDS Employers must select the most appropriate **Reason Code Number(s)**, **Reason Code Description(s)**, and must enter any required free text when completing Visit Maintenance in the EVV System:

- **Reason Code Number(s)** describe the purpose for completing Visit Maintenance on an EVV visit transaction.
- **Reason Code Description(s)** describe the specific reason Visit Maintenance is necessary.
- Free text is additional information the program provider, FMSA or CDS Employer enters to further describe the need for Visit Maintenance.

Reason Codes information is located on the home page of the HHSC EVV website at [Electronic Visit Verification | Texas Health and Human Services](#).

EVV training

18. What are the EVV training requirements for each EVV System user?

- Providers and FMSAs must complete the following training:
 - EVV System training provided by the EVV vendor or EVV PSO
 - EVV Portal training provided by TMHP
 - EVV Policy training provided by HHSC or the MCO
- CDS Employers must complete training based on delegation of Visit Maintenance on *Form 1722, CDS Employer's Selection for Electronic Visit Verification Responsibilities*:
 - Option 1: CDS Employer agrees to complete all Visit Maintenance and approve their employee's time worked in the EVV System:
 - EVV System training provided by the EVV vendor or EVV PSO
 - Clock-in and clock-out methods
 - EVV Policy training provided by HHSC, the MCO, or FMSA.
 - Option 2: CDS Employer elects to have their FMSA complete all Visit Maintenance on their behalf; however, CDS Employer will approve their employee's time worked in the system:
 - EVV System training provided by EVV vendor or EVV PSO
 - EVV Policy training provided by HHSC, the MCO, or FMSA
 - Option 3: CDS Employer elects to have their FMSA complete all Visit Maintenance on their behalf:
 - Overview of EVV Systems training provided by EVV Vendor or EVV PSO
 - EVV policy training provided by HHSC, the MCO or FMSA
- Providers and CDS Employers must train Service Providers and CDS Employees on the EVV methods used to clock in when an EVV required service begins and clock out when the service ends.

Amerigroup EVV training requirements and information is available on the Amerigroup EVV website at [Electronic Visit Verification \(EVV\) | Amerigroup Texas](#).

Compliance Reviews

19. What are EVV Compliance Reviews?

- EVV Compliance Reviews are reviews conducted by the MCO to ensure Providers, FMSAs, and CDS Employers are in compliance with EVV requirements and policies.
- The MCO will conduct the following reviews and initiate contract or enforcement actions if Providers, FMSAs, or CDS Employers do not meet any of the following EVV compliance requirements:
 - EVV Usage Review — meet the minimum EVV Usage Score.
 - EVV Required Free Text Review — document EVV required free text.
 - EVV Landline Phone Verification Review — ensure valid phone type is used.

Information about Amerigroup EVV Compliance Reviews is available on the Amerigroup EVV website at [Electronic Visit Verification \(EVV\) | Amerigroup Texas](#).

EVV claims

20. Are Providers and FMSAs required to use an EVV System to receive payment for EVV required services?

Yes. All EVV claims for services required to use EVV must match to an accepted EVV visit transaction in the EVV Aggregator before reimbursement of an EVV claim by the MCO. The MCO may deny or recoup an EVV claim that does not match an accepted visit transaction.

21. Where does a Provider or FMSA submit an EVV claim?

Providers and FMSAs must submit all EVV claims to the HHSC Claims Administrator in accordance with the MCO's submission requirements.

EVV claims and billing information is located on both the Amerigroup EVV website at [Electronic Visit Verification \(EVV\) | Amerigroup Texas](#) and the HHSC EVV website in the *Electronic Visit Verification Policy Handbook, Section 12000 EVV Claims* including all sub-sections, at [12000 EVV Claims | Texas Health and Human Services](#).

22. What happens if a Provider or FMSA submits an EVV claim to the MCO instead of the HHSC Claims Administrator?

If a Provider or FMSA submits an EVV claim to the MCO instead of the HHSC Claims Administrator, the MCO will reject or deny the claim and require the Provider or FMSA to submit the claim to the HHSC Claims Administrator.

23. What happens after the HHSC Claims Administrator receives an EVV claim from a Provider or FMSA?

The HHSC Claims Administrator will forward the EVV claims to the EVV Aggregator for the EVV claims matching process. The EVV Aggregator will return the EVV claims and the EVV claims match result code(s) back to the HHSC Claims Administrator for further claims processing. After completing the EVV claims matching process, the HHSC Claims Administrator forwards the claim to the MCO for final processing.

24. How does the automated EVV claims matching process work?

The claims matching process includes:

- Receiving an EVV claim line item.
- Matching data elements from each EVV claim line item to data elements from one or more accepted EVV transactions in the EVV Aggregator.
- Forwarding an EVV claim match result code to the MCO once the claims matching process is complete.

The following data elements from the claim line item and EVV transaction must match:

- Medicaid ID
- Date of service
- National Provider Identifier (NPI) or Atypical Provider Identifier (API)
- Healthcare Common Procedure Coding System (HCPCS) code
- HCPCS modifiers
- Billed units to units on the visit transaction, if applicable

Note: No unit match is performed on CDS EVV claims and unit match is not performed on visit transactions against the billed units on the claim line item for specific services. Refer to the *EVV Service Bill Codes Table* for the specific services that bypass the units matching process.

Based on the result of the EVV claims matching process, the EVV Portal displays an EVV claims match result code. After the EVV claims matching process, the EVV Aggregator returns an EVV claims match result code to the claims management system for final claims processing.

EVV claim match codes viewable in the EVV Portal are:

- EVV01 — EVV Successful Match
- EVV02 — Medicaid ID Mismatch
- EVV03 — Visit Date Mismatch
- EVV04 — Provider Mismatch (NPI/API) or Attendant ID Mismatch
- EVV05 — Service Mismatch (HCPCS and Modifiers, if applicable)
- EVV06 — Units Mismatch
- EVV07 — Match Not Required
- EVV08 — Natural Disaster

If the EVV Aggregator identifies a mismatch between an accepted EVV visit transaction and an EVV claim line item, the EVV claims matching process will return one of the EVV claim match result codes of EVV02, EVV03, EVV04, EVV05, or EVV06. The MCO will deny the EVV claim line item if it receives an EVV claim match result code of EVV02, EVV03, EVV04, EVV05, or EVV06.

When HHSC implements a bypass of the claims matching process for disaster or other temporary circumstance:

- The EVV claims matching process will return a match result code of EVV07 or EVV08.
- The MCO will not immediately deny an EVV claim with either of these claims match result codes for an unsuccessful EVV match.
- The MCO may still deny an EVV claim if other claim requirements fail the claims adjudication process.

- If allowed by HHSC, the MCO may complete a retrospective review of a paid EVV claim line item with a match result code of EVV07 or EVV08 to ensure the paid claim line item has a successful EVV match.

25. How can a Provider and FMSA see the results of the EVV claims matching process?

Providers and FMSAs may view the results of the EVV claims matching process in the EVV Portal. The EVV Portal contains a claim identifier for both the TMHP system and the MCO system. The MCO's Provider Portal also provides additional claims status information, such as whether the MCO has paid or denied the claim. In addition, the MCO provides an Explanation of Payment (EOP) to Providers and FMSAs to inform them of whether the MCO paid or denied the claim, and if denied, the reason for denial.

Detailed information including job aids is located on the TMHP EVV Training webpage at [EVV Training | TMHP](#).

26. Could an MCO deny payment of an EVV claim even if the EVV claim successfully matches the EVV visit transaction?

Yes. An MCO may deny payment for an EVV claim for a reason unrelated to EVV requirements, such as a member's loss of program eligibility or the Provider's or FMSA's failure to obtain prior authorization for a service.