**EVV Updates - December 2019**

Information Posted December 4, 2019

**Electronic Visit Verification (EVV) Visit Maintenance Extension Reminder**

Program providers have 90 calendar days instead of the standard 60 calendar days to perform visit maintenance for visits with dates of service September 1, 2019, thru October 31, 2019. This extension gives program providers more time to:

- Update records for STAR+PLUS bill code changes effective September 1, 2019, and outdated authorizations in the vendor EVV system.
  - Instructions are available for creating new authorizations using the updated bill codes, modifiers, and unit increments in the vendor EVV system.
- Adjust to EVV processes effective September 1, 2019.
- Make corrections to ensure a visit transaction is accepted in the EVV Portal before billing the claim.

Program providers may request the unlocking of visit maintenance after the extended 90-day time frame for dates of service September 1, 2019, thru October 31, 2019, however; approval is at the payer’s discretion and is not guaranteed. The standard 60-day visit maintenance time frame will resume for visits with dates of service on or after November 1, 2019.

**New EVV Training Materials**

Texas Medicaid & Healthcare Partnership has created three new quick reference guides to address frequently asked questions about:

- EVV claims submission submitter IDs and receiver IDs
- Avoiding EVV claim mismatches due to the EVV06 Units Mismatch
- EVV Visit Details screen in the EVV Portal

More information is available on the [TMHP EVV website](#).

**Updates to EVV Required Programs, Services, and Service Delivery Options**

The Health and Human Services Commission (HHSC) has updated the [Programs, Services, and Service Delivery Options Required to Use Electronic Visit Verification](#) on the HHSC EVV website. This document lists programs, services, and service delivery options requiring EVV today, and those requiring EVV in the future as mandated by the 21st Century Cures Act.

Updates have been made to the:

- **Family Care Program**
  - The Cures Act will require EVV for personal attendant services delivered through the service responsibility option (SRO).
- **STAR Health – MDCP Covered Services**
The Cures Act will require EVV for these services delivered through the agency, consumer directed services (CDS), and SRO. In a previous version these services were listed as currently required to use EVV.

- **STAR+PLUS Medicare-Medicaid Plan**
  - The Cures Act will require EVV for these services delivered through CDS/SRO.
  - In a previous version STAR+PLUS MMP was combined with STAR+PLUS. Both programs have been listed separately.

- **Texas Health Steps Comprehensive Care Program**
  - Personal care services delivered through the agency option are currently required to use EVV under state law and HHSC policy. In a previous version the agency option was listed as required by the Cures Act.
  - The Cures Act will require EVV for PCS delivered through SRO.

HHSC is developing an updated timeline for the new EVV start date for programs, services, and service delivery options affected by the Cures Act, and once known, will notify stakeholders and update the [EVV website](#).

**TexMedConnect for MCO-Only Enrolled Program Providers**

effective November 22, 2019, managed care organization-only enrolled program providers can use the TexMedConnect online claims submission system to submit claims (including EVV claims), perform claim status inquiries, and submit appeals. [For more information, read the full article on TMHP.com](#).

Send questions to [Electronic_Visit_Verification@hhsc.state.tx.us](mailto:Electronic_Visit_Verification@hhsc.state.tx.us).