



Electronic Visit Verification

Guidance Related to DataLogic/Vesta EVV System Outage from Dec. 5, 2020 to Dec. 10, 2020

Jan. 25, 2021

HHSC is issuing this guidance to program providers, financial management services agencies (FMSAs) and consumer directed services (CDS) employers who used the Vesta Electronic Visit Verification (EVV) system between Dec. 5, 2020 and Dec. 10, 2020. Vesta EVV experienced a major system outage during this time.

As a result of the outage:

- Attendants and CDS employees were unable to reliably clock in and clock out.
- CDS employers, program providers and FMSAs were unable to verify visits and perform visit maintenance.

DataLogic has established a process to assist program providers and FMSAs with verifying pending visits that occurred during the outage. Program providers and FMSAs who would like assistance with verifying pending visits from the outage can email DataLogic at svr@vestaevv.com for more information about how to get started with this process.

HHSC Guidance for Program Providers Required to use EVV Prior to the Cures Act EVV Expansion

This section applies to program providers who were required to use EVV by state law prior to the Cures Act EVV Expansion on Jan. 1, 2021, as identified on pages 3 and 4 of the [Programs and Services Required to Use EVV](#) document.

Visit Entry and Reason Codes

To support payment of claims and hours worked, program providers must ensure an EVV visit is accepted at the Texas Medicaid & Healthcare Partnership (TMHP) EVV Portal for any service delivery visits for EVV-required services that occurred

during the outage within 180 days of the visit. As noted above, DataLogic can assist with entering these visits.

When manually entering visits and completing visit maintenance for visits impacted by the outage, HHSC recommends program providers use “Reason Code 600 – Other” and include “Vesta system outage” and the clock in and clock out times in the required free text field.

Claims

As a reminder, claims were able to be paid during this timeframe without a supporting EVV visit because of the [temporary EVV policies for COVID-19](#) and the Cures Act EVV practice period.

Claims must be billed to reflect only actual hours worked and must comply with other claims processing requirements, such as billing in accordance with the authorization.

Recoupments

HHSC and managed care organizations (MCOs) will not recoup claims for EVV-related reasons for visits that meet the following criteria:

- The visit was recorded in the DataLogic/Vesta EVV system; and,
- The visit occurred **after** Nov. 27, 2020 and **before** Dec. 11, 2020.

This includes recoupments related to:

- EVV claims matching criteria;
- Reason code misuse;
- Free text requirements (including actual time in and actual time out in the free text); and,
- Supporting documentation for manually entered visits (also known as GUI visits).

Claims may still be audited or reviewed for recoupment reasons unrelated to EVV, such as exceeding authorized units.

EVV visits and claims during the outage may still be audited or reviewed in relation to an allegation of fraud, waste or abuse.

EVV Compliance Oversight

For the month of December 2020, HHSC and MCOs will not review data from the DataLogic/Vesta EVV systems for EVV compliance oversight. This includes:

- EVV Usage Reviews
 - Note: Program providers' quarterly score will be calculated based on the months of January and February
- EVV Reason Code Misuse Reviews
- Landline Phone Verification Reviews
- EVV Reason Code Required Free Text Reviews

EVV visits and claims during the outage may still be audited or reviewed in relation to an allegation of fraud, waste or abuse. EVV visits and claims may also be reviewed by HHSC or an MCO during a contract monitoring event for reasons unrelated to EVV, such as exceeding authorized units.

Cures Act EVV: HHSC Guidance to Program Providers, FMSAs, and CDS Employers

This section applies to Cures Act program providers, FMSAs and CDS employers who are required to use EVV by the Cures Act EVV Expansion on Jan. 1, 2021 as identified on pages 1 and 2 of the [Programs and Services Required to Use EVV](#) document.

Cures Act program providers, FMSAs and CDS employers, must **either** have an EVV visit record **or** supporting time documentation (as required the specific Medicaid program) to support the billed claim because this outage occurred during the practice period when EVV was not mandatory. Cures Act program providers, FMSAs and CDS employers must follow the documentation requirements of their program if an EVV visit is not documented to support the billed claim.

As a reminder, Cures Act program providers, FMSAs and CDS employers have a [grace period for EVV compliance oversight](#).

Claims for services that occurred during the outage may still be audited or reviewed for recoupment reasons unrelated to EVV, such as exceeding authorized units. EVV visits and claims during the outage may still be audited or reviewed in relation to an allegation of fraud, waste or abuse.

Questions

If compliance actions are taken against a program provider, FMSA or CDS employer that conflicts with this guidance, [email HHSC EVV](#).

[Questions? Email HHSC EVV](#).