



TEXAS

**Health and Human
Services**

Electronic Visit Verification

Proprietary System Detailed Questionnaire

Effective Date: 11/20/2020



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/TMHP recommends to thoroughly review these questions and respond all of the questions. When necessary, please work with your IT systems or support personnel.

2.0 Proprietary System Detailed Questionnaire

Proprietary System Background

1. Please choose one of the following:

PSO Response:

You will be using a software company for your EVV Proprietary system

You will be developing your proprietary system “in house”

- a. If you are using a software company for your proprietary system, please provide more information about the software company you will be using, including the company and system name, system version, type of customization needed, and if you are purchasing or leasing the system.

PSO Response:

- b. If you are developing your proprietary system “in-house”, please provide more information about the “in-house” system you have developed, including technology platform and system location (hosted “in-house” or in the cloud).

PSO Response:



Provider Operations Background

2. Are you enrolled with HHSC as an FMSA or program provider, or both?

PSO Response:

Program Provider

FMSA

Both

3. Does your organization have multiple Provider Identifiers that will utilize this EVV Proprietary System?

PSO Response:

Yes

No

a. Please list your provider identifiers:

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

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

PSO Response:

a. Separately, how many members will start having EVV visit data collected under the Cures Act?

PSO Response:

5. If you are a program provider, how many service attendants do you employ that currently use EVV?

PSO Response:



- a. Separately, how many service attendants do you employ that will be new to using EVV under the Cures Act?

PSO Response:

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

PSO Response:

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

PSO Response:

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

PSO Response:

Yes

No

9. How will HHSC or managed care organization (MCO) staff request and receive training on the EVV system?

PSO Response:

Schedules

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

PSO Response:

Yes

No

11. If you use schedules, do you plan to use the "Optional Expanded Time for Auto-Verification" visit maintenance reduction solution per the HHSC EVV Policy Handbook?

PSO Response:

Yes

No



12. If you use schedules, do you plan to use the “Optional Automatic Downward Adjustment” visit maintenance reduction solution per the HHSC EVV Policy Handbook?

PSO Response:

Yes

No

13. If you use schedules, do you plan to use the “Optional Alert for Reaching Weekly Authorized Hours” visit maintenance reduction solution per the HHSC EVV Policy Handbook?

PSO Response:

Yes

No

Services Delivered

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

PSO Response:

Yes

No

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

PSO Response:

Yes

No

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

PSO Response:

Yes

No



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

PSO Response:

Yes

No

18. Is your organization enrolled with HHSC only under managed care?

PSO Response:

Yes

No

19. 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

20. 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

21. 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

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

PSO Response:

What type of alternative device?	
Does the alternative device collect service location using Global Positioning System (GPS) coordinates?	
Does the device generate codes? And if so, how long are the codes valid?	

23. 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

24. 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

25. 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:

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

PSO Response:

27. 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

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

PSO Response:

Other

29. 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:

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30. 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		Original Document
2.0	11/20/2020	HHSC	Updates for FY2021