

**HHSC Electronic Visit Verification (EVV) Technical Documentation**  
**Appendix G - EVV Standard System Reports**  
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HHSC requires each EVV Vendor and Proprietary System Operator (PSO) to provide the On-Demand EVV Standard System Reports as listed in the HHSC EVV Business Rules unless specifically indicated. This document contains specifications for each report. The EVV System will generate some reports using a web service provided by TMHP, as indicated in the Report Description, to maintain consistency with the EVV Portal since the CDS Employers do not have access to that system. Therefore, the EVV System will display these reports specifically for the CDS Employer. The Program Providers, Financial Management Services Agency (FMSA), HHSC and MCOs will view these reports through the EVV Portal. The EVV System will create other reports using data native to the EVV System. TMHP will provide sample reports upon request. All standard system reports must comply with these report specifications at a minimum.

<b>Report Name</b>	<b>Description</b>	<b>Report Source</b>
<a href="#">EVV Alternative Device Order Status Report</a>	The EVV System must produce this report for the System User to use when verifying Alternative Devices orders placed by the program provider, CDS Employer, or FMSA on behalf of the CDS Employer, and to track the status of those orders. The EVV System must create this report using data native to the EVV System.	Native to the EVV System  Not required for PSOs
<a href="#">EVV Attendant History Report</a>	This report shows the Service Providers identified on accepted EVV Visit Transactions that delivered services to a Member for a requested date range. The System User will request this report through and view the results in, the EVV System. The EVV System will provide this report using the EVV Standard System Reports web service provided by TMHP.	TMHP EVV Standard System Reports Web Service
<a href="#">EVV CDS Service Delivery Log</a>	This report shows EVV Visit Transactions for visits for a requested date range. The EVV System must create this report using data native to the EVV system and. View the current CDS Delivery Log (HHS Form 1745) at the link below:  <a href="https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-1745-service-delivery-log-written-narrativewritten-summary">https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-1745-service-delivery-log-written-narrativewritten-summary</a>	Native to the EVV System
<a href="#">EVV CDS Employer Usage Report</a>	This report shows the EVV usage score for CDS Employers. It equals the number of total electronic (non-manual) visit transactions divided by the total number of accepted visit transactions by the EVV Aggregator for a Member and requested date range. The System User will request this report through and view the results in, the EVV System. The EVV System will provide this report using the EVV Standard System Reports web service provided by TMHP.	TMHP EVV Standard System Reports Web Service
<a href="#">EVV Clock In/Clock Out Usage Report</a>	This report shows the number of accepted EVV Visit Transactions by a Service Provider, the number of times a Service Provider used each method (Mobile, GUI, etc.) to clock-	TMHP EVV Standard System Reports Web Service

Report Name	Description	Report Source
	in or clock-out, as well as the number of visits that the EVV System auto-verified. The System User will request this report through, and view the results in, the EVV System. The EVV System will provide this report using the EVV Standard System Reports web service provided by TMHP.	
<a href="#">EVV Landline Phone Verification Report</a>	This report shows the phone number, phone type and carrier used by a Service Provider to clock-in or clock-out using the home landline electronic verification method. The report allows the System User to monitor phone numbers and to identify the use of non-landline phone numbers. The EVV System must create this report using data native to the EVV system.	Native to the EVV System
<a href="#">EVV Reason Code Usage and Free Text Report</a>	This report shows the count of Reason Code number and description combinations and associated free text/comments used on accepted EVV Visit Transactions for a Member and requested date range. The System User will request this report through, and view the results in, the EVV System. The EVV System will provide this report using the EVV Standard System Reports web service provided by TMHP.	TMHP EVV Standard System Reports Web Service
<a href="#">EVV Service Delivery Exception Report</a>	This report shows the number of visits that varied from the schedule or authorization, as well as the number of visits that the System User did not approve for a requested date range. This data must include services regardless of service delivery locations (home or community location, and GPS coordinates when the Service Provider used the mobile method to clock in/out). The EVV System must create this report using data native to the EVV system.	Native to the EVV System
<a href="#">EVV Units of Service Summary Report</a>	This report displays a calendar view summary at the service level of the number of units delivered each day on accepted EVV Visit Transactions for a Member and requested date range. The System User will request the report through, and view the results in, the EVV System. The EVV System will provide the report using the EVV Standard System Reports web service provided by TMHP.	TMHP EVV Standard System Reports Web Service
<a href="#">Non-EVV Relevant Time Logged Report</a>	This report shows time the Service Provider spent on non-EVV services between clock in and clock out for a requested date range. The EVV System must create this report using data native to the EVV system.	Native to the EVV System
<a href="#">Monthly Performance Report</a>	This report is used to verify the Call Center metrics, Email Correspondence metrics, System Deficiency summary and Issues/Complaints metrics. This report is native to the EVV system and must be created by the EVV Vendor.	Native to the EVV System  Not required for PSOs

## Standard Report Name: EVV Attendant History Report

### *Report Description*

This report shows the Service Attendants identified on accepted EVV Visit Transactions that delivered services to a Member for a requested date range. The report will be requested through, and the results displayed in, the EVV System, using the EVV Standard System Reports web service provided by TMHP.

### *Report Field Listing*

EVV Attendant History Report Fields	Field Description	Associated EVV Visit Transaction Field
Texas EVV Attendant ID	The last four digits of the employee's social security number or passport number and last name of the person providing EVV services	EMPLOYEE_SOCSEC_VISA_PASSPORT
Attendant First Name	The first name of the person providing EVV services	EMPLOYEE_FIRSTNAME
Attendant Last Name	The last name of the person providing EVV services	EMPLOYEE_LASTNAME
Employee Discipline	The specialty of the person providing EVV services: attendant, nurse, certified nursing assistant (CNA), physical therapist (PT), occupational therapist (OT), speech-language pathologist (SLP), or other	EMPLOYEE_EMPLOYEEDISCIPLINE
Total Billable Units	The calculated sum of the Billable Units for the visits in the report.	N/A
Visit ID	A unique ID number assigned to the EVV visit transaction by the EVV system	VISIT_VISITID
Provider Name	The legal name of the program provider or Financial Management Services Agency (FMSA)	PROVIDER_LEGALNAME
NPI/API	The NPI or API of the program provider or FMSA who provided EVV services	PROVIDER_NPI PROVIDER_API
TIN	The Tax Identification Number for the provider or FMSA	PROVIDER_TIN
Provider Number	The Long-Term Care (LTC) provider number if applicable	PROVIDER_CONTRACTNUMBER
TPI	The Texas Provider Identifier if applicable	PROVIDER_TPI
Payer Name	HHSC or name of MCO associated with the payer identifier submitted on visit transaction	INDVMBR_PAYOR (This field contains a 3–4-character identifier associated to a payer, the Payer Name should be displayed on the report)
Service Group	A code that identifies the LTC program when applicable	VISIT_SVCGRP

EVV Attendant History Report Fields	Field Description	Associated EVV Visit Transaction Field
Service Code	A code that identifies the service provided	EVV_SVCCODE
HCPCS	Identifies the service provided	EVV_HCPCS_CODE
Modifiers	The modifier associated with the HCPCS for the service if applicable	EVV_MODIFIER
Member Medicaid ID	Member's Medicaid Identification Number	INDVMBR_MEDICAIDID
Individual Last Name	Last Name of Member	INDVMBR_LASTNAME
Individual First Name	First Name of Member	INDVMBR_FIRSTNAME
Actual Visit Date	The date the EVV service occurred	EVV_VISITDATE
Actual Clock In	The time the attendant electronically clocked in when service delivery began: HH:MM AM/PM Null for manually entered (GUI) visits.	EVV_CALLINTIME
Actual Clock Out	The time the attendant electronically clocked out when service delivery ended: HH:MM AM/PM Null for manually entered (GUI) visits.	EVV_CALLOUTTIME
Actual Hours Worked	The total duration of service delivery based on electronic clock in and clock out times Null for manually entered (GUI) visits.	EVV_ACTUALHOURS
Billable Units	The billable units for the visit	EVV_UNITS
EVV System	Name of the EVV System	EVV_VENDORID

### *Report Parameters*

<b>Report Frequency</b>	Ad-Hoc
<b>Report Format</b>	PDF and Excel
<b>Report Available To</b>	CDS Employer
<b>Sort Order</b>	N/A (Report Generated by TMHP)
<b>Default Filter (The system applies this filter)</b>	Only Accepted EVV Transactions, Submitting EVV System

### *Report Generation Criteria \**

Field Name	Required/Optional
Texas EVV Attendant ID	Optional
Medicaid ID	Required and populated with all Medicaid Ids that are linked to the CDS Employer Profile. May only select one Medicaid Id.
Visit Begin Date	Required

Field Name	Required/Optional
Visit End Date	Required
Payer Name	Optional
Export Format	Required

***\*Details of the Field Length, Field Validations and Validation Error Message will be provided with the JSON***

## Standard Report Name: EVV CDS Service Delivery Log

### *Report Description*

This report shows EVV Visit Transactions for visits for a requested date range. This report is native to the EVV system and must be created by the EVV Vendor. The current CDS Delivery Log (HHS Form 1745) can be found at the link below:

<https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-1745-service-delivery-log-written-narrativewritten-summary>

### *Report Field Listing*

EVV CDS Service Delivery Log Report Fields	Field Description	Associated EVV Visit Transaction Field
Pay Period (header)	Dates of service delivery for the pay period as determined by the Financial Management Services Agency (FMSA).	N/A
CDS Employer (header)	CDS Employer Id and name, if the report is generated for one CDS Employer, else "All".	EMPLOYEE_CDSEMPLOYEREVID, EMPLOYEE_CDSEMPLOYERFIRSTNAME, EMPLOYEE_CDSEMPLOYERLASTNAME
FMSA Legal Name	Legal name of the FMSA.	PROVIDER_LEGALNAME
FMSA DBA Name	Doing Business As name of the FMSA.	PROVIDER_DBA
NPI/API	NPI or API of the FMSA.	PROVIDER_NPI PROVIDER_API
TIN	Tax Identification Number of the FMSA.	PROVIDER_TIN
Location	Location of the FMSA, as documented in the EVV System.	N/A
Region	HHSC Region of the FMSA.	PROVIDER_REGION
SDA	Managed Care Service Delivery Area of the FMSA, as documented in the EVV System.	MCO_MBR_SDA
Contract Number	Long-Term Care (LTC) provider number, if applicable.	PROVIDER_CONTRACTNUMBER
CDS Employer ID	IRS-assigned Employer Identification Number (EIN) or EVV system-generated Id of the CDS Employer.	EMPLOYEE_CDSEMPLOYEREVID
CDS Employer First Name	First name of the CDS Employer.	EMPLOYEE_CDSEMPLOYERFIRSTNAME
CDS Employer Last Name	Last name of the CDS Employer.	EMPLOYEE_CDSEMPLOYERLASTNAME
Member ID	Member's Texas Medicaid Identification Number.	INDVMBR_MEDICAIDID
Member First Name	First name of the person receiving services.	INDVMBR_FIRSTNAME
Member Last Name	Last name of the person receiving services.	INDVMBR_LASTNAME

EVV CDS Service Delivery Log Report Fields	Field Description	Associated EVV Visit Transaction Field
CDS Employee ID	Last four digits of the social security number or passport number and last name of the person providing EVV services.	EMPLOYEE_SOCSEC_VISA_PASSPORT
CDS Employee First Name	First name of the person providing EVV services.	EMPLOYEE_FIRSTNAME
CDS Employee Last Name	Last name of the person providing EVV services.	EMPLOYEE_LASTNAME
Visit ID	Unique number assigned to the EVV visit transaction by the EVV system.	VISIT_VISITID
HCPCS and Modifiers	Identifies the service provided (each HCPCS will have zero to four modifiers in the EVV_MODIFIER field).	EVV_HCPCS_CODE plus space plus EVV_MODIFIER
Service	Description of the service provided (Service Short Description value from the EVV Service Bill Codes Table (HHSC version).	N/A
Visit Date	Date on which the service was provided (in MM/DD/YYYY format).	EVV_VISITDATE
Actual Clock In Time	Time the service began (the time the attendant electronically clocked in when service delivery began). Null for manually entered (GUI) visits.	EVV_CALLINTIME
Actual Clock Out Time	Time the service ended (the time the attendant electronically clocked out when service delivery ended). Null for manually entered (GUI) visits.	EVV_CALLOUTTIME
Actual Hours	Actual number of hours the service was provided (NN.NN format, not rounded). Null for manually entered (GUI) visits.	EVV_ACTUALHOURS
Non-EVV Relevant Hours	Number of hours identified as Non-EVV Relevant by the CDS Employee during the EVV service delivery, if applicable (NN.NN format, rounded to the quarter hour).	N/A
Billable Hours	Billable number of hours for the service that was provided (NN.NN format, rounded to the quarter hour).	EVV_PAYHOURS
Place of Service	Location where the service was delivered (home or community location per the list of valid values in the HHSC EVV Business Rules for Proprietary Systems).	EVV_VISITLOCATION
Reason Code Number	Texas EVV Reason Code Number.	EVV_REASONCODE1 EVV_REASONCODE2 ... EVV_REASONCODE10

EVV CDS Service Delivery Log Report Fields	Field Description	Associated EVV Visit Transaction Field
Reason Code	Texas EVV Reason Code (reason category name), as listed in the HHSC EVV Reason Codes list on the HHSC EVV website.	N/A
Reason Code Description	Texas EVV Reason Code Description.	EVV_REASONCODE1DESC EVV_REASONCODE2DESC ... EVV_REASONCODE10DESC
Reason Code Free Text	Free text/comments (if any) entered during visit maintenance.	EVV_REASONCODECOMMENT1 EVV_REASONCODECOMMENT2 ... EVV_REASONCODECOMMENT10
CDS Employee Daily Total Actual Hours	Calculated sum of the actual service delivery hours worked by the CDS Employee for the day.	N/A
CDS Employee Daily Total Non-EVV Relevant Hours	Calculated sum of the non-EVV relevant hours worked by the CDS Employee for the day.	N/A
CDS Employee Daily Total Billable Hours	Calculated sum of the billable hours for the CDS Employee for the day.	N/A
CDS Employee Pay Period Total Actual Hours	Calculated sum of the actual service delivery hours worked by the CDS Employee during the pay period.	N/A
CDS Employee Pay Period Total Non-EVV Relevant Hours	Calculated sum of the non-EVV relevant hours worked by the CDS Employee during the pay period.	N/A
CDS Employee Pay Period Total Billable Hours	Calculated sum of the billable hours worked by the CDS Employee during the pay period.	N/A
Member Pay Period Total Actual Hours	Calculated sum of the actual service delivery hours worked providing services to the Member by all CDS Employees during the pay period.	N/A
Member Pay Period Total Non-EVV Relevant Hours	The calculated sum of the non-EVV relevant hours worked providing services to the Member by all CDS Employees during the pay period.	N/A
Member Pay Period Total Billable Hours	Calculated sum of the billable hours worked providing services to the Member by all CDS Employees during the pay period.	N/A
CDS Employer Pay Period Total Actual Hours	Calculated sum of the actual service delivery hours worked for the CDS Employer by all CDS Employees providing services to the CDS Employer's Members during the pay period.	N/A



EVV CDS Service Delivery Log Report Fields	Field Description	Associated EVV Visit Transaction Field
CDS Employer Pay Period Total Non-EVV Relevant Hours	Calculated sum of the non-EVV relevant hours worked for the CDS Employer by all CDS Employees providing services to the CDS Employer's Members during the pay period.	N/A
CDS Employer Pay Period Total Billable Hours	Calculated sum of the billable hours worked for the CDS Employer by all CDS Employees providing services to the CDS Employer's Members during the pay period.	N/A

### Report Parameters

<b>Report Frequency</b>	Ad-Hoc
<b>Report Format</b>	PDF and Excel
<b>Report Available To</b>	CDS Employer, FMSA, MCO, HHSC
<b>Sort Order</b>	CDS Employer ID, Member ID, CDS Employee ID, Visit ID
<b>Default Filter (The system applies this filter)</b>	N/A

### Report Generation Criteria

Field Name	Required/Optional
CDS Employer ID	<p><i>When logged in user is a CDS Employer:</i> Required and populated with the CDS Employer Id that is associated with the user.</p> <p><i>When logged in user is from an FMSA:</i> Optional (but restricted to CDS Employer Ids that are associated with the FMSA).</p> <p><i>When logged in user is from an MCO:</i> Optional (but restricted to CDS Employer Ids that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i> Optional</p> <p>Note: Each CDS Employer Id starts a new report page.</p>
Visit Begin Date	Required
Visit End Date	Required

## Standard Report Name: EVV Clock In/Clock Out Usage Report

### *Report Description*

This report shows the number of accepted EVV Visit Transactions by a Service Attendant, the number of times each method (Mobile, GUI, etc.) was used to clock in or clock out, as well as the number of visits that were auto-verified. The report will be requested through, and the results displayed in, the EVV System, using the EVV Standard System Reports web service provided by TMHP.

### *Report Field Listing*

EVV Clock In/Clock Out Report Fields	Field Description	Associated EVV Visit Transaction Field
Texas EVV Attendant ID	The last four digits of the employee's social security number or passport number and last name of the person providing EVV services	EMPLOYEE_SOCSEC_VISA_PASSPORT
Attendant Last Name	The first name of the person providing EVV services	EMPLOYEE_FIRSTNAME
Attendant First Name	The last name of the person providing EVV services	EMPLOYEE_LASTNAME
Medicaid ID	Member's Medicaid Identification Number	INDVMBR_MEDICAIDID
Provider Name	The legal name of the program provider or Financial Management Services Agency (FMSA)	PROVIDER_LEGALNAME
NPI/API	The NPI or API of the program provider or FMSA who provided EVV services	PROVIDER_NPI PROVIDER_API
TIN	The Tax Identification Number for the provider or FMSA	PROVIDER_TIN
Provider Number	The Long-Term Care (LTC) provider number if applicable	PROVIDER_CONTRACTNUMBER
TPI	The Texas Provider Identifier if applicable	PROVIDER_TPI
Total Accepted Visits	The total number of visits accepted by the EVV Aggregator that meet the search criteria	N/A
Auto Verified Count	The number of Auto Verified visits accepted into the EVV Aggregator that meet the search criteria.	EVV_AUTOCONFIRMFLAG
% Auto Verified	The percentage of Auto Verified visits out of the Total Accepted Visits	N/A
GUI Count	Number of visits from the Total Accepted Visits where GUI was used as the Clock In Method or the Clock Out Method	EVV_INPUTMETHOD_IN EVV_INPUTMETHOD_OUT

EVV Clock In/Clock Out Report Fields	Field Description	Associated EVV Visit Transaction Field
% GUI	The percentage of GUI visits out of the Total Accepted Visits. GUI was entered as either the clock in method or the clock out method	N/A
Landline Count	Number of visits from the Total Accepted Visits where Landline was used as the Clock In Method or the Clock Out Method	EVV_INPUTMETHOD_IN EVV_INPUTMETHOD_OUT
% Landline	The percentage of Landline visits out of the Total Accepted Visits. Landline was entered as either the clock in method or the clock out method	N/A
Alternative Device Count	Number of visits from the Total Accepted Visits where Alternative Device was used as the Clock In Method or the Clock Out Method	EVV_INPUTMETHOD_IN EVV_INPUTMETHOD_OUT
% Alt Device	The percentage of Alternative Device visits out of the Total Accepted Visits. Alternative Device was entered as either the clock in method or the clock out method	N/A
Mobile Method Count	Number of visits from the Total Accepted Visits where Mobile Method was used as the Clock In Method or the Clock Out Method	EVV_INPUTMETHOD_IN EVV_INPUTMETHOD_OUT
% Mobile Method	The percentage of Mobile Method visits out of the Total Accepted Visits. Mobile Method was entered as either the clock in method or the clock out method	N/A

***Report Parameters***

<b>Report Frequency</b>	Ad-Hoc
<b>Report Format</b>	PDF and Excel
<b>Report Available To</b>	CDS Employer
<b>Sort Order</b>	N/A (Report Generated by TMHP)
<b>Default Filter (The system applies this filter)</b>	Only Accepted EVV Transactions, Submitting EVV System

***Report Generation Criteria \****

Field Name	Required/Optional
Texas EVV Attendant ID	Optional

Field Name	Required/Optional
Medicaid ID	Required and populated with all Medicaid Ids that are linked to the CDS Employer Profile. May only select one Medicaid Id.
Visit Begin Date	Required
Visit End Date	Required
Payer Name	Optional
Export Format	Required

***\*Details of the Field Length, Field Validations and Validation Error Message will be provided with the JSON***

## Standard Report Name: EVV Landline Phone Verification Report

### *Report Description*

This report shows the phone number, phone type and carrier used by a Service Attendant to clock-in or clock-out using the home landline electronic verification method. The report allows for monitoring of phone numbers, to identify the use of non-landline numbers. This report is native to the EVV system and must be created by the EVV Vendor.

### *Report Field Listing*

EVV Landline Phone Verification Report Fields	Field Description	Associated EVV Visit Transaction Field
Service Delivery Date Range (header)	Visit begin and end dates covered by the report.	N/A
Payer (header)	Name of the Payer, if the report is generated for one Payer, else "All".	INDVMBR_PAYOR
Provider (header)	NPI/API and legal name of the program provider or Financial Management Services Agency (FMSA), if the report is generated for one program provider or FMSA, else "All".	PROVIDER_NPI, PROVIDER_API, PROVIDER_LEGALNAME
CDS Employer (header)	CDS Employer Id and name, if the report is generated for one CDS Employer, else "All".	EMPLOYEE_CDSEMPLOYEREVID, EMPLOYEE_CDSEMPLOYERFIRSTNAME, EMPLOYEE_CDSEMPLOYERLASTNAME
Member ID	Member's Texas Medicaid Identification Number.	INDVMBR_MEDICAIDID
Member First Name	First Name of Member.	INDVMBR_FIRSTNAME
Member Last Name	Last Name of Member.	INDVMBR_LASTNAME
Phone Number	Phone number that was used to clock in or clock out via IVR for a visit (listed only once for a Member during a calendar month, regardless of the number of times the number was used for that Member during the month).	EVV_PHONE
Listed Phone Type	Phone type of the phone number (such as Landline, Mobile, Fixed VoIP, Non-Fixed VoIP, etc.) from a 3rd party validation service.	N/A
Listed Carrier	Registered carrier for the phone number such as AT&T, Verizon, etc., per 3rd party validation.	N/A
Month	The calendar month and year during which the phone number was used.	N/A
NPI/API	NPI or API of the program provider or FMSA.	PROVIDER_NPI PROVIDER_API
Provider Name	Legal name of the program provider or FMSA.	PROVIDER_LEGALNAME

EVV Landline Phone Verification Report Fields	Field Description	Associated EVV Visit Transaction Field
Payer (detail)	HHSC (Acute Care), LTC (Fee For Service Long Term Care) or name of MCO, as identified on the visit transaction.	INDVMBR_PAYOR

### Report Parameters

<b>Report Frequency</b>	Ad-Hoc
<b>Report Format</b>	PDF and Excel
<b>Report Available To</b>	CDS Employer, Program Provider or FMSA, MCO, HHSC
<b>Sort Order</b>	Member ID, Phone Number, Month
<b>Default Filter (The system applies this filter)</b>	Only Accepted EVV Transactions

### Report Generation Criteria

Field Name	Required/Optional
CDS Employer ID	<p><i>When logged in user is a CDS Employer:</i> Required and populated with the CDS Employer Id that is associated with the user.</p> <p><i>When logged in user is from a Program Provider or FMSA:</i> Optional (but restricted to CDS Employer Ids that are associated with the Program Provider or FMSA).</p> <p><i>When logged in user is from an MCO:</i> Optional (but restricted to CDS Employer Ids that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i> Optional</p>
NPI/API	<p><i>When logged in user is a CDS Employer:</i> N/A</p> <p><i>When logged in user is from a Program Provider or FMSA:</i> Required and restricted to the NPIs/APIs that are associated with the Program Provider or FMSA.</p> <p><i>When logged in user is from an MCO:</i> Optional (but restricted to NPIs/APIs that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i> Optional</p>

Field Name	Required/Optional
Payer Name	<p><i>When logged in user is a CDS Employer:</i>  Optional (but restricted to Payers that are associated with Member Ids that are associated with the CDS Employer).</p> <p><i>When logged in user is from a Program Provider or FMSA:</i>  Optional (but restricted to Payers that are associated with Member Ids that are associated with the Program Provider or FMSA).</p> <p><i>When logged in user is from an MCO:</i>  Required and populated with the Payer Name that is associated with the MCO.</p> <p><i>When logged in user is from HHSC (or its designee):</i>  Optional</p>
Visit Begin Date	Required
Visit End Date	Required

## Standard Report Name: EVV Reason Code Usage and Free Text Report

### *Report Description*

This report shows the count of Reason Code number and description combinations and associated free text/comments used on accepted EVV Visit Transactions for a Member and requested date range. The report will be requested through, and the results displayed in, the EVV System, using the EVV Standard System Reports web service provided by TMHP.

### *Report Field Listing*

EVV Reason Code Usage and Free Text Report Fields	Field Description	Associated EVV Visit Transaction Field
Reason Code Summary Section	This report section shows a summary of the reason code counts by Payer	
Reason Code Number	The Texas EVV Reason Code Number	EVV_REASONCODE1 EVV_REASONCODE2 ... EVV_REASONCODE10
Reason Code	The Texas EVV Reason Code	Reference HHSC EVV Reason Codes on the HHSC EVV website.
Reason Code Description	The Texas EVV Reason Code Description	EVV_REASONCODE1DESC EVV_REASONCODE2DESC ... EVV_REASONCODE10DESC
Count	The count of each reason code, reason code number, and reason code description for accepted EVV Visit transactions during the time period selected	N/A
Summary of Reason Codes by Provider Identifiers	This report section shows a summary of the reason code counts by Provider	
Provider Name	The legal name of the program provider or Financial Management Services Agency (FMSA)	PROVIDER_LEGALNAME
NPI/API	The NPI or API of the program provider or FMSA who provided EVV services	PROVIDER_NPI PROVIDER_API
TIN	The Tax Identification Number for the provider or FMSA	PROVIDER_TIN
Provider Number	The Long-Term Care (LTC) provider number if applicable	PROVIDER_CONTRACTNUMBER
TPI	The Texas Provider Identifier if applicable	PROVIDER_TPI
EVV System	Name of the EVV System	EVV_VENDORID



EVV Reason Code Usage and Free Text Report Fields	Field Description	Associated EVV Visit Transaction Field
Reason Code Number	The Texas EVV Reason Code Number	EVV_REASONCODE1 EVV_REASONCODE2 ... EVV_REASONCODE10
Reason Code	The Texas EVV Reason Code	Reference HHSC EVV Reason Codes on the HHSC EVV website.
Reason Code Description	The Texas EVV Reason Code Description	EVV_REASONCODE1DESC EVV_REASONCODE2DESC ... EVV_REASONCODE10DESC
Count	The count of each reason code, reason code number, and reason code description for accepted EVV Visit transactions during the time period selected	N/A
Reason Codes/Free Text Details for Provider Identifiers by Medicaid ID	This report section shows a listing of the reason codes used by visit with the associated reason code free text description	
Provider Name	The legal name of the program provider or Financial Management Services Agency (FMSA)	PROVIDER_LEGALNAME
NPI/API	The NPI or API of the program provider or FMSA who provided EVV services	PROVIDER_NPI PROVIDER_API
TIN	The Tax Identification Number for the provider or FMSA	PROVIDER_TIN
Provider Number	The Long-Term Care (LTC) provider number if applicable	PROVIDER_CONTRACTNUMBER
TPI	The Texas Provider Identifier if applicable	PROVIDER_TPI
Medicaid ID	Member's Medicaid Identification Number	INDVMBR_MEDICAIDID
Individual Last Name	Last Name of Member	INDVMBR_LASTNAME
Individual First Name	First Name of Member	INDVMBR_FIRSTNAME
EVV System	Name of the Proprietary System Operator	EVV_VENDORID
Reason Code Number	The Texas EVV Reason Code Number	EVV_REASONCODE1 EVV_REASONCODE2 ... EVV_REASONCODE10
Reason Code	The Texas EVV Reason Code	Reference HHSC EVV Reason Codes on the HHSC EVV website.

EVV Reason Code Usage and Free Text Report Fields	Field Description	Associated EVV Visit Transaction Field
Reason Code Description	The Texas EVV Reason Code Description	EVV_REASONCODE1DESC EVV_REASONCODE2DESC ... EVV_REASONCODE10DESC
Count	The count of each reason code, reason code number, and reason code description for accepted EVV Visit transactions during the time period selected	N/A
Visit Date	The date the EVV service occurred	EVV_VISITDATE
Visit ID	A unique ID number assigned to the EVV visit transaction by the EVV system	VISIT_VISITID
Actual Call In	The time the attendant electronically clocked in when service delivery began: HH:MM AM/PM Null for manually entered (GUI) visits.	EVV_CALLINTIME
Actual Call Out	The time the attendant electronically clocked out when service delivery ended: HH:MM AM/PM Null for manually entered (GUI) visits.	EVV_CALLOUTTIME
Reason Code Number	The Texas EVV Reason Code Number	EVV_REASONCODE1 EVV_REASONCODE2 ... EVV_REASONCODE10
Reason Code	The Texas EVV Reason Code	Reference HHSC EVV Reason Codes on the HHSC EVV website.
Reason Code Description	The Texas EVV Reason Code Description	EVV_REASONCODE1DESC EVV_REASONCODE2DESC ... EVV_REASONCODE10DESC
Reason Code Free Text Description	The free text manually entered for the specific visit	EVV_REASONCODE1COMMENT EVV_REASONCODE2COMMENT ... EVV_REASONCODE10COMMENT

### *Report Parameters*

<b>Report Frequency</b>	Ad-Hoc
<b>Report Format</b>	PDF and Excel
<b>Report Available To</b>	CDS Employer
<b>Sort Order</b>	N/A (Report Generated by TMHP)
<b>Default Filter (The system applies this filter)</b>	Only Accepted EVV Transactions, Submitting EVV System

***Report Generation Criteria \****

Field Name	Required/Optional
Year	Required
Monthly Range	Required
Medicaid ID	Required and populated with all Medicaid Ids that are linked to the CDS Employer Profile. May only select one Medicaid Id.
Payer Name	Optional
Export Format	Required

***\*Details of the Field Length, Field Validations and Validation Error Message will be provided with the JSON***

## Standard Report Name: EVV Service Delivery Exception Report

### *Report Description*

This report shows the number of visits that varied from the schedule or authorization, as well as the number of visits that were not approved, for a requested date range. This Report must include the following data points at a minimum:

- Service scheduled but not performed
- Service performed but not scheduled
- Service performed but not authorized
- Service authorized but not performed
- Service performed but not approved/confirmed

This data must include services regardless of service delivery locations (home or community location, and GPS coordinates when the mobile method is used to clock in/out). This report is native to the EVV system and must be created by the EVV Vendor.

### *Report Field Listing*

EVV Service Delivery Exception Report Fields	Field Description	Associated EVV Visit Transaction Field
Service Delivery Date Range (header)	Visit begin and end dates covered by the report. The report must accommodate a Service Delivery Date Range of at least four months.	N/A
Payer (header)	Name of the Payer, if the report is generated for one Payer, else "All".	INDVMBR_PAYOR
Provider (header)	NPI/API and legal name of the program provider or Financial Management Services Agency (FMSA), if the report is generated for one program provider or FMSA, else "All".	PROVIDER_NPI, PROVIDER_API, PROVIDER_LEGALNAME
CDS Employer (header)	CDS Employer Id and name, if the report is generated for one CDS Employer, else "All".	EMPLOYEE_CDSEMPLOYEREVID, EMPLOYEE_CDSEMPLOYERFIRSTNAME, EMPLOYEE_CDSEMPLOYERLASTNAME
Generated Date (header)	The date the report was generated by the EVV System.	N/A
Service scheduled but not performed	The count of service delivery exceptions where the service was scheduled but not performed during each calendar month included in the service delivery date range. <ul style="list-style-type: none"> <li>• Daily Fixed Schedule Criteria: No visit exists matching the Schedule for Member, Service Provider, Service, Date, and Time In and Time Out</li> </ul>	N/A

EVV Service Delivery Exception Report Fields	Field Description	Associated EVV Visit Transaction Field
	<ul style="list-style-type: none"> <li>Daily Variable Schedule Criteria: No visit exists matching the Schedule for Member, Service Provider, Service, Date, and Duration</li> <li>Weekly Variable Schedule Criteria: No visit exists matching the Schedule for Member, Service Provider, Service, and Date within the Weekly Schedule Begin and End Date range.</li> </ul>	
Service performed but not scheduled	The count of service delivery exceptions where the service was performed but not scheduled during each calendar month included in the service delivery date range.	N/A
Service performed but not authorized	The count of service delivery exceptions where the service was performed but not authorized during each calendar month included in the service delivery date range.	N/A
Service authorized but not performed	The count of service delivery exceptions where the service was authorized but not performed during each calendar month included in the service delivery date range.	N/A
Service performed but not approved/confirmed	The count of service delivery exceptions where the service was performed but not approved/confirmed during each calendar month included in the service delivery date range.	N/A
Total	The count of services listed in each service row of the report.	N/A

### Report Parameters

<b>Report Frequency</b>	Ad-Hoc
<b>Report Format</b>	PDF and Excel
<b>Report Available To</b>	CDS Employer, Program Provider or FMSA, MCO, HHSC
<b>Sort Order</b>	N/A
<b>Default Filter (The system applies this filter)</b>	N/A

### Report Generation Criteria

Field Name	Required/Optional
CDS Employer ID	When logged in user is a CDS Employer:

Field Name	Required/Optional
	<p>Required and populated with the CDS Employer Id that is associated with the user.</p> <p><i>When logged in user is from a Program Provider or FMSA:</i>  Optional (but restricted to CDS Employer Ids that are associated with the Program Provider or FMSA).</p> <p><i>When logged in user is from an MCO:</i>  Optional (but restricted to CDS Employer Ids that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i>  Optional</p>
NPI/API	<p><i>When logged in user is a CDS Employer:</i>  N/A</p> <p><i>When logged in user is from a Program Provider or FMSA:</i>  Required and restricted to the NPIs/APIs that are associated with the Program Provider or FMSA.</p> <p><i>When logged in user is from an MCO:</i>  Optional (but restricted to NPIs/APIs that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i>  Optional</p>
Payer Name	<p><i>When logged in user is a CDS Employer:</i>  Optional (but restricted to Payers that are associated with Member Ids that are associated with the CDS Employer).</p> <p><i>When logged in user is from a Program Provider or FMSA:</i>  Optional (but restricted to Payers that are associated with Member Ids that are associated with the Program Provider or FMSA).</p> <p><i>When logged in user is from an MCO:</i>  Required and populated with the Payer Name that is associated with the MCO.</p> <p><i>When logged in user is from HHSC (or its designee):</i>  Optional</p>
Visit Begin Date	Required
Visit End Date	Required

## Standard Report Name: EVV Units of Service Summary

### *Report Description*

This report displays a calendar view summary at the service level of the number of units delivered each day on accepted EVV Visit Transactions for a Member and requested date range. The report will be requested through, and the results displayed in, the EVV System, using the EVV Standard System Reports web service provided by TMHP.

### *Report Field Listing*

EVV Units of Service Summary Report Fields	Field Description	Associated EVV Visit Transaction Field
EVV Units of Service Summary	This report shows the summary information,	
Provider Legal Name	The legal name of the program provider or Financial Management Services Agency (FMSA)	PROVIDER_LEGALNAME
Provider DBA	Provider Doing Business As Name	PROVIDER_DBA
NPI/API	The NPI or API of the program provider or FMSA who provided EVV services	PROVIDER_NPI PROVIDER_API
TIN	The Tax Identification Number for the program provider or FMSA	PROVIDER_TIN
Provider Number	The Long-Term Care (LTC) provider number if applicable	PROVIDER_CONTRACTNUMBER
Member Medicaid ID	Member's Medicaid Identification Number	INDVMBR_MEDICAIDID
Individual Last Name	Last Name of Member	INDVMBR_LASTNAME
Individual First Name	First Name of Member	INDVMBR_FIRSTNAME
Payer	HHSC or name of MCO associated with the payer identifier submitted on visit transaction	INDVMBR_PAYOR (This field contains a 3-4 character identifier associated to a payer, the payer name should be displayed on the report)
Total Units Verified on Report	Blank field used by HHSC Contract Monitoring	N/A
Total Units Authorized on Report	Blank field used by HHSC Contract Monitoring	N/A
Total Units Eligible for Payment on Report	Blank field used by HHSC Contract Monitoring	N/A
Total Units Paid on Report	Blank field used by HHSC Contract Monitoring	N/A
Total Units Disallowed on Report	Blank field used by HHSC Contract Monitoring	N/A

EVV Units of Service Summary Report Fields	Field Description	Associated EVV Visit Transaction Field
Service Group	A code that identifies the LTC program when applicable	VISIT_SVCGRP
Service Code	A code that identifies the service provided	EVV_SVCCODE
HCPCS	Identifies the service provided	EVV_HCPCS_CODE
Modifier(s)	The modifier associated with the HCPCS for the service if applicable	EVV_MODIFIER
EVV Units of Service by Month	This report section shows the daily, weekly, and monthly totals of service unit's delivery for a specific Medicaid ID.	
Month/Year	The name of the month and the year in long date format for the report	N/A
Priority Status	Blank field used by HHSC Contract Monitoring	N/A
Non Priority Status	Blank field used by HHSC Contract Monitoring	N/A
Fixed Schedule	Blank field used by HHSC Contract Monitoring	N/A
Variable Schedule	Blank field used by HHSC Contract Monitoring	N/A
SUN	The date for the month with the daily count of EVV service units delivered for the specific Medicaid ID for that day. The field is repeated for each week of the month.	EVV_UNITS (sum of all units for all visits on the day for the above criteria)
MON	The date for the month with the daily count of EVV service units delivered for the specific Medicaid ID for that day. The field is repeated for each week of the month.	EVV_UNITS (sum of all units for all visits on the day for the above criteria)
TUE	The date for the month with the daily count of EVV service units delivered for the specific Medicaid ID for that day. The field is repeated for each week of the month.	EVV_UNITS (sum of all units for all visits on the day for the above criteria)
WED	The date for the month with the daily count of EVV service units delivered for the specific Medicaid ID for that day. The field is repeated for each week of the month.	EVV_UNITS (sum of all units for all visits on the day for the above criteria)
THU	The date for the month with the daily count of EVV service units delivered for the specific Medicaid ID for that day. The field is repeated for each week of the month.	EVV_UNITS (sum of all units for all visits on the day for the above criteria)
FRI	The date for the month with the daily count of EVV service units delivered for the specific Medicaid ID for that day. The field is repeated for each week of the month.	EVV_UNITS (sum of all units for all visits on the day for the above criteria)
SAT	The date for the month with the daily count of EVV service units delivered for the specific	EVV_UNITS (sum of all units for all visits on the day for the above criteria)



EVV Units of Service Summary Report Fields	Field Description	Associated EVV Visit Transaction Field
	Medicaid ID for that day. The field is repeated for each week of the month.	
A. Units Verified	Sum of the EVV Service units for each week	N/A
B. Authorized Weekly Units	Blank field used by HHSC Contract Monitoring	N/A
C. Lesser Amt = Verified Units	Blank field used by HHSC Contract Monitoring	N/A
D. Units Paid	Blank field used by HHSC Contract Monitoring	N/A
E. Units Disallowed	Blank field used by HHSC Contract Monitoring	N/A
F. Service Interrupt (Y/N)	Blank field used by HHSC Contract Monitoring	N/A
Sum of Units Verified for the Month Reviewed	Sum of the EVV Service units for the month	N/A
Notes	Blank field used by HHSC Contract Monitoring	N/A

### Report Parameters

<b>Report Frequency</b>	Ad-Hoc
<b>Report Format</b>	PDF
<b>Report Available To</b>	CDS Employer
<b>Sort Order</b>	N/A (Report Generated by TMHP)
<b>Default Filter (The system applies this filter)</b>	Only Accepted EVV Transactions, Submitting EVV System

### Report Generation Criteria \*

Field Name	Required/Optional
Visit Begin Date	Required
Visit End Date	Required
Medicaid ID	Required and populated with all Medicaid Ids that are linked to the CDS Employer Profile. May only select one Medicaid Id.
Payer Name	Optional
Export Format	Required

**\*Details of the Field Length, Field Validations and Validation Error Message will be provided with the JSON**

## Standard Report Name: Non-EVV Relevant Time Logged Report

### *Report Description*

This report shows time that was spent on non-EVV services between clock in and clock out for a requested date range. This report is native to the EVV system and must be created by the EVV Vendor.

### *Report Field Listing*

Non-EVV Relevant Time Logged Report Fields	Field Description	Associated EVV Visit Transaction Field
Service Delivery Date Range (header)	Visit begin and end dates covered by the report.	N/A
Provider (header)	NPI/API and legal name of the program provider or Financial Management Services Agency (FMSA), if the report is generated for one program provider or FMSA, else "All".	PROVIDER_NPI, PROVIDER_API, PROVIDER_LEGALNAME
CDS Employer (header)	CDS Employer Id and name, if the report is generated for one CDS Employer, else "All".	EMPLOYEE_CDSEMPLOYEREVID, EMPLOYEE_CDSEMPLOYERFIRSTNAME, EMPLOYEE_CDSEMPLOYERLASTNAME
Member (header)	Member Id and name, if the report is generated for one Member, else "All".	INDVMBR_MEDICAIDID, INDVMBR_FIRSTNAME, INDVMBR_LASTNAME
Provider Legal Name	Legal name of the program provider or Financial Management Services Agency (FMSA).	PROVIDER_LEGALNAME
Provider DBA Name	Doing Business As name of the program provider or FMSA.	PROVIDER_DBA
NPI/API	NPI or API of the program provider or FMSA.	PROVIDER_NPI PROVIDER_API
TIN	Tax Identification Number of the program provider or FMSA.	PROVIDER_TIN
Location	Location of the program provider or FMSA, as documented in the EVV System.	N/A
Region	HHSC Region of the program provider or FMSA, as documented in the EVV System.	N/A
SDA	Managed Care Service Delivery Area of the program provider or FMSA, as documented in the EVV System.	N/A
Contract Number	Long-Term Care (LTC) provider number, if applicable.	PROVIDER_CONTRACTNUMBER

Member ID	Member's Texas Medicaid Identification Number.	INDVMBR_MEDICAIDID
Member First Name	First Name of the Member.	INDVMBR_FIRSTNAME
Member Last Name	Last Name of the Member.	INDVMBR_LASTNAME
Texas EVV Attendant ID	Last four digits of the employee's social security number or passport number and last name of the person providing EVV services.	EMPLOYEE_SOCSEC_VISA_PASSPORT
Service Attendant First Name	First name of the person providing EVV services.	EMPLOYEE_FIRSTNAME
Service Attendant Last Name	Last name of the person providing EVV services.	EMPLOYEE_LASTNAME
Visit ID	Unique ID number assigned to the EVV visit transaction by the EVV System.	VISIT_VISITID
Visit Date	The date of the EVV service delivery during which the Non-EVV relevant service occurred (in MM/DD/YYYY format).	EVV_VISITDATE
Non-EVV Relevant Hours	Number of hours identified as Non-EVV Relevant by the Service Attendant during the EVV service delivery (in n.nn format).	N/A
Service Attendant Total Non-EVV Relevant Hours	Calculated sum of the non-EVV relevant hours worked by the Service Attendant during the period.	N/A
Member Total Non-EVV Relevant Hours	Calculated sum of the non-EVV relevant hours worked by all Service Attendants providing non-EVV relevant services to the Member during the period.	N/A

### *Report Parameters*

<b>Report Frequency</b>	Ad-Hoc
<b>Report Format</b>	PDF and Excel
<b>Report Available To</b>	CDS Employer, Program Provider or FMSA, MCO, HHSC
<b>Sort Order</b>	Member ID, Texas EVV Attendant ID, Visit ID
<b>Default Filter (The system applies this filter)</b>	N/A

### *Report Generation Criteria*

Field Name	Required/Optional
CDS Employer ID	<i>When logged in user is a CDS Employer:</i>

Field Name	Required/Optional
	<p>Required and populated with the CDS Employer Id that is associated with the user.</p> <p><i>When logged in user is from a Program Provider or FMSA:</i>  Optional (but restricted to CDS Employer Ids that are associated with the Program Provider or FMSA).</p> <p><i>When logged in user is from an MCO:</i>  Optional (but restricted to CDS Employer Ids that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i>  Optional</p>
Member ID	<p><i>When logged in user is a CDS Employer:</i>  Optional (but restricted to the Member Ids that are associated with the CDS Employer).</p> <p><i>When logged in user is from a Program Provider or FMSA:</i>  Optional (but restricted to Member Ids that are associated with the Program Provider or FMSA).</p> <p><i>When logged in user is from an MCO:</i>  Optional (but restricted to Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i>  Optional</p>
NPI/API	<p><i>When logged in user is a CDS Employer:</i>  N/A</p> <p><i>When logged in user is from a Program Provider or FMSA:</i>  Required and restricted to the NPIs/APIs that are associated with the Program Provider or FMSA.</p> <p><i>When logged in user is from an MCO:</i>  Optional (but restricted to NPIs/APIs that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i>  Optional</p>
Visit Begin Date	Required
Visit End Date	Required

## Standard Report Name: EVV Alternative Device Order Status Report

### *Report Description*

This report is used to verify that Alternative Devices have been ordered by the program provider, CDS Employer, or Financial Management Services Agency (FMSA) on behalf of the CDS Employer, and to track the status of those orders. This report is native to the EVV system and must be created by the EVV Vendor. This report is not required for PSOs.

### *Report Field Listing*

Report Fields	Field Description	Associated EVV Visit Transaction Field
Date Range (header)	Begin and end dates covered by the report, taking <b>all date fields</b> into account (AD Ordered Date, AD First Used Date, AD Returned Date, etc.). If one or more dates for an AD are covered, that AD is included in the report.	N/A
Payer (header)	Name of the Payer, if the report is generated for one Payer, else "All".	INDVMBR_PAYOR
TIN (header)	TIN of the program provider or FMSA, if the report is generated for one TIN, else "All".	PROVIDER_TIN
Provider (header)	NPI/API and legal name of the program provider or FMSA, if the report is generated for one program provider or FMSA, else "All".	PROVIDER_NPI, PROVIDER_API, PROVIDER_LEGALNAME
Contract (header)	HHSC Contract Number of the program provider or FMSA, if the report is generated for one Contract Number, else "All".	PROVIDER_CONTRACTNUMBER
CDS Employer (header)	CDS Employer Id and name, if the report is generated for one CDS Employer, else "All".	EMPLOYEE_CDSEMPLOYEREVID, EMPLOYEE_CDSEMPLOYERFIRSTNAME, EMPLOYEE_CDSEMPLOYERLASTNAME
Member (header)	Member Id and name, if the report is generated for one Member, else "All".	INDVMBR_MEDICAIDID, INDVMBR_FIRSTNAME, INDVMBR_LASTNAME
AD ID (header)	The serial number or device identifier for the Alternative Device, if the report is generated for one Alternative Device, else "All".	EVV_ALTERNATIVEDEVICEID
Provider Legal Name	The legal name of the program provider or FMSA.	PROVIDER_LEGALNAME
Provider DBA Name	Program provider or FMSA Doing Business As name. This is a name that a person or business uses, other than their official name, in order to transact business.	PROVIDER_DBA

Report Fields	Field Description	Associated EVV Visit Transaction Field
NPI/API	The NPI or API of the program provider or FMSA who provided EVV services. A Health Insurance Portability and Accountability Act (HIPAA) mandated unique identifier assigned by the Centers for Medicare and Medicaid Services (CMS) to a program provider or FMSA.	PROVIDER_NPI PROVIDER_API
TIN (detail)	A unique identifier assigned by the Social Security Administration or Internal Revenue Service (IRS) to a program provider or FMSA for tax purposes.	PROVIDER_TIN
Location	Location of the program provider or FMSA, as documented in the EVV System.	N/A
Region	HHSC Region of the program provider or FMSA, as documented in the EVV System.	N/A
SDA	Managed Care Service Delivery Area of the program provider or FMSA, as documented in the EVV System.	N/A
Contract Number	A unique number assigned by HHSC when a program provider or FMSA contracts directly with HHSC to provide Long Term Services and Supports (aka Long-Term Care) program services.	PROVIDER_CONTRACTNUMBER
Member ID	The Member's Texas Medicaid identification number.	INDVMBR_MEDICAIDID
Member First Name	The first name of the person receiving services.	INDVMBR_FIRSTNAME
Member Last Name	The last name of the person receiving services.	INDVMBR_LASTNAME
AD ID (detail)	The serial number or device identifier for an Alternative Device.	EVV_ALTERNATIVEDEVICEID
AD Status	The status of the Alternative Device (Active or Inactive).	N/A
AD Ordered Date	The date when the Alternative Device was ordered.	N/A
AD Assigned Date	The date when the Alternative Device was assigned by the Vendor.	N/A
AD Shipped Date	The date when the Alternative Device was shipped. Will be blank if the Alternative Device was picked up in person (not shipped).	N/A
Shipping Carrier	Shipping Carrier used to ship the Alternative Device to the program provider or FMSA. Will be "in Person" if the Alternative Device was picked up in person (not shipped).	N/A
Tracking Number	Tracking number associated to the Alternative Device shipment. Will be blank if the Alternative Device was picked up in person (not shipped).	N/A
AD Received Date	The date when the Alternative Device was received.	N/A

Report Fields	Field Description	Associated EVV Visit Transaction Field
AD First Used Date	The date when the Alternative Device was first used.	N/A
AD Last Used Date	The date when the Alternative Device was last used.	N/A
AD Unassigned Date	The date when the Alternative Device was relinquished by the assigned Member and made available for assignment to, and use by, another Member.	N/A
AD Deactivated Date	The date when the Alternative Device was deactivated.	N/A
AD Returned Date	The date when the Alternative Device was returned to the Vendor.	N/A
AD Returned Reason	The reason Alternative Device was return (Broken, Lost, Malfunctioning, etc.).	N/A

### *Report Parameters*

<b>Report Frequency</b>	Ad-Hoc
<b>Report Format</b>	PDF and Excel
<b>Report Available To</b>	CDS Employer, Program Provider or FMSA, MCO, HHSC
<b>Sort Order</b>	TIN, NPI/API, Contract Number, Member ID, AD Ordered Date
<b>Default Filter (The system applies this filter)</b>	N/A

### *Report Generation Criteria*

Field Name	Required/Optional
CDS Employer ID	<p><i>When logged in user is a CDS Employer:</i> Required and populated with the CDS Employer Id that is associated with the user.</p> <p><i>When logged in user is from a Program Provider or FMSA:</i> Optional (but restricted to CDS Employer Ids that are associated with the Program Provider or FMSA).</p> <p><i>When logged in user is from an MCO:</i> Optional (but restricted to CDS Employer Ids that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i> Optional</p>
Member ID	<p><i>When logged in user is a CDS Employer:</i> Optional (but restricted to the Member Ids that are associated with the CDS Employer).</p>

Field Name	Required/Optional
	<p><i>When logged in user is from a Program Provider or FMSA:</i> Optional (but restricted to Member Ids that are associated with the Program Provider or FMSA).</p> <p><i>When logged in user is from an MCO:</i> Optional (but restricted to Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i> Optional</p>
AD ID	<p><i>When logged in user is a CDS Employer:</i> Optional (but restricted to the AD Ids that are associated with the CDS Employer).</p> <p><i>When logged in user is from a Program Provider or FMSA:</i> Optional (but restricted to AD Ids that are associated with the Program Provider or FMSA).</p> <p><i>When logged in user is from an MCO:</i> Optional (but restricted to AD Ids that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i> Optional</p>
NPI/API	<p><i>When logged in user is a CDS Employer:</i> N/A</p> <p><i>When logged in user is from a Program Provider or FMSA:</i> Required and restricted to the NPIs/APIs that are associated with the Program Provider or FMSA.</p> <p><i>When logged in user is from an MCO:</i> Optional (but restricted to NPIs/APIs that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i> Optional</p> <p>Note: Each NPI/API starts a new report page.</p>
Contract Number	<p><i>When logged in user is a CDS Employer:</i> N/A</p> <p><i>When logged in user is from a Program Provider or FMSA:</i> Required and restricted to Contract Numbers that are associated with the Program Provider or FMSA.</p>



Field Name	Required/Optional
	<p><i>When logged in user is from an MCO:</i>  Optional (but restricted to Contract Numbers that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i>  Optional</p>
TIN	<p><i>When logged in user is a CDS Employer:</i>  N/A</p> <p><i>When logged in user is from a Program Provider or FMSA:</i>  Required and restricted to the TINs that are associated with the Program Provider or FMSA.</p> <p><i>When logged in user is from an MCO:</i>  Optional (but restricted to TINs that are associated with Member Ids for which the MCO is the payer).</p> <p><i>When logged in user is from HHSC (or its designee):</i>  Optional</p>
Payer Name	<p><i>When Logged in user is a CDS Employer:</i>  Optional (but restricted to Payers that are associated with Member Ids that are associated with the CDS Employer).</p> <p><i>When logged in user is from a Program Provider or FMSA:</i>  Optional (but restricted to Payers that are associated with Member Ids that are associated with the Program Provider or FMSA).</p> <p><i>When logged in user is from an MCO:</i>  Required and populated with the Payer Name that is associated with the MCO.</p> <p><i>When logged in user is from HHSC (or its designee):</i>  Optional</p>
Begin Date	Required
End Date	Required

## Standard Report Name: Monthly Performance Report

### *Report Description*

This report is used to verify the Call Center metrics, Email Correspondence metrics, System Deficiency summary and Issues/Complaints metrics. This report is native to the EVV system and must be created by the EVV Vendor. This report is not required for PSOs.

*\*TMHP will store the Monthly Performance Report Template in a SharePoint repository, where other technical report documentations are stored. This Report will be shared to the Vendors, when there is a HHSC directed change to the Monthly Performance Report layout.*

## Standard Report Name: EVV CDS Employer Usage Report

### *Report Description*

This report shows the EVV usage score calculations for CDS Employers based on the percentage of total electronic EVV Visit Transactions and the total accepted EVV Visit Transactions for a Member and requested date range.

The report will be requested through, and the results displayed in, the EVV System using the EVV Standard System Reports web service provided by TMHP.

### *Report Field Listing*

Report Fields	Field Description	Associated EVV Visit Transaction Field
Payer	HHSC or name of MCO associated with the payer identifier submitted on visit transaction	INDVMBR_PAYOR (This field contains a 3–4-character identifier associated to a payer; the payer name should be displayed on the report)
EVV System	Name of the EVV System	EVV_VENDOR_ID
CDS Employer Name	CDS Employer Name	CDS_EMPLOYER_LAST_NAME CDS_EMPLOYER_FIRST_NAME
FMSA Name	The legal name of the program provider or Financial Management Services Agency (FMSA)	PROVIDER_LEGAL_NAME
Service Delivery Option	Agency: services are managed by a program provider CDS: services are self-directed	N/A
NPI/API	The NPI or API of the program provider or FMSA who provided EVV services	PROVIDER_NPI PROVIDER_API
Medicaid ID	Member's Medicaid Identification Number	INDV_MBR_MEDICAID_ID
EVV Usage Score	EVV usage score calculations for CDS Employers based on the percentage of total electronic EVV Visit Transactions and the total accepted EVV Visit Transactions for a Member For CDS Employers: Total Electronic EVV Visit Transactions / Total Accepted EVV Visit Transactions	N/A
Total Accepted Visit Transactions	Total Accepted EVV Visit Transactions	N/A

Report Fields	Field Description	Associated EVV Visit Transaction Field
Total Manual Visit Transactions	Total Manual EVV Visit Transactions	N/A
Total Electronic Visit Transactions	Total Electronic EVV Visit Transactions	N/A
EVV Implementation Group	Category identifying when an EVV service implemented in production to allow report to be filtered by: <ul style="list-style-type: none"> <li>State-Required Personal Care Services</li> <li>CURES Act Personal Care Services (2021)</li> </ul>	N/A

### Report Parameters

<b>Report Frequency</b>	Ad-Hoc
<b>Report Format</b>	PDF, Excel and CSV
<b>Report Available To</b>	CDS Employer
<b>Sort Order</b>	N/A
<b>Default Filter (The system applies this filter)</b>	N/A

### Report Generation Criteria \*

Field Name	Required/Optional
Fiscal Year	Required
Quarter	Required when Month is blank
Month	Required when Quarter is blank
Medicaid ID	Required
Payer Name	Optional
EVV Implementation Group	Optional
Export Format	Required

**\*Details of the Field Length, Field Validations and Validation Error Message will be provided with the JSON**

**Revision History**

Version	Date	Description
1.0	09/18/2020	Published with PSO v1.1 and EVV Vendor v8.0 Business Rules
2.0	02/25/2022	Published with PSO v2.0 and EVV Vendor v9.0 Business Rules Combined Standard System Reports List and Reports Specifications into one appendix, Inserted Required Export Format parameter for Web Service reports, Inserted CDS Employer Usage Report specifications Clarified field descriptions for manual entry Inserted Report Source column to clarify which reports are Native to EVV System and which are sourced from TMHP EVV Standard System Reports Web Service