

Medicaid Provider Notification:
**Statewide Implementation of
 Electronic Visit Verification (EVV) Initiative**

HHSC EVV IMPLEMENTATION DATES

EVV IMPLEMENTATION DATES AND 30-DAY NOTICE

On February 27, 2015, the Health and Human Services Commission (HHSC) announced it is delaying implementation of electronic visit verification (EVV). Providers will be notified no less than 30 days before they are required to begin using EVV. The timeline of EVV implementation dates listed below serves as notice to providers of the new implementation schedule for the HHSC EVV initiative.

Provider agencies have either selected an EVV vendor, or will be assigned to an EVV vendor by default, based on published deadlines that began in January 2015 according to the following schedule:

Action	DATE
Required EVV vendor selection date for February 1, 2015 implementation:	January 9, 2015
Required EVV vendor selection date for March 1, 2015 implementation:	February 10, 2015
HHSC default assignment for providers that did not select an EVV vendor by required January and February 2015 dates:	March 2015
Required EVV vendor selection date for providers that selected Sandata prior to Sandata withdrawal from HHSC EVV initiative:	March 20, 2015
HHSC default assignment for providers that selected Sandata prior to Sandata withdrawal from HHSC EVV initiative and did not select another EVV vendor by the required March 20, 2015 date:	April 2015
Required EVV vendor selection date for private duty nursing (PDN) services or Community First Choice (CFC) providers:	April 10, 2015

REQUIRED IMPLEMENTATION DATES

HHSC has set the following tentative timeline for EVV implementation and compliance to prevent further delays in EVV implementation for providers that have already selected an EVV vendor and are operationally ready to begin using EVV:

Action	DATE
EVV implementation date for providers that selected an EVV vendor by the required January 9, 2015 or February 10, 2015 selection date:	April 16, 2015
EVV implementation date for the following providers: <ul style="list-style-type: none"> • Re-selection of an EVV vendor required after Sandata withdrawal; • Default assigned due to no vendor selection by required date; • PDN and CFC 	June 1, 2015
<p>Mandatory EVV implementation date</p> <p>All Medicaid-enrolled providers providing covered services in the home and in the community (including PDN and CFC) are required to be using an HHSC-approved EVV system to record on-site visitation with the individual or health plan member.</p>	June 1, 2015
<p>Grace Period</p> <p>Providers using an HHSC-approved EVV system refine their operational processes, and may use paper timesheets as supporting documentation:</p>	April 16 - August 31, 2015
<p>Grace Period End Date</p> <p>The use of paper timesheets to support billing for covered services ends at midnight:</p>	August 31, 2015
<p>HHSC EVV Provider Compliance Plan Effective Date</p> <p>Providers must be in full compliance (not using timesheets) with EVV requirements. Providers are subject to contract actions for failure to meet provider compliance plan requirements:</p>	September 1, 2015

COVERED SERVICES

The HHSC EVV initiative affects Medicaid STAR+PLUS, STAR Health, acute care fee-for-service, and Department of Aging and Disability Services (DADS) service providers who provide the covered services listed below in the home and in the community. All agencies providing covered services to an individual or health plan member must use

REQUIRED IMPLEMENTATION DATES

an HHSC-approved EVV system to record visit arrival and departure times. The provider agency will use the time recorded in the EVV system to determine billable units/hours before requesting payment.

The following services are subject to EVV requirements:

Services	Description
Managed Care	Personal assistance services (PAS), personal care services (PCS), private duty nursing (PDN) services, and Community First Choice (CFC) services provided in the home and in the community in the managed care STAR+PLUS and STAR Health programs
HHSC acute care fee-for-service	PCS and PDN services provided in the home and in the community
DADS fee-for-service	<p>Attendant-like services provided in the home and in the community for the following programs:</p> <ul style="list-style-type: none"> • Community Attendant Services (CAS) • Community Living Assistance and Support Services (CLASS) <ul style="list-style-type: none"> ○ Habilitation services to transition to CFC on June 1, 2015 ○ In-Home Respite • Community First Choice (CFC) effective June 1, 2015 <ul style="list-style-type: none"> ○ Habilitation Services • Family Care (FC) • Medically Dependent Children Program (MDCP) <ul style="list-style-type: none"> ○ In-home respite and flexible family support • Primary Home Care (PHC)
Consumer Directed Services	EVV is optional for individuals who have selected the Consumer Directed Services (CDS) option.

REQUIRED IMPLEMENTATION DATES

NOTICE TO DADS PROVIDERS

All DADS service providers currently using the Santrax EVV system should continue using the Santrax system based on the *HHSC EVV Implementation Dates* timeline.

TRAINING INFORMATION

HHSC will host webinars for provider training. EVV vendors will conduct face-to-face training for providers, and vendor training materials can be found on-line at EVV vendor websites.

Provider agencies should monitor MCO, TMHP, HHSC and DADS websites for additional information regarding EVV implementation and training opportunities.

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