

Medicaid Provider Notification: HHSC Electronic Visit Verification

Implementation of Electronic Visit Verification Compliance Enforcement

Compliance

Effective April 1, 2016, the Health and Human Services Commission (HHSC), Department of Aging and Disability Services (DADS), and managed care organizations (MCOs) will enforce electronic visit verification (EVV) compliance. Regardless of your implementation date for the use of an EVV system – DataLogic/Vesta or MEDsys – all Medicaid providers under contract to provide one or more of the services listed in the table on the following page will have their EVV visits reviewed for compliance.

Effective Date	Program	Services
June 1, 2015	STAR+PLUS	<ul style="list-style-type: none"> • Personal Assistance Services (PAS) • Personal Care Services (PCS) • In-home Respite Services • Community First Choice (CFC) – PAS and Habilitation (HAB)
June 1, 2015	STAR Health	<ul style="list-style-type: none"> • PCS • CFC (PAS/HAB)
June 1, 2015	Fee-for-Service	<ul style="list-style-type: none"> • Comprehensive Care Program – PCS • CFC (PAS/HAB)
June 1, 2015	Community Living Assistance and Support Services (CLASS)	<ul style="list-style-type: none"> • In-home respite services • CFC (PAS/HAB)
June 1, 2015	Medically Dependent Children Program (MDCP)	<ul style="list-style-type: none"> • In-home Respite Services • Flexible Family Support Services provided by an attendant
June 1, 2015	Community Attendant Services (CAS)	<ul style="list-style-type: none"> • PAS
June 1, 2015	Family Care (FC)	
June 1, 2015	Primary Home Care (PHC)	
November 1, 2016	STAR Kids	<ul style="list-style-type: none"> • PCS • In-home Respite Services • Flexible Family Support Services provided by an attendant • CFC (PAS/HAB)

Provider agencies will be required to meet a minimum of 75 percent for their first quarter review of EVV compliance in 2016. The first quarter of compliance will include visits from April 1, 2016-June 30, 2016. HHSC and MCO providers will be reviewed at 75 percent based on that provider's unique National Provider Identifier and Texas Identification Number. After the first quarter of EVV compliance, all provider agencies will be required to meet the minimum requirement of 90 percent as outlined in the EVV Provider Compliance plan. Refer to the HHSC EVV Provider Compliance Plan for Contracted Provider Agencies.

For DADS providers, each group will be reviewed at 75 percent for their first quarter review of EVV Compliance in 2016. Please see DADS EVV Compliance Schedule listed below for additional information. DADS providers who do not meet the minimum EVV compliance of 75 percent (first quarter review) and 90 percent thereafter, may be assessed liquidated damages.

Each MCO developed their own contract actions as a result of provider agencies non-compliance. Refer to that MCO's website for this information.

DADS EVV Compliance Schedule

DADS provider contracts EVV is required for are randomly assigned to Groups 1, 2, or 3 for EVV Compliance reviews according to the last digit of the contract number.

The table below indicates the compliance reporting cycle for each of the three groups of contracts. DADS intent in distributing the contracts subject to EVV into three groups is to smooth out workloads. DADS hopes this will benefit providers.

Last Digit of Contract Number	Group to which contract assigned	Compliance Review Months	The Months during which compliance reports will be run
Zero Three Six Nine	1	April, May, June*	September
		July, August, September	December
		October, November, December	March
		January, February, March	June
One Four Seven	2	May, June, July*	October
		August, September, October	January
		November, December, January	April
		February, March, April	July
Two Five Eight	3	June, July, August*	November
		September, October, November	February
		December, January, February	May
		March, April, May	August

* Each group will be evaluated at 75% for their first quarter review of EVV compliance in 2016.

The first time EVV compliance reports will be run for groups 1, 2 and 3 will be in September, October, and November 2016, respectively. Each time a three-month compliance report is run it will be evaluated. For example, the compliance report run in September 2016 will assess compliance data from April, May, and June of 2016; the compliance report run in October 2016 will assess compliance data from May, June, and July 2016; and the compliance report run in November 2016 will assess compliance data from June, July and August 2016.

HHSC, DADS, and MCOs will begin reviewing the Compliance Summary Report (MCO) Visit Maintenance Compliance Summary Snapshot Report (HHSC, DADS) and the Compliance Plan Daily Snapshot Report (HHSC, MCO and DADS) after the 5th of each month.

Claims Submission Activity

All required visit maintenance must be completed for dates of service on or after September 1, 2015, before claims submission. All provider agencies must submit claims in accordance with their contracted entity claims submission policy. Any claim not supported by visits for dates of service April 1, 2016, or greater, entered into the EVV system may be denied or subject to recoupment.

Displaced CM2000 Providers

Providers impacted by the CM2000 non-contract renewal were provided direction in the provider notification entitled "*Frequently Asked Questions – Former CM2000 Users*" posted on November 2, 2015. In that communication providers were told they were expected to begin using their new EVV system once the system had been set-up, and all provider agency staff were fully trained and operationally ready.

The communication also explained that all visits were to be entered into the EVV system prior to billing, with or without a small alternative device (SAD). If the provider agency chose to implement without SADs, the provider agency was required to document service delivery through visit maintenance within 60 calendar days of when the visit was provided. The requirement to perform visit maintenance within 60 calendar days of service provision is the standard process under the HHSC EVV initiative, effective for dates of services on and after September 1, 2015.

HHSC, MCOs and DADS will be reviewing the CM2000 providers on an individual basis if exceptions are presented by the provider outside of the established expectations.

General Information

Provider agencies are encouraged to sign-up for email updates at:

<https://public.govdelivery.com/accounts/TXHHSC/subscriber/new>

Questions and concerns about EVV may be directed to:

Inquiry	Contact information
HHSC general questions and complaints regarding an EVV vendor	Electronic_Visit_Verification@hhsc.state.tx.us
Complaints regarding an MCO	HPM_Complaints@hhsc.state.tx.us
DADS contracted fee-for-service providers	DADS.EVV@dads.state.tx.us
DADS EVV website	http://www.dads.state.tx.us/evv
TMHP Questions regarding HHSC EVV Vendor Selection and CCP Policy & Compliance	1-800-925-9126, Option 5
Data Logic (Vesta) Software, Inc.	Tech Support: support@vesta.net Sales: (888) 880-2400 Sales & Training: info@vestaevv.com
MEDsys Software Solutions, LLC	Support: (877) 698-9392; Option 1 Sales: (877) 698-9392; Option 2 Sales Email: info@medsyshcs.com

Inquiry	Contact information
Amerigroup	<p><u>Bexar/Travis</u> Jennifer Pena, 1-800-589-5274 ext. 54925 Jennifer.pena@anthem.com</p> <p><u>El Paso</u> Nancy Belcher, 1-800-589-5274 ext. 52317 Nancy.belcher@amerigroup.co</p> <p><u>Harris</u> Eric Preston, 1-800-325-0011 ext. 55446 Eric.preston@amerigroup.com</p> <p><u>Jefferson</u> Kristal Babino 1-800-325-0011 ext. 55684 Kristal.babino@amerigroup.com</p> <p><u>Lubbock/Amarillo/Western RSA</u> Nancy Belcher, 1-800-589-5274 ext. 52317 Nancy.belcher@amerigroup.com</p> <p><u>Tarrant</u> I’Esha Hudson-Buggs,1-800-589-5274 ext. 5779 I’esha.hudsonbuggs@amerigroup.com</p>
Cigna HealthSpring	1-877-653-0331 Email: ProviderRelationsCentral@healthspring.com
Molina	1-855-322-4080 Email: MHTEVV@molinahealthcare.com
Superior	1-877-391-5921 Email: SHP_EVV@centene.com
UnitedHealthcare	1-888-887-9003 Email: uhc_cp_prov_relations@uhc.com