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# HHSC Electronic Visit Verification

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**Module 8**

**Submitting an EVV Claim**

**May 1, 2019**

# Introduction

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This is Module 8 of the Electronic Visit Verification (EVV) Tool Kit: Submitting an EVV Claim.

**EVV Tool Kit:** A collection of resources that will help prepare program providers, Financial Management Services Agencies (FMSAs), and Consumer Directed Services (CDS) employers in the use of EVV.

Click here for information on the [21<sup>st</sup> Century Cures Act – Texas Implementation](#).



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# EVV Tool Kit

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Previous modules are available in the EVV Tool Kit section of the [HHSC EVV website](#):

- Module 1: January 15, 2019:  
[EVV 101 - Introduction to EVV](#)
- Module 2: February 1, 2019:  
[EVV Roles and Responsibilities – Part I](#)
- Module 3: February 15, 2019:  
[EVV Roles and Responsibilities – Part II](#)



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# EVV Tool Kit (cont.)

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Previous modules are available in the EVV Tool Kit section of the [HHSC EVV website](#):

- Module 4: March 1, 2019:  
[EVV Visit Transactions](#)
- Module 5: March 15, 2019:  
[EVV Visit Maintenance](#)
- Module 6: April 1, 2019:  
[EVV Process Flow: Beginning to End](#)
- Module 7: April 15, 2019:  
[EVV Aggregator and EVV Portal](#)



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# Overview

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This module will discuss the following EVV topics:

- EVV Claims Matching
- EVV Claims Submission
- EVV Billing—Following Payer Guidelines
- EVV Claims Matching Process
- EVV Claim Match Result Codes
- Denial of EVV Claims
- Explanations of Benefits (EOBs) and Explanations of Payments (EOPs)

**Note:** EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.



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# EVV Claims Matching

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- HHSC will implement a new claims matching process effective Sept. 1, 2019, for current program providers required to use EVV.
  - This is for visits with Date of Service on or after Sept. 1, 2019
- Effective Jan. 1, 2020, the claims matching process will begin for new program providers and FMSAs required to use EVV.
  - This is for visits with Date of Service on or after Jan. 1, 2020



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# EVV Claims Submission

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Fee-for-Service (FFS) claims have no changes in the billing process.

- Acute Care FFS EVV claims will continue to be submitted through TexMedConnect or through Electronic Data Interchange (EDI) using an existing Compass21 (C21) Submitter ID.
- Long Term Care (LTC) FFS EVV claims will continue to be submitted through TexMedConnect or through EDI using an existing Claims Management System (CMS) Submitter IDs.



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# EVV Claims Submission (cont.)

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- Home and Community-based Services (HCS) and Texas Home Living (TxHmL) programs will continue to submit claims through the Client Assignment and Registration System (CARE).
- The Youth Empowerment Services (YES) program will continue to submit claims through the DSHS Clinical Management for Behavioral Health Services (CMBHS) system.





# MCO Claims Submission

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- Claims for Managed Care EVV services must be submitted to Texas Medicaid & Healthcare Partnership (TMHP) through TexMedConnect or through EDI using a C21 Submitter ID.
- MCO EVV claims will be forwarded to the appropriate payer after the EVV claims matching process is performed for further claims processing.
- EVV claims with dates of service on or after Sept. 1, 2019 submitted directly to an MCO will be rejected or denied.
  - Program providers will receive a response from the MCO informing them to submit EVV claims to TMHP.



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# Electronic Claims Submitter IDs

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- Program providers and FMSAs can access TMHP's [EDI homepage](#) for basic information needed to file claims electronically as well as user guides, forms, and technical information intended for billing agents that file claims for program providers.
- Program providers and FMSAs that need assistance in setting up C21 or CMS Submitter IDs should contact the EDI Help Desk at:  
**1-888-863-3638, Option 4**



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# EVV Billing: Follow Payer Guidelines

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- Program providers and FMSAs can submit EVV claims with a range of service dates (span dates), or by single date of service. **Follow the billing guidelines of your payer.**
- If span dates are allowed by the payer, the program provider must ensure that:
  - Each date has one or more matching EVV visit transactions.
  - The total units on the EVV claim must match the combined total units of the matched EVV visit transactions.
  - EVV claims with date spans that start prior to Sept. 1, 2019 will be rejected by TMHP.
- Program providers and FMSAs can view accepted EVV visits in the EVV Portal before submitting EVV claims.



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# EVV Claims Matching Process

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- If a program provider submits a span claim that includes Dates of Service before Sept. 1, 2019 and after (or on) Sept. 1, 2018, the claim will be rejected by TMHP.
- Program providers and FMSAs should always check the EVV Portal to ensure the EVV visit has been accepted by the EVV Aggregator before submitting the associated claim.



# EVV Claims Matching Process (cont.)

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The EVV Aggregator will match the EVV claim line item with the accepted EVV visit transactions using the following critical data elements:

- National Provider Identifier (NPI) or Atypical Provider Identifier (API)
- Date of service
- Medicaid ID
- Healthcare Common Procedure Coding System (HCPCS)
- Modifiers, if applicable
- Units

EVV claim line items that are not successfully matched with EVV visit transactions will be denied by the payer.



# EVV Claim Match Result Codes

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The following list of EVV claim match result codes will be used to inform program providers or FMSAs of matching results.

- Program providers and FMSAs will be able to view matching results in the EVV Portal:
  - EVV01- EVV Match
  - EVV02- Medicaid ID Mismatch
  - EVV03- Visit Date Mismatch





# EVV Claim Match Result Codes

(cont.)

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The following list of EVV claim match result codes will be used to inform program providers or FMSAs of matching results.

- Program providers and FMSAs will be able to view matching results in the EVV Portal:
  - EVV04- Provider Mismatch (National Provider Identifier (NPI) or Atypical Provider Identifier (API) Mismatch)
  - EVV05- Service Mismatch (Healthcare Common Procedure Coding System (HCPCS)/Modifier Mismatch)
  - EVV06- Units Mismatch





# EVV Claims Denial

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- EVV claim line items will be denied if:
  - Critical data elements do not match the EVV claim.
  - The claim was not submitted according to the payer's guidelines regarding span dates.
  - A date within the span of dates does not have a matching EVV visit.
  - The total units of the matched EVV visit for a date span doesn't match the units billed on the EVV claim.
- EVV claims can be denied for other reasons by the payer.



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# Explanation of Benefits (EOB) & Explanation of Payment (EOP)

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- Program providers and FMSAs will continue to receive EOBs from TMHP or EOPs from their MCO, as they do today.
- Each EOB or EOP will give the reason for denial of the EVV claim according to EVV claims matching.



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# Tip #1

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## Be ready to submit electronic claims.

- Program providers and FMSAs required to submit electronic claims directly to TMHP can create a TexMedConnect account on [tmhp.com](https://tmhp.com).
- Visit TMHP's [EDI homepage](#) for information on filing claims electronically.
  - This page also has user guides, forms, and technical information intended for billing agents that file claims for program providers.
- For assistance, contact the TMHP EDI Help Desk at:  
**1-888-863-3638, Option 4**



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# Tip #2

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## Submit EVV claim line items with correct data elements to avoid denial of EVV claims.

- EVV claim line items will be matched with EVV visit data sent to TMHP by EVV vendor systems.
- All critical data elements must match.
  - Detailed information can be found in **Module 4: [EVV Visit Transactions](#)**.
- EVV claim line items without matching EVV visit transactions will not be paid.



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# Tip #3

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## Check the EVV Portal before submitting EVV claims.

- EVV Portal users can view accepted EVV visit transactions ready for billing.
- Check the EVV Portal to ensure the EVV visit transaction was accepted prior to submitting EVV claim line items.
- When TMHP receives an EVV claim, the EVV claim line items will be matched against the accepted EVV visit transactions.



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# FAQs

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# FAQ 1: Submitting an EVV Claim



**Question:** Who should I contact if I need assistance with a Submitter ID?

**Answer:** For assistance, contact the TMHP EDI Help Desk at:  
**1-888-863-3638, Option 4**



# FAQ 2: Submitting an EVV Claim



**Question:** If I use a billing agent (i.e. third-party biller), do I need to have a C21 Submitter ID?

**Answer:** Program providers who submit and retrieve electronic files indirectly must use the billing agent's Submitter ID and verify the billing agent is prepared to submit EVV claims.

# What's Next?

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## **May 15, 2019 Web Alert:**

- EVV Portal Standard Reports & Search Tools

## **May 22, 2019: Live Webinar Q&A Session**

- Topic: EVV Claims and EVV Portal
- [Register](#) for the webinar.
- Email questions ahead of time to [Electronic\\_Visit\\_Verification@hhsc.state.tx.us](mailto:Electronic_Visit_Verification@hhsc.state.tx.us).
- Include "Webinar Question" in the subject line.



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# Thank you

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**Email EVV claims submission questions to:**

**[EVV@TMHP.com](mailto:EVV@TMHP.com)**