FMSA Quarterly Webinar, March 29, 2022
Questions and Answers

Codes

Q1: Do the codes for employer taxes and support services apply to MCOs as well?

A1: The codes are for services provided in LTSS. The MCOs must ensure their providers are utilizing the correct codes when billing.

Q2: Please tell us, what are the codes to bill for bonuses and other employer expenses? Do we do it separately from the EVV visits and in TMHP? If so, what are the billing codes?

A2: Bill codes can be found at https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/long-term-care-bill-code-crosswalks with additional information provided in TAC §41.507. EVV visit dates are not connected to bonuses and other employer expenses.

Q3: Just curious. What was the logic for having to complete new budgets for a $.01 increase. Was the time element taken into consideration to go through the entire budgeting process for $.01?

A3: Budget accuracy is necessary for FMSAs to fulfill responsibilities related to payroll and CDS employer funds, and HHSC is required to provide the updated rates. For questions related to rate setting, please contact PFD-LTSS@hhs.texas.gov.

Training

Q4: Can we create a peer group because I can answer some of these questions?
A4: FMSAs are responsible for keeping up to date and following Federal and State agency policies as required (HHSC, IRS, TWC, etc.). The HHSC quarterly webinar is provided to FMSAs to fulfill mandatory annual training requirements. HHSC will consider this topic for discussion at a future training webinar and will explore options for allowing FMSAs to share their expertise as part of the quarterly webinar’s agenda.

**Q5: Does the FMSA enrollment training cover policy, forms, and basic CDS option knowledge training?**

A5: Yes, the training provides a comprehensive **overview** to help prepare FMSAs for contract enrollment. It is an **introduction** to waiver programs, TAC rules, CDS policies, EVV, contract and provider monitoring, the vendor fiscal/employer agent role, and more. Please see the Training Opportunities link on the CDS provider webpage for a description of FMSA Enrollment training.

**Q6: Is the webinar training required yearly?**

A6: FMSAs who have completed and submitted the application to enroll as a contracted FMSA with HHSC are invited to attend the required enrollment training, available twice a year, and must pass a final exam. Once enrollment training is completed and a contract awarded, the FMSA is not required to attend the enrollment training again.

Other required trainings for contracted FMSAs may be held annually or more frequently, such as the FMSA Quarterly Webinar. See TAC §41.301, Enrollment and Responsibilities of Financial Management Services Agencies: An FMSA must participate in all mandatory training provided or authorized by HHSC.

**Compensation, Rates, Budget**

**Q7: Have there been any talks about compensation for FMSA for EVV additional costs?**

A7: HHSC will conduct a public hearing on the proposed payment rates for FMSAs in several Long-term Services and Supports (LTSS) programs. The
hearing is scheduled for May 16, 2022 at 9:00 a.m. and will be held in person with the option to attend online. You can register through this link: Public Hearing Notice Proposed Payment Rates for Financial Management Services Agency (FMSA) as part of the SFY 2022-23 Biennial Fee Review.

Q8: Is it still true that an employer cannot underutilize hours and convert those unused hours to a bonus at the end of their budget?

A8: Employee bonuses must be included in the CDS employer budget and must be accrued from hours that the employee has worked. Bonus payments must be budgeted for prior to the end of the budget year using Form 1730. Hours not used during the service plan year cannot be converted to a bonus.

See TAC §41.505, Payroll Budgeting

Corrective Action

Q9: What should we do when we have been working with the employer, given 3 CAPS, completed an IDT meeting and the MCO does not do anything? The MCO did not even know what an IDT meeting was.

A9: Please contact the CDS mailbox, cds@hhsc.state.tx.us, to submit a request for HHSC staff to review a specific case. Additional details about the case may be required.

Guidance

Q10: Has in-person orientation resumed for FMSAs?

A10: Yes. CDS employer orientations can be done either in-person or using a synchronous audiovisual platform based on the CDS employer’s choice. Please see IL 2021-54 and the most recent guidance published in IL 2022-21 located on the Consumer Directed Services webpage.

Q11: Where did you send the guidance [regarding CDS employer non-compliance]?
A11: Guidance regarding CDS employer non-compliance was posted to both the EVV Provider and the CDS Provider webpages under the Long-term Care Providers link on the HHSC website. The guidance is also available in the Resources section of the EVV CDS Option webpage and was distributed by GovDelivery alerts. Here is a link: https://www.hhs.texas.gov/provider-news/2022/01/14/guidance-fmsas-when-cds-employers-do-not-perform-evv-responsibilities.

**Electronic Visit Verification**

**Q12: What if the client did not clock in & clock out but they have their tokens? Can we still input the token codes within the 7days? or is this for when the 7 days expire?**

A12: The token (alternative device) codes are only good for 7 days. If you do not use tokens within the seven days, then you will have to manually go in and create those visits.

**Q13: CAPS due to failure to clock in and out**

A13: If the CDS employee fails or is unable to clock in or clock out using one of the approved methods, the CDS employer or FMSA (if the CDS employer has designated the FMSA on Form 1722, Employer's Selection for Electronic Visit Verification Responsibilities) must manually enter visit data in the EVV system. Manually entered visits will negatively impact the EVV Usage Score. Refer to 7000 Clock In and Clock Out Methods and 11000 Usage in the EVV Policy Handbook for more information.

**Q14: Also, what do you mean by FMSA score is based on rejections?**

A14: The EVV Usage Score, for an FMSA, equals the rejected EVV visit transaction score. Rejected EVV visit transactions are visit transactions that were not accepted by the EVV Aggregator and that may require visit maintenance. Refer to section 11010 EVV Usage Score in the EVV Policy Handbook to view the EVV Usage Score calculation for FMSAs. The TMHP EVV Visit Transaction Rejection Guide is available on the TMHP EVV Training
webpage, and assists FMSAs with identifying and taking the necessary steps to correct an EVV visit transaction rejection.

**Q15: Any move to extend the billing time beyond 90 days since the EVV is adding extra time to process?**

A15: Please send this question to the MCO mailbox at EVVMCO@hhs.texas.gov.

**Q16: Does the FMSA or the CDS employer send in visit maintenance to the payer for option 1?**

A16: CDS employers who have selected Option 1 on Form 1722, Employer's Selection for Electronic Visit Verification Responsibilities, choose to complete visit maintenance in the EVV system themselves and must complete visit maintenance within 95 days from the date of service delivery.

After the visit maintenance time frame has expired, the EVV system locks the EVV visit transaction and the FMSA or CDS employer may only complete visit maintenance if the payer approves a Visit Maintenance Unlock Request. CDS employers who selected Option 1 on Form 1722 should send the unlock request to the payer (HHSC or an MCO) and copy the FMSA on the email (to notify their FMSA in writing). FMSAs send visit maintenance unlock requests to the payer at the CDS employer’s request if the CDS employer selected Option 2 or 3 on Form 1722.

**Q17: If there is visit maintenance, does it affect the CDS Compliance Score?**

A17: Visit maintenance does not affect the EVV Usage Score for CDS employers. Only manually creating visits affects the score. If the CDS employee fails or is unable to clock in or clock out using one of the approved methods, the CDS employer or FMSA (if the CDS employer has designated the FMSA) must manually enter visit data in the EVV system.

**Q18: Can we bill all FMSA fees on the first day of the month in TexMed and it will be paid using this date? Or are we going to have to search and find the first date we have billed and use to bill FMSA?**
A18: When billing for the FMSA administrative fee, make sure to use the correct bill code. This bill code will not require the EVV system to look for a visit corresponding to that bill date.

Q19: Can you talk about schedules in CLASS and DBMD?

A19: CLASS and DBMD program policy require service delivery to follow the member’s plan of care; this includes duration of time and the scheduled begin and end time. CDS does not require schedules to be entered in to the EVV system. Refer to section 4600 Schedules in the EVV Policy Handbook for additional information.

Q20: As long as they have the correct token numbers, that won’t affect our score? Even if they are over work hours or even if we have to manually link the calls?

A20: The EVV Usage Score, for an FMSA, equals the rejected EVV visit transaction score. Rejected EVV visit transactions are visit transactions that were not accepted by the EVV Aggregator and may require visit maintenance. Refer to section 11010 EVV Usage Score in the EVV Policy Handbook to view the EVV Usage Score calculation for FMSAs. The TMHP EVV Visit Transaction Rejection Guide is available on the TMHP EVV Training webpage, and assists FMSAs with identifying and taking the necessary steps to correct an EVV visit transaction rejection.

Q21: Has HHSC communicated with the software vendors about the blind authorizations in software until valid authorizations are received? What happens when the MCO indicates that they will not provide a new auth due to an appeal for example... who is responsible to pay the staff?

A21: Please send this question to the MCO mailbox at EVVMCO@hhs.texas.gov.

Q22: Do we have to manually link the calls?

A22: Please reach out to your EVV vendor. Contact information is included in the EVV Contact Information Guide for Program Providers and FMSAs on the HHSC EVV webpage.
Q23: How does the [usage score] negatively affect the employer or the FMSA?

A23: The CDS Employer Usage Score and the FMSA Usage Score are independent of each other, and do not negatively affect one another. For FMSAs, failure to meet the EVV Usage Score may result in contract or agreement action leading up to contract or agreement termination. For CDS employers, failure to meet the EVV Usage Score may result in a corrective action plan (CAP) leading up to removal from the CDS option.

Q24: Is HHSC reviewing additional EVV software vendors? If so who are they or how many are being reviewed?

A24: At this time, HHSC has two EVV vendors in the state vendor pool: DataLogic and First Data. You can also refer to the TMHP EVV Proprietary Systems webpage for a list of EVV Proprietary Systems Approved by HHSC.

Q25: My understanding is that the FMSA EVV Usage Score is based on manual visit entry. Is that true?

A25: No, the FMSA EVV Usage Score is based on rejected visits.

Q26: There are some rejections that the FMSA has no control over. What happens to such rejections?

A26: Please contact the EVV mailbox at EVV@hhs.texas.gov to provide specific details regarding types of rejections over which you have no control.

Q27: There have been location issues with Vesta in the last few weeks. Have there been any updates from the contracted EVV providers? Members stated they are at home and updated the app.

A27: Thank you for your feedback. There have not been any reported location issues in the last few weeks.

Q28: These codes are not available in STAR+PLUS and STAR Kids

A28: Please provide more details regarding the codes you are referring to and send your question to EVV@hhs.texas.gov. We will gladly answer that for you.
Q29: Vesta CDV allows CDS employers to change their address and info on their side, however that data does not transmit to the FMSA. This can cause issues with data integrity and GPS coordinates. Has this been discussed at the state level to achieve a resolution or implement a fix?

A29: Yes, Datalogic is aware of this issue and has posted a provider notice informing them of updating/confirming their member addresses in the Vesta application.

Q30: Vesta uses GPS coordinate data from Google. This data has been unreliable at times with punches showing far away from where we are being told the employee is clocking in and out. How is the state addressing these issues as FMSAs are unable to troubleshoot these issues, and CDS employers are being held accountable for compliance?

A30: The Vesta Mobile Application uses the Google API to display geo-location information. Below are some common factors that may affect geo-location accuracy:

- The number of GPS satellites at the current location
- The quality of the GPS antenna/receiver on the smartphone
- Satellite signal blockage due to buildings, bridges, trees, etc.
- Signals reflected off tall buildings or walls
- Weather conditions
- Address in Google Maps does not match the address in member’s profile due to missing or mismatched information such as apartment number or letter, zip code, avenue vs. ave.

While DataLogic cannot comment regarding issues related to program provider or FMSA EVV compliance, the system users have access to such exceptions, and they can adjust the address to prevent such errors.
**Q31: What are the data elements that may cause rejections?**

A31: The following data elements from the claim line item and the EVV visit transaction must match in order to avoid a claim rejection:

<table>
<thead>
<tr>
<th>EVV Claim Line Item*</th>
<th>Accepted EVV Visit Transaction*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid ID</td>
<td>Medicaid ID</td>
</tr>
<tr>
<td>Date of Service</td>
<td>EVV Visit Date</td>
</tr>
<tr>
<td>National Provider Identifier (NPI) or Atypical Provider Identifier (API)</td>
<td>NPI or API</td>
</tr>
<tr>
<td>HCPCS Modifiers</td>
<td>HCPCS Modifiers</td>
</tr>
<tr>
<td>Billed Units</td>
<td>Billable Units (if applicable)</td>
</tr>
</tbody>
</table>

*If any of the above data elements do not match, the claim matching process will return an unsuccessful match result code and the payer will deny the claim. Refer to 12210 Claims Matching Process for more information.

**Q32: What codes are you discussing?**

A32: Please provide more details regarding the codes you are referring to and send your question to EVV@hhs.texas.gov. We will gladly answer that for you.

**Q33: What if you have an employer whose employee refuses to clock in and out of the EVV app/land line. What do we do?**

A33: If the CDS employee fails to or is unable to clock in or clock out using one of the approved methods, the CDS employer or FMSA (if the CDS employer has designated the FMSA on Form 1722, Employer's Selection for Electronic Visit Verification Responsibilities) must manually enter visit data in the EVV system. Manually entered visits will negatively impact the EVV Usage Score. Refer to 7000 Clock In and Clock Out Methods and 11000 Usage in the EVV Policy Handbook for more information.
**Q34: What is the time frame for manual visit entry - maintenance time frame?**

A34: FMSAs and CDS employers must complete all required visit maintenance, including entry of manual visits, within 95 days from the date of service delivery. This is known as the visit maintenance time frame. HHSC may extend the visit maintenance time frame as needed.

**Q35: What if there is an authorization for the member but Vesta system does not allow them to clock in/out. How should we take care of those issues?**

A35: In this scenario, the CDS employee will need to document their time worked and have the visits manually entered into the vendor system either by the CDS employer or the FMSA.

**Q36: When the new authorization comes in do you just link the visit from call view?**

A36: Please contact your EVV vendor or proprietary system operator with questions pertaining to the EVV system you are using. Contact information is included in the EVV Contact Information Guide for Program Providers and FMSAs on the HHSC EVV webpage.