

Electronic Visit Verification

Frequently Asked Questions



Electronic Visit Verification (EVV) Implementation	
What is Electronic Visit Verification (EVV)?	Electronic Visit Verification (EVV) is a computer-based system that electronically verifies service delivery information, such as date, time, service type and location, for certain Medicaid service visits.
What services are required to be verified by EVV?	EVV is required for certain Medicaid personal care services and home health care services performed in the home or community. A list of the personal care services and home health care services required to use EVV is on the Texas Health and Human Services Commission (HHSC) EVV webpage .
When does EVV compliancy begin?	All providers providing the mandated services must use the EVV system and must maintain compliance. Providers, who contract with Superior HealthPlan from the compliancy date forward, and provide services required to use EVV, must select and enroll with an EVV system prior to furnishing services to Superior members.
How does EVV work?	Claims for EVV required services must use an EVV system to verify times of service using the system's specified process. Provider claims will be transacted against EVV data prior to adjudication. Superior will only pay for EVV claims with EVV data entry.
Will I have to pay to use this service?	<p>The state provided EVV system vendor is contracted with the state's claim administrator to provide a cost-free EVV system. Providers will need to contact the vendor to inquire about other EVV related additional services for purchase.</p> <p>Providers may seek HHSC approval to use an EVV proprietary system instead of the state provided EVV vendor system to comply with EVV requirements. EVV proprietary systems are an alternative to the state-provided EVV vendor system and are not cost-free.</p>
Who will train me on using the EVV system?	EVV vendors are responsible for training and technically supporting the visit verification systems they offer. Please contact the selected EVV vendor directly for training, system problems or questions. The contact information for the current state provided EVV system vendor is provided below.
What if my claim does not match EVV data?	<p>Effective September 1, 2019, an exact match of the visit data to the claim through the Texas Medicaid and Healthcare Partnership (TMHP) EVV Aggregator is required for claims payment. Partial payments are no longer processed and any nonverified EVV claims will deny.</p> <p>Providers must only submit claims for reimbursement once all the visits for the claim line items have been completed and accepted in the EVV Aggregator. The EVV Aggregator will perform a claims match against the accepted EVV visit transactions stored in the EVV Portal</p>
How do I prevent EVV claim mismatch denials or what should I do if I receive a denial for EVV claim mismatch?	To prevent EVV claim mismatches or to determine what actions to take if EVV claim mismatches are received, Refer to the Best Practices to Avoid EVV Claim Mismatches (PDF) .

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Once my data has been updated, do I resubmit the claim to Superior?

Fully Denied Claims: 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 Calendar Days from the date of service but within 120 Calendar Days from the date of denial, providers may submit a corrected claim for the fully denied claims. Effective September 1, 2019, the implementation of the EVV Aggregator model will require providers to resubmit any denials to TMHP.

Visit Maintenance: Providers who perform visit maintenance on visit transactional data must submit claim corrections for each claim already paid, based on the visit data that was updated. Claims that are not corrected based on visit data maintenance could be subject to recoupment if a corrected claim is not submitted and the visit data maintenance impacted the claim match or paid amount.

Does EVV affect claims adjudication timelines?

No. All EVV claims follow normal submission and adjudication timelines (95 Calendar Days to bill for providers and 30 Calendar Days for Superior to pay).

EVV Vendors

HHAeXchange

Phone: [1-833-430-1307](tel:1-833-430-1307)

Email: TXsupport@hhaexchange.com

Website: hhaexchange.com/info-hub/texas

General Information

Provider Services

Phone: [1-877-391-5921](tel:1-877-391-5921)

SuperiorHealthPlan.com/ProviderResources