



**El Paso Health**  
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

1145 Westmoreland Drive  
El Paso, Texas 79925  
1-877-532-3778  
elpasohealth.com



## EVV El Paso Health Recoupment Policy Notice January 2024

El Paso Health has an updated Recoupment Policy to comply with the new requirements outlined in Senate Bill 1991. New EVV TAC Rules

HHSC has adopted new Electronic Visit Verification rules in Texas Administrative Code, Title 1, Chapter 353, Subchapter Q.

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=1&pt=15&ch=353&sch=Q&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=1&pt=15&ch=353&sch=Q&rl=Y)

The new rules are effective Dec. 23, 2020. Previous EVV TAC rules; §68.101, §68.102, §68.103 and §354.1177 have been repealed.

The new rules implement federal and state requirements for the Texas EVV system and remove rules that are no longer necessary from TAC under the Department of Aging and Disability Services.

El Paso Health follows updated guidance from HHSC this update is only applicable to claims reviewed as the outcome of an investigation secondary to any of the missing electronic verification information or audit.

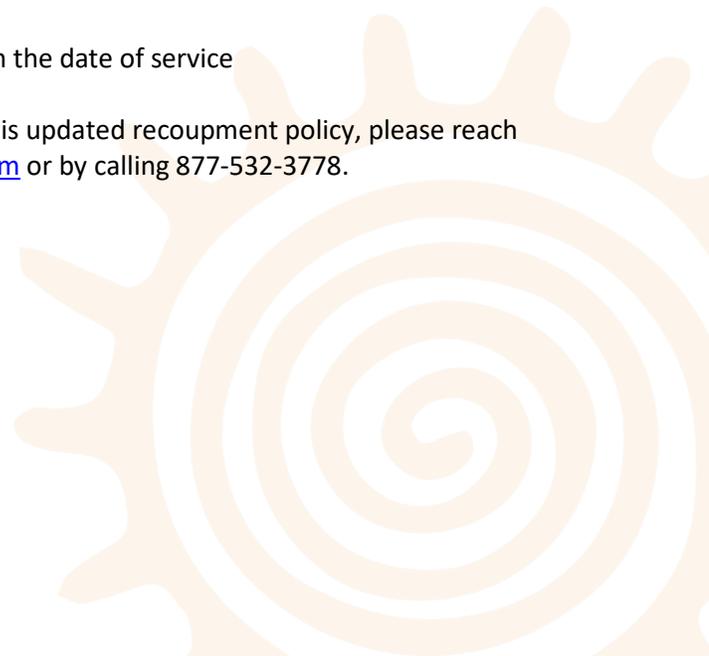
### **Recoupment Process:**

- Recoupment Notice (below) will be sent to the provider no later than the 30 days from which the audit is concluded and will contain specific claims/ EVV transaction related to the over payment.
- Communication options for provider
- Options for informal resolution
- Guidance on the Appeal process.
- Timeframe (60 days) for the provider response.

### **Audit Time Frame:**

- Not to exceed 24 months from the date of service

If you have any additional questions or concerns regarding this updated recoupment policy, please reach out to El Paso Health by emailing [EPH\\_EVV@elpasohealth.com](mailto:EPH_EVV@elpasohealth.com) or by calling 877-532-3778.





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(Letter Template)

<XX/XX/XXXX>

Dear Provider

<<Provider Name>>

<<Provider Address>>

RE: Identified EVV overpayment/ deficiency

Patient Account/Medical Record Number: <XXXXXXXXXXXX>

El Paso Health Claim ID: <XXXXXXXX>

DOS: <XX/XX/XXXX>

Overpayment amount: \$<X.XX>

Dear <Provider Name>:

El Paso Health has identified a pending recoupment in the amount of \$ [X.XX] on the above referenced claim. This recoupment is the result of an Electronic Visit Verification (EVV) claim (s) Since these claims were originally paid but upon review, were unable to be matched to an EVV transaction. The overpayment is due to line #<XX>: Reason: <XXXXXXXX>.

If your funds are not received within the sixty (60) timeframe and no appeal has been received, El Paso Health will deduct the overpayment from future remittance(s). A refund is due back to El Paso Health. You have the right to appeal this finding and include a copy of this letter. El Paso Health will initiate a recoupment following the exhaustion of your appeal rights.

If you have any further questions or need additional assistance, please contact Member Services at El Paso Health at 915-532-3778. Our TTY Line for the hearing impaired is 711.

Please submit your written appeal to:

El Paso Health  
1145 Westmoreland  
El Paso, TX 79925  
Attention: Complaints and Appeals Unit

Sincerely,

Compliance Claims Auditing

