

May 22, 2023

EVV CLAIMS SUBMISSION CUTOVER DATE FOR CURES ACT HOME HEALTH CARE SERVICES IMPLEMENTATION

BACKGROUND:

The MCO Notice dated May 26, 2022 provided details for the EVV Cures Act Home Health Care Services Implementation. This notice is to provide the EVV “Claims Submission Cutover Date.”

KEY DETAILS:

The Home Health Care Services are found in the [Programs, Services and Service Delivery Options Required to Use Electronic Visit Verification by January 1, 2023 \(texas.gov\)](#) document. The [HHCS EVV HHCS Service Bill Codes Table](#) is posted on the [EVV 21st Century Cures Act Webpage](#) in [Excel](#) and [PDF](#) formats.

Claims Submission

On June 1, 2023, **all** providers, FMSAs, and CDS employers **may** submit their HHCS EVV claims to the HHSC Claims Administrator for claims matching. The HHSC Claims Administrator will forward the claim to the MCOs. MCOs should adjudicate the HHCS EVV claims using EVV07 bypass code.

Claims Submission Cutover Date

The claims submission cutover date is the date the MCO needs to reject HHCS EVV claims that come directly to the MCO.

Providers and FMSAs **must** submit all HHCS EVV claims to the HHSC Claims Administrator starting with dates of service on or after December 1, 2023. MCOs must reject any HHCS claims with EVV services back to the submitter directing them to submit the claim to the HHSC Claims Administrator for EVV claims matching.

Claims Matching

For dates of service between June 1, 2023 and December 31, 2023, providers and FMSAs that submit their HHCS EVV claims through the HHSC Claims Administrator will receive both an informational EVV claims match result (EVV07) and an actual claim match result for HHCS EVV claims (EVV01 through EVV06). The actual claims match results and the informational claims match results will be viewable in the EVV Portal. During this time, all HHCS EVV claims received by the HHSC Claims Administrator will be forwarded to the MCO with an EVV07 match code. MCOs must not deny the claims with EVV07 for EVV related reasons during this period.

For dates of service on or after January 1, 2024, the EVV Aggregator will begin sending the actual match result for HHCS EVV claims to the MCOs, and MCOs must process the claims accordingly (i.e., deny claims that receive EVV02 – EVV06 match codes).

Action:

MCOs must complete the following actions:

1) Allow all providers, FMSAs, and CDS employers to submit HHCS EVV claims beginning June 1, 2023.

MCOs should adjudicate the HHCS EVV claims with EVV07 bypass.

2) Allow EVV07 match result codes on forwarded HHCS EVV claims beginning June 1, 2023.

MCOs must ensure their systems can accept forwarded HHCS EVV claims which include an EVV match result code of EVV07 for dates of service on and after June 1, 2023. MCOs must not deny the claim for EVV related reasons and must ensure their systems allow for the EVV07 match result code to be present on the claim without impacting claims adjudication. This functionality must be based on the claim date of service and must be configurable (i.e., able to change to another date).

3) Disallow submission of HHCS EVV claims directly to the MCO.

For dates of service on and after December 1, 2023, MCOs must disallow submission of HHCS EVV claims directly to the MCO and direct the provider to electronically submit the HHCS EVV claims to the HHSC Claims Administrator. This functionality must be based on the claim date of service and must be configurable (i.e., able to change to another date).

4) Process forwarded HHCS EVV claims according to EVV match result codes.

For dates of service on and after January 1, 2024, MCOs must process HHCS EVV claims received from the HHSC Claims Administrator according to the claims match result provided by the EVV Aggregator. This functionality must be based on the claim date of service and must be configurable (i.e., able to change to another date).

Contact:

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Type: Action Required

To: MMP; STAR; STAR+PLUS; STARHEALTH; STAR_KIDS

From: EVV