



Electronic Visit Verification Glossary of Terms

The Texas Health and Human Services Commission (HHSC) published the following document that lists the common terms, acronyms and definitions used within Electronic Visit Verification (EVV).

Term	Acronym	Definition
21 st Century Cures Act	Cures Act	The 21 st 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.
21 st Century Cures Act, Section 12006	Cures Act, Section 12006	The 21 st Century Cures Act is a federal law enacted on December 13, 2016 that amends Section 1903 of the Social Security Act (42 USC 1396b). Section 12006 of the Cures Act describes Electronic Visit Verification (EVV) requirements and federal financial matching participation to support the development of EVV systems for the delivery of all Medicaid personal care services (beginning January 1, 2020) and home health care services (beginning January 1, 2023).
Alternative device		An HHSC-approved electronic device provided at no cost by an EVV vendor or Proprietary System Operator (PSO), if applicable, that allows the service provider to clock in and clock out of the EVV system from the member's home.
Atypical Provider Identifier	API	A unique number assigned to a program provider instead of a National Provider Identifier (NPI) number. The Centers for Medicare and Medicaid Services (CMS) defines atypical program providers as a program provider that does not provide health care.

Term	Acronym	Definition
		Respite services are an example of an atypical service.
Auto-verified EVV visits		EVV visits that have no exceptions in the EVV system and are eligible for claims matching
Bill Hours		The quarter hour increments that represent the Actual Hours Worked
Billable Hours		The hours that the EVV Aggregator systematically converts to EVV units
Billing staff		Staff who submit Medicaid claims for an EVV-required service
Business day		Monday through Friday, except national or state holidays listed in Texas Government Code, Section 662.003(a) or (b)
Centers for Medicare & Medicaid Services	CMS	The federal agency within the United States Department of Health and Human Services that administers the Medicare and Medicaid programs
Claims administrator	N/A	The entity the Texas Health and Human Services Commission (HHSC) has designated to perform functions such as processing certain Medicaid program provider claims, managing the EVV Aggregator, and performing EVV vendor management functions
Claims matching process	N/A	The Texas Health and Human Services Commission (HHSC) uses the EVV claims matching process to identify one or more EVV visits that support a Medicaid claim.
Community Attendant Services Program	CAS	A Medicaid state plan program operating under Title XIX of the Social Security Act, as described in 40 Texas Administrative Code (TAC) Chapter 47 (relating to Primary Home Care, Community Attendant Services, and Family Care Programs)

Term	Acronym	Definition
Community First Choice	CFC	A Medicaid state plan option governed by Code of Federal Regulations, Title 42, Part 441, Subpart K, Home and Community-Based Attendant Services and Supports State Plan Option (Community First Choice). This includes STAR members who receive these services through the traditional Medicaid service model also referred to as fee-for-service
Community First Choice Habilitation	CFC HAB	A Medicaid state plan service that provides habilitation through Community First Choice (CFC)
Community First Choice Personal Assistance Services	CFC PAS	A Medicaid state plan service that provides personal assistance services through Community First Choice (CFC)
Community First Choice Personal Assistance Services/Habilitation	CFC PAS/HAB	A Medicaid state plan service provided through CFC that provides both personal assistance services and habilitation combined into one service
Computer-based training	CBT	A training method where participants access the training using a computer or a mobile device, with no live instructor
Community Living Assistance and Support Services Program	CLASS	The Medicaid waiver program approved by CMS under Title XIX, Section 1915(c) of the Social Security Act, as described in 40 Texas Administrative Code (TAC) Chapter 45 (relating to Community Living Assistance and Support Services and Community First Choice (CFC) Services)
Consumer Directed Services	CDS	Consumer Directed Services allows people who receive services from Texas Health and Human Services Commission to hire and manage the people who provide their services

Term	Acronym	Definition
Consumer Directed Services (CDS) employer	CDS employer	A member or Legally Authorized Representative (LAR) who chooses to participate in the CDS option. A CDS employer, the member or LAR, is responsible for hiring and retaining a service provider who delivers a service described in §354.4005 of Chapter 354, Subchapter O (relating to Applicability).
Consumer Directed Services (CDS) option	CDS option	A service delivery option in which a member or Legally Authorized Representative (LAR) employs and retains a service provider and directs the delivery of a service described in §354.4005 of Chapter 354, Subchapter O (relating to Applicability)
Critical data elements		<p>Data an EVV system verifies related to the delivery of Medicaid services:</p> <ul style="list-style-type: none"> • The type of service provided • The name of the recipient to whom the service is provided • The date and times the provider began and ended the service delivery visit • The location, including the address, at which the service was provided • The name of the individual who provided the service • Other information the commission determines is necessary to ensure the accurate adjudication of Medicaid claims
Data validation		A process performed by the EVV system and EVV Aggregator to ensure the data complies with defined requirements
Day		A calendar day, including weekends and holidays
Deaf Blind with Multiple Disabilities Program	DBMD	The Medicaid waiver program approved by CMS under Title XIX, Section 1915(c) of the Social Security Act, as described in 40 Texas Administrative Code (TAC) Chapter 42 (relating to Deaf Blind with Multiple Disabilities (DBMD) Program and Community First Choice (CFC) Services)

Term	Acronym	Definition
Designated Representative	DR	If a Consumer Directed Services (CDS) employer (member or Legally Authorized Representative) needs support or assistance to meet employer responsibilities, they may choose to appoint a DR. A CDS employer can appoint a DR to assist or to perform EVV responsibilities in the CDS option.
Electronic Visit Verification	EVV	The documentation and verification of service delivery through an EVV system
EVV Aggregator		A centralized database that collects, validates, and stores statewide EVV service delivery data transmitted by an EVV system
EVV claim match result code		A code used to indicate if an EVV claim line item matched or did not match an accepted EVV visit transaction
EVV compliance oversight		A set of standards established by the Texas Health and Human Services Commission (HHSC) and managed care organizations (MCOs) to ensure EVV requirements and policies are being followed
EVV Compliance Oversight Reviews		Monitors the usage of an EVV system to electronically document authorized service delivery visits
EVV compliance oversight quarter		A period of three consecutive calendar months prior to the review month that occurs at least once within a calendar year, or more frequent as determined by the payer
EVV compliance oversight score		An EVV minimum score of 80 percent based on EVV compliance oversight reviews that must be achieved and maintained per review period; each quarter
EVV mobile application		An application downloaded onto a mobile device that facilitates EVV user access to an EVV system

Term	Acronym	Definition
EVV mobile method		A mobile device (smart phone or tablet) used in the home or community to clock in when service delivery begins and clock out when service delivery ends
EVV Policy Handbook		The Texas Health and Human Services Commission (HHSC) handbook that provides EVV standards and policy requirements
EVV Portal		An online system that allows users to perform searches and view reports associated with EVV visits in the EVV Aggregator
EVV Portal Registration		The establishing of access, including log on credentials, to the EVV Portal (operated by Texas Medicaid & Healthcare Partnership) for program providers and Financial Management Services Agencies (FMSAs)
EVV Portal Training		All required trainings created by TMHP for program providers and FMSAs to complete to understand how to access and use the EVV Portal
EVV proprietary system	PS	An HHSC-approved EVV system that a program provider or Financial Management Services Agency (FMSA) may opt to use instead of an EVV vendor system that: A. is purchased or developed by a program provider or an FMSA; B. is used to exchange EVV information with HHSC or a managed care organization (MCO); and C. complies with the requirements of Texas Government Code §531.024172 or its successors
EVV Proprietary System Operator	PSO	A program provider or Financial Management Services Agency (FMSA) whose responsibilities for EVV include but are not limited to: • Adhering to all HHSC EVV proprietary system business rules for system operation • Following all EVV requirements such as:

Term	Acronym	Definition
		<ul style="list-style-type: none"> ○ The HHSC EVV Policy Handbook and policies on the EVV website ○ Texas Administrative Code Chapter 354 as it relates to EVV • Supporting one or more electronic verification methods required to use the EVV proprietary system • Providing EVV system training and technical support
EVV Proprietary System Operator (PSO) Onboarding Process		The process when an EVV Proprietary System Operator (PSO) onboards their EVV proprietary system in the Texas EVV operating environment
EVV Proprietary System Request Form		A form on the Texas Medicaid & Healthcare Partnership (TMHP) EVV Proprietary Systems webpage that must be completed and sent to TMHP to indicate the program provider or Financial Management Services Agency (FMSA) has made the decision to operate an EVV proprietary system in Texas
EVV Provider Onboarding Form		A form on the EVV vendor’s website that must be completed and sent to the EVV vendor to select the EVV vendor’s system and initiate the onboarding process
EVV Reason Code Number		A number selected in the EVV system that describes the purpose for completing visit maintenance on an EVV visit transaction
EVV Reason Code Description		A letter selected in the EVV system that describes the purpose for completing visit maintenance on an EVV visit transaction in more detail
EVV system		A vendor or proprietary system used to electronically document and verify critical data elements related to the delivery of EVV-required services

Term	Acronym	Definition
EVV System Administrator		This person will administer access to the EVV system for agency personnel and ensure that the program provider or Financial Management Services Agency (FMSA) enters all necessary data into the system for EVV visit collection to begin
EVV system users		Staff who use an EVV system for their daily job functions
EVV Usage		The standards created by the Texas Health and Human Services Commission (HHSC) to ensure program providers and Financial Management Services Agencies (FMSAs) use the EVV system as documented in the EVV Policy Handbook
EVV Usage Score		The EVV Usage Score is equal to the manual visit score plus the rejected visit score for the quarter
EVV vendor		An entity contracted with Texas Medicaid & Healthcare Partnership (TMHP), the state's claims administrator, to provide a cost-free EVV system option for program providers and Financial Management Services Agencies (FMSAs) contracted with the Texas Health and Human Services Commission (HHSC) or a managed care organization (MCO)
EVV vendor system		An EVV system provided by an EVV vendor, selected by the claims administrator on behalf of the Texas Health and Human Services Commission (HHSC), that a program provider or Financial Management Services Agency (FMSA) may opt to use instead of an EVV proprietary system
EVV visit		The time spent by a service provider providing services that require EVV to a member
EVV visit transaction		A data record generated by an EVV system that contains data elements for a visit conducted to provide an EVV service

Term	Acronym	Definition
		<p>Types of EVV visit transactions:</p> <ul style="list-style-type: none"> • Electronic visit transactions: visit transactions automatically generated when the service provider uses approved electronic verification methods to clock in and clock out • Manual visit transactions: visit transactions manually entered into the EVV system when the service provider fails to use an approved electronic verification method to clock in and/or clock out • Exported visit transactions: visit transactions sent from the EVV system to the EVV Aggregator • Accepted visit transactions: visit transactions accepted by the EVV Aggregator that are ready for the EVV claims matching process • Rejected visit transactions: visit transactions rejected by the EVV Aggregator because they did not pass visit validation edits
Exception		Visits that vary from the schedule or authorization and require visit maintenance
Family Care Program	FC	A program funded under Title XX, Subtitle A of the Social Security Act, as described in 40 Texas Administrative Code (TAC) Chapter 47
Fee-for-Service	FFS	Types of Medicaid services in which program providers are paid for each service performed and which the claims are processed through the claims administrator
Financial Management Services Agency	FMSA	An entity that contracts with the Texas Health and Human Services Commission (HHSC) or a managed care organization (MCO) to provide financial management services to a Consumer Directed Services (CDS) employer as described in 40, Texas Administrative Code (TAC) Chapter 41 (relating to Consumer Directed Services option)

Term	Acronym	Definition
Free text		Additional information attached to an EVV Reason Code description that is required when a visit is missing a clock in/out time and/or when using specified reason code numbers outlined in the EVV Reason Code Policy
GovDelivery		A subscription management system used by the Texas Health and Human Services Commission (HHSC) to deliver new information through email or text message
HHSC	HHSC	Texas Health and Human Services Commission
Home and Community-Based Services Adult Mental Health Program	HCBS-AMH	A Medicaid state plan option approved by CMS under Title XIX, Section 1915(i) of the Social Security Act, as described in 26 Texas Administrative Code (TAC) Chapter 307, Subchapter B (relating to Home and Community-Based Services--Adult Mental Health Program)
Home and Community-based Services Program	HCS	A Medicaid waiver program approved by CMS under Title XIX, Section 1915(c) of the Social Security Act, as described in 40 Texas Administrative Code (TAC) Chapter 9, Subchapter D (relating to Home and Community-based Services [HCS] Program and Community First Choice [CFC])
Home health care services	HHCS	Covered services, equipment, appliances and supplies which are provided to qualified Medicaid recipients at their place of residence by home health agency staff, providers of durable medical equipment, or expendable medical supplies under federal regulations 42 CFR §440.70 and §354.1037 of this title (relating to Written Plan of Care) and §354.1039 of this title (relating to Home Health Benefits and Limitations)
Home phone landline		An approved method used to clock in and clock out of an EVV system using the member's home phone landline to call a toll-free number

Term	Acronym	Definition
Identification data		Data program providers and Financial Management Services Agencies (FMSAs) must enter (or import) into the EVV system before service providers can clock in and clock out: <ul style="list-style-type: none"> • The type of service provided (Service Authorization Data) • The name of the recipient to whom the service is provided (Member Data) • The name of the individual who provided the service (Service Attendant Data) • Other information the commission determines is necessary to ensure the accurate adjudication of Medicaid claims (program provider or FMSA information)
Instructor-led training	ILT	A method of delivering live, in-person training by an instructor
Learning Management System	LMS	A software application used for the delivery and tracking of educational training courses
Legally Authorized Representative	LAR	A person authorized by law to act on behalf of an individual, which may include a parent, guardian or managing conservator of a minor, of the guardian of an adult
Long-term Care	LTC	A range of services and supports provided to people who are older and require help with basic tasks of living; such as bathing, dressing, personal care, housekeeping, or preparing meals
Managed care		Quality initiatives under as determined by the commission based on data or other evidence provided by the organization or meets quality of care and cost-efficiency benchmarks
Managed care organization	MCO	A person that is authorized or otherwise permitted by law to arrange for or provide a managed care plan and contracts with the commission to provide health care services to Medicaid recipients. The term includes health maintenance organizations and exclusive provider organizations.

Term	Acronym	Definition
Managed care organization (MCO) Long-term Services and Supports (LTSS) provider	MCO LTSS provider	An MCO LTSS provider is any provider who provides LTSS services under a specific National Provider Identifier (NPI) and taxonomy combination and submits claims through Medicaid managed care. An MCO LTSS provider will have to enroll through this process when the NPI and taxonomy combination they bill LTSS services with does not have an active, associated Texas Provider Identifier (TPI) through Texas Medicaid & Healthcare Partnership (TMHP) or an Atypical Provider Identifier (API) through this process.
Manual visit score		Equal to the number of non-Graphical User Interface (GUI) EVV visit transactions (visit transactions generated by electronic clock in and clock out), divided by the total accepted EVV visit transactions, multiplied by 60 percent
Medicaid		The medical assistance program established under Chapter 32 of the Human Resources Code; includes all of the health care and related services and benefits authorized or provided under federal law for needy individuals of this state
Medically Dependent Children Program	MDCP	A Medicaid waiver program approved by CMS under Title XIX, Section 1915(c) of the Social Security Act, as described in Chapter 353, Subchapter M of this title (relating to Home and Community Based Services in Managed Care)
Medically Dependent Children Program STAR Health (MDCP STAR Health) covered service	MDCP STAR Health	A service provided to a member eligible to receive MDCP benefits under the STAR Health Program

Term	Acronym	Definition
Medically Dependent Children Program STAR Kids (MDCP STAR Kids) covered service	MDCP STAR Kids	A service provided to a member eligible to receive MDCP benefits under the STAR Kids Program
Member		A person eligible to receive a Medicaid service federally required to use EVV
National Provider Identifier (NPI)	NPI	A unique 10-digit identification number issued to health care program providers
Non-EVV service		An authorized service not required to use EVV, such as transportation and supported employment
Non-Preferred Reason Code		This EVV Reason Code Number and the appropriate EVV Reason Code Description should be selected when staff have failed to clock in and/or clock out of the EVV system
Onboarding process		The process of establishing access to an EVV system
Payer		An entity that pays a Medicaid claim, and includes the Texas Health and Human Services Commission (HHSC) and managed care organizations (MCOs)
Personal care services	PCS	Support services provided to a person eligible for Texas Health Steps Comprehensive Care Program (CCP) services who requires assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) due to physical, cognitive, or behavioral limitations related to his or her disability or chronic health condition
Primary Home Care Program		A Medicaid state plan program operating under Title XIX of the Social Security Act, as described in 40 Texas Administrative Code (TAC) Chapter 47

Term	Acronym	Definition
Program provider		An entity that contracts with the Texas Health and Human Services Commission (HHSC) or a managed care organization (MCO) to provide a service required to use EVV
Program Provider/ Financial Management Services Agency (FMSA) EVV System Administrator		Administers access to the EVV system for agency personnel and ensures that the program provider or FMSA enters all necessary data into the system for EVV visit collection to begin
Readiness Review		A validation process conducted by the Texas Health and Human Services Commission (HHSC) for the approval of an EVV Proprietary System Operator to operate an EVV proprietary system. The approval process includes a series of tests designed to ensure the EVV proprietary system meets all HHSC requirements within an established timeline.
Reason code		A standardized HHSC-approved code selected in an EVV system that explains the specific reason a change was made to an EVV visit transaction
Rejected EVV claim		An EVV claim that fails the initial system edits and is returned to the program provider or Financial Management Services Agency (FMSA) for correction without being submitted for processing
Rejected visit score		Equal to the number of non-rejected EVV visit transactions, divided by the total exported EVV visit transactions, multiplied by 40 percent
Service provider		A person who provides a service required to use EVV and who is employed or contracted by a program provider or a Consumer Directed Services (CDS) employer

Term	Acronym	Definition
Service delivery option		Options members can choose from for the delivery of services: <ul style="list-style-type: none"> • Agency option • Consumer Directed Services (CDS) option • Service Responsibility (SRO) option
Service Responsibility option	SRO	A service delivery option in which a member or Legally Authorized Representative (LAR) selects, trains, and provides daily management of a service provider, while the fiscal, personnel, and service back-up plan responsibilities remain with the program provider
Signature Authority		Responsible for maintaining accurate data within the EVV system, including information managed or maintained by a third party or sub-contractor
STAR	STAR	State of Texas Access Reform
STAR Program		A Medicaid program operating under Title XIX, Section 1115 of the Social Security Act. The program provides services through a managed care delivery model to a member enrolled in STAR as described in Chapter 353, Subchapter I of this title (relating to STAR)
STAR Health Program		The Medicaid program operating under Title XIX, Section 1915(a) of the Social Security Act and Texas Family Code, Chapter 266. The program provides services through a managed care delivery model to a member enrolled in STAR Health as described in Chapter 353, Subchapter H of this title (relating to STAR Health)
STAR Kids Program		The Medicaid program operating under Title XIX, Section 1115 of the Social Security Act and Texas Government Code, Chapter 533. The program provides services through a managed care delivery model to a member enrolled in STAR Kids as described in Chapter 353, Subchapter N of this title (relating to STAR Kids)

Term	Acronym	Definition
STAR+PLUS Home and Community-Based Services Program	STAR+PLUS HCBS Program	A Medicaid program operating through a federal waiver under Title XIX, Section 1115 of the Social Security Act. The program provides services to a member eligible to receive HCBS benefits under the STAR+PLUS Program, as described in Chapter 353, Subchapter M of this title (relating to Home and Community Based Services in Managed Care)
STAR+PLUS Medicare-Medicaid Plan	STAR+PLUS MMP	A managed care program operating under Title XIX, Section 1115A of the Social Security Act that provides the authority to test and evaluate a fully integrated care model for clients who are dual eligible. The STAR+PLUS MMPs are contracted with CMS and HHSC to participate in the Dual Demonstration Program described in Chapter 353, Subchapter L of this title (relating to Texas Dual Eligibles Integrated Care Demonstration Project)
STAR+PLUS Program	STAR+PLUS	A Medicaid program operating under Title XIX, Section 1115 of the Social Security Act, and Texas Government Code, Chapter 533. The program provides services through a managed care delivery model to a member enrolled in STAR+PLUS as described in Chapter 353, Subchapter G of this title (relating to STAR+PLUS)
State vendor pool		Cost-free EVV system options for program providers and Financial Management Services Agencies (FMSAs) contracted with the Texas Health and Human Services Commission (HHSC) or a managed care organization (MCO)

Term	Acronym	Definition
Texas Health Steps Comprehensive Care Program		A Medicaid comprehensive program approved by CMS under Title XIX, Section 1905 of the Social Security Act, as described in Chapter 363, Subchapter F of this title (relating to Personal Care Services). This includes STAR members who receive these services through the traditional Medicaid service model also referred to as fee-for-service
Texas Home Living Program	TxHmL	A Medicaid waiver program approved by CMS under Title XIX, Section 1915(c) of the Social Security Act, as described in 40 Texas Administrative Code (TAC) Chapter 9, Subchapter N (relating to Texas Home Living [TxHmL] Program and Community First Choice [CFC])
Texas Provider Identifier	TPI	A nine-digit number issued to a program provider by the claims administrator that is used to identify the program provider when filing claims for reimbursement
Texas Medicaid & Healthcare Partnership	TMHP	The state's claims administrator and is responsible for the Medicaid Management Information System (MMIS) where the EVV Aggregator resides
Third-party software system		A software program used to manage scheduling, billing and payroll
Visit data		<p>Data the EVV system captures when the service provider clocks in and clocks out of the EVV system:</p> <ul style="list-style-type: none"> • The type of service provided (Service Authorization Data) • The name of the recipient to whom the service is provided (Member Data) • The date and times the provider began and ended the service delivery visit • The location, including the address, at which the service was provided • The name of the individual who provided the service (Service Attendant Data)

Term	Acronym	Definition
Visit maintenance		A process that allows edits to certain data elements in an EVV visit transaction within an EVV system
Visit Maintenance Lockout		The inability to complete EVV visit maintenance in the EVV system within the standard EVV visit maintenance timeframe
Visit Maintenance Unlock Request		Allows program providers, Financial Management Services Agencies (FMSAs), and Consumer Directed Services (CDS) employers the opportunity to correct data elements on an EVV visit transaction after the standard EVV visit maintenance timeframe
Youth Empowerment Services Program	YES	A Medicaid waiver approved by CMS under Title XIX, Section 1915(c) of the Social Security Act as described in 26 Texas Administrative Code (TAC) Chapter 307, Subchapter A (relating to Youth Empowerment Services [YES])