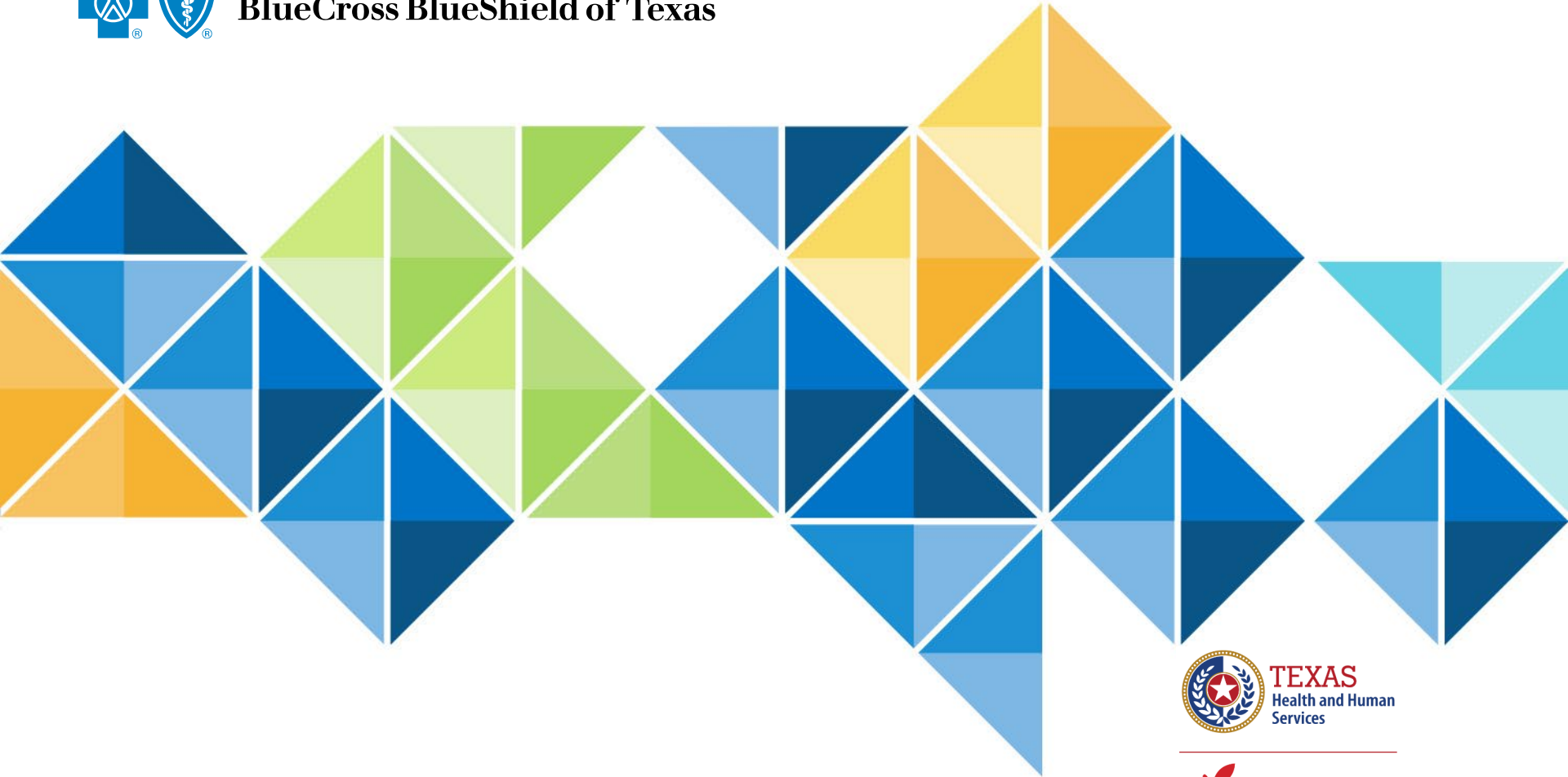




BlueCross BlueShield of Texas



Electronic Visit Verification (EVV) Usage Score

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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



Training Instructions



- This is an annual 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. The usage score is a part of their EVV Compliance.
- We reference the links to the VMUR forms and where they are located on our website to educate.
- Registration is required via Teams Meeting to attend the training and will track training completion for attendees.
- Currently no assessment is included in the training.

Overview of Training

- Key Terms and Definitions
- [EVV Policy Handbook – Section 11000 Usage](#)
- Visit Transactions
- EVV Compliance Job Aids on Usage
 - [EVV Compliance Job Aid for Program Providers and Financial Management Services Agencies \(FMSAs\) \(PDF\)](#)
 - [EVV Compliance Job Aid for Consumer Directed Services \(CDS\) Employers \(PDF\)](#)
- [BCBSTX EVV Website and Resources](#)
- [Form 1718 - EVV Responsibilities and Additional Information](#)
- 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	Program Provider or FMSA must only submit claims for reimbursement once all the visits for the claim line items have been completed and accepted by the EVV Aggregator. EVV Aggregator will perform a claims match against the accepted EVV visit transactions stored in the EVV Portal..

Key Terms and Definitions

Key Term	Definition
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, FMSAs or CDS employer to correct an EVV visit transaction in the EVV system to accurately reflect the delivery of service

Usage Score – Section 11000

- Section 11000 of the EVV Policy Handbook is the section that covers EVV Usage

- **11010 EVV Usage Score**

EVV Usage Score Measures Manually Entered EVV visit transaction and Rejected EVV visit transactions

EVV Usage Score Calculations for Program Providers

$$\left(\frac{\text{Total Electronic Visit Transactions}}{\text{Total Accepted Visit Transactions}} \right) \times 60\% + \left(\frac{\text{Non-Rejected Visit Transactions}}{\text{Total Exported Visit Transactions}} \right) \times 40\% = \text{EVV Usage Score}$$

EVV Usage Score Calculations for FMSAs

$$\left(\frac{\text{Non-Rejected Visit Transactions}}{\text{Total Exported Visit Transactions}} \right) = \text{EVV Usage Score}$$

Program Providers and FMSAs – must achieve and maintain a minimum EVV Usage Score of 80%, each state fiscal year quarter.

Usage Score – Cont.

- CDS Employers must achieve and maintain a minimum EVV Usage Score of 80%, each fiscal year quarter. CDS employer EVV Usage Score requirement is based on service delivery dates. CDS Employers are currently on a Grace Period from 9/1/2022-2/28/2023.

Fiscal Year (FY)	Quarter (Q)	Service Delivery Dates	EVV Usage Score
FY 23	Q1	9/1/2022 - 11/30/2022	40%
FY 23	Q2	12/01/2022 - 2/28/2023	60%
FY 23	Q3	3/1/2023 - ongoing	80%

EVV Usage Score Calculations for CDS Employers

Manual EVV Visit Transaction Score

Total Electronic Visit Transactions

Total Accepted Visit Transactions

= EVV Usage Score

Visit Transactions

- **EVV Policy Section 11020 Manually Entered EVV Visit Transaction Score**

Program Providers, FMSAs, and CDS Employers must ensure an HHSC approved method is used to clock in and clock out of the EVV system. When an EVV visit transaction is manually entered into the EVV system or an EVV visit transaction is missing a clock in or a clock out time which must be manually entered into the EVV system, the EVV visit transaction counts against the Manual EVV Visit Transaction Score once.

- **EVV Policy Section 11030 Rejected EVV Visit Transaction Score**

When an EVV visit transaction is sent to the EVV Aggregator and does not pass all the EVV visit transactions 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 that visit maintenance is required. Each rejected EVV visit transactions only counts against the Rejected EVV Visit Transaction Score.

- **EVV Policy Section 11040 How EVV Usage Reviews are Conducted**

Gives the MCO's the review information they must follow, including the schedule and reports used to do the reviews.

EVV Rejection Visit Table

The following table shows data elements, as applicable, and EVV visit transaction rejection reasons identified as program provider or FMSA errors that count as a rejected EVV visit transaction.

Edit Number	Data Elements (as applicable)	EVV Visit Rejection Reason
Ex0002C	National Provider Identifier (NPI)	Provider NPI cannot be validated as active for the visit date.
Ex0003C1	Atypical Provider Identifiers (API)	Provider API cannot be validated as active for the visit date.
Ex00031C	Payer	The Member's Payer on the EVV visit does not match our records for this Member.
Ex00034C1	Member Medicaid ID	The member Medicaid ID on the EVV visit is not found in our records.
Ex00034C2	Member Medicaid ID (no active eligibility)	The member Medicaid ID on the EVV visit does not have active Medicaid eligibility for the visit date.
Ex00043C	MCO Member Service Delivery Area (SDA)	The MCO member SDA on the EVV visit does not match the Plan Code associated with the member's payer.
Ex00057C1	Service Group and Service Code combination	The service group and service code combination on the EVV visit are not eligible for EVV.
Ex00057C2	Service Group not valid for Provider Number	The service group and Service Code combination on the EVV visit are not valid for the Provider number on the visit.
Ex00057C3	Member not authorized for Service Group/Service Code combination	The member on the EVV visit is not authorized for this service group/service code on this visit date in our records.
Ex00059C	HCPCS and Modifier combination not eligible for EVV	The HCPCS Code and EVV Modifier combination on the EVV visit is not eligible for EVV.

Refer to the TMHP EVV website to access the EVV Visit Transaction Rejection Guide which explains all rejection reasons.

BCBSTX EVV Website

- [BCBSTX EVV Webpage](https://www.bcbstx.com/provider/medicaid/evv) - <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 [Form](#)
 - CDS Employers [Form](#)
- TMHP EVV Contact Information & [TMHP Learning Management System \(LMS\)](#)
- Department of Health and Human Services [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

Questions?

