Medicare-Medicaid EVV Claims Issue Now Resolved
Information posted September 17, 2019

This is an update to an article titled “Issue Identified for Some Medicare-Medicaid EVV Claims,” which was published on the TMHP website on September 12, 2019.

The issue that caused Electronic Visit Verification (EVV) claims for dual eligible members to be rejected or denied has been resolved.

Next Steps for Claims Resubmission

- Program providers with impacted EVV claims must resubmit the claims that were rejected or denied to TMHP.
- After a claim is accepted by TMHP, the EVV claims matching process is performed immediately.
- After the EVV claims matching process is performed, claims are forwarded to the appropriate payer for final processing within 24 hours.

Program providers should monitor the explanation of benefits (EOB) or explanation of payment (EOP) from their payer to determine if the claim was paid.

For assistance with claims submission contact the TMHP Electronic Data Interchange (EDI) Help Desk at 1-888-863-3638, Option 4.

For additional questions, refer to the EVV Contact Information Matrix or contact EVV@tmhp.com. For up-to-date EVV news, program providers should regularly refer to the EVV webpage on the TMHP website.