



## **Electronic Visit Verification (EVV)**

### **Frequently Asked Questions (FAQs) about using EVV with Home Health Care Services (HHCS)**

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## Electronic Visit Verification (EVV) Basics

### What is EVV?

**Answer:** 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. EVV helps prevent fraud, waste, and abuse, while making sure Medicaid recipients receive care that is authorized for them.

### Why is EVV required for HHCS?

**Answer:** The [21st Century Cures Act, or Cures Act](#), is a federal law that passed in 2016 requiring states to implement EVV for Medicaid personal care services and home health care services that require an in-home visit. States that did not implement EVV received reduced federal Medicaid funding. Visit the [HHSC EVV 21st Century Cures Act web page](#) for more information.

## EVV Requirements

### When was the EVV implementation deadline for HHCS?

**Answer:** The Cures Act required states to implement EVV for HHCS by Jan. 1, 2023. However, in July 2022, HHSC requested a good faith effort exemption from the Centers for Medicare and Medicaid Services to extend the deadline by one year. CMS approved the request and HHSC implemented EVV for Medicaid HHCS on Jan. 1, 2024.

### What if I do not use EVV?

**Answer:** If you do not have an EVV visit for an EVV-required service, the claim line item for the corresponding date of service will be denied and not paid. If a program provider or financial management services agency (FMSA) fails to comply with EVV policies, HHSC may place the program provider or FMSA on a corrective action plan or recommend contract termination.

### What are the EVV standards and policy requirements?

**Answer:** The [EVV Policy Handbook](#) provides EVV standards and policy requirements that program providers and FMSAs contracted with HHSC and managed care organizations (MCOs) must follow. The EVV Policy Handbook also includes requirements for CDS employers. EVV standards and policy requirements do not replace or supersede program or licensure requirements. Program providers and FMSAs must follow all program and licensure rules and policies in addition to EVV



policies. The EVV Policy Handbook has EVV requirements for both HHSC and MCOs (the payers). Program providers and FMSAs must adhere to their individual contracts with HHSC or an MCO and contact the payer for questions on EVV and non-EVV requirements.

### **What is the process to start using EVV?**

#### **Answer:**

Step 1: [Select an EVV system](#)

- EVV vendor system, or
- EVV proprietary system

Step 2: Complete [required EVV training](#)

Step 3: Complete EVV system onboarding

- HHAeXchange [Onboarding Form](#)
- EVV Proprietary System (PS) Request Form is available on the EVV Portal. The [Job Aid for Accessing the EVV Portal](#) is located on the [TMHP website](#). For more questions on the PS Request Form, email [EVV\\_PSO@tmhp.com](mailto:EVV_PSO@tmhp.com).

Review section [4000 EVV System and Setup](#) in the EVV Policy Handbook for details, and refer to the applicable Getting Started with EVV introduction as listed below for specific responsibilities and requirements of each role

- [Program providers \(PDF\)](#)
- [FMSAs \(PDF\)](#)
- [CDS employers \(PDF\)](#)
- [Service providers \(PDF\)](#)
- [CDS employees \(PDF\)](#)

## **Training**

### **Is EVV training required?**

**Answer:** Yes. The [HHSC EVV Training policy](#) requires program providers, FMSAs, service providers, CDS employers, and any staff who performs EVV system operations, to complete required EVV training:

- Before using the EVV vendor system (HHAeXchange Portal) or an EVV proprietary system; and



- Yearly thereafter.

You may use the [EVV Training Requirements Checklists \(PDF\)](#) to track training requirements and completion of trainings.

### **Which training methods are available?**

**Answer:** The EVV vendor, EVV Proprietary System Operators (PSOs), payers (HHSC and MCOs) and TMHP may offer training through different delivery methods, such as:

- Computer-based training (CBTs)
- Instructor-led training
- Webinars
- Downloadable files, such as job aids and frequently asked questions

Refer to the [EVV Training Requirements Checklists \(PDF\)](#) for more information on training delivery methods.

## **Home Health Care Services Required to Use EVV**

### **Which home health care services are required to use EVV?**

**Answer:** HHSC has identified the impacted services and posted them in the document, [HHCS Required to Use EVV \(PDF\)](#) and the [EVV HHCS Service Bill Codes Table \(PDF\)](#) (located on the [HHSC EVV 21st Century Cures Act web page](#)).

### **Is a Comprehensive Nursing Assessment (CNA) part of nursing or a separate service?**

**Answer:** All home health nursing assessments and delegation are considered EVV relevant and require the service provider or CDS employee to clock in and clock out using an approved method. CNAs require EVV for the duration provided in-person within the member's own home/family home. This is true whether the member is receiving only a CNA during a nursing visit or also receiving other EVV services during a nursing visit.

### **Is EVV required for Chronic Therapies?**

**Answer:** Yes. Service providers must use EVV in accordance with the [EVV HHCS Service Bill Codes Table \(PDF\)](#) without consideration as to how long the member requires therapy.



## Exclusions

### Which home health services are not required to use EVV?

**Answer:**

- Early Childhood Intervention (ECI)
- Group Therapy
- HHCS delivered via Telehealth
- HHCS performed in Place of Service other than the member's own home or member's family home
- Hospice
- Nursing, Physical Therapy and Occupational Therapy services that do not begin or end in the member's own home or member's family home
- Private Duty Nursing (PDN)
- Specialized Therapies
- Speech Therapy Services
- Wheelchair Assessments

HHSC will continue analyzing the impacted services and may update this list accordingly.

### How does the EVV claim match process identify home health care services which are not required to use EVV?

**Answer:** The EVV claims matching process uses Healthcare Common Procedure Coding System (HCPCS) codes and modifier combinations, or other identifiers, to recognize HHCS services that are not required to use EVV and bypasses the claims matching process. The HCPCS codes and modifier combinations are listed on the EVV HHCS Service Bill Codes Table on the [EVV 21st Century Cures Act web page](#) in [Excel](#) and [PDF](#) formats. The table below provides HCPCS codes, modifier combinations and other identifiers that will be excluded from EVV claims matching. HHSC will continue analyzing the impacted services and may update the table accordingly.

Home Health Care Service	Exclusion Identifier
Speech Therapy Services	Modifier GN



Home Health Care Service	Exclusion Identifier
Telehealth	Modifier 95
ECI Providers	Taxonomy 261QD1600X or 252Y00000X
Out-of-Home Place of Service	837P (Professional claim), where segment CLM05 (Place of Service) is not 12 (Home)
Out-of-Home Place of Service	837I (Institutional claim), where segment CLM05 (Type of Bill) is not 32
Wheelchair Assessments	HCPCS code 97542 (also a therapy code) with modifier UC
Children's Health Insurance Program (CHIP)	Any personal care services or HHCS provided under Title XXI

## Non-EVV Services and Optional EVV Services

### What is a non-EVV service?

**Answer:** A non-EVV service is a service that is not required to use EVV. Refer to section [14000 Non-EVV Services](#) in the EVV Policy Handbook and the document, [HHCS Required to Use EVV \(PDF\)](#), for more information.

### What is an EVV-optional service?

**Answer:** An EVV-optional service is a service for which the service provider may use the EVV system to document service delivery but are not EVV required services. EVV-optional services are included in the [EVV HHCS Service Bill Codes Table \(PDF\)](#) and are indicated as "optional" in the "EVV Required/Optional?" column. Although service providers are not required to use EVV for these services, they will commonly deliver EVV-optional services in the same manner as those where EVV is required. If verified by the program provider, visits for EVV-optional services are transmitted to the EVV Portal. However, claims matching is not performed on EVV-optional services.

### Is Private Duty Nursing a non-EVV service?

**Answer:** Private Duty Nursing is an EVV-optional service for some programs (e.g., STAR programs); program providers and FMSAs can choose to collect EVV Visit



Data and have it available in the EVV Aggregator. Look at the EVV required / optional column in the HHCS EVV Service Bill Codes Table for a complete picture of what services are also optional. This also varies depending on the program.

**What if some of my services provided require EVV and others are non-EVV or EVV-optional?**

**Answer:** The program provider, FMSA or CDS employer will determine how the service provider or the CDS employee will clock in and clock out of the EVV system when delivering both EVV required services and EVV-optional services on the same day. EVV-optional services are treated as non-EVV services if the program provider, FMSA, or CDS employer is not using the EVV system to document them.

Although unable to create a visit transaction for a non EVV service, there are two options. However, downward adjusting bill hours is the recommended option since it does not impact the EVV Usage Score:

- Downward adjust the bill hours (which does not impact the EVV Usage Score)
- Adjust the original bill time out and create a manual visit for the other EVV required service (which does impact the EVV Usage Scores for CDS employers and program providers to a lesser degree).

**Example 1:**

The service provider delivers an EVV required service from 8:00 a.m. to 10:00 a.m.; an EVV-optional service from 10:00 a.m. to 12:00 p.m.; and an EVV required service from 12:00 p.m. to 1:00 p.m.

The service provider clocks in to the EVV system at 8:00 a.m. and clocks out of the EVV system at 1:00 p.m. The program provider, FMSA, or CDS employer must conduct visit maintenance using one of the following methods:

- Downward adjust the bill hours from 5.00 to 2.00. This will not impact the EVV Usage Score.
- Complete visit maintenance to do the following: Change the bill time out of the original visit transaction to 10:00 a.m. and create a new transaction for the EVV required service delivered from 12:00 p.m. to 1:00 p.m.

**Example 2:**



Service Provider Jason clocked in at 10:00 a.m. and clocked out at 1:00 p.m. He provided Private Duty Nursing (PDN) (EVV-Optional service), for 1 hour and provided 2 hours of Nursing services (RN) (an EVV-required service) during the visit. You can downward adjust the Bill Hours to 2 to reflect the actual time Jason worked when providing EVV services.

## Billing and Payment

### Who will pay my Medicaid claims with EVV-required services?

**Answer:** The payers are HHSC and MCOs. Refer to section [2100 Payers](#) in the EVV Policy Handbook for more information about the payers.

### Which Healthcare Common Procedure Coding System (HCPCS) codes and modifier combinations should I use to prevent EVV visit transaction rejections and EVV claim match denials?

**Answer:** Refer to the EVV HHCS Service Bill Codes Table on the [EVV 21st Century Cures Act web page](#) in [Excel](#) and [PDF](#) formats, for HHCS HCPCS codes and modifier combinations.

### How often are we allowed to bill EVV claims?

**Answer:** Program providers and FMSAs may bill as soon as they confirm an EVV visit transaction has been accepted by the EVV Aggregator. Program providers, and FMSAs must complete all required visit maintenance before submitting a claim. If the program provider or FMSA submits an EVV claim before required visit maintenance is complete, a payer may deny or recoup the EVV claim as part of contract oversight.

### Is there a charge to use an EVV system?

**Answer:** The EVV vendor system is provided at no cost to program providers, FMSAs and CDS employers. An EVV proprietary system is purchased or developed by a program provider or an FMSA. A program provider or an FMSA must be approved to use an EVV proprietary system.

## More Resources

### Which contact information do I use for questions about EVV?

**Answer:** There are two contact guides located on the [HHSC EVV web page](#) for:





- [Program providers and FMSAs \(PDF\)](#)
- [CDS employers \(PDF\)](#)
- Note that the managed care organizations' (MCOs) EVV contact information is on the last page of the contact guides.

**How do I sign up to receive EVV updates by email?**

**Answer:** [Register your email address with GovDelivery](#) to receive new EVV notices by email.