Health and Human Services Commission (HHSC)
Electronic Visit Verification (EVV) Usage Policy (New)

Policy

Effective Sept. 1, 2019, the HHSC EVV Usage Policy requires HHSC and Managed Care Organization (MCO) program providers to monitor the number of manual EVV visit transactions and the number of rejected EVV visit transactions due to program provider errors to meet the minimum quarterly EVV Usage Score.

A **manual visit transaction** is an EVV visit transaction which requires manual entry of billed hours into an EVV system through the graphical user interface (GUI). These are also called GUI transactions. A manual EVV visit transaction is identified when the "GUI" indicator is present in the visit *Clock In Method* field, visit *Clock Out Method* field, or both fields.

A **rejected visit transaction** is an EVV visit transaction submitted to the EVV Aggregator from an EVV system that is not accepted because it does not pass visit validation edits.
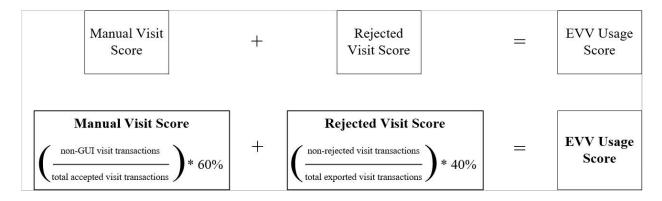
EVV Usage Score

All program providers must achieve and maintain a minimum EVV Usage Score of 80 percent (80%), rounded to the nearest whole percentage point, per quarter, unless otherwise notified by HHSC. This score applies for both HHSC Fee-for-Service and MCOs' programs.

Score Calculations
The **EVV Usage Score** is equal to the **manual visit score** plus the **rejected visit score** for the quarter.
- The **manual visit score** is equal to the number of *non-GUI EVV visit transactions,* divided by the *total accepted EVV visit transactions,* multiplied by 60 percent.
    - A GUI EVV visit transaction is an accepted EVV visit transaction in which the "GUI" indicator is present in the visit *Clock In Method* field, visit *Clock Out Method* field, or both fields.
    - A non-GUI EVV visit transaction is an accepted EVV visit transaction in which the "GUI" indicator is not present in the visit *Clock In Method* field nor the visit *Clock Out Method* field.
    - GUI EVV visit transactions with zero pay hours will be excluded from EVV Usage Score calculations.
    - GUI EVV visit transactions are counted once.
    - Total accepted EVV visit transactions include transactions which have been accepted into the EVV Aggregator.
        - For example, an EVV GUI visit transaction that is initially rejected by the EVV Aggregator but is resubmitted and accepted would only be counted one time.

- The **rejected visit score** is equal to the number of *non-rejected EVV visit transactions,* divided by the *total exported EVV visit transactions,* multiplied by 40 percent.
  - Total exported EVV visit transactions include each EVV visit transaction exported from an EVV system to the EVV Aggregator.
    - For example, an EVV visit transaction that is initially rejected by the EVV Aggregator but is later resubmitted and accepted would be counted two times.
  - Rejected EVV visit transactions identified as program provider error are counted as many times as they are resubmitted to the EVV Aggregator.

Manual Visit Score	+	Rejected Visit Score	=	EVV Usage Score
Manual Visit Score $\left(\dfrac{\text{non-GUI visit transactions}}{\text{total accepted visit transactions}} \right) * 60\%$	+	**Rejected Visit Score** $\left(\dfrac{\text{non-rejected visit transactions}}{\text{total exported visit transactions}} \right) * 40\%$	=	**EVV Usage Score**

Graphical User Interface (GUI) Visit Transactions

Program providers are expected to use an HHSC-approved method to clock in and clock out of the EVV system. When an attendant does not use an HHSC-approved method to clock in or clock out of the EVV system, the program provider must manually enter the missing information into the EVV system using the Graphical User Interface (GUI).

The visit *Clock In Method field*, visit *Clock Out Method* field, or both fields will contain the "GUI" when the visit is entered manually.

Rejected Visit Transactions

When an EVV visit transaction is exported to the EVV Aggregator and does not pass all visit validation edits, the EVV visit transaction is rejected and sent back to the EVV system to notify the program provider visit corrections are required.

EVV visit transaction rejections identified as program provider errors are counted as many times as they are resubmitted to the EVV Aggregator towards the quarterly EVV Usage Score.

The following table shows an example of EVV visit validation edits, including data elements (as applicable) and visit rejection reasons identified as program provider errors.

Data Elements (as applicable)	Visit Rejection Reason
TIN	The provider TIN on the EVV visit does not match records for this provider.
NPI	Provider NPI cannot be validated as active for the visit date or the payer on the visit.
API	Provider API cannot be validated as active for the visit date or payer on the visit.
TPI	The provider TPI on the EVV visit is not associated with this provider NPI/API for the visit date.
Provider Number (DADS Contract Number)	The provider number on the EVV visit is not associated with this provider NPI/API for the visit date.
Member not authorized for Provider Number on visit date	Member on the EVV visit is not authorized for this provider number on this visit date.
Payer	The member's payer on the EVV visit does not match records for this member for visit date.
Member First and Last Name combination	The member first and last name combination does not match name found for member's Medicaid ID.
Member Medicaid ID	The member Medicaid ID on the EVV visit is not found.
Member Medicaid ID (no active eligibility)	The member Medicaid ID on the EVV visit does not have active Medicaid eligibility for the visit date.
Member Date of Birth	The member DOB on the EVV visit does not match the DOB from the member's Medicaid eligibility for the visit date.
MCO Member Service Delivery Area (SDA)	The MCO member SDA on the EVV visit does not match the plan code associated with the member's payer.
Service Group and Service Code combination	The service group and service code combination on the EVV visit are not eligible for EVV.
Service Group not valid for Provider Number	The service group is not valid for the provider number on the EVV visit.
Service Code not valid for Provider Number	The service code is not valid for the provider number on the EVV visit.
Member not authorized for Service Group/Service Code combination	The member on the EVV visit is not authorized for this service group/service code combination on this visit date.
HCPCS and Modifier combination not eligible for EVV	The HCPCS code and modifier combination on the EVV visit is not eligible for EVV.
Provider EVV end date	The provider EVV end date on the EVV visit file should be greater than or equal to the EVV visit date.

EVV Usage Review Period

The EVV Usage Review period consists of all visits with dates of service within the state's fiscal year quarters. Reviews may begin sixty calendar days from the last day of the quarter beginning on or after the 5th day of the following month. This allows for visit maintenance to be completed for all visits within the quarterly review period. The EVV Usage Review Period/Schedule is listed below:

EVV Usage Review Period/Schedule

Quarter #	Review Period (based on date of visit)	EVV Usage Review May Begin On or After:
1	September, October, November	February 5
2	December, January, February	May 5
3	March, April, May	August 5
4	June, July, August	November 5

EVV Usage Reviews By Program Type

Payers conduct EVV Usage Reviews by the following program types:

- Program providers with Long-Term Care (LTC) Fee-for-Service (FFS) contracts are monitored at the provider number level.
  - For example, if a program provider has five different LTC FFS contracts, each unique provider number will receive an EVV Usage Score.

- Program providers enrolled with TMHP for Acute Care FFS are monitored at the NPI or API/TIN combination level.
  - For example, if a program provider has three different NPIs or APIs with the same TIN or three different TINs, each unique NPI or API/TIN combination will receive an EVV Usage Score.

- Program providers with MCO contracts are monitored at the NPI or API/TIN combination level.
  - For example, if a program provider has three different NPIs or APIs with the same TIN or three different TINs, each unique NPI or API/TIN combination will receive an EVV Usage Score.

Grace Period

Program providers currently required to use EVV will receive an EVV Usage grace period for visits with dates of service between Sept. 1, 2019 through Aug. 31, 2020.

During the grace period, program providers *will be required to*:
- Use the EVV system.
- Complete visit maintenance before billing.
- Train/re-train their staff on how to use the EVV system.
- Review the *EVV Usage Report* and become familiar with the data.

During the EVV Usage grace period, program providers *will not be required to* meet the minimum EVV compliance score of 80 percent until further notice.

Compliance
After the grace period, if a program provider fails to meet the minimum requirement score, enforcement action(s), including recoupment may result.

Refer to the EVV Compliance Oversight Reviews policy for additional information.

EVV Usage Report

The *EVV Usage Report* is a standard report located in the EVV Portal used to determine the EVV Usage score for each program provider's contract with HHSC and MCOs. This report will show the EVV Usage score for the preceding quarter and is available for up-to-date monitoring.