

The Texas Health and Human Services Commission (HHSC) is amending the Electronic Visit Verification (EVV) Policy Handbook to make the changes listed below effective October 1, 2023. HHSC is providing advance notice of these policies so program providers, financial management services agencies (FMSAs) and Consumer Directed Services (CDS) employers may prepare for the implementation of the new policies. These policy changes will be formally added to the handbook in the fall of 2023.

- Revisions to Section 9000 EVV Reason Code to address the new Reason Codes.
- Creation of a new section on the calculation of bill hours. This section will include the new bill time in and bill time out data fields. Section 8090 Rounding will be moved to the new section and will be renumbered. Lastly, this new section will consolidate the policies on bill hours.

Reason Codes

HHSC is revising Section 9000 EVV Reason Code to update the policy to reflect the new and revised EVV Reason Code Numbers and Descriptions that will be effective October 1, 2023. The new Reason Code Numbers and Descriptions may be available prior to October 1st in EVV Proprietary Systems used by program providers and FMSA that have been HHCS approved to be a Proprietary System Operator (PSO). For services delivered before October 1, 2023, Program providers, FMSAs, and CDS employers may use the Reason Codes effective January 1, 2021, through September 30, 2023, or Reason Codes effective October 1, 2023, and after, depending on which are available in their EVV system. Beginning October 1, 2023, all visit transactions for services delivered on or after October 1, 2023, must use the Reason Codes effective October 1, 2023. Section 9000 will also be renamed to "Reason Codes".

9000 Reason Codes

Reason Codes are used to indicate why the program provider, FMSA or CDS employer is completing visit maintenance. A Reason Code consists of a Reason Code Number and a Reason Code Description. The Reason Code Number represents the overall issue for the need to complete visit maintenance on an EVV visit transaction. The Reason Code Description provides more detail about why the program provider, FMSA or CDS employer completed visit maintenance.

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Program providers, FMSAs and CDS employers must select the most appropriate Reason Code Number and Description and must enter any required free text when completing visit maintenance in the EVV system.

See the current HHSC EVV Reason Codes located on the <u>EVV webpage</u> for Reason Code Numbers, Reason Code Descriptions, and free text requirements for each reason code.

The table below lists examples of when to use certain Reason Code Numbers and Descriptions.

Reason Code	Reason Code Number and Description	Situation to Use Reason Code
110 A	Service Delivery Exception – Service delivery differs from schedule	Only used when the program provider, FMSA or CDS employer has entered a schedule in the EVV system.
110 B	Service Delivery Exception – Downward adjustment of Bill Hours	Used when the program provider, FMSA or CDS employer will be billing for less time than the actual time worked. Refer to Section 8000, Calculation of Bill Hours.
110 D	Service Delivery Exception – Allowable overlapping visits	Used when one service provider is delivering services to two members at the same time or when two service providers are delivering services to one member.

Examples of when to use other RCs may be found in HHSC EVV Policy Training.

Multiple Reason Codes

Program providers, FMSAs and CDS employers may use multiple Reason Code Numbers and Descriptions to provide details when completing visit maintenance on a single visit if they choose or if it is required by program policy.

Free Text Requirements

Free text is additional information the program provider, FMSA and CDS employer must enter to further describe the need for visit maintenance.

Program providers, FMSAs and CDS employers completing visit maintenance in the EVV system must enter additional information in the free text field when using the following Reason Code Number and Description:



- 210 I (Emergency)
- 600 (Other).

EVV staff may review the free text entered in these Reason Codes during EVV compliance reviews. HHSC does not require free text when other Reason Code Numbers and Descriptions are used.

Program providers, FMSAs and CDS employers may enter free text for the other Reason Code Numbers and Descriptions if they choose.

Bill Hours and Bill Time In / Bill Time Out

HHSC is adding a new section on the calculation of bill hours to the EVV handbook. This revision will create a new section on bill time in and bill time out which will include the policies on the use of the new bill time in and bill time out data fields in the EVV systems. These fields allow program providers, FMSAs, and CDS employers to update the actual hours worked without having to enter missing clock in and/or clock out times in the free text field. These fields are then used to calculate the bill hours. This revision will also move Section 8090 Rounding to the new section on the calculation of bill hours and adds language indicating the existing rounding rules will be applied to the bill time in and bill time out fields. Section 8090 will be renumbered when it is moved to the new section on the calculation of bill hours; this renumbering will be made when these policies are formally added to the handbook in the fall of 2023. Finally, this revision creates a new section on bill hours to consolidate the policies on calculating bill hours in one location in the handbook.

Calculation of Bill Hours

Bill hours is the number of hours provided that is transmitted to the EVV Aggregator. Bill hours are used for claims matching when program providers and FMSAs submit billing through the applicable billing system. If bill hours do not match the units of service billed by the program provider or FMSA, the claim may be denied. Refer to Section 12000 Claims Matching for further information.

Bill Time In and Bill Time Out

The clock in and clock out fields in the EVV system are automatically populated when the service provider or CDS employee enters the time in and time out using an approved clock in and clock out method. Program providers, FMSAs and CDS employers are not able to change the clock in and clock out fields regardless of any

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changes that they need to make to the time worked, as these are the actual entries made into the EVV System. The bill time in and bill time out fields are automatically populated from the clock in and clock out fields. If the service provider fails to enter the time in or time out in the EVV system, the corresponding bill time in or bill time out field will be blank.

If program providers, FMSAs, or CDS employers need to enter a time in or time out the service provider failed to enter, or they need to change the time in or time out that the service provider worked, they must make these changes by completing visit maintenance. Refer to 8000 Visit Maintenance for more information.

Program providers, FMSAs, and CDS employers must not change the bill time in or bill time out to a value before or after the clock in or clock out time. They must create a new visit transaction for time outside of the original clock in or clock out time.

For example:

- The service provider clocked in at 8:30 am but actually began work at 8:00 am, the program provider, FMSA, or CDS employer must not change the bill time in to 8:00 am because this is before the original clock in time. They must create a new visit transaction for 8:00 to 8:30 am.
- The service provider clocked out at 10:00 am but actually ended work at 10:30 am, the program provider, FMSA, or CDS employer may not change the bill time out to 10:30 am because this is after the original clock out time. They must create a new visit transaction for 10:00 10:30 am.

Refer to Section 7010 Manually Entered EVV Visits for more information.

When completing visit maintenance to change the bill time in and bill time out fields, program providers, FMSAs, and CDS employers must use the most appropriate Reason Code Number and Description to indicate the reason for the entries or changes to the bill time in and bill time out. Refer to Section 9000 Reason Codes for more information.

Rounding (currently Section 8090)

The EVV system calculates bill hours on an EVV visit transaction by rounding the actual hours worked to the nearest quarter hour increment.

The EVV system rounds up to the next quarter hour increment when the actual hours worked are eight minutes or more than the previous quarter hour increment.



The EVV system rounds down to the previous quarter hour increment when the actual hours worked are seven minutes or less from the previous quarter hour.

Actual Hours Worked	Quarter Hour Increment	Bill Hours
0 – 7 minutes	0 minutes	0.00
8 – 22 minutes	15 minutes	0.25
23 – 37 minutes	30 minutes	0.50
38 – 52 minutes	45 minutes	0.75
53 – 67 minutes	60 minutes or 1 hour	1.00

Rounding rules examples:

- If a service provider works two hours and 53 minutes of actual hours for a shift, the bill hours will round up to three hours.
- If a service provider works two hours and 52 minutes of actual hours for a shift, the bill hours will round down to 2.75 hours.
- If a service provider works four hours and 10 minutes of actual hours for a shift, the bill hours will round up to 4.25 hours.
- If a service provider works four hours and six minutes of actual hours for a shift, the bill hours will round down to four hours.

The EVV system **does not** round each clock in / clock out time or each bill time in / bill time out. The EVV system only rounds the total duration of the hours worked for each visit based on clock in / clock out time or bill time in / bill time out.

The program provider, FMSA or CDS employer may downward adjust bill hours if the actual hours worked, captured in the EVV system, are incorrect or if the program provider or FMSA intends to bill Medicaid for less time than actual hours worked in the EVV system.

The program provider, FMSA or CDS employer may never increase bill hours beyond the actual hours worked.

Program providers and FMSAs must bill according to the EVV Service Bill Codes Table and follow program rules and policies, including any program or MCO requirements regarding rounding.

Bill Hours



The EVV system calculates the bill hours by subtracting the bill time in from the bill time out, then rounding the calculation per the rounding rules in Section 8090 Rounding Rules.

Program providers, FMSAs, and CDS employers may downward adjust the bill hours to match the hours they will be billing if they are going to bill a different number of hours than the service provider actually worked. Changing the bill hours may help prevent billing errors.

If the program provider or FMSA accidentally bills for a time different than is in the bill hours, the claim will not match. Use the "EVV Claim Search" tab in the EVV Portal to view EVV claim matching results. An EVV claim match result code will tell you if the EVV claim was matched (EVV01) or if there was an EVV mismatch (EVV02-EVV06). A successful EVV01 match does not guarantee that the EVV claim will be paid; final claims processing is performed by your payer.

Program providers, FMSAs, and CDS employers may also enter zero hours in the bill hours field if they will not be billing for any time the service provider worked. This will allow the program provider or FMSA, if they chose, to use the clock in time and clock out time, or the bill time in and bill time in for service provider payroll.

Adjustments made directly to the bill hours field in the EVV system will not alter the values in the bill time in and bill time out fields. Program providers, FMSAs, and CDS employers may amend the bill hours as well as the bill time in and bill time out, however they must make the adjustments to these fields manually. Note that not all EVV systems will allow changes to the bill hours, bill time in and bill time out fields. Even if the EVV system allows changes to the bill hours, bill time in and bill time out, the EVV system will not automatically change the bill time in or bill time out if the bill hours are changed.