

Health and Human Services Commission (HHSC) Electronic Visit Verification (EVV) Reports Policy (Revised)

Revision 20-2; Effective Jan. 6, 2020

Policy

Effective January 6, 2020, HHSC has revised the HHSC EVV Standard Reports Policy to include a policy name change, add financial management services agencies (FMSAs) and to update report details due to EVV Portal enhancements.

The EVV Reports Policy (previously EVV Standard Reports Policy) is the official list of EVV reports that HHSC and managed care organizations (MCOs) will use for oversight and data analysis; such as but not limited to:

- HHSC contract monitoring
- HHSC EVV compliance oversight reviews
- Fraud, waste, and abuse reviews

Program providers and FMSAs must access the HHSC EVV standard reports in the EVV Portal and EVV System.

Consumer directed services (CDS) employers will not have access to the EVV Portal standard reports. See Appendix XI for CDS employer EVV standard reports.

The EVV system that generates the standard report is the system of record for the compliance data within the standard reports. HHSC and MCOs will only use the EVV Portal standard reports and EVV system standard reports during contract monitoring, recoupment projects, or other compliance oversight and review activities.

HHSC and MCOs will use EVV visits accepted in the EVV Aggregator with date(s) of service on or after Sept. 1, 2019 for EVV compliance oversight beginning Sept. 1, 2019.

HHSC and MCOs will use EVV visits in the DataLogic Vesta EVV system with date(s) of service prior to Sept. 1, 2019 for EVV contract monitoring covering service delivery prior to Sept. 1, 2019.

EVV Portal Standard Reports

HHSC, MCOs, program providers, and FMSAs will have access to the following EVV standard reports in the EVV Portal:

- *EVV Attendant History Report*
 - Verifies which attendants provided services to a member for a requested date range.
- *EVV Provider Report*

- Displays contract or enrollment data used by the program provider or FMSA during setup in the EVV system.
- Displays the program provider or FMSA EVV system onboarding date, start date and end date.
- *EVV Reason Code Usage and Free Text Report*
 - Displays the EVV reason code number, reason code description and any free text entered on accepted EVV visits transactions during a specified month, sorted by each program provider's or FMSAs unique identifier.
 - Allows program providers and FMSAs, on behalf of the CDS employers, to search reason code usage and entered free text by Medicaid ID.
- *EVV Usage Report*
 - Displays the program provider or FMSA EVV usage score for the preceding quarter(s) and if the minimum EVV usage score was met.
- *EVV Visit Log*
 - Displays the hours of services delivered by the attendant to the member and includes all EVV accepted visit data sent to the EVV Aggregator for services starting Sept. 1, 2019.
 - Displays the schedule (when applicable) and the:
 - Actual hours
 - Location
 - EVV clock in/clock out method for each visit
- *EVV Clock In/Clock Out Usage Report*
 - Used to review the attendant's:
 - Use of EVV clock in/clock out methods
 - Total visits worked within a specific date range
 - Percentage of total visits worked for each clock in/clock out method within a specific date range
- *EVV Units of Service Summary Report*
 - Displays daily, weekly and monthly totals of services delivered for a Medicaid ID
 - Identifies breaks in service for a Medicaid ID

EVV System Standard Reports

HHSC, MCOs, program providers and FMSAs will have access to the following EVV standard reports in the EVV System:

- *EVV Alternative Device Order Status Report*
 - Used to verify that alternate devices ordered and to track the status of those orders.
- *EVV CDS Service Delivery Log*
 - Displays EVV visit data for CDS employers for a requested date range.
- *EVV Landline Phone Verification Report*
 - Displays phone numbers entered into the EVV system when a program provider has selected the member's home phone landline as the clock in/clock out method.

- *Non-EVV Relevant Time Report*
 - Displays attendant time spent on non-EVV services between the visit clock in and clock out for a requested date range.

EVV Vendor Ad Hoc Reporting

The EVV vendor, or EVV proprietary system operator where applicable, must provide ad hoc reporting of any EVV data available in the EVV system at no additional cost to HHSC, MCOs, the program provider or FMSAs.

HHSC and MCOs will consider ad hoc reports as EVV **non-standard** reports. HHSC and MCOs will not use ad hoc reports for contract oversight monitoring; such as contract monitoring reviews.

For questions regarding EVV vendor ad hoc reporting, contact your EVV vendor or the EVV proprietary system operator.

EVV Claims Matching Data and Visit Transaction Reports

HHSC, MCOs, program providers and FMSAs can perform searches for EVV claims matching data and EVV visit transactions in the EVV Portal. The following searches are available:

- Accepted Visit Search
 - Displays the current accepted EVV visit transactions within a specific date range.
 - Confirms if the EVV Aggregator has accepted an EVV visit transaction.
 - Provides the date and time when the EVV Aggregator received the EVV visit transaction.
 - Program providers and FMSAs should review the Accepted Visit Search before submitting an EVV claim to TMHP, CARE or CMBHS to ensure proper EVV claims matching.
- Visit History Search
 - Displays all changes made to an EVV visit transaction through visit maintenance in the EVV system; including EVV visit transactions rejections and the EVV rejection code(s).
- EVV Claim Search
 - Displays all EVV claim match result codes when searching for a range of dates of service. Claims with no matching EVV visit will have claim mismatch result codes but will not have an EVV Visit ID because the EVV Aggregator was unable to match those claims to a visit.

Questions:

- How to use the EVV Portal, contact evv@tmhp.com
- How to access EVV Standard Reports from the EVV system, contact your EVV vendor.
- For EVV policy, contact HHSC or your MCO.