

Electronic Visit Verification (EVV) Initiative

Molina Healthcare is committed to working collaboratively with our providers, members, and attendants to implement the EVV program successfully. In support of this important initiative, key components of our compliance plan include the following:

- Molina's EVV Compliance Plan is based on the Health and Human Services Commission (HHSC)'s EVV Initiative Provider Compliance Plan. Providers will be required to adhere to all aspects of the overall HHSC EVV Initiative Provider Compliance Plan.
- The EVV vendor selection requirement is mandatory for all financial management service agencies. While the use of EVV is optional for consumer direction/self-directed members, FMSAs must be prepared if a consumer-directed member opts in to the use of EVV.
- Training is mandatory for all attendants and other assigned staff prior to beginning services with members. The provider agency is responsible for keeping track the training details for its staff. This documentation may be reviewed by Molina upon reasonable request.
- Providers should utilize EVV vendor reports to self-monitor their performance relative to visit verification and adherence to the compliance standards.
- We are required to ensure each EVV-applicable service unit authorized and billed to Molina Healthcare matches the applicable EVV record. As a result, any discrepancy may result in the claim being denied or recouped/recovered. Only visits that have been verified are eligible for reimbursement.
- Provider agencies must use the most appropriate visit maintenance codes and should a record be updated, the provider must use the code that **most accurately** explains why a change was made to the visit record.
- **All visit maintenance must be completed within 60 calendar days of the date of service**
- **A visit may not be billed until all exceptions have been cleared in the EVV system and visit maintenance is complete.**
- Claims without a "match" will be denied; however, Molina will continue to compare that denied claim with the incoming transaction files on a weekly basis. If during a match is located during the 60 day visit maintenance period, the claim will be processed.
- Providers can request claim reconsideration or appeal a claim decision; however, unverified visits will not be paid.
- Molina will continue to educate their providers through the first quarter. The initial quarterly review of EVV Compliance will include visits from April 1 – June 30, 2016.
- Beginning with visits that occur in April 1, 2016 until March 31, 2017, provider agencies must meet the minimum requirement of 75 percent compliance each quarter, as outlined in the HHSC EVV Provider Compliance Plan.
- EVV compliance requirement will increase to 90 percent for the First quarter of 2017.
- Providers who fail to meet the minimum EVV compliance requirement of 75 percent for the 2016 quarterly reviews, and 90 percent beginning April 1, 2017 and thereafter may be:
 - Asked to create and submit a corrective action plan;
 - Subject to liquidated damages as outlined in HHSC's EVV Initiative Provider Compliance Plan. Molina will be following the \$3 per visit outlined for non-preferred reason code use.



- May be subject to contract termination after continued failure to meet the 90 percent compliance requirement.
- Provider agencies may request appeal or informal review of noncompliance findings by submitting a letter describing the specific EVV system failure that prevented compliance and include all supporting documentation.
 - The letter and documentation must be received within 10 calendar days after the provider agency's receipt of written quarterly compliance review findings.
- Providers should notify the appropriate managed care organization or HHSC of any ongoing issues with EVV vendors or EVV systems within 48 hours.

If you have questions, please email MHTXEVV@molinahealthcare.com, call our Provider Services team at **855-322-4080**, or contact your local Provider Service Representative.