



## Electronic Visit Verification (EVV) Introduction for Program Providers

### EVV Basics

EVV is a computer-based system that electronically documents and verifies service delivery information, such as date, time, service type and location for certain Medicaid service visits. As required by [federal](#) and [state](#) law, a service provider or CDS employee must use an EVV [vendor system](#) or an [HHSC-approved EVV proprietary system](#) to electronically document the delivery of an EVV-required service.

### Getting Started with EVV

Program providers must complete the following before using an EVV system:

- Step 1** → [Select an EVV system](#)
- Step 2** → [Complete all applicable EVV training](#) for [Program Providers](#)
  - EVV system training as delivered by the EVV Vendor or PSO
  - EVV policy training through the [HHSC Learning Portal](#)
  - EVV Portal through the [TMHP Learning Portal](#)
- Step 3** → [Complete EVV system Onboarding](#)



HHSC EVV webpage

### Visit Transactions (Using EVV)

The following steps explain the steps of EVV and how the EVV system processes [EVV visit transactions](#):

- Step 4** → Service providers and CDS employees must clock in at the beginning of service delivery and clock out at the end of service delivery using an [approved clock in and clock out method](#).
- Step 5** → The EVV system [captures and verifies](#) visit data and validates the identification and visit data against Texas Medicaid data. It will then notify program providers and of [exceptions](#) in the EVV visit transaction and submit the EVV visit transaction to the [EVV Aggregator](#).
- Step 6** → The EVV Aggregator conducts data validation and determines if the EVV visit transaction is accepted or rejected. It will store accepted EVV visit transactions for the [claims matching process](#) and store rejected EVV visit transactions then return results to the EVV system.
- Step 7** → Program Providers, FMSAs and CDS employers complete [visit maintenance](#), if necessary, to correct exceptions and rejected visit transactions sent back by the EVV Aggregator, adjust bill hours and add [reason codes](#) and [free text](#) as required.
- Step 8** → Program Providers and FMSAs use the EVV Portal to search and [review visit data](#), verify accepted EVV visits for billing and access claims matching results.
- Step 9** → Program Providers and FMSAs [submit EVV claims](#) to the appropriate claims management system.
- Step 10** → EVV Aggregator matches EVV claim line items to accepted EVV visit transactions and returns EVV [claims match result codes](#) to the claims management system.

**Continuing Responsibilities** The [EVV Policy Handbook](#) defines required tasks for [program providers](#).

**What Services Require the use of EVV?** The HHSC EVV Policy Handbook, [section 3000](#) identifies all services requiring EVV.

**Want to be informed of changes to EVV and Upcoming events?** [Sign up for GovDelivery](#). It only requires an email address and is how HHSC updates EVV users on important events.

**Questions?** The HHSC [Contact Information Guide for Program Providers and FMSAs](#) provides further instructions as to where to direct more in-depth inquiries.



Download this document