

**Health and Human Services Commission
Electronic Visit Verification
Temporary EVV Policies for Novel Coronavirus (COVID-19)**

In response to the novel coronavirus (COVID-19), the following temporary Electronic Visit Verification policy changes are effective March 21, 2020 until October 23, 2020, unless the U.S. Secretary of Health and Human Services ends the public health emergency earlier.

If the public health emergency ends earlier, HHSC will provide additional information.

Use of the EVV System

All service delivery for an EVV-required service must be documented in the EVV system.

Effective March 21, 2020, if the normal electronic verification method (landline, mobile, or alternative device) is not available due to COVID-19, program providers may allow service attendants to manually document service delivery visits on paper.

Program providers must:

- Enter manual service delivery information into the EVV system and ensure it is accepted into the EVV Aggregator/Portal within 180 calendar days from the date of the visit.
- Keep all supporting service delivery documentation. Service delivery documentation must include the following:
 - Program Provider Name;
 - HHSC Contract Number or Managed Care Organization (MCO) National Provider Identifier (NPI);
 - Member First and Last Name;
 - Member Medicaid ID;
 - Date of the Visit;
 - Actual Time In and Actual Time Out;
 - Attendant First and Last Name; and
 - Location of the Visit; in the home or in the community.

Claims are subject to retrospective review by the payer. Program providers must have an accepted EVV visit transaction that supports the billed claim in the EVV Aggregator/Portal within 180 calendar days from the date of the visit, or claims may be recouped.

EVV Visit Maintenance Completion Timeframe

Program providers will have 180 calendar days from the date of the visit to complete visit maintenance for all visits beginning March 21, 2020.

EVV Claims Matching

Effective March 21, 2020, EVV claims matching will not be performed for EVV-required services.

- All claims will display "EVV07-Match Not Required" in the Claims Match Result field in the EVV Portal.
 - Effective June 26, 2020, program providers can refer to the Informational Match Result field in the EVV Portal to see the result of the claims matching process when receiving an "EVV07-Match Not Required" in the Claims Match Result field. See the [June 29, 2020 TMHP EVV Portal Updates article](#) for more information.

- Claims will be forwarded to the appropriate payer with match code EVV07 and will not be denied for an EVV mismatch.
- Program providers must:
 - Bill in accordance with the member's authorization.
 - Only bill for actual hours worked.
 - Complete all required visit maintenance within 180 calendar days from the date of the visit.
 - Ensure EVV visit transactions that support the claim are accepted into the EVV Aggregator/Portal within 180 calendar days from the date of the visit.

Claims are subject to retrospective review by the payer. Program providers must have an accepted EVV visit transaction that supports the billed claim in the EVV Aggregator/Portal within 180 calendar days from the date of the visit, or claims may be recouped.

Billing Prior to Completing Visit Maintenance

Effective March 21, 2020, program providers may submit a claim for an EVV-required service prior to completing all required visit maintenance.

New EVV Reason Code Description for COVID-19

HHSC has added a new EVV reason code and description combination to identify service exceptions related to COVID-19 beginning March 21, 2020.

Reason Code: Disaster

Number: 130

Description: F – Public Health Disaster

Program providers must select this code for service delivery exceptions related to COVID-19, for example:

- The normal electronic verification method (landline, mobile, or alternative device) is unavailable due to member being relocated, and the visit is manually entered.
- A member has requested an alternate attendant due to infection concerns.
- A member refuses service due to infection concerns.

Program providers may, but are not required to, use additional reason codes to document more specific information related to the exception. For example:

- If the member refuses service due to infection concerns, the program provider:
 - Must enter *130 F – Public Health Disaster*; and;
 - May also enter *100 E – Member agreed or requested staff not work*.
- If the member has requested an alternate attendant due to infection concerns, the program provider:
 - Must enter *130 F – Public Health Disaster*; and;
 - May also enter *100 D – Fill-in for regular attendant*.

Free Text Requirements

When using reason code *130 F – Public Health Disaster* program providers must use free text to document any missing actual clock in or clock out time not electronically captured by the EVV system.

EVV Compliance

As a reminder, program providers are under a grace period for EVV compliance reviews until August 31, 2020. Therefore, program providers will not be measured for misuse of reason codes or EVV usage at this time.

Additional Information

Program providers who are unable to access the EVV system because of COVID-19 should notify their payer or HHSC when possible.

Email questions to Electronic_Visit_Verification@hhsc.state.tx.us.