Electronic Visit Verification

EVV Policy Handbook Revision Log – Effective Jan. 30, 2026

Health and Human Services Commission (HHSC) has made the following changes to the Electronic Visit Verification (EVV) Policy Handbook. These changes were effective Jan. 30, 2026.

Compliance Grace Periods and Claims Match Policies

In compliance with the 2026-27 General Appropriations Act, Senate Bill (S.B.) 1, 89th Legislature, Regular Session, 2025, (Article II, HHSC, Rider 29), HHSC is revising the policies for grace periods and claims match bypass.

In the past, HHSC suspended compliance requirements and implemented a grace period under certain circumstances. During compliance grace periods, payers would not initiate enforcement actions if a program provider, including those approved as a proprietary system operator (PSO), an FMSA, including those approved as a PSO or a CDS employer did not meet the suspended compliance requirements. Effective Jan. 30, 2026, HHSC will no longer implement compliance grace periods.

All claims for EVV required services must have a matching EVV visit transaction for the claim to process and be paid. HHSC may temporarily suspend claim denials related to EVV visit transactions in certain circumstances. The policy for claims match bypass has been specified to only allow a claims match bypass if one or more of the following situations occur:

- A verified issue with the EVV system prevents the capture and manual entry of EVV visits;
- A verified issue with an EVV-related state system prevents the processing of valid EVV visits; or

- A natural disaster or public health emergency that prevents the program provider or FMSA from logging visits or submitting claims.

HHSC will provide instructions when implementing a claims match bypass.

Alternative Device Standalone Policy

HHSC has removed the standalone policy on alternative devices that was published on the EVV website on Aug. 26, 2025, from the EVV website. It has been incorporated into the EVV Policy Handbook.

Universal Changes

HHSC is continuing the long-term project to revise the EVV policy handbook to reflect that policies applying to a program provider or Financial Management Services Agency (FMSA) still apply when a program provider or FMSA has been approved as a proprietary system operator (PSO). As this project is not complete, PSOs must ensure they are complying with the EVV policies in the EVV policy handbook for their provider type (program provider or FMSA), as appropriate, even if the EVV policy handbook does not specifically state the policy applies to a PSO. If a PSO is not sure if a program provider or FMSA policy applies, they should contact EVV Operations for clarification. These updates are not included in the tables below.

HHSC is in the process of revising all public documents to be in plain language. All handbook sections included in this revision have been updated to plain language. The plain language updates are not included in the tables below.

Updates to grammar and punctuation are not included in the tables below.

Section-by-Section Revisions

Section 1000

Policy Subsection Name	Policy Subsection Numbers and Revisions
Federal Law	1300 • Clarifies the federal references.

Policy Subsection Name	Policy Subsection Numbers and Revisions
Failure to use an EVV System	1400 • Changes "and" to "or" to indicate the program provider, FMSA or CDS employer must create a manual visit if the service provider or CDS employer does not clock in or clock out.
Key Terms	1600 • Revises the definition of EVV Proprietary System Operator (PSO) to add the following statement: "A program provider or FMSA that has been approved as a PSO must still comply with all program provider or FMSA policies." • Adds the definition Texas Medicaid Data.

Section 2000

Policy Subsection Name	Policy Subsection Numbers and Revisions
EVV Proprietary System Operator	2500 • Adds missing hyperlinks to the text "2600 Program Provider" and "2700 Financial Management Services Agency."

Section 4000

Policy Subsection Name	Policy Subsection Numbers and Revisions
EVV Training	4200 • Adds language that service providers and CDS employees are only required to take clock in and clock out training.
EVV Training Registration	4250 • Revises the table with the training contacts to add a separate row for the contact for questions on training on the EVV Proprietary System. • Adds a statement that CDS employers should contact their FMSA if they are unsure which EVV system their FMSA selected.
Data Collection	4400 • Adds statements that an incorrect geolocation can be corrected in the member's profile. • Adds language that requires PSOs to make sure their EVV Proprietary System Vendor complies with the Texas Medicaid data storage and access requirements.

Policy Subsection Name	Policy Subsection Numbers and Revisions
Data Collection (Cont.)	4400 (Cont.) • Adds the storage and access requirements for Texas Medicaid data. The data must: ▸ be stored within the United States ▸ not accessed or transmitted outside of the United States ▸ not used to perform any work outside of the United States

Section 5000

Policy Subsection Name	Policy Subsection Numbers and Revisions
EVV Proprietary System Operator and Proprietary System Vendor Responsibilities	5020 • Adds the storage and access requirements for Texas Medicaid data to the responsibilities of both the PSO and EVV Proprietary System Vendor. The data must: ▸ be stored within the United States ▸ not accessed or transmitted outside of the United States ▸ not used to perform any work outside of the United States

Policy Subsection Name	Policy Subsection Numbers and Revisions
EVV Proprietary System General Operations	5060 • Adds missing hyperlink to the text "7000 Clock In and Clock Out Methods"

Section 7000

Policy Subsection Name	Policy Subsection Numbers and Revisions
Clock In and Clock Out Methods	7000 • Adds language to specify the clock in and clock out methods are HHSC approved.
Manually Entered EVV Visits	7010 • Renames the section to "Manual EVV Visits." • Clarifies the language that defines a manual visit. • Specifies that manual visits may only be created when: ▸ a service provider or CDS employee does not use an HHSC-approved clock in or clock out method to record the EVV visit at the time of service delivery; ▸ the EVV system is temporarily unable to record visit transactions using one of the HHSC-approved methods; or

Policy Subsection Name	Policy Subsection Numbers and Revisions
Manually Entered EVV Visits (Cont.)	7010 (Cont.) ▸ the program provider, including a program provider approved as a Proprietary System Operator (PSO), FMSA, including an FMSA approved as a PSO, or CDS employer needs to increase the hours in a visit transaction that was created using an HHSC-approved clock in or clock out method. Refer to 8010, Bill Time In and Bill Time Out, for more information.
Mobile Method	7020 • Adds language specifying that the allowed geo-perimeter is in an approved EVV system and must be within 250-1,320 feet of the member's home. • Adds a statement that an incorrect geolocation can be corrected in the member's profile. • Adds language specifying the service provider or CDS employee must select the most appropriate service delivery location from the available options when they clock in or clock out beyond the geo-perimeter.

Policy Subsection Name	Policy Subsection Numbers and Revisions
Alternative Device	7040 • Adds language that the limit on visit transactions made using an alternative device is accepted visit transactions. • Adds hyperlinks to new 11050 Alternative Device Compliance Reviews and 11060 Failure to Meet the Alternative Device Compliance Standard.

Section 9000

Policy Subsection Name	Policy Subsection Numbers and Revisions
Visit Maintenance Unlock Request	9060 • Adds language that payers may not approve Visit Maintenance Unlock Requests when nothing prevents the program provider, FMSA or PSO from entering the visit within the 95-day visit maintenance time frame.

Section 11000

Policy Subsection Name	Policy Subsection Numbers and Revisions
EVV Compliance Reviews	11000 • Adds language that Payers will initiate contract or enforcement action if the program provider, FMSA, CDS employer or PSO does not comply with the alternative device usage limits. • Adds language that states HHSC will no longer implement compliance grace periods effective Jan. 30, 2026. • Deletes all the language regarding the activities a program provider, FMSA or CDS employer must perform during a compliance grace period.
EVV Usage Reviews	11010 • Adds a reference to 4200, EVV Training. • Adds language to clarify that a payer will send a CDS employer's notice of noncompliance to the CDS employer.
EVV Landline Phone Verification Reviews	11020 • Removes the language "Home Rules & Meetings" from the sub section "CDS Employer Enforcement Actions."

Policy Subsection Name	Policy Subsection Numbers and Revisions
Alternative Device Compliance Reviews	11050 • Adds new section 11050 Alternative Device Compliance Reviews that outlines the compliance monitoring procedures for the calculating the alternative device usage score.
Failure to Meet the Alternative Device Compliance Standard	11060 • Adds new section 11060 Failure to Meet the Alternative Device Compliance Standard that outlines the enforcement actions when a program provider or CDS employer exceeds the allowable alternative device usage limit.

Section 12000

Policy Subsection Name	Policy Subsection Numbers and Revisions
Usage	12000 • Clarifies the language that defines a manual visit.
EVV Usage Score	12010 • Clarifies the language for calculating the Manual EVV Visit Transaction Score. • Clarifies the language for calculating the Rejected EVV Visit Transaction Score.

Policy Subsection Name	Policy Subsection Numbers and Revisions
Manual EVV Visit Transaction Score	12020 • Deletes language that states a manual EVV visit transaction is only counted once when the visit is manually entered into the EVV system or the EVV visit transaction is missing a clock in or clock out that must be entered in the EVV system. • Adds language that the Manual EVV Visit Transaction Score includes EVV visit transaction with either a clock in or clock out manually entered in the EVV system.

Section 13000

Policy Subsection Name	Policy Subsection Numbers and Revisions
Claims Submission	13010 • Adds language that the Medicare-Medicaid Plan (MMP) program ended Dec. 31, 2025.

Policy Subsection Name	Policy Subsection Numbers and Revisions
Claims Matching Process	13030 • Adds language that the Texas EVV Service Provider ID is a required EVV Claim Line Item for certain HCS and TxHmL claims. • Adds language that EVV Service Provider ID is a required data element in an Accepted EVV Visit Transaction.
Claims Matching Process (Cont.)	13030 (Cont.) • Adds language stating that there are certain programs and services that the units of service in the claims system will not match the units of service in the EVV system. • Adds language that when there is a unit of service mismatch for certain programs and services if all other data elements match the claim will be paid. • Adds language with links to the "EVV PCS Service Bill Codes Table" and "EVV HHCS Bill Codes Table" for information on units of service claims match requirements.

Policy Subsection Name	Policy Subsection Numbers and Revisions
Exceptions to the Claims Matching Process	13040 • Renames the section to "Temporary Exceptions to the Claims Matching Process." • Removes all language relating to Service-Specific Bypass, Units Matching Bypass and Bypass for Disasters and Temporary Circumstances. • Adds the following language regarding claims match bypass: ▸ HHSC may, as allowed by the 2026-27 General Appropriations Act, Senate Bill 1, 89th Legislature, Regular Session, 2025, Article II, HHSC, Rider 29, temporarily bypass the claims match process if at least one of the following circumstances is met: ◊ A verified issue with the EVV system prevents the capture and manual entry of EVV visits; ◊ A verified issue with an EVV-related state system prevents the processing of valid EVV visits; or ◊ A natural disaster or public health emergency prevents the program provider or FMSA from logging visits or submitting claims.

Policy Subsection Name	Policy Subsection Numbers and Revisions
Exceptions to the Claims Matching Process (Cont.)	13040 (Cont.) ▸ When HHSC temporarily bypasses the claims match process program providers, FMSAs and PSOs must still use EVV for all visit transactions. ▸ Program providers, FMSAs and PSOs may still be subject to recoupment for services delivered during a claims match bypass. ▸ A claims match bypass will not be allowed if explicitly prohibited by federal law. ● Adds the following language regarding practice periods: ▸ A practice period allows all staff the ability to learn and use the EVV system before EVV and a claims match are required, including: ◊ clocking in and clocking out ◊ using the EVV system and the EVV portal ◊ establishing procedures to monitor compliance ◊ ask questions

Policy Subsection Name	Policy Subsection Numbers and Revisions
Claims Match Result Codes	13050 • Changes the name of Claims Match Code EVV04 from "EVV04 – Provider (NPI/API) or **Attendant ID** Mismatch" to "EVV04 – Provider (NPI/API) or **EVV Service Provider ID** Mismatch".

Section 14000

Policy Subsection Name	Policy Subsection Numbers and Revisions
EVV Portal Standard Reports	14010 • Updates the information on the EVV CDS Employer Usage Report: ▸ Adds Alternative Device Visit Transaction Percentage to the report ▸ Adds Alternative Device Compliance Reviews to ways a Payer may use the report. ▸ Adds language that CDS employers may use this report to confirm compliance with the Alternative Device Usage Score. • Adds EVV Reason Code Usage Free Text Report. ▸ This section was incorrectly removed in a previous revision.

Policy Subsection Name	Policy Subsection Numbers and Revisions

EVV Portal Standard Reports (Cont.)	14010 (Cont.)
	• Updates the information on the EVV Usage Report.
	  ▸ Adds the Alternative Device Visit Transaction Percentage to the report.
	  ▸ Adds language that states the Payer use this report to conduct reviews.

EVV System Standard Reports	14020
	• Updates the information on the EVV CDS Employer Usage Report:
	  ▸ Adds Alternative Device Visit Transaction Percentage to the report
	  ▸ Adds language that CDS employers may use this report to confirm compliance with the Alternative Device Usage Score.
	  ▸ Adds links to new sections 11050 Alternative Device Compliance Reviews and 11060 Failure to Meet the Alternative Device Compliance Standard.
	  ▸ Adds language that states the Payer uses this report to conduct reviews.