

Electronic Visit Verification Compliance Job Aid for Program Providers and Financial Management Services Agencies

AS REQUIRED BY TEXAS HEALTH AND HUMAN SERVICES COMMISSION

HHSC EVV OPERATIONS

January 2022

PURPOSE

This Job Aid is for program providers and Financial Management Services Agencies (FMSAs) and provides guidance on how to stay in compliance with Electronic Visit Verification (EVV).

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OVERVIEW OF EVV COMPLIANCE JOB AID

This Job Aid is intended to assist program providers and FMSAs in understanding what is reviewed for EVV compliance, the importance of staying in compliance, guidance on how to check for compliance and how to stay in compliance.

FMSAs: For information that pertains to FMSAs only, there will be a bolded **FMSA** before the information.

There are three reviews payers will complete. This Job Aid will review the three areas of compliance with a fourth section on EVV non-compliance enforcement actions.

Section	EVV Compliance Review
1	EVV Usage Compliance Reviews
2	EVV Required Free Text Compliance Reviews
3	EVV Landline Phone Verification Reviews
4	Non-Compliance Enforcement Actions

Refer to <u>EVV Policy Handbook (HB) Section 10000 EVV Compliance Reviews</u> for more information.

Each compliance section covers:

- Compliance standards
- Grace periods (if applicable)
- Review period schedules
- How to Check for Compliance
- Accessing the EVV reports
- Reviewing the EVV reports
- What to do if failing to meet compliance
- Tips for staying in compliance

PROGRAM PROVIDER AND FMSA CONTRACT AND AGREEMENT TYPES

Payers conduct EVV Usage Reviews by contract and agreement types. Refer to <u>EVV Policy HB</u> <u>Section 11040 EVV Usage Reviews</u> for more information.

Long-Term Care (LTC) FEE-for- Service (FFS)	Monitored at the provider number level	Example: If a program provider has five different LTC FFS contracts, each unique provider number will receive an EVV Usage Score.
TMHP for Acute Care FFS	Monitored at the NPI/API or TIN combination level	Example: If a program provider has three different NPI or APIs with the same TIN; or three different TINS, each NPI/TIN or API/TIN combination will receive an EVV Usage Score regardless if the TIN is the same or different.

Long-Term Care (LTC) FEE-for- Service (FFS)	Monitored at the provider number level	Example: If a program provider has five different LTC FFS contracts, each unique provider number will receive an EVV Usage Score.
MCO Contracts	Monitored at the NPI/API or TIN combination level	Example: If a program provider has three different NPI or APIs with the same TIN; or three different TINS, each NPI/TIN or API/TIN combination will receive an EVV Usage Score regardless if the TIN is the same or different.

SECTION 1: PROGRAM PROVIDERS AND FMSAS EVV USAGE COMPLIANCE REVIEWS

EVV Usage Compliance Standard Program Providers	 EVV Usage Score of 80% rounded to the nearest whole percentage, each state fiscal year quarter. Score Calculations: Manual Visit Transactions Score + Rejected Visit Transactions Score = EVV Usage Score Refer to EVV Policy HB Section 11000 Usage for more information.
Causes of EVV Usage Non- Compliance Program Providers	 The EVV usage score for program providers is based on: The number of manual visit transactions entered into the EVV system due to service providers not clocking in and clocking out. The number of times the EVV Aggregator rejects the visit transaction due to exceptions on the visit transaction.
EVV Usage Compliance Standard FMSAs	 EVV Usage Score of 80% rounded to the nearest whole percentage, each state fiscal year quarter. Score Calculations: Rejected EVV Visit Transactions Score/Total number of exported visit transactions = EVV Usage Score Refer to EVV Policy HB Section 11010 EVV Usage Score for more information.
Causes of EVV Usage Non- Compliance FMSAs	 The EVV usage score for FMSAs is based on: The number of times the EVV Aggregator rejects the visit transaction due to exceptions on the visit transaction.

COMPLIANCE STANDARDS, GRACE PERIODS AND REVIEW PERIOD SCHEDULES

Grace Periods

Implementation Group	Grace Period
State Required Personal Care Services (PCS) Implemented 2016 or earlier	11/01/2019-8/31/2020
Cures Act PCS (FMSAs are under the Cures Act) Implemented January 1, 2021	01/01/2020-12/31/2021

Refer to EVV Policy HB Section 10000 EVV Compliance Reviews.

Review Period Schedule Program Providers and FMSAs		Review period schedule monitored and follows <u>HB Section 10010 EVV</u>	e shows what dates of service will be state fiscal year quarters - Refer to <u>EVV Poli</u> <u>Usage Reviews</u> for more information.	<u>cy</u>
	Quarte Numbe	r Period/State Fiscal Year Quarters (based on date of service)	EVV Usage Review Dates	
	1	September, October, November	Any time after the visit maintenance timeframe has passed from the last date of the quarter	
	2	December, January, February	Any time after the visit maintenance timeframe has passed from the last date of the quarter	
	3	March, April, May	Any time after the visit maintenance timeframe has passed from the last date of the quarter	
	4	June, July, August	Any time after the visit maintenance timeframe has passed from the last date of the quarter	



Accessing and	Using <u>TMHP's EVV Job Aids</u> pull the EVV Usage Report.		
Reviewing the EVV Usage Report	• This report allows EVV Portal users to monitor the num entry into an EVV system and the number of rejected	nber of EVV visit transactions that required manual EVV visit transactions.	
Program	• Required fields are marked with a red * asterisk.		
Providers	• Fiscal year refers to the state fiscal year which runs from	om Sept. 1 to Aug. 31.	
	• See the examples below on running reports for fisc	al years.	
	 Fiscal year 2020: September 1, 2019 – Augu 	ist 31 2020	
	- Fiscal year 2020. September 1, 2019 - August 51, 2020		
	 Fiscal year 2021: September 1, 2020 – August 31, 2021 		
	-Select Report Parameters		
		•	
	NPI/API *	Fiscal Year *	
	Option to All NPIs/APIs *		
	pull all Provider Number	Quarterly Range *	
	NPIS/APIS	v	
	TIN	Month *	
	Service Delivery Option	EVV Implementation Group	
	All		
	FMSA		
	Refer to EV// Policy HB Section 10010 EV// Usage Review	vs and EV/V Policy HB Section 11050 Compliance for	
	more information.	vs and <u>Evv Folicy fib Section 11050 compliance</u> for	

PROGRAM PROVIDERS - HOW TO CHECK FOR COMPLIANCE

FMSAS - HOW TO CHECK FOR COMPLIANCE

Accessing and	Using TMHP's EVV Job Aids run an FMSA EVV Usage Report.
Reviewing the EVV Usage Report	• This report allows EVV Portal users to monitor the number of EVV visit transactions that required manual entry into an EVV system and the number of rejected EVV visit transactions.
FMSAs	 Required fields are marked with a red * asterisk.
	• select the service delivery option of CDS and the FMSA checkbox to pull an FMSA EVV Usage Report.
	• Fiscal year refers to the state fiscal year which runs from Sept. 1 to Aug. 31.
	 See the examples below on running reports for fiscal years.
	 Fiscal year 2020: September 1, 2019 – August 31, 2020
	 Fiscal year 2021: September 1, 2020 – August 31, 2021
	Select Report Parameters
	NPI/API * Fiscal Year *
	Option to All NPIs/APIs *
	pull all Provider Number Provider Number Quarterly Range *
	TIN Month *
	Service Delivery Ontion
	FMSA
	Refer to EVV Policy HB Section 10010 EVV Usage Reviews and EVV Policy HB Section 11050 EVV Formal
	Appeal of the Review.

PROGRAM PROVIDERS: WHAT TO DO IF FAILING TO MEET COMPLIANCE

EVV Usage Score Below	Using the EVV Usage Report, determine what is bringing your usage score down.		
80%	Manual EVV Visit Transactions		
Program Providers	 Run the EVV Clock In/Clock Out Usage Report in excel format and filter by Texas EVV Attendant ID to see if there are service providers who need additional training on the clock in and clock out methods. 		
	Rejected EVV Visit Transactions		
	 Run the following EVV Portal reports and review: 		
	 EVV Provider Report to ensure program provider information is up to date 		
	 EVV Reason Code Usage and Free Text Report to ensure all required free text is entered 		
	 EVV Units of Service Summary Report to ensure the daily, weekly, monthly totals of services delivered did not exceed the amount of services authorized. 		
	 EVV Visit Log to ensure, if applicable and if required, the service schedule was followed. 		
	\circ Run the following EVV System Standard Reports and review:		
	 EVV Landline Phone Verification Report to ensure an allowable phone type is used for clocking in and clocking out 		
	 EVV Service Delivery Exception Report to ensure the visit did not vary from the schedule, if applicable, or the authorization 		

Manual EVV Visit Transaction Score
Total Electronic Visit Transactions
Total Accepted Visit Transactions X 60%
+
Rejected EVV Visit Transaction Score
Non-Rejected Visit Transactions
Total Exported Visit Transactions X 40%

FMSAS: WHAT TO DO IF FAILING TO MEET COMPLIANCE

EVV Usage Score Below 80% FMSAs	 After reviewing the EVV Usage Report, determine what is bringing your usage score down. Rejected EVV Visit Transactions Run the following EVV Portal reports and review: EVV Provider Report - Ensure program provider information is up to date EVV Reason Code Usage and Free Text Report - Ensure all required free text is entered EVV Units of Service Summary Report - Ensure the daily, weekly, monthly totals of services delivered did not exceed the amount of services authorized. EVV Visit Log - Ensure, if applicable and if required, the service schedule was followed. Run the following EVV System Standard Reports and review:
	 weekly, monthly totals of services delivered did not exceed the amount of services authorized. EVV Visit Log - Ensure, if applicable and if required, the service schedule was followed.
	 Run the following EVV System Standard Reports and review: EVV Landline Phone Verification Report - Ensure an allowable phone type is used for clocking in and clocking out EVV Service Delivery Exception Report - Ensure the visit did not vary from the schedule, if applicable, or the authorization



Research Manual EVV	The EVV Usage Score for program providers equals the manual EVV visit transaction score plus the rejected EVV visit transaction score.
Visit	FMSAs: FMSAs may also research the manual visit transactions, however their usage score is not based on it
EVV Visit Log	Research manual EVV visit transactions by using <u>TMHP's EVV Job Aids</u> to run the <u>EVV Visit Log Report</u> .
Program	The EVV Visit Log Report displays the clock in and clock out method used for each EVV visit.
Providers and FMSAs	Required fields are marked with a red $*$ asterisk.
	Note: Can search by Medicaid ID
	 Select Report Parameters NPI/API Visit Date Range Begin Date MM/DD/YYYY Provider Number End Date MM/DD/YYYY EVV System Name TN Review for accurate data such as NPI/API, payer, member data, service provider or CDS employee data. If data is incorrect, correct data by completing visit maintenance in the EVV system or by correcting data in systems the EVV Aggregator pulls from. (TIERS, SASSO, Provider, etc.) Refer to the EVV Visit Details: Field Description Quick Reference Guide for field descriptions.
	Provider Legal Name Provider DBA NPI API TIN Location ID RGN Provider # Payer
	Provider Name 1234567890 987654321 MCO1 (MCO)
	Medicaid # Individual Last Individual First Individual Phone Service Group
	11111111 Last Name First Name
	TX Attend ID Employee Last Employee Discipline Start Date End Date First
	1234LastName EmpLastName Frist ATTENDANT

tions	Required free text										
)	EVVLOG2021v1				EV	V Visit Log	Report				
	Filters :: [Visit Date Range Begin Date 6/6/2021 Visit Date Range End Date 6/8/2021 NPI/API: 999999999										
	Provider Legal Na	ne	Provider DBA	BA NPI API		TIN	Location ID	RGN	Provider #	Payer	
	Provider Name			999999999		8888888889			HHSC		
	Medicaid #	Individu	al Last	Individ	lual First	Individual Phone	Service Group		(- · · ·		maintenance
	33333333	Smith		Jane					in the EVV	system	should be be the EVV clain
	TX Attend ID		Employee Last	Emplo	yee Discipline	Review for missin	d Date		displays he	re.	receipt date.
	1234LastName		EmpLastName	Frist	ATTENDAN	and free text.	4				
				Schedul	le		Actual			1 1	
	Visit ID	Service Code	Date In	Out	Hours Location	Date In Out	Hours Bill U Hours	Inits Location	Phone Clock In Metho	Clock L Out d Method	ast VM Auto Verified
	HCPCS Modifier	RC #	RC Description	- 1		Free Text	1		V'	1 1	15
	XXXXXX		6/6/2021 8:0	00A 5:00P	8 MEMBER HOME	06/06/2021	8 33	2 MEMBER HOME	Mni. Entry	Mnl. Entry	6/8/2021 N
	XXXXXX XXXXXX	900	C - Failure to call in	n and out		Code 900C: Verified wi	th family member tha	t service provide	r began shift at 8a	m and ended	shift at 5pm.
	XXXXXX		6/7/2021 8:0	0A 5:00P	B MEMBER	06/07/2021	8 32	MEMBER	Mnl.	Mnl, Entry	6/8/2021 N
	XXXXXX XXXXXX	900	C - Failure to call i	n and out		Code 900C: Verified wi	th family member tha	t service provide	r began shift at 8a	I I m and ended	shift at 5pm.
	1			Compa	are the scheduled	l visit, if applicable, v	with the actual vis	sit.			
			2					NO SHE			
	Refer to EVV	Polic	v HB 8080	Last	Visit Maint	enance for m	ore informa	tion.			
		00	, . <u> </u>				4700 5			с п	
	•MSAs: If the CDS employer has chosen Option 1 on Form 1722, Employer's Selection for Electronic Visit										

Research Manual EVV	The <u>Clock In/Clock Out Usage Report</u> - Displays count and percentage of each clock in and clock out method used within a specified date range.									
Visit Transactions	The report can run in excel format and filtered by service providers or CDS employees to monitor who outinely does not clock in or clock out.									
Clock In / Clock Out Usage Report	Outer Heige Godes Hot clock out. EVVCCU2019v2.0 EVVCCU2019v2.0 EVVCCU2019v2.0 Filters :: [Visit Date Range Begin Date: 10/1/2020] :: [Visit Date Range End Date: 12/1/2020] :: [NPI/API: 1234567890] :: [Service Delivery Option: All] :: [EVV Implementation Group: State-Required Personal Care Services] VV Clock In/Clock Out Usage Summary Total Visits is the count of accepted visits for the date range specified. Manual Count is the number of visits memory and and memory assists clock in or clock out. Landine Count is the number of visits where the number of visits where an alternative device was used as the clock in or clock out method. Method Count is the number of visits where an alternative device was used as the clock in or clock out method. Method Count is the number of visits where an alternative device was used as the clock in or clock out method. Method Count is the number of visits where an alternative device was used as the clock in or clock out method. Method Count is the number of visits where an alternative device was used as the clock in or clock out method. Method Count is the number of visits where an alternative device was used as the clock in or clock out method. Method Count is the number of visits where an alternative device was used as the clock in or clock out method. Alterna									
Research Rejected EVV Visit Transactions Program Providers and FMSAs	FMSAs: The FMSA Usage Score is based on rejected EVV visit transactions. Refer to TMHP's EVV Visit Transaction Rejection Guide or EVV Policy HB 11030 Rejected EVV Visit Transactions, for a list of the EVV Rejection Codes. • Refer to the EVV Portal Standard Reports and Search Tools Job Aid for Program Providers and FMSAs t complete a Visit History Search. Contact your EVV vendor or EVV PSO on how to view the rejection codes • The next day complete an "Accepted Visit Search" in the EVV Portal to ensure the visit transaction was accepted. Refer to TMHP's Accepted Visit Search Quick Reference Guide. Do Visit History Search for rejected transactions on the EVV Portal Based on rejection code, complete visit maintenance, resubmit transaction	IS								

Enforcement Actions EVV Usage Program Providers and FMSAs	Payers may send a non-compliance notice to implement progressive enforcement actions based on the number of occurrences within a 24-month period. Refer to EVV Policy HB Section 10010 EVV Usage Reviews for more information.
Tips on staying above 80% Program Providers and FMSAs	 Be familiar with visit transaction criteria (EVV Policy HB Sections <u>4400 Data Collection</u> and <u>6000 EVV Visit Transaction</u>) Ensure service providers or CDS employees know the importance of using the EVV system to clock in and clock out and retrain staff on clocking in and clocking out, if needed. Review EVV reports on a regular basis (monthly at a minimum) to ensure EVV visit transaction criteria is correct and compliance is being met. EVV Usage Report: Ensure usage score is met. EVV Clock In/Clock Out Usage Report: Ensure service providers and CDS employees are clocking in and clocking out using the EVV system. EVV Provider Report: Ensure enrollment data is correct. EVV Reason Code Usage and Free Text Report: Ensure required free text is entered on visits. EVV Units of Service Summary Report: Ensure units worked are within units authorized. EVV Visit Log: Ensure visits are accepted on a service provider level and if actual hours worked are within the hours authorized. Note: Most reports can be pulled in excel format and filtered. FMSAs: Refer to the notice posted Jan. 14 Guidance for FMSAs When CDS Employeers Do Not Perform EVV Responsibilities for CDS employeers who are not complying with EVV

SECTION 2: PROGRAM PROVIDERS AND FMSA REQUIRED FREE TEXT COMPLIANCE REVIEWS

PROGRAM PROVIDERS AND FMSAS COMPLIANCE STANDARDS, GRACE PERIODS, AND REVIEW SCHEDULES

Free Text Compliance Standard Program Providers and FMSAs	Must enter free text for: • Missing a clock in, a clock out time, or both • Reason Code Numbers: • 131-Emergency • 600-Other • 900-Non-preferred Refer to EVV Policy HB Section 9010 EVV Reason Code Free Text Requirements for more information.						
Causes of Required Free Text	Missing required free text for any EVV Reason Codes will cause EVV required free text non-compliance. Refer to the table below for when required free text must be entered into the free text field.						
Non- Compliance	EVV Reason Code 131: Verify the nature of the emergency and enter it into the free text field in the EVV system.						
Program Providers	EVV Reason Code 600: Verify the reason RC 600 was used and enter it into the free text field in the EVV system.						
and FMSAs	Reason Code 900: Verify the clock in and/or clock out time, then enter the time into the free text field in the EVV system.						
	All EVV Reason Codes: Any Reason Code missing a clock in time, a clock out time or both: Verify the clock in and clock out time, then enter the time into the free text field in the EVV system.						
Grace Periods	Refer to <u>EVV Policy HB Section 10030 EVV-Required Free Text Reviews</u> , for more information.						
Program Providers and FMSAs	 State required PCS program providers: No grace period Cures Act PCS: 01/01/2021 – 12/31/2021 Note: FMSAs are under the Cures Act 						
Review Period Schedule	At the payer's discretion any time after the visit maintenance timeframe has expired. Refer to <u>EVV Policy HB Section 10030 EVV-Required Free Text Reviews</u> . Program providers and FMSAs						

				- .						
Accessing and	Report.	Job Aids run the EVV	Reason Code Usage and Free	Text						
Reviewing EVV	Multiple NPIs or comparison.	APIs – There is an c	option to select "All NPIs/APIs"	for						
Reason Code and	Can search by NPI/API, Texas Identifier Number (TIN)									
Free Text	Can search by Medicaid ID for entered free text.									
Report	• Fiscal year refer	s to the state fiscal	year which runs from Sept. 1 to	o Aug. 31 st .						
Program	 Fiscal year 2020: September 1, 2019 – August 31, 2020 									
Providers	 Fiscal year 2 	021: September 1, 2	2020 – August 31, 2021							
and FMSAs	 Report can be r Missing a closed 	un in excel format ar ck in, a clock out tin	nd filtered for: ne, or both							
	 Reason Code 	e Numbers:								
	 131-Eme 	rgency								
	• 600-Othe	r								
	■ 900-Non-	preferred								
	Select Report Parameters NPI/API * All NPIs/APIs * Provider Number TIN Service Delivery Option FMSAS: Select CDS checkbox to run th The report will show reason codes are un than others.	Fiscal Year * Quarterly Range * Month * EW Implementation Group 5 from the Service D e report. W a summary of reas sed most often. In th	Payer Name EVV System Name EVV System Name Medicaid ID Cures Act Personal Ct elivery Option and check the FN son codes (RC) to get an idea of his example, we see RC 600 is to	MSA f which used more						
	Summary of Reason Cod	25								
	Reason Code Number	Reason Code	Reason Code Description	Count						
	600	Other	Other	29						
	900	Ion-Preferred	A - Failure to call in	11						
	000	Ion-Preferred	C - Failure to call in and out	19						
	Refer to EVV Policy	HB Section 9000 EV	V Reason Codes for more infor	mation						

EVV Reason Code Usage and Free Tex										
		Filters :: [Year: 2021]	:: Month: Jun	ne] :: [NPI/API: 9999	9999999] :: [Serv	ice Delivery O	ption: CDS]		
Medicaid ID	Individual L	.ast Name	Individua	I First Name						
333333333	SMITH		JANE							
EVV System Name	Reason Code Number		Reason Code	2	Reaso	on Code Descriptio	on	Total Count	Days Reason Coc Used in Month	
DataLogic	900	Non-Preferred			C - Failure to call in and out			25	25	
Visit Date	Visit ID	Service Group	Service Code	HCPCS	Modifiers	EVV Atten	idant ID			
Actual Call In	Actual Call Out	Reason Code Number	Reas	on Code	Reason Code	Code Description R		Reason Code Free Text Description		
06/06/2021	55555555501			\$5125	U3:UC:U7:	9999JONES				
		900	Non-Preferred		C - Failure to call in and out			8 a.m. & 5 p.m.		
06/07/2021	55555555502			S5125	U3:UC:U7:	9999JONES				
		900	Non-	Preferred	C - Failure to call in a	nd out		8 a.m. & 5 p.m.		
06/08/2021	5555555503			S5125	U3:UC:U7:	9999JONES				
		900	Non-	Preferred	C - Failure to call in an	nd out		8 a.m. & 5 p.m.		
06/00/2021	55555555504			S5125	U3:UC:U7:	9999JONES				
00/03/2021			Non	Preferred	C - Failure to call in a	nd out		8 a.m. & 5 p.m.		

Program Providers Required Free Text Not Entered	 Check the EVV Reason Code Usage and Free Text Report on a regular basis (Monthly at a minimum). Run the report in excel format and filter by EVV Reason Codes: 131-Emergency 600-Other 900-Non-preferred If there is any missing required free text, verify the information with the member and then enter the free text into the free text field. Before submitting claims, always check the EVV Reason Code and Required Free Text Report. Enter any missing required free text.
FMSAs Required Free Text Not Entered	 Check the EVV Reason Code Usage and Free Text Report on a regular basis (Monthly at a minimum). Run the report in excel format and filter by EVV Reason Codes: 131-Emergency 600-Other 900-Non-preferred If there is any missing required free text, verify the information with the member and then enter the free text into the free text field. Before submitting claims, always check the EVV Reason Code and Required Free Text Report. Enter any missing required free text. CDS Employers Not Entering Required Free Text If a CDS employer is not entering required free text or is unwilling to work with the FMSA on verifying information or providing required documentation, the FMSA should refer to the notice posted on Jan. 14 Guidance for FMSAs When CDS Employers Do Not Perform EVV Responsibilities.
Enforcement Actions	Program providers and FMSAs who fail to ensure required free text is entered into the EVV system prior to submitting an EVV claim may have associated claims recouped.
Tips for Ensuring Required Free Text is Entered Program Providers and FMSAs	 Program Providers and FMSAs, monitor EVV Reason Code and Free Text Report on a regular basis to ensure required free text is entered Train and re-train program provider staff and CDS employers on free text requirements. FMSAs, send reminder emails to CDS employers who chose Option 1 on the Form 1722, Employer's Selection for Electronic Visit Verification Responsibilities to enter required free text.

SECTION 3: PROGRAM PROVIDERS AND FMSAS EVV LANDLINE PHONE VERIFICATION COMPLIANCE REVIEWS

PROGRAM PROVIDERS AND FMSAS COMPLIANCE STANDARDS, GRACE PERIODS, AND REVIEW SCHEDULES

Landline Phone Verification Compliance Standard Program Providers and FMSAs	 The phone number used for clocking in and clocking out of the EVV system must be a landline phone number if a landline phone is chosen as a clock in and clock out method. Refer to EVV Policy HB Section 7030 Home Phone Landline for a list of unallowable phone types, Refer to EVV Policy HB Section 10020 EVV Landline Phone Verification Reviews for more information.
Causes of Non- compliance for EVV Landline Phone Verification Program providers and FMSAs	 When a service provider or CDS employee clocks in and clocks out using an unallowable phone type, such as a mobile phone, instead of the chosen clock in and clock out method of the member's home phone landline. When home phone landline number changes but is not updated in the EVV system.
Grace Period	Refer to <u>EVV Policy HB Section 10020 EVV Landline Phone Verification Reviews</u> for more information on the grace period.]
Program Providers and FMSAs	 State required PCS program providers: No grace period Cures Act PCS: 01/01/2021 – 12/31/2021 Note: (FMSAs are under the Cures Act)
Review Period Schedule	Reviews are at the payer's discretion any time after the date of the visit. Program Providers and FMSAs

PROGRAM PROVIDERS AND FMSAS: HOW TO CHECK FOR COMPLIANCE

Accessing and Reviewing the EVV Landline Phone Verification Report Program Providers and FMSAs	 The prograto check if type and t The report of the rep	 The program provider and FMSA will use the EVV Landline Phone Verification Report located in the EVV system o check if the home phone landline chosen as the primary clock in and clock out method, is an allowable phone ype and to ensure the phone number is updated. The report should be run on a regular basis. (At a minimum monthly) The report can be run in excel format and filtered, for example by member ID, NPI/API. This is just an example of an EVV Landline Phone Verification Report. Each EVV system will have its own version of the report. In this report there is an unallowable phone type of "mobile". FMSAS: CDS employers and FMSAs work together ensuring allowable phone types are documented in the EVV system. When the CDS employer fails to meet required actions within 10 business day of notification by the FMSA, the FMSA can remove the unallowable landline phone type from the EVV system as the member's home phone landline. 								
	Member Id	Member First Name	Member Last Name	Phone Number	Listed Phone Type	Listed Carrier	Month	NPI/API	Provider Name	Payer
	00000000	Sally	SMITH	(444) 444-4444	Landline	Windstream Communications	Jan-21	999999999999	PROVIDER NAME, INC.	HHSC
	00000000	Sally	SMITH	(999) 999-9999	Mobile	Verizon Wireless	Apr-21	99999999999	PROVIDER NAME, INC.	HHSC
	Refer to E	VV Policy H	IB Section	10020 Lanc	dline Phone	e Verification	<u>Reviews</u> fo	or more inf	formation.	

If Failing to	Refer to <u>EVV Policy HB Section 7030 Home Phone Landline</u> for Program Provider Required Actions.
Meet Compliance on the EVV	• When an unallowable phone type is identified on the EVV Landline Phone Verification Report, the program provider or FMSA must either:
Landline	\circ Verify and document that the phone type is an allowable phone type; or
Phone Verification Program	 In the EVV system remove the unallowable landline phone type and replace with a valid landline or another approved clock in and clock out method
Providers and FMSAs	 Follow any actions required by the payer in a notice of non-compliance. Refer to <u>EVV Policy HB Section 7030 Home Phone Landline – Program</u> <u>Provider Required Actions</u>
	• FMSAs: If the FMSA is unable to meet required actions due to the CDS employer not meeting required actions outlined in 7030 Home Phone Landline, the FMSA must notify the payer immediately in writing by email or fax.
	Refer to <u>EVV Policy HB Section 10020 EVV Landline Phone Verification</u> <u>Reviews</u> .
	 Refer to <u>EVV Policy HB Section 7030 Home Phone Landline –</u> <u>Documentation</u>. Examples include, but are not limited to screenshots and printouts of:
	 White Pages
	 Free Carrier Look-up Service
	 Reverse Phone Check
Enforcement Actions	 Reverse Phone Check Payers may temporarily withhold Medicaid claims payments from the program provider or FMSA until compliance is met.
Enforcement Actions Tips for	 Reverse Phone Check Payers may temporarily withhold Medicaid claims payments from the program provider or FMSA until compliance is met. Review the EVV Landline Phone Verification Report on a regular basis.
Enforcement Actions Tips for Staying in	 Reverse Phone Check Payers may temporarily withhold Medicaid claims payments from the program provider or FMSA until compliance is met. Review the EVV Landline Phone Verification Report on a regular basis. Keep phone numbers updated in the EVV system
Enforcement Actions Tips for Staying in Compliance with EVV	 Reverse Phone Check Payers may temporarily withhold Medicaid claims payments from the program provider or FMSA until compliance is met. Review the EVV Landline Phone Verification Report on a regular basis. Keep phone numbers updated in the EVV system Ensure service providers know that if the home phone landline is the clock in and clock out method chosen, then it must be used.
Enforcement Actions Tips for Staying in Compliance with EVV Landline Phone Verification	 Reverse Phone Check Payers may temporarily withhold Medicaid claims payments from the program provider or FMSA until compliance is met. Review the EVV Landline Phone Verification Report on a regular basis. Keep phone numbers updated in the EVV system Ensure service providers know that if the home phone landline is the clock in and clock out method chosen, then it must be used. If the home phone is not available for use, the service provider should document the reason it was unavailable.

SECTION 4 EVV NON-COMPLIANCE ENFORCEMENT ACTIONS

Enforcement Actions	Usage Reviews: Progressive enforcement actions based on the number of occurrences within a 24-month period:								
Program Providers and FMSAs	 Training CAP Contract Termination Required Free Text Reviews: Program providers and FMSAs who fail to ensure required free text is entered into the EVV system prior to submitting an EVV claim may have associated claims recouped. Landline Phone Verification Reviews: Payers may temporarily withhold 								
	Medicaid claims payments from the program provider or FMSA until compliance is met.								
FMSA Enforcement Actions for CDS	On Jan. 14, 2022, HHSC published <u>Guidance for Financial Management Services</u> <u>Agencies When Consumer Directed Services Employers Do Not Perform</u> <u>Electronic Visit Verification Responsibilities (PDF)</u> . The guidance is available in the Resources section on the <u>EVV CDS Option webpage</u> .								
Employers	 This guidance is for FMSAs to use as an optional process when a CDS employer does not perform their EVV responsibilities as documented on Form 1722, Employer's Selection for EVV Responsibilities. 								
	 Refer to <u>TAC 40, Part 1, Chapter 41, Subchapter B, Rule Section</u> <u>41.221</u> relating to the FMSA placing the CDS employer on a Corrective Action Plan (CAP). 								
	A written CAP must include:								
	\circ the reason the corrective action plan is required								
	\circ the action to be taken								
	\circ the person responsible for each action								
	\circ the date the action must be completed								
	 An employer or DR may request assistance in the development or implementation of a corrective action plan from the FMSA or others if the plan is related to employer responsibilities. 								
Email Contact	Please email questions concerning EVV compliance reviews to: EVV@hhs.texas.gov								
Information	Please refer to the <u>Program Provider and FMSA EVV Contact Information Guide</u> (PDF) for contact information regarding:								
	• Claims								
	Complaints								
	Policy and Requirements								
	Systems								
	Training								