

Electronic Visit Verification (EVV) Compliance Reports

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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 session
- Our training is instructor-led
- Registration via the Teams Meeting is required to attend the training and will track training completion for attendees.
- Currently, no assessment is included in the training.

Overview of Training

- Compliance Overview
- EVV Key Terms and Definitions
- Compliance Rules in EVV Policy Handbook
- EVV Compliance Review Areas
- 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 is provided under a State plan or under a waiver of the plan
EVV Policy Handbook	The Texas Health and Human Services Commission (HHSC) handbook that provides EVV standards and policy requirements
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 Usage Reviews	Payers are required to review EVV Usage Score quarterly and report results to HHSC
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

Compliance Review Process

- Section 10000 of the EVV Policy Handbook covers EVV Compliance Reviews
- Three areas that payers (MCO's) are required to review:
 - EVV Usage Sections 10010 and 11010
 - Ensure Minimum EVV Usage Score is achieved by Provider
 - EVV Landline Phone Verification Sections 10020 and 7030
 - Ensure valid phone type is used to clock in and clock out by CDS Employee
 - EVV Required Free Text Sections 10030 and 9010
 - Document required free text
- EVV Compliance Job Aids
 - For program providers and FMSAs (PDF)
 - For CDS employers (PDF)

EVV Usage Policy

- MCO's required to review EVV Usage Score Quarterly
- Usage Reviews are conducted after the visit maintenance time frame has expired on the last date of the quarter to determine compliance
- EVV Usage Score measures manually entered EVV visit transactions and rejected EVV visit transactions

EVV Portal Reports to use

- Programs Providers use the EVV Usage Report
- FMSAs use the EVV FMSA Usage Report
- CDS Employers use the EVV CDS Employer Usage Report
- Enforcement Actions If Program Provider or FMSA fails to meet and maintain the minimum EVV Usage Score of 80% in a state fiscal year quarter, the payer may send a notice of non-compliance to enforce one or more of the following progressive enforcement actions based on number of occurrences within a 24-month period.

EVV Landline Phone Verification

- MCO's are required to ensure the phone number used for clocking in and clocking out of the EVV systems is from an allowable phone type
- Enforcement Actions If Program Provider or FMSA fails to meet required actions within 20 business days of notice of non-compliance by MCO, then MCO may temporarily withhold Medicaid claims payments from the Program Provider or FMSA. If a CDS Employer fails to meet required actions within 10 business days of notice of non-compliance by the FMSA.
- Reports to Use Payers use the EVV Landline Phone Verification Report located in the EVV Vendor system. If Option 1 or 2 is selected on Form 1722, then Program Providers, FMSAs, and CDS employers have access to the same report. If Option 3 is selected on Form 1722, then CDS Employers must establish the process to get the EVV Landline Phone Verification Report with their FMSA.
- **Unallowable Phone Types** Cellular phone or cellular enabled devices such as tablets and smart watches. Numbers from phone carriers such as Cricket, that provide mobile phone services only will always be identified as an unallowable phone type.

EVV Free Text

- MCO's are required to ensure that free text is used when there is missing electronic clock in or clock out time and when using reason codes 131, 600, or 900
- Free Text Reviews are completed any time after the visit maintenance time frame has expired and at the payer's discretion
- Enforcement Actions If Program Provider or FMSA fails to ensure required free text is entered into the EVV system prior to submitting an EVV claim, then MCO may recoup associated claim payments from the Program Provider or FMSA
- Reports to Use Payers will use the EVV Reason Code Usage and Free Text Report or the EVV Visit Log Report to conduct EVV Required Free Text Reviews

BCBSTX EVV Website

- <u>BCBSTX EVV Webpage</u> <u>https://www.bcbstx.com/provider/medicaid/evv</u>
- Four Resource Sections Policies, Training, Notices, and Archives
- EVV Visit Maintenance Unlock Request (VMUR) forms and Job Aids (located on our <u>EVV webpage</u>)
 - Programs Providers and FMSA
 - CDS Employers
- Health and Human Services EVV Contact Information
- Texas Medicaid & Healthcare Partnership (TMHP) EVV Contact Information
- EVV Vendor Contact Information
- EVV Compliance Oversight Reviews
- EVV Most Common Reasons for Denial and Recoupment
- Span Billing Guidelines

BCBSTX EVV Contact Information

- <u>BCBSTX_EVV_Questions@bcbstx.com</u>
- 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 <u>Complaint or Appeal</u>
- <u>Sign Up for GovDelivery</u> Ensures you will have the most current news and alerts related to EVV

Conclusion

Questions?





