



Electronic Visit Verification (EVV)

Provider Compliance Requirements

August 2019





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EVV Provider Compliance Requirements

Education and Outreach Efforts:

- Providers (at the TIN level) must maintain a 90% compliance score when performing visit maintenance using preferred reason codes, which must be used each time a change is made to an EVV visit record in the EVV system.
- Superior will regularly monitor compliance scores and provide outreach and education to providers who fall below the required 90% compliance score.
- The EVV mobile method, or smart phone app, is the HHSC-preferred method to clock in and clock out of the EVV system, when service delivery begins and ends.



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EVV Compliance Alignment:

- On a monthly basis, Superior will analyze provider agencies' utilization of visit maintenance codes.
- Providers are responsible for entering EVV transactions (arrival time and departure time) and/or updating EVV data through visit maintenance within 60 days of the date of service. Providers cannot submit claims before the EVV information is verified and entered into the system.
- If a provider demonstrates sustained non-compliance, Superior may terminate the provider's participation in the network.



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The following changes will take effect on September 1, 2019:

- All EVV claims must be billed to Texas Medicaid and Healthcare Partnership (TMHP) and will be subject to the EVV claims matching process, to confirm that a service visit occurred prior to the payment of a claim.
- Providers billing Personal Assistance Services (PAS) are required to bill separate service lines, per date of service.
 - Personal Assistance Services (PAS) billed with service line date spans will be denied.
- A claim is required to be an exact match to the Medicaid ID, NPI, date of service, HCPCS/modifier combinations and units in the EVV visit data.



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The following changes will take effect on September 1, 2019:

- The visit data match results are forwarded to MCOs for claims processing. EVV claims that do not have an exact visit match in TMHP's system based on the above criteria will be denied.
- Providers are encouraged to verify the EVV visit data is present in TMHP's system prior to submitting a claim.
- Personal Assistance Services (PAS) and In-Home respite unit increments will change from 1 hours to 15 minutes.
 - Please refer to the Long-Term Services and Supports (LTSS) billing matrix for further clarification.



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Other Notes:

- There is no longer a grace period for PAS and PCS. All PAS and PCS must be compliant with EVV requirements upon contracting and entering into the network, and prior to submitting claims.

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