

Cures Act EVV: The EVV Practice Period Begins July 1

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From July 1, 2020, through November 30, 2020, an Electronic Visit Verification (EVV) practice period will allow program providers and financial management services agencies (FMSAs) impacted by the 21st Century Cures Act to practice using the EVV system, EVV Portal, and EVV claims matching. Consumer directed services (CDS) employers can practice using the EVV system.

EVV claims will not be denied for a mismatch during the practice period.

Beginning December 1, 2020, all service visits for an EVV-required service must be captured in the EVV system. Claims that don't have a matching EVV visit transaction in the EVV Portal will be denied.

Get Ready for the Practice Period

To take full advantage of the practice period, HHSC encourages program providers and FMSAs to prepare for the July 1, 2020, start date by:

- Onboarding with their EVV vendor.
- Completing EVV training requirements.

Note: *CDS employers must also complete training requirements.*

- Preparing to submit managed care claims for EVV-required services (EVV claims) to TMHP, if applicable.

If program providers or FMSAs have chosen to use an EVV proprietary system, they are considered to be “proprietary system operators (PSOs)” and can begin practicing at any time.

Onboard with Your EVV Vendor

If an EVV vendor system has been selected or assigned, program providers and FMSAs must complete the onboarding process with their vendor before they will be given access to the EVV system. Once they have completed the onboarding process, they can begin practicing anytime ahead of the July 1, 2020, start date.

Complete EVV Training Requirements

Program providers, FMSAs, and CDS employers must complete EVV training requirements before they will be given access to the EVV system, and they must also complete additional training requirements by December 1, 2020, and then annually. The [HHSC Cures Act EVV Required Training Checklist](#) provides more information about training requirements and various ways to complete them.

HHSC and TMHP are hosting [live EVV policy and EVV Portal webinar training](#) in May and June. These webinars will count towards the training requirements.

Prepare to Submit Managed Care EVV Claims to TMHP

STAR Health, STAR Kids, STAR+PLUS, and STAR+PLUS Medicaid-Medicare Plan (MMP) program providers and FMSAs submitting claims for EVV services directly to an MCO are encouraged to take full advantage of the claims matching practice period and prepare to submit managed care EVV claims to TMHP on July 1, 2020.

When a managed care EVV claim is submitted to TMHP, the EVV Aggregator will perform the claims matching process, return claims matching results to the EVV Portal, and automatically forward the claim within 24 hours to the appropriate managed care organization (MCO) for final processing.

Beginning October 1, 2020, all managed care EVV claims:

- Must be submitted to TMHP.
- Will be denied or rejected if they are submitted directly to an MCO.

To prepare for submitting EVV claims to TMHP, refer to [Preparing to Submit EVV Claims to TMHP guide](#).

Practice Using the EVV System

During the practice period, program providers, FMSAs, and CDS employers can familiarize themselves with the EVV system. Practice activities include:

- Identifying appropriate methods for clocking in and clocking out when delivering services to capture visits.
- Providing training on clock in and clock out methods.
- Reviewing EVV visit transactions to:

- Confirm that all of the data elements that are needed to verify a service delivery visit are correct.
- Perform visit maintenance to correct any errors, such as missing clock in or clock out times.
- Reviewing reports.

For more information, see [EVV Tool Kit Module 4: EVV Visit Transactions](#).

Practice Using the EVV Portal and EVV Claims Matching

When EVV claims are submitted to TMHP, the claims matching process is performed and claims matching results can be viewed in the EVV Portal. Claims matching results identify whether the EVV-required services on the claim match the accepted EVV visit transactions in the EVV Portal. After the matching process is performed, the claim is forwarded within 24 hours to the appropriate payer for final processing.

Important: *Acute care and long-term care fee-for-service programs will continue to submit claims using their current process, and their EVV claims matching results will be available in the EVV Portal, including:*

- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Youth Empowerment Services (YES) Waiver

Home and Community Based Services-Adult Mental Health (HCBS-AMH) providers will also submit claims using their current process, and they should contact AMH.Services@hhsc.state.tx.us for more information about EVV claims matching.

EVV Portal and EVV claims matching practice activities include:

- Confirming that EVV visit transactions are accepted in the EVV Portal before submitting an EVV claim.
- After submitting an EVV claim, checking claims matching results to confirm that the line items on the claim match the accepted EVV visit transactions.

Note: *The EVV Portal will be upgraded on June 29, 2020, to provide more information about claims matching results during the practice period. Training materials, including a demonstration, will be available in the [TMHP Learning Management System \(LMS\)](#).*

- Reviewing reports.

For more information, refer to [EVV Tool Kit Module 7: EVV Portal](#) and [Module 8: Submitting an EVV Claim](#).

For instructions on how to create an EVV Portal account, refer to the [Accessing the EVV Portal for Program Providers and Financial Management Services Agencies \(FMSAs\)](#) job aid.

For more information, contact evv@tmhp.com.