Section 1.

List of Standard Reports

| Report Name	Description	Frequency
EVV Attendant History Report	This report shows the 'Service Attendants' identified on accepted 'EVV Visit Transactions' that delivered services to a 'Member' for a requested date range.	On demand
EVV CDS Service Delivery Log	This report shows 'EVV Visit Transactions' for visits for a requested date range. The current CDS Delivery Log (HHS Form 1745) can be found at the link below: https://hhs.texas.gov/laws-regulations/forms/10001999/form-1745-service-delivery-log-writtennarrativewritten-summary	On demand
EVV Clock-In/Clock-Out Usage Report	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.	On demand
EVV Landline Phone Verification Report	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.	Monthly
EVV Reason Code Usage and Free Text Report	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.	On demand
EVV Units of Service Summary	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.	On demand
Non-EVV Relevant Time Report	This report shows time that was spent on non-EVV services between clock-in and clock-out for a requested date range. Note: This report is optional, provided at the discretion of the 'Proprietary System Operator', but must comply with 'Accenture/TMHP' report specifications if the report is provided.	On demand

Report Name	Description	Frequency
EVV Service Delivery Exception Report	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 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).	On demand

Revision History

Version	Date MM/DD/YYYY	Name	Description
1.0	01/31/2020	Accenture/TMHP	Original Document
2.0	06/25/2020	Accenture/TMHP	Non-EVV Relevant Timed Report was marked optional by HHSC

Section 2.

Technical Report Specifications
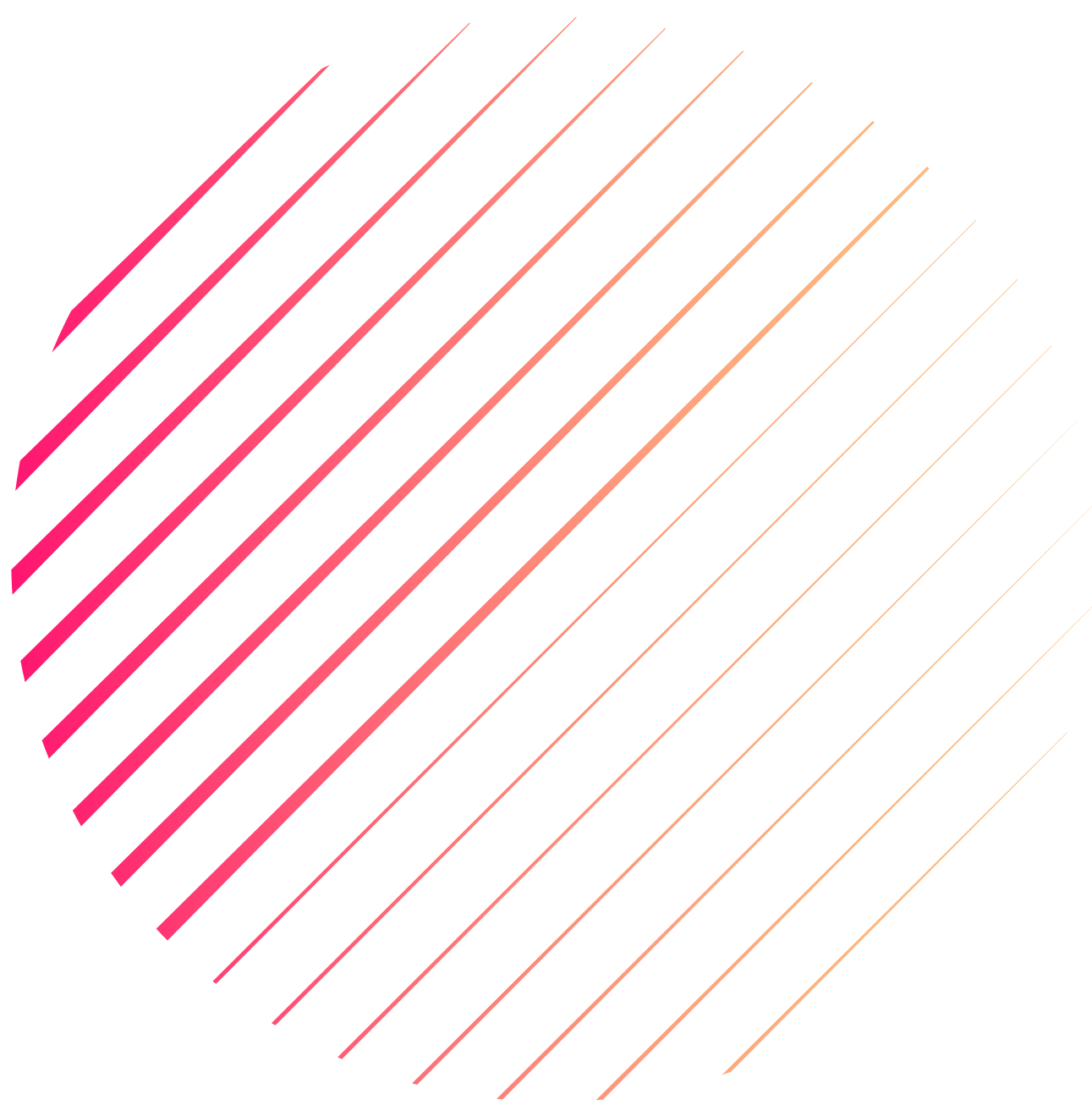
HHSC Electronic Visit Verification (EVV) Proprietary System Operator Technical Documentation
PSO EVV Standard Report Specifications
Effective 5/11/2020

Each Proprietary System Operator (PSO) will be required to provide all of the EVV Standard System Reports as listed in the HHSC EVV Business Rules for Proprietary Systems. This document contains specifications for each report. Some reports will be generated using a web service provided by TMHP, as indicated in the Report Description. Other reports are native to the EVV system and must be created by the PSO. Sample reports can be provided upon request. All standard system reports must comply with these report specifications at a minimum.

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 though, 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
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

Report Fields	Field Description	Associated EVV Visit Transaction Field
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
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 actually clocked in when service delivery began: HH:MM AM/PM	EVV_CALLINTIME
Actual Clock Out	The time the attendant actually clocked out when service delivery ended: HH:MM AM/PM	EVV_CALLOUTTIME
Actual Hours Worked	The total duration of service delivery based on clock in and clock out times	EVV_ACTUALHOURS
Billable Units	The billable units for the visit	EVV_UNITS
EVV System	Name of the EVV System	EVV_VENDORID

Report Parameters

Report Frequency	Ad-Hoc
Report Format	PDF and Excel
Report Available To	CDS Employer
Sort Order	N/A (Report Generated by TMHP)
Default Filter (The system applies this filter)	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
Visit End Date	Required
Payer Name	Optional

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 PSO. 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

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_CDSEMPLOYEREVVID, 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_CDSEMPLOYEREVVID
CDS Employer First Name	First name of the CDS Employer.	EMPLOYEE_CDSEMPLOYERFIRSTNAME

Report Fields	Field Description	Associated EVV Visit Transaction Field
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
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 actually clocked in when service delivery began).	EVV_CALLINTIME
Actual Clock Out Time	Time the service ended (the time the attendant actually clocked out when service delivery ended).	EVV_CALLOUTTIME
Actual Hours	Actual number of hours the service was provided (in n.nn format, not rounded).	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 (in n.nn format, rounded to the quarter hour).	N/A
Billable Hours	Billable number of hours for the service that was provided (in n.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

Report Fields	Field Description	Associated EVV Visit Transaction Field
Reason Code Number	Texas EVV Reason Code Number.	EVV_REASONCODE1 EVV_REASONCODE2 … EVV_REASONCODE10
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

Report Fields	Field Description	Associated EVV Visit Transaction Field
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
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

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

Report Generation Criteria

Field Name	Required/Optional
CDS Employer ID	*When logged in user is a CDS Employer:* Required and populated with the CDS Employer Id that is associated with the user. *When logged in user is from an FMSA:*

Field Name	Required/Optional
	Optional (but restricted to CDS Employer Ids that are associated with the FMSA). *When logged in user is from an MCO:* Optional (but restricted to CDS Employer Ids that are associated with Member Ids for which the MCO is the payer). *When logged in user is from HHSC (or its designee):* Optional Note: Each CDS Employer Id starts a new report page.
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 though, 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
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
% 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

Report Fields	Field Description	Associated EVV Visit Transaction Field
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

Report Frequency	Ad-Hoc
Report Format	PDF and Excel
Report Available To	CDS Employer
Sort Order	N/A (Report Generated by TMHP)
Default Filter (The system applies this filter)	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
Visit End Date	Required
Payer Name	Optional

***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 PSO.

Report Field Listing

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_CDSEMPLOYEREVVID, 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

Report Fields	Field Description	Associated EVV Visit Transaction Field
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
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

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

Report Generation Criteria

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

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

Report Fields	Field Description	Associated EVV Visit Transaction Field
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
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

Report Fields	Field Description	Associated EVV Visit Transaction Field
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.
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 actually clocked in when service delivery began: HH:MM AM/PM	EVV_CALLINTIME
Actual Call Out	The time the attendant actually clocked out when service delivery ended: HH:MM AM/PM	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

Report Fields	Field Description	Associated EVV Visit Transaction Field
Reason Code Free Text Description	The free text manually entered for the specific visit	EVV_REASONCODE1COMMENT EVV_REASONCODE2COMMENT … EVV_REASONCODE10COMMENT

Report Parameters

Report Frequency	Ad-Hoc
Report Format	PDF and Excel
Report Available To	CDS Employer
Sort Order	N/A (Report Generated by TMHP)
Default Filter (The system applies this filter)	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

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 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 PSO.

Report Field Listing

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_CDSEMPLOYEREVVID, 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.	N/A
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

Report Fields	Field Description	Associated EVV Visit Transaction Field
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

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

Report Generation Criteria

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

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

Report Fields	Field Description	Associated EVV Visit Transaction Field
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
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)

Report Fields	Field Description	Associated EVV Visit Transaction Field
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 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)
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

Report Frequency	Ad-Hoc
Report Format	PDF
Report Available To	CDS Employer
Sort Order	N/A (Report Generated by TMHP)
Default Filter (The system applies this filter)	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

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 PSO.

Report Field Listing

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_CDSEMPLOYEREVVID, 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

Report Fields	Field Description	Associated EVV Visit Transaction Field
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

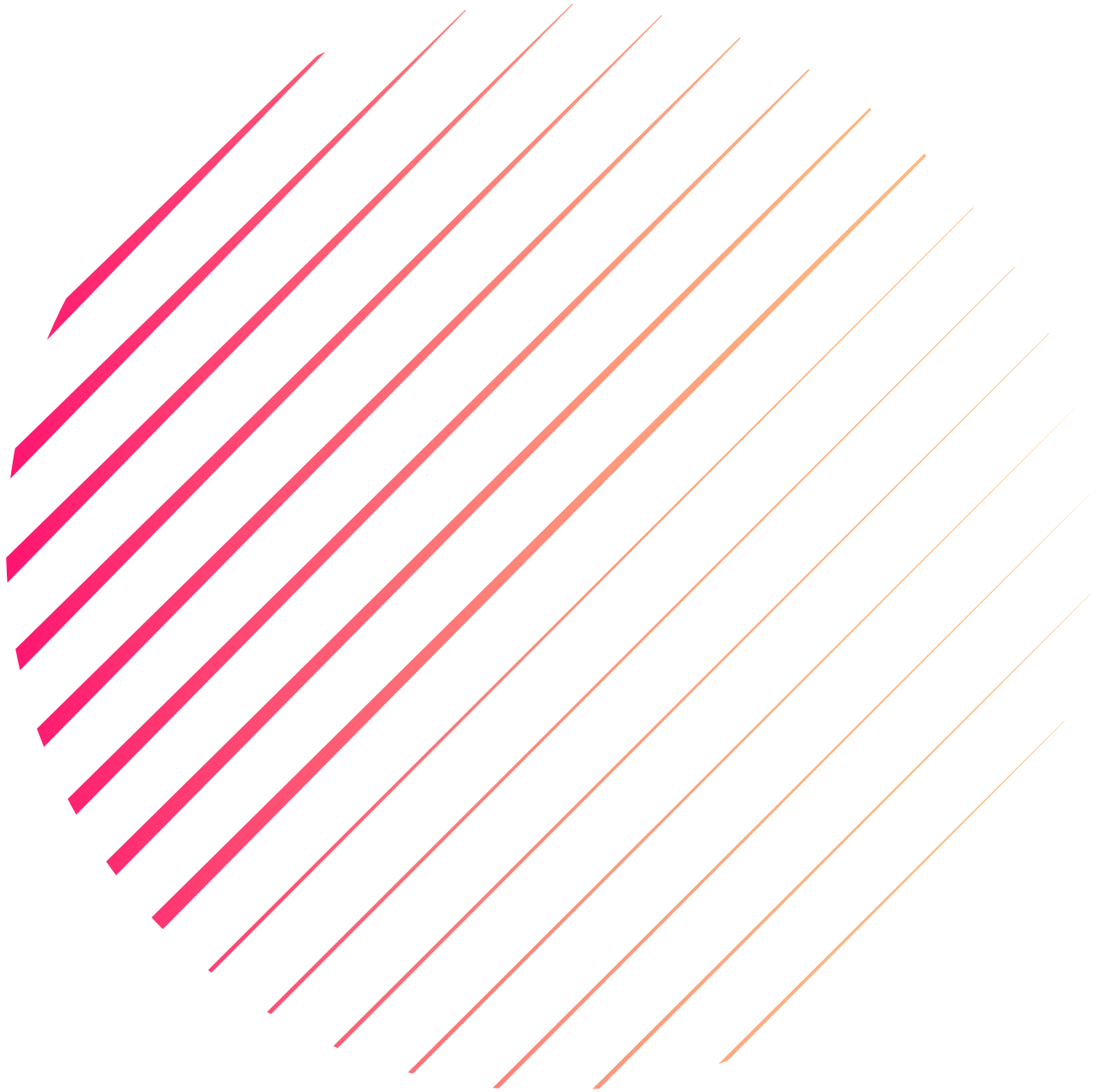|	
Report Frequency	Ad-Hoc
Report Format	PDF and Excel
Report Available To	CDS Employer, Program Provider or FMSA, MCO, HHSC
Sort Order	Member ID, Texas EVV Attendant ID, Visit ID
Default Filter (The system applies this filter)	N/A

Report Generation Criteria

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

Field Name	Required/Optional
	Required and restricted to the NPIs/APIs that are associated with the Program Provider or FMSA. *When logged in user is from an MCO:* Optional (but restricted to NPIs/APIs that are associated with Member Ids for which the MCO is the payer). *When logged in user is from HHSC (or its designee):* Optional
Visit Begin Date	Required
Visit End Date	Required

Section 3.

TMHP EVV Reports Web Service

HHSC Electronic Visit Verification (EVV) Business Rules for Proprietary Systems
EVV CDS Report Request Web Service Specifications
Effective 07/01/2020

EVV Attendant History Report

Type of Record	Extract Data Element/Field Name	Required/ Informational/ Conditional	Web Service Result/Transformation Logic
Input	Medicaid ID	Required	
Input	Visit Begin Date	Required	
Input	Visit End Date	Required	
Input	Texas EVV Attendant ID	Optional	
Input	Payer Name	Optional	

EVV Clock-In\Clock-Out Usage Report

Type of Record	Extract Data Element/Field Name	Required/ Informational/ Conditional	Web Service Result/Transformation Logic
Input	Medicaid ID	Required	
Input	Visit Begin Date	Required	
Input	Visit End Date	Required	
Input	Texas EVV Attendant ID	Optional	
Input	Payer Name	Optional	

EVV Reason Code Usage and Free Text Report

Type of Record	Extract Data Element/Field Name	Required/ Informational/ Conditional	Web Service Result/Transformation Logic
Input	Medicaid ID	Required	
Input	Monthly Range	Required	
Input	Year	Required	
Input	Payer Name	Optional	

EVV Units of Service Summary Report

Type of Record	Extract Data Element/Field Name	Required/ Informational/ Conditional	Web Service Result/Transformation Logic
Input	Medicaid ID	Required	
Input	Visit Begin Date	Required	
Input	Visit End Date	Required	

Type of Record	Extract Data Element/Field Name	Required/ Informational/ Conditional	Web Service Result/Transformation Logic
Input	Payer Name	Optional	

Validations and Error Messages

Type of Record	Extract Data Element/Field Name	Required/ Informational/ Conditional	Web Service Result/Transformation Logic
Output	ERROR MESSAGE	N/A	Return 'Unexpected System Error' if there is a system error when trying to match on the input parameters and build a return object.
Output	VALIDATION ERRORS	Optional	**Validations for Medicaid ID** **Validation:** 1. If Medicaid ID is Not provided, the system throws a Validation Error Message 2. If Medicaid ID is 9-digit numeric, the system passes the validation. Else, the system throws a Validation Error Message **Validation Error Message:** 1. Medicaid ID is a required field. 2. Invalid Medicaid ID. **Validations for Visit Begin Date** **Validation:** 1. If the Visit Begin Date is Not provided, the system throws a Validation Error Message. 2. If Visit Begin Date provided is an invalid date, the system throws a Validation Error Message. 3. If the Visit End Date is provided and Visit Begin Date is Not provided, the system throws a Validation Error Message. **Validation Error Message** 1. Visit Begin Date is a required field. 2. Visit Begin Date must be valid date in MM/DD/YYYY format. 3. Visit Begin Date is required when Visit End Date is provided.

Type of Record	Extract Data Element/Field Name	Required/ Informational/ Conditional	Web Service Result/Transformation Logic
			Validations for Visit End Date **Validation:** 1. If the Visit End Date is Not provided, the system throws a Validation Error Message. 2. If Visit End Date provides is an invalid date, the system throws a Validation Error Message. 3. If the Visit Begin Date is provided and Visit End Date is Not provided, the system throws a Validation Error Message. 4. If Visit End Date < Visit Begin Date, the system throws a validation Error Message. 5. Visit End Date – Visit Begin Date should not be greater than 180 days. **Validation Error Message:** 1. Visit End Date is a required field. 2. Visit End Date must be a valid date in MM/DD/YYYY format. 3. Visit End Date is required when Visit Begin Date is provided. 4. Visit End Date Must be greater than Visit Begin Date. 5. Visit Date Range cannot be greater than 180 days. **Validations for Monthly Range** **Validation:** 1. If Monthly Range is Not provided, the system throws a Validation Error Message. 2. If invalid Monthly Range is provided, the system throws a Validation Error Message. Valid values include: Jan, Feb, Mar, Apr, May, June, July, Aug, Sep, Oct, Nov, and Dec. **Validation Error Message:** 1. Monthly Range is a required field. 2. Invalid Monthly Range. **Validations for Year** **Validation:** 1. If Year is Not provided, the system throws a Validation Error Message

Type of Record	Extract Data Element/Field Name	Required/ Informational/ Conditional	Web Service Result/Transformation Logic
			2. If Year is 4-digit numeric, the system passes the validation. Else, the system throws a validation error message. **Validation Error Message:** 1. Year is a required field. 2. Invalid Year. **Validations for Export Format** **Validation:** 1. If Export Format is Not Provided, the system throws a Validation Error Message. 2. If invalid Export Format is provided, the system throws a Validation Error Message. Valid values include: PDF and EXCEL **Validation Error Message:** 1. Export Format is a required field. 2. Invalid Export Format. **Validations for Payer Name** **Validation:** 3. If invalid Payer Code is provided, the system throws a Validation Error Message. Optional valid values include: AET, AGP, BCB, CFC, CHS, CKC, CMC, DRC, HHSC, LTC, MOL, SHP, TXC, and UHC. **Validation Error Message:** 3. Invalid Payer Code.

Payer Codes and Names

Note: The Payer Name input field in the Reports criteria is optional and the Payer Code will be the optional valid value for the field when provided.

Payer Code	Payer Name
AET	Aetna
AGP	Amerigroup
BCB	Blue Cross Blue Shield
CFC	Community First
CHS	Cigna
CKC	Cook Children's
CMC	Children's Medical Center
DRC	Driscoll
HHSC	Health and Human Services Acute Care
LTC	Long Term Care
MOL	Molina
SHP	Superior
TXC	Texas Children's
UHC	United HealthCare

Export Formats

Note: The Export Format input field in the Reports criteria is required and the values mentioned in the below table are the valid ones.

Export Formats
PDF
EXCEL

Monthly Range

Note: The Monthly Range input field in the EVV Reason Code Usage and Free Text Report criteria is required and the values mentioned in the below table are the valid ones.

Month Code	Month Name
JAN	January
FEB	February
MAR	March
APR	April
MAY	May

Month Code	Month Name
JUNE	June
JULY	July
AUG	August
SEP	September
OCT	October
NOV	November
DEC	December