

Provider EVV Compliance Requirements



Timeline:

- Providers are required to validate service times using a selected EVV vendor system. For the most up-to-date information regarding the EVV timeline of implementation and compliance, please refer to the [HHSC EVV](#) news page.
- The Grace Period for provider on-boarding, training, overall readiness and full compliance with the EVV system functionality will expire 30 days following HHSC notification of the compliance date.

Claims Validation:

- Superior will administer EVV compliance based on claims validation against submitted EVV transactional data.
- For EVV covered services, we will evaluate billed claims against verified visits (logged in the EVV system selected by the provider) which are transferred daily to Superior.
- After standard claim adjudication rules, we will execute an additional verification based on matching Provider ID, Member ID, dates of service, procedure codes, and billed units.
 - If the EVV transactional units match the billed units, the claims will pay appropriately.
 - If there is no corresponding EVV transactional data, the claim is subject to denial.
 - If the billed units exceed the EVV validated transactional units, the claim is subject to denial or partial payment for units that were validated.

Education and Outreach Efforts:

- Superior will use the compliance Grace Period to evaluate claim scenarios against EVV data and prepare forecast reports for EVV compliance for the provider agency.
- Superior will share communications and provide additional training/education with the providers whose claims do not align with captured EVV services.
- Messages on the provider Explanation of Payment (EOP) will be available during the Grace Period to share proactive messages of what could deny/partial pay due to missing or non-compliant EVV transactional data.

Provider EVV Compliance Requirements (Continued)



EVV Compliance Alignment:

- Superior will analyze utilization of Visit Maintenance codes on a monthly basis by provider agency.
- If the provider shows patterns of regular Visit Maintenance activity, Superior will leverage provider outreach for additional education and corrective action plans to correct the practice pattern.
- If non-compliance is sustained, a request for potential termination from the network may be pursued.

Other Notes:

- As of the HHSC compliance effective date, there will be no grace period for PAS, PCS, and Habilitation providers or newly contracted PAS, PCS, and Habilitation providers. All must be compliant with EVV requirements upon contracting and entering into the network.
- Providers are responsible to enter EVV data and/or update EVV data thru Visit Maintenance within 60 days of the service date and claims should not be submitted before the EVV information is verified and entered into the system.
- EVV compliance and claim submissions are independent processes. EVV data must be captured and confirmed in the Vendor systems prior to billing.
- EVV does not eliminate the need to obtain prior authorization. Providers are still required to be prior authorized before rendering services.
 - Please refer to the Superior HealthPlan website (www.SuperiorHealthPlan.com) for a list of services that require prior authorization.
- Implementation of Electronic Visit Verification (EVV) for private duty nursing (PDN) services has been delayed indefinitely. Superior's EVV Compliance Plan will be updated following approved direction from HHSC.

Phone Number:

- Questions call Provider Services at 1-877-391-5921 or email SHP_EVV@centene.com.