El Paso Health

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Electronic Visit Verification

Home Health Care Services

Provider Relations

EPH_EVV@elpasohealth.com

What is EVV?

EVV is a computer-based system that electronically documents and verifies service delivery information for certain Medicaid service visits.

EVV also helps prevent fraud, waste and abuse, making sure Medicaid recipients receive care that is authorized for them.

Some of the information documented is:

- Date
- Time
- Service type
- Location

21st Century Cures Act

Is a federal law that passed in 2016 requiring states to implement EVV for Medicaid personal care services and home health care services that require an in-home visit.

States that do not implement EVV will receive reduced federal Medicaid funding.

HHSC 21st Century Cures Act web page can provide you with more information.

EVV HHCS Implementation January 1, 2024

If you do not have an EVV visit for an EVV-required service, the claim line item for the corresponding date of service will be denied and not paid.

If a program provider or financial management services agency (FMSA) fails to comply with EVV policies, HHSC may place the program provider or FMSA on a corrective action plan or recommend contract termination.

Home Health Care Services Required to use EVV

- In-Home Skilled Nursing Visits
- Occupational Therapist services provided in the home
- Physical Therapist services provided in the home
- PCS provided by a home health aide in the home under the supervision of an RN, Occupational Therapist or Physical Therapist

Helpful TIP

All home health nursing assessments and delegation are considered EVV relevant and will require a visit.

Comprehensive Nursing Assessments (CNA) require EVV for the duration provided in-person within the member's own home/family home. This is true whether the member is receiving only a CNA during a nursing visit or also receiving other EVV services during a nursing visit.

All programs are required to use EVV for Chronic Therapies.

Home Health Services Not Required to Use EVV

- Early Childhood Intervention (ECI)
- Group Therapy
- HHCS delivered via Telehealth
- HHCS performed in Place of Service other than Home
- Hospice
- Nursing, Physical Therapy and Occupational Therapy services that do not begin or end in the member's own home or member's family home
- Private Duty Nursing (PDN)
- Specialized Therapies
- Speech Therapy Services
- Wheelchair Assessments

EVV Standards and Policy Requirements

- EVV Policy Handbook provides EVV standards and policy requirements that program providers and FMSAs contracted must follow.
- Handbook also includes requirements for CDS employers. EVV standards and policy requirements do not replace or supersede program or licensure requirements.
- Program providers and FMSAs must follow all program and licensure rules and policies in addition to EVV policies.
- The EVV Policy Handbook has EVV requirements for both HHSC and MCOs (the payers).
- Program providers and FMSAs must adhere to their individual contracts with HHSC or an MCO and contact the payer for questions on EVV and non-EVV requirements.

Starting to Use EVV

Step 1: Select an EVV system

- EVV vendor system
- EVV proprietary system

information can be found on the TMHP EVV web page

Step 2: Complete required EVV training which includes:

- System
- Policy
- EVV Portal

Step 3: Complete system onboarding with your selected EVV system.

Review policy section 4000 EVV System and Setup for details, and refer to the Getting Started with EVV guides on the HHSC EVV web page

EVV Required Training

HHSC EVV Training policy requires program providers, FMSAs, service providers, and CDS employers, and any staff who performs EVV system operations, to complete required EVV training:

- ✓ Before using an EVV vendor system or an EVV proprietary system; and
- ✓ Yearly thereafter

EVV Training Requirements Checklists (PDF) to track training requirements and completion of trainings.

EVV system users are staff who have access to the EVV system, perform EVV system operations and visit maintenance in the EVV system.

EVV Portal users are staff who have access to the EVV Portal, conduct visit or claim searches, and generate reports.

Billing staff are staff who submit Medicaid claims for an EVV-required service.

EVV Training Methods Available

The EVV vendors, EVV Proprietary System Operators (PSOs), payers (HHSC and MCOs) and TMHP may offer training through different delivery methods, such as:

- Computer-based training (CBTs)
- Instructor-led training
- Webinars
- Downloadable files, such as job aids and FAQs

PAYERS

Payers are responsible for paying Medicaid claims, administering the EVV program and enforcing EVV requirements. In Texas, the payers are HHSC and the MCOs.

Payer responsibilities include, but are not limited to:

- Following state and federal requirements when processing claims for services required to use EVV

- Developing EVV policies, processes and procedures

- Providing EVV policy training to program providers, FMSAs and CDS employers

- Conducting EVV compliance reviews of program providers, FMSAs and CDS employers

EVV Required Services Must be Submitted to TMHP

Program providers and financial management services agencies (FMSAs) **must submit all HHCS EVV claims to TMHP using TexMedConnect**, or through **Electronic Data Interchange (EDI) using a Compass 21 (C21) Submitter ID** starting with dates of service on or after Dec. 1, 2023.

Managed care organizations (MCOs) will reject any HHCS managed care claims with EVV services and dates of service on or after Dec. 1, 2023, back to the program provider and FMSA, directing them to submit the claim to TMHP for EVV claims matching.

TexMedConnect

To access TexMedConnect through the TMHP website you must already have an account.

If you don’t have an account, set one up using the information provided in the TMHP Website Security Provider Training Manual.

Program providers and FMSAs that need help setting up C21 or CMS Submitter IDs should contact the EDI Help Desk at 888-863-3638, Option 4, or visit the TexMedConnect webpage for additional information.

EVV Aggregator

The Electronic Visit Verification (EVV) Aggregator is a centralized database that collects, validates, and stores statewide EVV visit data transmitted by an EVV system.

The EVV Aggregator provides:

- validated provider contract or enrollment data to EVV vendors
- accepts or rejects confirmed EVV visit transactions using standardized validation edits and returns results to EVV vendors
- stores all accepted and rejected EVV visit transactions
- Matches EVV claim line items to accepted EVV visit transactions in the EVV Aggregator and sends matching results to the appropriate payer for EVV claims processing

Program providers and FMSAs may bill as soon as they confirm an EVV visit transaction has been accepted by the EVV Aggregator.

EVV Portal

The EVV Portal is an online system that allows users to perform searches and view reports associated with the EVV visit data in the EVV Aggregator.

Program providers, financial management services agencies (FMSAs), (MCOs), and (HHSC) are able to search, view, print, and export the following:

- EVV visit data (accepted and rejected EVV visit transactions)
- EVV visit transaction to EVV claim line items matching results
- Provider identification data
- View EVV visit transactions ready for billing.
- Access standard EVV reports and run queries on EVV visit data.
- Check the status and identify reasons for rejection of submitted EVV visit transactions.

EVV Aggregator and EVV Portal Infographic

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Reason Codes

When service providers or CDS employees fail to clock in/ out, providers, FMSAs or CDS employers must select:

- **The most appropriate non-preferred reason code** - Non-preferred reason code indicates when situations when staff have failed to clock in/out of the EVV system.

- **The most appropriate reason code description** - Preferred reason codes indicate situations that are acceptable variations in the proper use of the EVV system.

- **Any required free text** - Any additional information attached to an EVV Reason Code Description.

EVV Reason Codes Crosswalk

TEXAS Health and Human Services

Electronic VisitVerification (EVV)

Crosswalk for EVV Reason Codes Effective Oct. 1, 2023

Reason Codes Before 10/1/23	Reason Codes After 10/1/23
000 Overnight Visit (If applicable)	**No change.**
100 Service Variation	**110 Service Delivery Exception**
100 A - Staff hours worked differ from schedule	**110 A** - Service delivery differs from schedule
100 B - Downward adjustment of pay hours	**110 B** - Downward adjustment of Bill Hours
100 C - Authorized services provided outside of home	**210 H** - Authorized services provided in the community
100 D - Fill-in for regular attendant	**110 C** - Fill-in service provider
100 E - Member agreed or requested staff not work	**110 A** - Service delivery differs from schedule
100 F - Attendant failed to show up for work	**110 A** - Service delivery differs from schedule
100 G - Confirm visits with no schedule	**110 A** - Service delivery differs from schedule
100 H - Overlap visits	**110 D** - Allowable overlapping visits
100 I - Split schedules	**110 A** - Service delivery differs from schedule
100 J - In-home respite: used when an in-home respite occurs and there is no schedule in the EVV system	**110 A** - Service delivery differs from schedule
130 Disaster	**No change.**
130 A - Flood	No change.
130 B - Hurricane	No change.
130 C - Ice/snow storm	No change.
130 D - Tornado	No change.
130 E - Wildfire	No change.
130 F - Public Health Disaster	No change.
131 Emergency	**210 I - Emergency**
200 Alternative Device	**210 No Electronic Clock In or Clock Out**
200 A - Alt device ordered	**210 F** - Alt device not available
200 B - Alt device pending placement	**210 F** - Alt device not available
200 C - Alt device missing	**210 F** - Alt device not available

TEXAS Health and Human Services

Reason Codes Before 10/1/23	Reason Codes After 10/1/23
201 Mobile Device	**210 No Electronic Clock In or Clock Out**
201 A - Mobile device ordered	**210 B** - Mobile device not available
201 B - Mobile device pending placement	**210 B** - Mobile device not available
201 C - Mobile device missing	**210 B** - Mobile device not available
300 Technical Issues	**210 No Electronic Clock In or Clock Out**
300 A - Phone lines not working	**210 C** - Landline phone not available
300 B - Malfunctioning alternative device	**210 F** - Alt device not available
300 C - Incorrect alternative device value	**210 E** - Alt device value incorrect
300 D - Incorrect employee ID entered	**310 C** - Incorrect EVV employee ID
300 E - Incorrect member EVV ID entered	**310 D** - Incorrect EVV member ID
300 F - Malfunctioning mobile device/application	**210 B** - Mobile device not available
300 G - Multiple calls for one visit	**310 A** - Multiple calls for one visit
300 H - Reversal of call in/out time	**310 A** - Multiple calls for one visit
400 Landline Not Accessible	**210 No Electronic Clock In or Clock Out**
400 A - Member does not have home phone	**210 C** - Landline phone not available
400 B - Member phone unavailable	**210 C** - Landline phone not available
400 C - Member refused staff use of phone	**210 C** - Landline phone not available
500 Service Suspension	**120 Eligibility or Service Authorization Exception**
600 Other	**No change.**
900 Non-Preferred	**600 Other**
900 A - Failure to call in	**210 A** - Failure to clock in, clock out or both
900 B - Failure to call out	**210 A** - Failure to clock in, clock out or both
900 C - Failure to call in and out	**210 A** - Failure to clock in, clock out or both
900 D - Wrong phone number	**210 D** - Landline phone not registered in EVV System

Avoiding EVV Claim Mismatches

Best Practices to Avoid EVV Claims Mismatches PDF

1. Check the EVV Portal to ensure the EVV visit transaction was accepted before submitting the EVV claim.

2. Determine the billing options of your payer regarding span date/single line billing before submitting the EVV claim and follow the guidelines of your payer.

3. Ensure data elements on the EVV claim match data elements on the accepted EVV visit transaction before submitting the EVV claim.

4. Check the match results of the EVV claim matching process in the EVV Portal.

5. Monitor the explanation of benefits (EOB) or explanation of payment (EOP) from your payer for final claim adjudication.

EVV Claims

Providers and FSMAs must verify all data elements on EVV claims, including times entered in the EVV system, prior to submitting to EVV Aggregator.

Providers and FMSAs must ensure the appropriate authorization has been received prior to services being rendered and billed on the claim.

TMHP submits daily files directly to MCOs for all accepted EVV transactions and claims.

EVV Claims are analyzed by the EVV Aggregator in accordance with EVV data matching requirements before claim adjudication.

EVV Claims

The EVV Aggregator performs matching edits verifying the data on the billed claim matches the visit data in the EVV portal before forwarding the claim to MCOs for adjudication.

- To prevent claim denials, providers and FMSAs should verify the EVV visit transaction is accepted before billing.
- When billing claims, providers and FMSAs must verify the data elements billed match the data listed in the EVV portal.
- EVV claims must display a match status code of EVV01, listed in the EVV Portal, in order for EVV claims to be paid by El Paso Health.
- Providers and FMSAs are required to resubmit claim denials to TMHP.

EVV Claims

EVV claims billed for program providers must match an accepted EVV transaction between the following data elements:

1. National Provider Number (NPI) or (Atypical Provider Identifier)
2. Date of Service
3. Medicaid ID
4. HCPCS Codes
5. Modifier(s), if applicable
6. Units

For reviewing EVV data and reporting, the FMSA may access the EVV Portal and EVV system.

EVV Claims Match Results

Claims Match Result Codes are codes used to indicate if an EVV claim line item matched or did not match to an accepted EVV visit transaction.

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

The claims match result codes viewable in the EVV Portal are:

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

Note: When HHSC implements a bypass of the claims matching process for a disaster or other temporary circumstance a match status code of ***EVV07*** *or* ***EVV08*** *will be indicated.*

Payers will communicate the results of the final claims processing to program providers and FMSAs.

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EVV Claim Match Process for HHCS Not Required to use EVV

EVV claims matching process uses Healthcare Common Procedure Coding System (HCPCS) codes, modifier combinations, or other identifiers, to recognize HHCS services not required to use EVV to bypass the claims matching process. The HCPCS codes and modifier combinations are listed on the EVV HHCS Service Bill Codes Table on the EVV 21st Century Cures Act web page in **Excel** and **PDF** formats.

HCPCS codes, modifier combinations and other identifiers excluded from EVV claims matching

- **Speech Therapy Services** Modifier GN
- **Telehealth** Modifier 95
- **ECI Providers** Taxonomy 261QD1600X or 252Y00000X
- **Out-of-Home Place of Service** 837P (Professional claim), where segment CLM05 (Place of Service) is not 12 (Home)
- **Out-of-Home Place of Service** 837I (Institutional claim), where segment CLM05 (Type of Bill) is not 32
- **Wheelchair Assessments** HCPCS code 97542 (also a therapy code) with modifier UC
- **Children's Health Insurance Program (CHIP)** Any personal care services or HHCS provided under Title XXI

Claim Denials

If a Claim Denies:

1) Begin searching the EVV Portal or reviewing the Explanation of Payment to determine the reason associated with the claim denial.

2) Review submitted visit transactions in your EVV system to confirm the transactions were accepted.

3) If corrections are required through visit maintenance, once completed, review the EVV Portal to ensure the updated EVV visit transaction has been accepted by the EVV Aggregator and then resubmit the EVV claim.

4) Per the HHS EVV Policy Handbook, providers must complete all required EVV visit maintenance within 95 Days of the date of service.

5) After 95 Days, visit maintenance will only be allowed based on El Paso Health's approval and on a case-by-case basis.

Note: for retro –eligibility claims or other exceptions, please contact El Paso Health Provider Relations EPH_EVV@elpasohealth.com

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Visit Maintenance Unlock Request (VMUR)

An EVV Visit Maintenance Unlock Request allows a program provider, FMSA and CDS employer the opportunity to correct data element(s) on an EVV visit transaction(s) after the visit maintenance time frame has expired.

Program providers, FMSAs and CDS employers must follow the instructions on the EVV Visit Maintenance Unlock Request spreadsheets.

Request emails must include a contact name, email address and phone number.

Requests that are not sent securely could result in a Health Insurance Portability and Accountability Act (HIPAA) violation and the payer will deny the request.

VMUR

Visit maintenance needed after the 95 Day time frame requires a visit maintenance unlock request to be submitted to El Paso Health.

- El Paso Health reviews all visit maintenance unlock requests on a case by case basis.

- El Paso Health is unable to approve visit maintenance unlock requests to create manual visits after the 95 Day time frame. The only exception is when reason for manual visit creation is due to El Paso Health or EVV system error.

VMUR Instructions, templates and job aids are available for assistance

- VMUR request for Program Provider and FMSA Form includes instructions (excel)
- VMUR request for Consumer Directed Services Employers includes instructions(excel)
- Job Aid for Program providers (pdf)
- Job Aid for CDS employers (pdf)

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Quarterly Compliance

The 3 general areas evaluated for EVV compliance are:

- **EVV usage** Program Providers and FMSAs must achieve and maintain a minimum EVV Usage Score of 80% rounded to the nearest whole percentage, each state fiscal year quarter, refer to *EVV Policy Handbook sections 7010, 8040, 11010, 11030*
- **Landline phone verification** *refer to EVV Policy Handbook section 7030 for a list of unallowable phone types*
- **Required free text** *refer to EVV Policy Handbook section 9010*

These factors are considered in separate ways to determine the EVV Usage Score

Manually entered EVV visit transactions - service provider fails to clock in or clock out of the EVV system or an approved clock in or clock out method is not available, the program provider, FMSA or CDS employer must manually enter the EVV visit into the EVV system. A manually entered EVV transaction will only affect the EVV Usage Score one time; however, it does not impact the EVV Usage Score for FMSAs.

Rejected EVV visit transactions – When an EVV visit transaction is sent to the EVV Aggregator and does not pass all EVV visit transaction validations, the EVV visit transaction is rejected and sent back to the EVV system to notify the program provider or FMSA. The EVV Policy Handbook 11030 lists all visit rejection reasons identified as program provider or FMSA errors that count as a rejected EVV visit transaction. This will affect the EVV Usage Score each time the EVV Aggregator rejects an EVV visit transaction.

Current Timelines

Providers must comply with the Jan. 1, 2024 timeline:

By December 31, 2023 Program providers and FMSAs must onboard with HHAeXchange and complete system user training

- Submit the HHAeXchange Provider Onboarding Form.
- Complete the TMHP Learning Management System (LMS) to complete annual EVV Portal training requirements.
- Visit the TMHP EVV Training webpage for more information.

Effective Jan. 1, 2024, and after, when an HHCS EVV claim is submitted without a matching EVV visit transaction, the EVV claim will be denied. This applies to all program providers and FMSAs required to use an EVV system. Program providers and FMSAs will be able to view EVV claim match results in the EVV Portal.

Policies to be Added to the EVV Policy Handbook

Alternative Device Policies effective Oct. 1, 2023 (PDF) HHSC is reducing the use of alternative devices to modernize the EVV program, increase program integrity, and reduce state EVV contract costs. This change helps to align Texas with national EVV practices while still maintaining limited alternative devices for exceptional circumstances. HHSC will be phasing out alternative devices as an HHSC-approved clock in and clock out method for both state provided EVV system users and program providers and FMSAs approved as a proprietary system operator (PSO). HHSC is providing this policy so that program providers, financial management services agencies (FMSAs), and consumer directed services (CDS) employers can begin the process of transferring members to other clock in and clock out methods. HHSC will provide the details and schedule prior to beginning the phase out.

Reason Codes, Bill Time In and Bill Time Out, and Bill Hours Policies effective Oct. 1, 2023 (PDF) Reason Codes are used to indicate why the program provider, FMSA or CDS employer is completing visit maintenance. A Reason Code consists of a Reason Code Number and a Reason Code Description. The Reason Code Number represents the overall issue for the need to complete visit maintenance on an EVV visit transaction. The Reason Code Description provides more detail about why the program provider, FMSA or CDS employer completed visit maintenance.

EVV Resources

El Paso Health EVV

- Handbook Policies
- 21st Century Cures Act
- Program Services Required to Use EVV
- Getting Started with EVV
- EVV Vendors
- EVV Aggregator/EVV Portal
- EVV Education/Training Resource Requirements
- Member
- Visit Unlock Request
- Compliance
- Complaints
- Resources

Health and Human Resources EVV

- 21st Century Cures Act
- Consumer Directed Services Option
- Proprietary Systems/Onboarding
- Policies
- Training Resources
- News Communications

TMHP EVV

- EVV Vendor
- EVV Aggregator/EVV Portal
- EVV Training
- EVV Propriety Systems
- 21st Century Cures Act Forms
- EVV System Availability

HHAeXchange

- Town Hall Webinar Q&As
- Ordering EVV Alternative Devices from HHAeXchange
- HHAeXchange Third-Party EVV System Integration
- Submit a ticket through the HHAeXchange Client Support Portal

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Questions

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915-532-3778

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For more information:

(915) 532-3778

www.elpasohealth.com

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