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DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	September 1, 2014	Initial version Uniform Managed Care Manual, Chapter 8.7, "Medicaid Managed Care Electronic Visit Verification." Version 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-10-0020, 529-12-0002, and 529-13-0042.
Revision	2.1	October 15, 2014	Version 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-10-0020, 529-12-0002, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. Section I "Applicability of Chapter 8.7" is modified to add the Medicare-Medicaid Dual Demonstration.
¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions. ² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision. ³ Brief description of the changes to the document made in the revision.			



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I. APPLICABILITY OF CHAPTER 8.7

Applicability Modified by Version 2.1

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR+PLUS (including the Medicare-Medicaid Dual Demonstration) and STAR Health Programs providing Texas Medicaid Services. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR+PLUS and STAR Health Programs. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply to all attendant care services and nursing services provided in the home or in the community, unless otherwise noted.

II. PURPOSE

This chapter establishes requirements for the Electronic Visit Verification (EVV) system that MCOs are required to use to verify certain services as identified by HHSC. This chapter defines the Medicaid services that require EVV and identifies the data elements that must be included to verify that the service occurred. Additionally, it sets out minimum requirements for Network Providers and HHSC-approved EVV contractors, for which MCOs must ensure compliance. These requirements are based on the authorities noted below.

III. STATUTORY AND REGULATORY AUTHORITY

- Texas Government Code § 531.024172
- General Appropriations Act, 83rd Leg., R.S., Ch. 1411, art. II, rider 51(b)(8), at II-100 (Health and Human Services Section, Health and Human Services Commission)
- General Appropriations Act, 82nd Leg., R.S., Ch. 1355, art. II, rider 61(b)(8), at II-94 (Health and Human Services Section, Health and Human Services Commission)

IV. INFORMATIONAL RESOURCES

- 1 Tex. Admin. Code § 354.1177, “Electronic Visit Verification (EVV) System”
- 40 Tex. Admin. Code §§ 68.101–68.103, “Electronic Visit Verification (EVV) System”



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V. BACKGROUND

MCOs must use an EVV system through the use of telephony to verify private duty nursing, attendant care services, and other services identified by HHSC. At a minimum, the EVV system must electronically track and document the following information:

- 1) the Provider's name;
- 2) the Member's name receiving the service;
- 3) the service location;
- 4) the date and time the Provider begins and ends each service delivery visit; and
- 5) any changes made to the EVV system data after the Provider has recorded time, including the name of the program Provider staff making the changes, the date the changes were made, and the reason for the changes.

The MCO must administer an effective, accurate, and efficient EVV process in compliance with the HHSC EVV RFP (UMCM Chapter 8.7.1); applicable state laws, rules, and regulations; the MCO's applicable Contract with HHSC; and the Uniform Managed Care Manual.

VI. DEFINITIONS

Electronic Visit Verification (EVV) means verification through a home visit tracking system as defined in Attachment A, Article 2 of the Contract.

Member has the meaning assigned under Attachment A, Article 2 of the Contract (as it relates to a Medicaid Member).

Non-preferred Reason Code means changes made in an EVV system (sometimes referred to as "visit maintenance") to document a situation in which a provider did not provide or document services as required by HHSC. The MCO must use the list of reason codes found at: <http://www.dads.state.tx.us/evv/reasoncodes.html>.

Preferred Reason Code means changes made in an EVV system (sometimes referred to as "visit maintenance") to document a situation where services were provided and documented as required by HHSC. The MCO must use the list of reason codes found at: <http://www.dads.state.tx.us/evv/reasoncodes.html>.

Provider has the meaning assigned under Attachment A, Article 2 of the Contract.



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Visit Maintenance means the process by which providers can make adjustments in an EVV system to electronically document service delivery visit information as required by HHSC.

VII. MCO CONTRACTING FOR ELECTRONIC VISIT VERIFICATION

HHSC will select and approve contractors for participation in the EVV program. Further, HHSC will negotiate maximum standard one-time EVV implementation costs and EVV transaction costs with the approved contractors. The MCO must contract with all EVV contractors approved by HHSC, and the contracts between the MCO and the HHSC-approved EVV contractors must include the standard rates negotiated by HHSC. Additionally, the MCO must provide oversight and compliance of all EVV contractors.

Providers that deliver services for which EVV is required must select an HHSC-approved EVV contractor. The MCO may not pass any EVV costs to Providers.

VIII. EVV CONTRACTOR COMPLIANCE REQUIREMENTS

The MCO must ensure that HHSC-approved EVV contractors maintain compliance with the following HHSC minimum standard requirements.

A. General Requirements

- All EVV-contractor-supported systems must maintain security and privacy features to ensure the following.
 - The system is protected against unauthorized use, disclosure, or access, in accordance with the Health and Human Services (HHS) Enterprise Information Security Standards and Guidelines (EISSG) and state and federal laws, rules, regulations, and guidelines.
 - Health Insurance Portability and Accountability Act (HIPAA) compliance
- EVV systems must be flexible and user-friendly, allow access for services outside the home, and accommodate the needs of the Members receiving services.
- EVV systems and training and support services must accommodate people with disabilities and adhere to all state and federal laws, rules, regulations, and guidelines that meet the state's web accessibility standards outlined in the Texas Administrative Code Chapters 206 and 213 and that are in alignment with federal regulations outlined in Section 508 of the Rehabilitation Act of 1973.



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- EVV contractors must establish a documented process, with MCO approval, to respond to and resolve any non-conformance, complaints, or issues regarding accessibility of products or services.
- EVV systems must be flexible and customizable to meet the needs of a broad range of program specific documentation, including:
 - Support of commonly available operating systems, browsers, and software/hardware platforms;
 - Support in multiple languages (at a minimum, English, Spanish, and any other languages of Major Population Groups (as that term is defined in Attachment A, Article 2 of the Contract); and
 - Capacity to allow access and use by multiple users at the same time.
- All EVV components must be able to demonstrate an audit trail and traceability and be provided to the MCO or HHSC upon request or at a defined frequency.
- EVV contractors must coordinate with other EVV contractors to support all activities and operations associated with the transition of services when a Provider chooses to select a different EVV contractor for the provision of EVV services.
- EVV contractors must maintain a comprehensive disaster recovery and business continuity plan that is annually approved by the MCO.
 - Any occurrence of recovery from disaster or continued functionality must be documented and reported to the MCO with a corrective action plan.
 - The disaster recovery and business continuity plans will be reviewed and approved annually by the MCO to ensure continued compliance.
- EVV contractors must provide all supporting EVV documentation necessary for the MCO or HHSC to conduct dispute resolution and appeals in a timely manner.
- EVV contractors must maintain a comprehensive security plan and annual risk assessment that is annually approved by the MCO.
- EVV contractors must maintain any additional compliance and quality review processes required by the MCOs, which may be program-specific.

B. Visit Verification Requirements

- EVV technology and associated systems must verify service delivery visits, maintain service delivery visit data, and transfer data to MCOs, including when a single Provider performs multiple services at the same time, or when there are multiple Members in the home receiving services at the same time.
- EVV systems must be configurable to support specific program needs (e.g., service delivery tracking by variable units—minutes, hours, days, and service hours in standard or military time).
- EVV technology must have the functionality to be used inside a Member's home, or in the community (outside the home).



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- Post-implementation alternatives for visit verification via use of telephony in the event a Member does not have a landline, the landline is in use, or a Member is unwilling to allow for use of landline must be approved by HHSC before use. Alternatives must be provided with no added cost to the Member, Provider, MCO, or HHSC.
- Post-implementation alternatives when other forms of EVV technology is limited or non-existent must be approved by HHSC before use. Alternatives must be provided with no added cost to the Member, Provider, MCO, or HHSC.

C. Data Input Requirements

- EVV contractors must ensure that Member information, Provider information, and service delivery schedules (scheduled or non-scheduled) can be entered into the EVV system by a Provider for validation either through an automated system or a manual system.
 - For Providers that do not currently utilize an automated scheduling system, EVV contractors must provide the functionality, including interfacing from multiple Providers, for a manual entry system at no cost to the Provider.
 - For Providers currently utilizing an automated scheduling system, EVV contractors must provide the functionality to interface from multiple Providers at no cost to the Provider.
- The EVV manual data input system must include a uniform and simplified process for HHSC-allowed exception reporting (e.g., service scheduled, but not performed; service performed, but not scheduled) for services performed both in the home and outside the home.

D. Training and Support Requirements

- EVV contractors must work with MCOs to develop a work plan, including estimated schedules and milestones necessary for a successful EVV implementation.
- EVV contractors must work with MCOs to develop a plan that addresses the initial and on-going training and support needs (in languages such as English, Spanish, and any other languages of Major Population Groups) for all end users. The plan must include the following components.
 - A Provider and Member communication plan that reflects how the EVV contractor will perform outreach necessary to implement EVV.
 - A Provider plan that reflects how the EVV contractor will perform testing before implementation of EVV and testing of the system during the contract period, if necessary.
- EVV contractors must provide a support/help desk for MCOs and Providers available via toll-free telephone lines during standard business hours, extended hours, and in English, Spanish, and any other languages of Major Population Groups.



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- EVV contractors must provide technical support to the MCOs and Providers for any questions or issues that occur on a day-to-day basis.

E. Data/Record Access Requirements

- EVV contractors must have the ability to interface with MCOs, Providers, and HHSC for reporting and maintenance of service delivery visit verification records.
- EVV contractors must work with MCOs, Providers, and HHSC to identify data elements necessary to perform all required reporting functions.
 - Includes reporting requirements for MCOs that will be used to evaluate a Provider's compliance with EVV usage requirements under program-specific EVV compliance plans.
- EVV contractors must have the ability to track and monitor services authorized versus services rendered, services used versus services remaining, and individual instances of service delivery including validation data and any exceptions to service.
- EVV contractors must allow MCOs and HHSC the ability to view the same information that a Provider can access and view.
- EVV contractors must retain all documentation relating to all EVV services provided for a minimum of 5 years following the date the EVV data is received by the EVV contractor for verification of services provided, or until all litigation, audits, appeals, investigations, claims, or reviews are completed.

F. Reporting Requirements

- EVV contractors will supply MCO with electronic reports and data files, in formats and at frequencies as requested and approved by MCOs and HHSC via an approved, secure interface. At a minimum, the MCO must ensure that EVV vendors produce a monthly report entitled "EVV Summary Report" that contains all data elements outlined in Uniform Managed Care Manual Chapter 8.8.
- EVV contractors will provide MCO and HHSC-defined standard, as well as ad hoc, reporting capability for any EVV technology method used (e.g., telephony, mobile phone) for all EVV data available in the system and as required to support program requirements and monitoring.

IX. PROVIDER COMPLIANCE REQUIREMENTS

The MCO must ensure that all Providers using the EVV system maintain compliance with the following HHSC minimum standard requirements.



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- The Provider must enter Member information, Provider information, and service delivery schedules (scheduled or non-scheduled) into the EVV system for validation either through an automated system or a manual system.
- The Provider must ensure that attendants providing services applicable to EVV are trained and comply with all processes required to verify service delivery through the use of EVV.
- Providers must notify MCOs of any ongoing issues with EVV contractors or unresolved issues with EVV systems.
- Providers must notify a Member's service coordinator if the Member refuses to allow home health attendants and nurses access to the Member's landline telephone to document when services begin and end.
- Providers must maintain service delivery visits verified in accordance with program requirements at least 90 percent per quarter.
- Providers must ensure all data elements required by HHSC are uploaded or entered into the EVV system completely, accurately, and before billing for services delivered.
- Providers must ensure that the Provider's attendant uses the EVV system in a manner prescribed by HHSC to call-in when service delivery begins and call-out when service delivery is completed each time services subject to EVV are delivered to a Member.
- Equipment provided by an EVV contractor to a Provider, if applicable, must be returned in good condition. If equipment is lost, stolen, marked, altered or damaged by the Provider, the Provider may be required to pay the replacement cost of the equipment.

X. MCO MEMBER EDUCATION REQUIREMENTS

- The MCO must educate its Members about EVV and the Members' responsibility to allow a Provider access to a landline telephone in a Member's home to record the beginning and end of services.
- If a Member refuses to allow home health attendants and nurses access to the Member's landline telephone, the Service Coordinator must discuss the EVV requirements with the Member to ensure he or she fully understands the requirement. An alternate device can be placed in the Member's home that the home health attendant or nurse may use in place of a landline telephone. If the Member still refuses to cooperate, the MCO must work with HHSC to find an appropriate solution.



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XI. MCO EVV REPORTING REQUIREMENTS

- The MCO must require EVV contractors to complete and submit a monthly EVV Summary Report using the template and instructions in Uniform Managed Care Manual Chapter 8.8. The MCO must submit the monthly EVV Summary Report it receives from each EVV contractor to HHSC within five business days of MCO receipt.
- On the first day of each month, the MCO must submit an EVV Contractor Compliance Report to HHSC detailing any action taken by the MCO in the previous month for noncompliance by any EVV contractor, including a list of corrective action plans submitted by an EVV contractor and the status of each plan and any liquidated damages assessed against an EVV contractor.
- In addition to the monthly EVV Summary Report and the monthly EVV Contractor Compliance Report, HHSC reserves the right to request ad-hoc reports from the MCO for EVV information not included in the monthly EVV Summary Report, as needed.
- The MCO will send EVV data to HHSC consistent with requirements in the applicable Joint Interface Plan (JIP).