

TEXAS Health and Human Services

HHSC Electronic Visit Verification

Module 14 EVV Compliance Oversight Policies Aug. 1, 2019



Introduction

This is Module 14 of the EVV Tool Kit: Compliance Oversight Policies

EVV Tool Kit: A collection of resources that will help prepare program providers, Financial Management Services Agencies (FMSAs), and Consumer Directed Services (CDS) employers in the use of EVV.

Click here for information on the <u>21st Century Cures</u> <u>Act - Texas Implementation</u>.

EVV Tool Kit Modules 1-5

Previous modules are available in the EVV Tool Kit section of the <u>HHSC EVV website</u>:

- Module 1: Jan. 15, 2019:
 <u>EVV 101 Introduction to EVV</u>
 - Module 2: Feb. 1, 2019:
 - o EVV Roles and Responsibilities Part I
 - Module 3: Feb. 15, 2019:

Health and Human

Services

- <u>EVV Roles and Responsibilities Part II</u>
- Module 4: March 1, 2019:
 - o EVV Visit Transactions
- Module 5: March 15, 2019:
 - o EVV Visit Maintenance



EVV Tool Kit Modules 6-9

Previous modules are available in the EVV Tool Kit section of the <u>HHSC EVV website</u>: (Cont'd)

- Module 6: April 1, 2019: <u>EVV Process Flow: Beginning to End (PDF)</u>
- Module 7: April 15, 2019:
 - **EVV Aggregator**
- Module 8: May 1, 2019
 Submitting an EVV Claim
- Module 9: May 15, 2019
 - **EVV Portal Standard Reports and Search Tools**



EVV Tool Kit Modules 10-13

Previous modules are available in the EVV Tool Kit section of the <u>HHSC EVV website</u>: (Cont'd) Module 10: June 1, 2019 **EVV Visit Transaction and Validation Enhancements** Module 11: June 15, 2019 Summary of EVV Changes Module 12: July 1, 2019 <u>Getting Started – Next Steps</u> Module 13: July 15, 2019 **EVV Training Requirements**

Agenda

This module provides details about EVV compliance and oversight reviews including new and revised EVV policies that program providers contracted with HHSC and MCOs must follow beginning Sept. 1.



EVV Compliance Oversight Reviews

Effective Sept. 1, 2019, HHSC and MCOs will monitor program providers (contracted with HHSC and MCOs) on the use of an EVV system to electronically document authorized service delivery visits.

Program providers will be reviewed on a regular basis to ensure they are following EVV policies in the following areas:

• EVV Usage (New Policy)

Health and Human

Services

- EVV Reason Codes and Required Free Text (Revised Policy)
- EVV Allowable Phone Identification (Revised Policy)

EVV Compliance Oversight Reviews (cont'd)

• EVV Usage

Health and Human

Services

- Program providers will be reviewed for EVV visit transactions manually-entered into the EVV system and EVV visit transactions rejected by the EVV Aggregator.
- EVV Reason Codes and Required Free Text
 - Program providers will be reviewed for appropriate use of reason codes and reason code description options and entry of required free text.
- EVV Allowable Phone Identification
 - Program providers will be reviewed for allowable home landline phone types used to clock in and out.

8

EVV Usage Reviews

The EVV Usage Reviews will monitor:

- Manually entered EVV visit transactions.
- Rejected EVV visit transactions caused by program provider error.

A manual EVV 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.

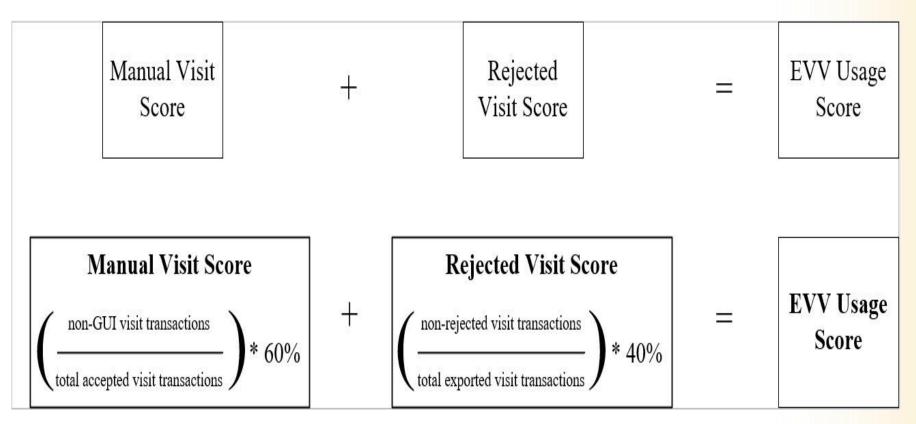
A manual EVV visit transaction is identified when the "GUI" indicator is present in the visit Clock In Method field, visit Clock Out Method field, or both fields.

A **rejected EVV 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.



Score Calculations

The EVV Usage Score is equal to the manual visit score plus the rejected visit score for the quarter.





Manual Visit Score

Health and Human

Services

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.
- GUI EVV visit transactions with zero pay hours will be excluded from EVV Usage Score calculations.

Manual Visit Score (cont'd)

Health and Human

Services

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.

- 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.

Rejected Visit Score

Health and Human

Services

The **rejected visit score** is equal to the number of *nonrejected 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.

EVV Usage Reviews Grace Period

There will be an EVV Usage grace period for visits with dates of service between Sept. 1, 2019 – Aug. 31, 2020. During the grace period, program providers will be required to:

• Use the EVV system.

Health and Human

Services

- 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.

EVV Usage Reviews Review Period/Schedule

The EVV Usage Review period consists of all visits with dates of service within the state's fiscal year quarters. Reviews may begin 60 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:

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



EVV Usage Reviews Report

Effective for visits on or after Sept. 1, 2019, the payers will use the *EVV Usage Report* (located in the EVV Portal) to determine the EVV Usage Score for each program provider's contract with HHSC and the MCOs.

TEXAS Health and Human Services

This report will show the EVV Usage score for the preceding quarter and is available for up-to-date monitoring.

EVV Usage Reviews Start Date

The start date of the EVV Usage Reviews will be posted on the HHSC and MCOs' websites 90 days prior to the start of the review.



EVV Usage Reviews Compliance Standard

Compliance Standard

Health and Human Services 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

Failure to Meet the Compliance Standard

Grace period until Aug 31, 2020. Program providers *will not be required to* meet the minimum EVV compliance score of 80 percent until further notice.

EVV Reason Code and Required Free Text Reviews

EVV Reason Code and Required Free Text Reviews will monitor:

- Misuse of EVV reason code numbers and reason code description options.
- Failure to enter **required free text**.



Misuse of Reason Codes

Health and Human

Services

- Using the same EVV reason code number and reason code description option for the same member more than 14 days within a calendar month may constitute misuse of reason codes.
 - The program provider must document the situation that caused the use of the same reason code number and description option for more than 14 days within a calendar month.
- Inappropriate use of EVV reason code numbers and reason code descriptions may also constitute misuse of reason codes.

Required Free Text

Free text is required for all reason codes when **ANY** of the following are missing:

- Actual clock in time when EVV services begin;
- Actual clock out time when EVV services end; or
- Actual clock in and clock out time when EVV services begin and end.

Free text is also required whenever the following reason code is used:

 Reason Code 600 - Other: The program provider must document the reason why "other" was selected and document any missing actual clock in or clock out time.

TEXAS Health and Human Services

Health and Human Services

Grace Period

Required Free Text

• There is no grace period for documenting required free text. Program providers must always document required free text.

Misuse of EVV Reason Codes

 Program providers will not be assessed for misuse of reason codes for visits with dates of service between Sept. 1, 2019 through Aug. 31, 2020.

Grace Period (Cont'd)

During the grace period, program providers will be required to:

• Use the EVV system.

Health and Human Services

- Complete visit maintenance before billing.
- Train/re-train staff on using the most appropriate reason code/descriptions.
- Review the EVV Reason Code Usage and Free Text Report in the EVV Portal and become familiar with the data.
- Note: Payers may send notification of misuse as a training tool only and no action will be taken.

Review Period/Schedule

Review Period/Schedule

Required reviews will be at the payer's discretion and may occur at any time. Each payer will determine the date range of the review period for required free text.

Review Period/Schedule

Health and Human Services **Misuse of reason codes** will not be reviewed for visits with dates of service between Sept. 1, 2019 through Aug. 31, 2020.

Required free text reviews will be at the payer's discretion and may occur at any time. Each payer will determine the date range of the review period for required free text.

EVV Reason Code and Required Free Text Reviews Report

Effective for visits on or after Sept. 1, 2019, the payers will use the *EVV Reason Usage and Free Text Report* (located in the EVV Portal) to determine the reason code/reason code description used for each member and if any required free text was entered.

This report is available for up-to-date monitoring.



Review Start Date

Misuse of Reason Codes

 The review start date will be posted on the HHSC and MCOs' websites 90 days prior to the start of reviews.



 Reviews for <u>revised</u> free text requirements will start on Sept. 1, 2019.



Failure to Meet Compliance Standard

Misuse of Reason Codes

 Grace period until Aug. 31, 2020. Program providers will not be assessed enforcement actions, including recoupments until further notice.



Required Free Text

• Failure to document any required free text may result in recoupment of associated claims.

EVV Allowable Phone Identification Reviews (revised)

The EVV Allowable Phone Identification Review will monitor the use of an unallowable phone type when a program provider has selected the member's home phone landline method as the clock in and clock out method.



Compliance Standard

Program providers must ensure unallowable phone types are not used to clock in and clock out of the EVV system when the visit *Clock In Method* field or visit *Clock Out Method* field is identified as Landline for the member.

No Grace Period

EVV – Member's Home Phone Landline

- The EVV vendor conducts monthly phone sampling of home landline numbers entered into the EVV system to verify that the number is a landline number and not a mobile phone number.
- If a mobile phone number is entered into the EVV system as a home landline and used to verify service delivery, those visits are subject to recoupment by the payer.

Health and Human Services

EVV Allowable Phone Identification Reviews (revised)

Review Period/Schedule

 The Allowable Phone Identification Review period will be reviewed at the payer's discretion and may occur at any time. Each payer will determine the date range of the review period for Allowable Phone Identification Reviews.

Report

Health and Human Services The payers will use the EVV Landline Phone Verification Report (located in the EVV vendor system) to identify unallowable for types used to clock in and out of the EVV system, when the visit Clock In Method field or visit Clock Out Method field is identified as Landline for a member. This report is available for up-to-date monitoring of unallowable phone types.

Review Start Date: Aug. 1, 2018

Health and Human Services

What's Next?

Aug. 15, 2019 Web Alert:

- Preparation for Sept. 1, 2019
- FAQs

Aug. 22, 2019: Live Webinar Q&A Session

- Topic: Preparing for Sept. 1 Summary of EVV Changes
 - o <u>Register for the webinar</u>
 - <u>Email</u> questions ahead of time / subject line "webinar question."

Sept. 1, 2019 Web Alert:

- Ready, Set, Go: Step 1: Select and Onboard with your HHSCapproved EVV Vendor
- Ready, Set, Go: Step 2: Train with your HHSC-approved EVV Vendor
- FAQs



TEXAS Health and Human Services

Thank you

Email EVV questions to:

Electronic Visit Verification@hhsc.state.tx.us