BlueCross BlueShield of Texas

Electronic Visit Verification (EVV) Claim Rejections

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Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

TEXAS Health and Human Services

CHIP

TEXAS STAR Your Health Plan ★ Your Choice

TEXAS STAR Kids Your Health Plan ★ Your Choice

Training Instructions

- This is a biannually 30-minute training sessions
- Our training is Instructor – led
- Training is for Texas Medicaid Providers, FMSAs, and CDs Employers and all have the option to attend.
- Registration is required to attend the training and will track training completion for attendees.
- Currently no assessment is included in the training.

Overview of Training

- EVV Policy Handbook – Section 11030 Rejected EVV Visit Transactions
- EVV Key Terms and Definitions
- EVV Rejection Reasons and How to Fix them
- TMHP EVV Visit Transaction Rejection Guide
- Blue Cross and Blue Shield of Texas (BCBSTX) EVV Website and Resources
- BCBSTX EVV Contact Information

Key Terms and Definitions

Key Term	Definition
Electronic Visit Verification (EVV)	Is a computer-based system that electronically documents and verifies service delivery information, such as date, time, service type and location for certain Medicaid service visits
21st Century Cures Act	The 21st Century Cures Act is a federal law enacted by the U.S. Congress in December 2016. This law requires all states to use EVV for Medicaid personal care services (PCS) and home health care services (HHCS) requiring an in-home visit that are provided under a State plan or under a waiver of the plan.
EVV Compliance Reviews	A set of standards established by Texas HHSC and Managed Care Organizations (MCOs) to review on a regular basis to ensure program providers, Financial Management Services Agencies (FMSAs), and Consumer Directed Services (CDS) employers adhere to EVV requirements
EVV Policy Handbook	The Texas Health and Human Services Commission (HHSC) handbook that provides EVV standards and policy requirements
EVV Claims	Documentation submitted to HHSC or an MCO for reimbursement of services required to use EVV
Manual EVV Visits	When the service provider fails to clock in or clock out of the EVV system or an approved clock in or clock out method is not available, the program provider, FMSA or CDS employer must manually enter the EVV visit into the EVV system
Rejected EVV Visits	When an EVV visit, transaction is sent to the EVV Aggregator and does not pass all EVV visit transaction validations, the EVV visit transaction is rejected and sent back to the EVV system to notify the program provider or FMSA
Visit Maintenance	Process used by the program provider, FMSA or CDS employer to correct an EVV visit transaction in the EVV system to accurately reflect the delivery of service

Rejected EVV Visits – Section 11030

- When an EVV visit transaction is sent to the EVV Aggregator and does not pass all EVV visit transaction validations, the EVV visit transaction is rejected and sent back to the EVV system. This is to notify the program provider, FMSA or CDS employer visit maintenance is required.
- Rejected EVV visit transactions identified as Program Provider or FMSA errors count against the EVV Usage Score for the state fiscal year quarter even after being accepted by the EVV Aggregator.
- Utilize the Rejection Visit Table to know why the visit was rejected and how to fix the EVV visit transaction.

TMHP EVV Visit Rejection Guide

- The Texas Medicaid & Healthcare Partnership (TMHP) has updated the Electronic Visit Verification (EVV) Visit Transaction Rejection Guide on January 20, 2023.
- The guide is to assist Program Providers and FMSAs with identifying and taking the necessary steps to correct an EVV Visit Transaction Rejection.
- If necessary, complete visit maintenance on the rejected EVV visit transaction:
  - Visits within the standard visit maintenance timeframe – Complete visit maintenance in the EVV system
  - Visits beyond the standard visit maintenance timeframe – Submit an EVV Visit Maintenance Unlock Request to the appropriate payer for approval
- After making the necessary corrections to the rejected EVV visit transaction, the EVV system automatically resubmits the corrected EVV visit transaction to the EVV Aggregator to validate the data element(s). It is the responsibility of program providers and FMSAs to submit adjusted EVV claims to TMHP resulting from EVV Visit Maintenance.
- Program providers and FMSAs can view the EVV visit transaction rejection code(s) associated with a rejected EVV visit transaction in the EVV system and in the EVV Portal.

TMHP EVV Visit Rejection Guide - Examples

Rejection Code	Rejection Description	Resolution Tips
Ex00034C1	The Member Medicaid ID on the EVV visit is not found in our records.	Confirm the member's Medicaid ID is correct: o LTC FFS program providers and FMSAs can check MESAV through their TMHP.com account.* o Acute care FFS program providers and FMSAs or MCO LTSS providers can check eligibility verification through their TMHP.com account. **Program providers and FMSAs should contact the TMHP EDI Help Desk at 888-863-3638, Option 4, for assistance with creating a TMHP Portal Account.*
Ex00034C2	The Member Medicaid ID on the EVV visit does not have active Medicaid eligibility for the visit date.	Confirm the member's Medicaid eligibility for the visit date: o LTC FFS program providers and FMSAs can check MESAV through their TMHP.com account.* o Acute care FFS program providers and FMSAs or MCO LTSS providers can check eligibility verification through their TMHP.com account. **Program providers and FMSAs should contact the TMHP EDI Help Desk at 888-863-3638, Option 4, for assistance with creating a TMHP Portal Account.*
Ex00043C	The plan code on the visit is not associated with the Member's Payer	Confirm the managed care plan code for which the member is enrolled by checking the eligibility record for the visit date: o LTC FFS program providers and FMSAs can check MESAV through their TMHP.com account.* o Acute care FFS program providers and FMSAs or MCO LTSS providers can check eligibility verification through their TMHP.com account. Plan Code is not required for HHSC or LTC payer but if submitted must be the MCO plan code for which the member is enrolled. Confirm the correct authorization is assigned to the member in the EVV system. **Program providers and FMSAs should contact the TMHP EDI Help Desk at 888-863-3638, Option 4, for assistance with creating a TMHP Portal Account.*

BCBSTX EVV Website

- BCBSTX EVV Webpage - https://www.bcbstx.com/provider/medicaid/evv
- Four Resource Sections – Policies, Training, Notices, and Archives
- EVV Visit Maintenance Unlock Request (VMUR) forms (located on our EVV webpage)
  - Programs Providers and FMSA
  - CDS Employers
- TMHP EVV Contact Information & TMHP Learning Management System (LMS)
- HHS Learning Portal

BCBSTX EVV Contact Information

- BCBSTX_EVV_Questions@bcbstx.com
- Provider Customer Service at **1-877-784-6802**
- For Service Coordination needs, call **1-877-301-4394** (TTY **7-1-1**)
- Information on how to submit a Complaint or Appeal
- Sign Up for GovDelivery – Ensures you will have the most current news and alerts related to EVV

Conclusion

Questions?