

Medicaid Provider Notification:

HHSC EVV INSTRUCTION ON ENSURING DATA INTEGRITY

Data integrity is a critical component of the Health and Human Services Commission (HHSC) electronic visit verification (EVV) initiative. Each HHSC-approved EVV system includes 48 required data fields and 14 conditionally required data fields. Although each EVV system is designed to maintain and assure accurate and consistent data, the data that comes out of the system to support provider claims and compliance is only as good as the data going into the system. Like all software systems, data integrity can be compromised in a variety of ways:

- Human error entering data
- Data transmittal from third-party management software into the EVV system
- Software bugs or viruses
- Hardware malfunctions (e.g., crashes)
- Natural disasters

Possibly the easiest errors to identify and resolve are those occurring during manual data entry (human errors). Although teams of software engineers and other IT professionals work behind the scenes to maintain and improve the EVV system you use, they cannot prevent data integrity issues caused by human error. Such human errors include entering a Medicaid number that does not match the individual named in the record, or incompletely entering the DADS contract number or the provider agency's National Provider Identifier (NPI).

Medicaid providers subject to EVV must adhere to the requirements of the HHSC EVV Initiative Provider Compliance Plan for Contracted Provider Agencies (Provider Compliance Plan). The Provider Compliance Plan, available online at <http://www.dads.state.tx.us/evv/news.cfm>, requires you to ensure all required data elements are uploaded or entered into the EVV system completely, accurately, and in a timely manner. The Provider Compliance Plan also requires you to ensure your staff are trained and comply with all EVV processes.

Information concerning training on EVV is available online at <http://www.dads.state.tx.us/evv/training.cfm>.

Your managed care and fee-for-service payor (e.g., a managed care organization [MCO], Accenture, or DADS) routinely performs reviews of provider claims. As standard practice, the payor may reject or recoup claims if the required EVV system data fields are not complete or are not accurate, meaning your EVV system data does not support or match the claim you submitted. For the compliance grace period ending August 31, 2015, HHSC has extended the 21-day time period for completing visit maintenance only. This means a provider agency may submit claims for payment of services provided between April 16 and August 31, 2015, prior to the completion of visit maintenance in the EVV system. However, all other required and conditionally required data fields must be complete and accurate. Visit maintenance must be completed on or before September 21, 2015, for all services provided between April 16 and August 31, 2015, regardless of when the claim is submitted.

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HHSC encourages you to work collaboratively with your EVV vendor to ensure all required and conditionally required data fields contain complete and accurate data prior to submitting a claim. The EVV system you use offers a variety of detailed reports that can help you to identify data entry errors and missing required data. You are expected to correct all data integrity issues before you submit claims.

GENERAL INFORMATION

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

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

Questions about EVV implementation or the Medicaid Electronic Visit Verification Provider System Selection Form may be directed to:

Program	Email
Managed Care	Managed_Care_Initiatives@hhsc.state.tx.us
DADS fee-for-service programs	CPC@dads.state.tx.us
TMHP (acute care fee-for-service programs)	1-800-925-9126, Option 5