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HHSC Electronic Visit Verification

**Live Questions and Answers Webinar
EVV Aggregator and EVV Portal
April 22, 2019**

Introduction

The Health and Human Services Commission (HHSC), Managed Care Organizations (MCO), and Texas Medicaid & Healthcare Partnership (TMHP) are hosting a series of Question and Answer (Q&A) webinars to prepare for the implementation of EVV as required by the federally mandated 21st Century Cures Act.

The Q&A webinars give participants an opportunity to ask questions regarding the implementation of EVV.



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Webinar Agenda

This webinar will define the EVV Aggregator and EVV Portal and consists of the following EVV topics:

- Purpose and Benefits of the EVV Aggregator
- EVV Portal
- Data Validation
- EVV Claims Submission



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How to Ask Questions

All questions will be received through the Questions pane of GoToWebinar.

Questions will be answered in the order they are received.

To ask a question during the webinar:

1. Type your question in the Questions pane.
2. Click send.



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What is the EVV Aggregator?

The EVV Aggregator is a centralized database that collects, validates, and stores statewide EVV visit data transmitted by an EVV system.

Texas Medicaid & Healthcare Partnership (TMHP) is the Texas Medicaid claims administrator responsible for operating and maintaining the EVV Aggregator and EVV Portal.



Purpose of the EVV Aggregator

The EVV Aggregator:

- Provides validated program provider contract or enrollment data to EVV vendors.
- Accepts or rejects confirmed EVV visit transactions using standardized validation edits and returns results to EVV vendors.
- Stores all accepted and rejected EVV visit transactions.
- Matches EVV claim line items to accepted EVV visit transactions in the EVV Aggregator and sends matching results to the appropriate payer for EVV claims processing.



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Benefits of the EVV Aggregator

- The EVV Aggregator improves data quality with standardized validations against state data.
- It reduces the need for manual entry, decreasing data element errors on visit transactions.
- Consistent visit data validation will be performed on all EVV visit transactions.
- EVV claims matching is standardized.



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Benefits of the EVV Aggregator (cont.)

- The same critical data elements will be used for EVV claims matching for all EVV payers.
- The EVV Aggregator stores accepted and rejected EVV visit transactions from the EVV vendors.
- The EVV Aggregator allows review of top rejection issues and percent of rejections by vendor and provider.



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What is the EVV Portal?

The EVV Portal is an online system that allows users to perform searches and view reports associated with the EVV visit data in the EVV Aggregator.

Note: Consumer Directed Services (CDS) employers will not use the EVV Portal, but will have access to visit logs and related reports in the EVV vendor system.



Benefits of the EVV Portal

In the EVV Portal, program providers, FMSAs, Managed Care Organizations (MCOs), and HHSC staff are able to search, view, print, and export:

- EVV visit data (accepted and rejected EVV visit transactions).
- Matching results of EVV visit transaction to EVV claim line items
- Program provider identification data.



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Benefits of the EVV Portal (cont.)

EVV Portal users can:

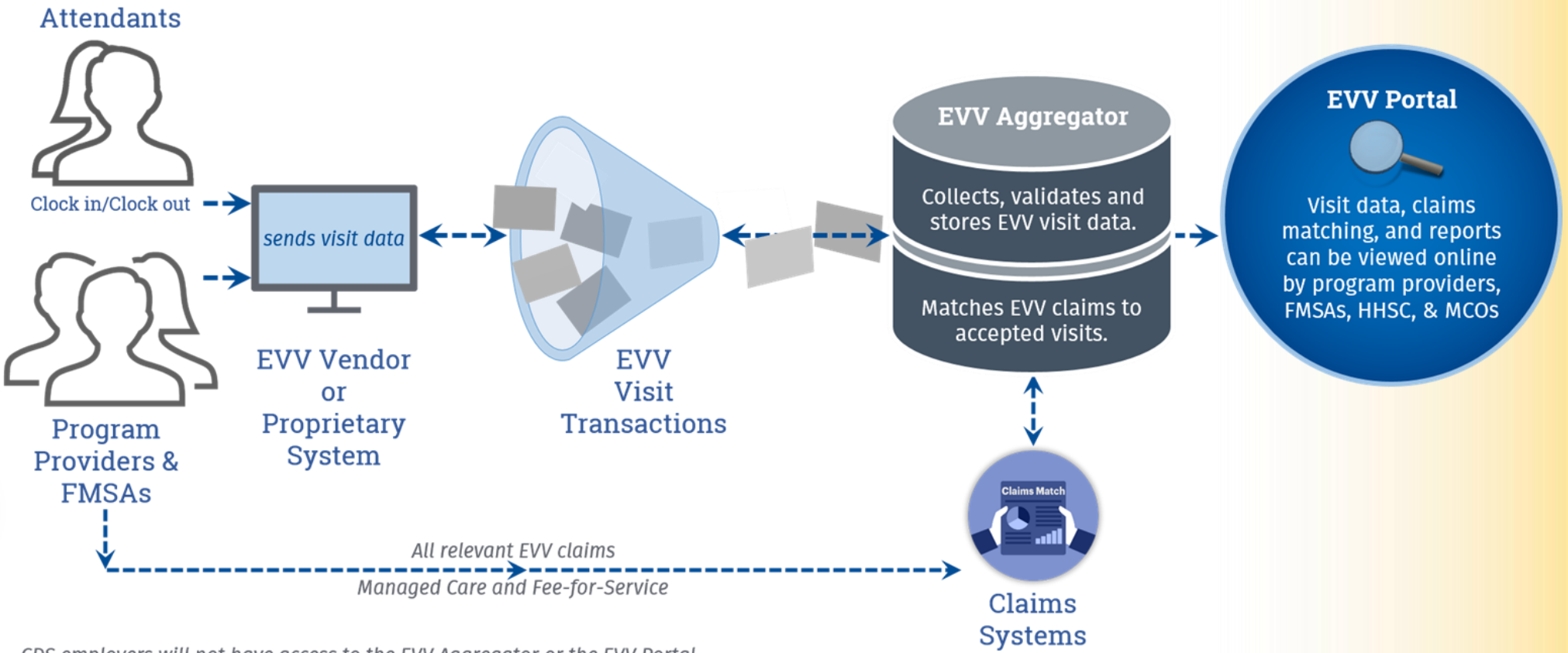
- View EVV visit transactions ready for billing.
- Access standard EVV reports and run queries on EVV visit data.
- Check the status and identify reasons for rejection of submitted EVV visit transactions.

Note: Program providers are encouraged to check the EVV Portal to ensure their visits were accepted **before** they submit their EVV billing claims.



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EVV Systems Overview



CDS employers will not have access to the EVV Aggregator or the EVV Portal.

Data Validation

- The EVV Aggregator will use existing, validated program provider data from state Medicaid data resources to populate EVV provider data.
- The EVV Aggregator returns Medicaid enrolled program provider data to EVV vendors.
- When all data elements from the EVV visit transactions pass validation edits, they are accepted into the EVV Aggregator.
- Data elements from EVV visit transactions that do not pass validation edits are returned to the EVV vendor system for correction.



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EVV Claims Submission

- Fee-for-service (FFS) claims have no changes in the billing process.
- Claims for MCO EVV services will be submitted to TMHP through TexMedConnect or through Electronic Data Interchange (EDI) using a Compass 21 (C21) Submitter ID.



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EVV Claims Matching Process

- When an EVV claim is received by TMHP, the EVV claim line items will be matched against the accepted EVV visit transactions, previously sent by the EVV vendor systems.
- Once the matching process has been performed, all EVV claims will be forwarded to the appropriate payer for final EVV claims processing.
- EVV claim line items without matching EVV visit transactions are denied by the payer.



Tip #1

Get ready to submit EVV claims to TMHP.

- Claims for MCO EVV services will be submitted to TMHP through TexMedConnect or through Electronic Data Interchange (EDI) using a Compass 21 (C21) Submitter ID.
- Program providers and FMSAs that need help setting up C21 or CMS Submitter IDs should contact the EDI Help Desk at:
1-888-863-3638, Option 4
- Sign up for [GovDelivery](#) so you'll be notified when Module 8 – Submitting an EVV Claim of the EVV Tool Kit is posted on the EVV website.



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Tip #2

Set up a TMHP Learning Management System (LMS) Account.

- The LMS, located at <https://learn.tmhp.com/>, contains TMHP's EVV-related training material.
 - Use the [LMS job aid](#) to complete registration steps.
- Program providers, FMSAs, MCOs, and HHSC can click **Sign Up for New Account** to create a user name and password.
- Complete upcoming EVV computer-based training (CBT) modules located on the LMS.
 - Program provider notifications will be posted when the CBT modules are available.



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Tip #3

Verify enrollment information.

- Program providers/FMSAs are encouraged to verify their enrollment information is kept up to date with their contracting entity and their payer.
- Managed Care Organization (MCO)
- Texas Health and Human Services Commission (HHSC)
- Texas Medicaid & Healthcare Partnership (TMHP)



FAQs – 1 of 5



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Question: How can I ensure our billing goes through?

Answer: Program providers are encouraged to check the EVV Portal to ensure their visits were accepted before they submit their EVV billing claims.

FAQs – 2 of 5



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Question: Who do I contact if my billing doesn't go through?

Answer: Contact your payer with billing questions and issues.

FAQs – 3 of 5



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Question: Can I check my compliance score in the EVV Portal?

Answer: You can pull standard reports in the EVV Portal. Reports are available in the HHSC EVV Provider Policy Handbook, Section 5000, Reports.

FAQs – 4 of 5



Question: What happens if my EVV claim does not have a matching EVV visit transaction?

Answer: EVV claims that do not have matching EVV visit transactions are denied by the payer.

Question: Where can I view my EVV claims matching results?

Answer: Program providers, FMSAs, MCOs, and HHSC staff will use the EVV Portal to view matching results of EVV visit transactions to EVV claim line items.

FAQs – 5 of 5



Question: How can I get more information on the EVV Aggregator and EVV Portal?

Answer:

- Attend upcoming webinars conducted by TMHP during July and August.
- Program provider notifications will be posted when the registration links are available.
- [Ask TMHP](#) questions about the EVV Aggregator and EVV Portal.

What's Next?

May 1, 2019 Web Alert:

- Submitting an EVV Claim
- FAQs

May 15, 2019 Web Alert:

- EVV Portal Standard Reports and Search Tools

May 22, 2019: Live Webinar Q&A Session

- Topic: EVV Claims and EVV Portal
 - [Register for the webinar.](#)
 - [Email](#) questions ahead of time and include in the subject line "webinar question."



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Questions



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Thank you

- **Email EVV questions to:**
Electronic_Visit_Verification@hhsc.state.tx.us
- **Email EVV Aggregator and EVV Portal questions to:**
EVV@tmhp.com