



TEXAS

**Health and Human
Services**

Electronic Visit Verification

Proprietary System Detailed Questionnaire

Effective Date: 12/01/2021



1.0 Introduction

The purpose of this Proprietary System (PS) Detailed Questionnaire is for the Proprietary System Operator (PSO) to provide details about their business and their Electronic Visit Verification (EVV) system. The PSO will complete the PS Detailed Questionnaire, which the Health and Human Services Commission (HHSC) will use to determine those HHSC EVV Business Rules for Proprietary Systems that HHSC will apply and those that HHSC will waive for the proprietary system development, readiness review and implementation. HHSC and the Texas Medicaid & Healthcare Partnership (TMHP) recommend that the PSO thoroughly review these questions and respond to all of the questions. When necessary, please work with your IT systems or support personnel to complete the questionnaire.

Legal Entity Name:

2.0 Proprietary System Detailed Questionnaire

Proprietary System Background

1. If you are using a software company for your proprietary system, please provide the following:
 - a. Software Company Name:
 - b. System Name:
 - c. System Version:

2. If you are developing your proprietary system “in-house”, please provide more information about the “in-house” system you have developed.
 - a. System Name:
 - b. System Version:

3. If you have an agreement to onboard with an Approved Proprietary System , please provide more information about the selected system.
 (Please click here to view a list of EVV Proprietary Systems Approved by HHSC on the [TMHP EVV Proprietary Systems website](#).)

System Name:

Features

Service Delivery Model:	Agency Model	Consumer Directed Services (CDS)
EVV Data Collection Method:	Landline	Mobile Alternative Device
HHSC EVV Web Services:	Provider	Authorization Payer/Plan Code
EDI Transaction:	Client Eligibility	



Provider Operations Background

- 4. Are you enrolled with HHSC and/or Medicaid Managed Care Organizations (MCOs) as an FMSA or program provider, or both?

PSO Response:

Program Provider

FMSA

Both

- 5. Please list **ALL** of your provider identifiers that will use this system:

National Provider Identifier (NPI) or Atypical Provider Identifier (API):	
Doing Business As (DBA) Name:	
Taxpayer Identification Number (TIN):	
TPI:	
Provider Contract Number:	

- 6. If you are a program provider, how many members (clients) do you have where a service attendant is currently collecting EVV visit data?

PSO Response:

- 7. If you are an FMSA, how many individuals do you serve under the Consumer Directed Services (CDS) option?

PSO Response:

- 8. If you are an FMSA, how many employees do your CDS employers manage?

PSO Response:

- 9. Do your service attendants or CDS employees perform non-EVV services in conjunction with EVV services during service delivery visits?

PSO Response:

Yes

No

10. How will HHSC or MCO staff request and receive training on the EVV system?

PSO Response:

Schedules

11. Do you create and manage schedules for any of your members receiving EVV services? If no, skip to next section.

PSO Response:

Yes

No

12. If you use schedules, do you plan to use the “Optional Expanded Time for Auto-Verification” visit maintenance reduction feature described in the HHSC EVV Policy Handbook?

PSO Response:

Yes

No

13. If you use schedules, do you plan to use the “Optional Automatic Downward Adjustment” visit maintenance reduction feature described in the HHSC EVV Policy Handbook?

PSO Response:

Yes

No

14. If you use schedules, do you plan to use the “Optional Alert for Reaching Weekly Authorized Hours” visit maintenance reduction feature described in the HHSC EVV Policy Handbook?

PSO Response:

Yes

No

Services Delivered

15. Do you provide HHSC long-term care services required to use EVV under the fee-for-service (FFS) model?

PSO Response:

Yes

No

16. Do you provide HHSC acute care services required to use EVV under the FFS model?

PSO Response:

Yes

No

17. Do you provide services required to use EVV under Medicaid Managed Care (STAR+PLUS, STAR Kids, STAR Health, STAR)?

PSO Response:

Yes

No

18. Do you provide services to clients enrolled in Medicaid Managed Care that also receive services under HHSC FFS?

PSO Response:

Yes

No

19. Is your organization enrolled with HHSC only under managed care (sometimes known as an MCO-only LTSS provider)?

PSO Response:

Yes

No



20. Please indicate which programs you participate in:

PSO Response:

STAR Health	Community Attendant Services/Family Care/Primary Health Care
STAR Health MDCP	Community First Choice
STAR Kids	Community Living Assistance and Support Services
STAR Kids MDCP	Deaf Blind with Multiple Disabilities
STAR+PLUS	Home and Community Based Services
STAR+PLUS Medicare Medicaid Plan	Personal Care Services
STAR+PLUS Home and Community Based Services	Texas Home Living
Home and Community Based Services Adult Mental Health	Youth Empowerment Services Waiver

Proprietary System Electronic Verification Methods

21. Does your PS support, and will your attendants have the option, to use a member’s home landline to collect EVV data at the time of service delivery?

PSO Response:

Yes

No



22. Does your PS support, and will your attendants have the option, to use an alternative device/method to collect EVV data at the time of service delivery?

PSO Response:

Yes

No

23. If you are using an alternative device or method, please provide the following information.

PSO Response:

What type of alternative device?	
How does the alternative device identify the location of service delivery?	
Does the device generate codes? And if so, how long are the codes valid?	

24. Does your PS support, and will your attendants have the option to use a mobile application (on a smart device), to collect EVV data at the time of service delivery?

PSO Response:

Yes

No

25. Does your PS limit the electronic verification methods that an attendant can use for collecting EVV data at the time of service delivery, or can they use multiple methods?

PSO Response:

Yes

No

Technology Connectivity and Operations

26. Do you utilize a subcontractor or outsource to a third-party entity to perform any of your EVV services (and are they enrolled with the Texas Medicaid & Healthcare Partnership [TMHP]?)

PSO Response:

27. Do you currently have a submitter ID with TMHP? If so, please provide your submitter ID below.

PSO Response:



28. Do you perform electronic eligibility verification using TMHP?

PSO Response:

Yes

No

a. If yes, please choose from the following:

PSO Response:

X12

270/271

TMHP Portal

29. How often does your system plan to transmit visit data to the EVV Aggregator?

PSO Response:

Other

30. Please choose the following methods and/or systems used to submit your EVV claims.

PSO Response:

	Paper claim submission		In-house electronic claims submission
	TMHP TexMedConnect Acute Care FFS Portal		HHSC ID CARE
	TMHP TexMedConnect LTC FFS Portal		Clearinghouse or third-party submitter
	TMHP Electronic Data Interchange (EDI)		Medicaid Managed Care online portals

a. Please list the name of your 3rd-party claims submission vendor and system, if applicable:

PSO Response:

31. Please select MCOs that you are contracted with or planning to contract with prior to Go-Live:

PSO Response:

	Aetna		Cigna
	Amerigroup		Molina
	Blue Cross Blue Shield		Texas Children's
	Community First		United Healthcare
	Cook Children's		Driscoll
	Superior		

Document Change Log

Revision History

Version	Date MM/DD/YYYY	Name	Description
1.0	01/31/2020	TMHP	Original Document
2.0	11/20/2020	HHSC	Updates for FY2021
3.0	12/01/2021	TMHP	Updates for new PSO Onboarding Model