

## Electronic Visit Verification Frequently Asked Questions



### Electronic Visit Verification (EVV) Implementation

<b>What is Electronic Visit Verification (EVV)?</b>	A telephone and computer-based system that allows confirmation services were provided to an eligible recipient according to an approved HHSC prior authorization or DADS Plan of Care as defined in HHSC rule; Title 1 TAC §354.117.
<b>What services are required to be verified by EVV?</b>	Services that require EVV include Primary Home Care/PAS-type services, In-Home Respite Services, Personal Care Services (PCS), and PAS/Habilitation provided through both CFC and non-CFC model. Consumer Directed Services (CDS) is optional. Effective 11/1/16, STAR Kids will use EVV as well.
<b>When does EVV compliancy begin?</b>	The compliance date for all providers, including those transitioning from CM2000, is April 1, 2016. Providers required to re-select a new vendor will be required to be compliant as of April 1, 2016.
<b>How does EVV work?</b>	Providers will verify times of service using the vendor's specified process. Each vendor will submit daily reports directly to Superior for all completed EVV transactions. Provider claims are compared to EVV data prior to adjudication. Superior will only pay for verified units of service based on EVV data.
<b>Does the plan pick a vendor for me if I am a newly contracted provider?</b>	No. Each provider is responsible for choosing an HHSC-approved EVV vendor. Providers are also responsible for ensuring that their EVV vendor submits accurate data to Superior.
<b>Can I change my vendor after I've chosen one?</b>	Providers can change their EVV vendor 120 days after submission of the Provider EVV Vendor System Selection form is received by TMHP. Providers must give the vendor 120 days termination notice before changing to a new vendor.
<b>Will I have to pay to use this service?</b>	HHSC-contracted EVV services are at no cost to the provider. Superior will pay transaction fees related to EVV. Vendors will not bill providers or members for any equipment that may be needed. Providers would need to contact the vendor to inquire about other EVV related additional services for purchase.
<b>Who will train me on using the EVV system?</b>	Each EVV vendor is responsible for training and support of their systems. Please contact the vendor directly for training, system problems or questions. Contact information for each vendor is below.
<b>What if my claim does not match EVV data?</b>	Only verified units of service will be paid. If claim information does not match the visit transactional data received from an EVV vendor, then the unverified portions of the claim are subject to denial or retrospective review. In the event a provider bills more units than are validated through EVV on one service line, billed charges will be divided by the units billed to determine the billed charges for validated and non-validated service units.
<b>Who do I call for denials based on EVV data?</b>	A denial resulting from the inability to verify units based on EVV data requires Providers to call their EVV vendor to confirm their data is in the vendor system.

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<p><b>Once my data has been updated, do I resubmit the claim to Superior?</b></p>	<p><b>Fully Denied Claims:</b> Once providers have reviewed their data submission with their vendor and Superior has received updated data, providers will need to submit a new claim. If services are more than 95 days from the DOS but within 120 days from the date of denial submit a corrected claim for the fully denied claims.</p> <p><b>Partially Denied Claims:</b> Once providers have reviewed their data submission with their vendor and Superior has received updated data, providers will need to submit a corrected claim for the full amount of EVV units verified for the appropriate dates of service line by line.</p>
<p><b>How do I avoid claim denials?</b></p>	<p>Enter all required data elements into EVV system. Bill EVV services for each date of service line by line verses spanned dates and ensure the required data elements are entered correctly and accurately. Verify that completed visits exist on the EVV visit log report prior to billing.</p>
<p><b>Does EVV affect claims adjudication timelines?</b></p>	<p>No. All EVV applicable claims follow normal submission and adjudication timelines (95 days to bill for providers and 30 days for Superior to pay).</p>
EVV Vendors	
<p><b>DataLogic (Vesta) Software, Inc.</b></p>	<p><b>MEDsys Software Solutions, LLC</b></p>
<p>Phone: 1-844-880-2400 Fax: 1-956-412-1464 <a href="http://www.vestaevv.com">www.vestaevv.com</a></p>	<p>Phone: 1-877-698-9392, Opt. 2 Fax: 1-866-497-9066 <a href="http://www.medsyshcs.com">www.medsyshcs.com</a></p>
General Information	
<p><b>Provider Services</b></p>	<p>1-877-391-5921</p>
<p><a href="https://www.SuperiorHealthPlan.com/providers/resources">https://www.SuperiorHealthPlan.com/providers/resources</a></p>	