

Electronic Visit Verification Retrospective Review of Paid Claims

Summary of update: A retrospective review of paid claims that contained an electronic visit verification (EVV) claim match result code of EVV07 during the bypass of EVV claims matching under the *HHSC Temporary EVV Policies for COVID-19* will start on or after August 15, 2021.

What is the impact of this change?

Paid claims with a date of service between March 21, 2020, to December 31, 2020, and that were submitted on or after March 21, 2020, with EVV required services under the agency model service option will be reviewed to ensure there is a complete match to an accepted EVV visit transaction. The required timeframe for visit maintenance has expired for visit dates between March 21, 2020 to December 31, 2020.

- If paid claims do not have a complete match to an accepted EVV visit transaction, an overpayment project will start.
- If an overpayment project is started, the provider will receive a notification letter in the mail with information about the overpayment project.

What will be used to complete the retrospective review?

The report that will be used to complete the retrospective review is the *EVV Claim Match Reconciliation Report*. This report is located in the **Texas Medicaid & Healthcare Partnership (TMHP) EVV Portal**, and providers have the capability to pull this report to review their claim information to determine if paid claims have a complete match to an accepted EVV visit transaction or contain a mismatch.

What are my next steps?

Amerigroup recommends that providers pull their *EVV Claim Match Reconciliation Report* and start their own retrospective review of their paid claims, in order to start correcting any data discrepancy errors on the EVV visit transactions to prevent the paid claim from showing a mismatch and prevent a potential overpayment project. You can also review the Health and Human Services Commission's best practices for temporary EVV policies for COVID-19 at <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/best-practices-temp-evv-policies-covid-19.pdf>.

<https://provider.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.

What if I need assistance?

If you have any questions regarding this notice, please send an email to TXEVVSupport@amerigroup.com. If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at:

- Medicaid: **800-454-3730**, Monday through Friday from 8 a.m. to 7 p.m. Central time.
- Medicare-Medicaid Plan: **855-878-1785**, Monday through Friday from 8 a.m. to 8 p.m. Central time.