

January 12, 2024

IMPORTANT REMINDER FOR HOME HEALTH PROVIDERS – MUST SUBMIT EVV HHCS CLAIMS TO TMHP EFFECTIVE DEC 1, 2023

SUMMARY OF NOTIFICATION

Effective January 1, 2024, Electronic Visit Verification (EVV) is required for Medicaid home health care services.

KEY DETAILS

The claims submission cutover date is December 1, 2023, this is the date the MCO must reject HHCS EVV claims that come directly to the MCO.

Providers and FMSAs must submit all HHCS EVV claims starting with dates of service on or after Dec. 1, 2023 to TMHP using TexMedConnect, or through Electronic Data Interchange (EDI) using a Compass 21 (C21) Submitter ID.

MCOs must reject any HHCS claims with EVV services back to the submitter directing them to submit the claim to TMHP for EVV claims matching.

RESOURCES

We encourage you to stay informed by visiting our **Community EVV Provider Webpage** for Important Information at <https://provider.communityhealthchoice.org/electronic-visit-verification/>.

Provided below is a previous notification that was posted for your reference.

Should you have any questions, please contact your Provider Engagement Representative.

November 21, 2023

HHCS PROVIDERS AND FMSAs MUST SUBMIT EVV HHCS CLAIMS TO TMHP EFFECTIVE DEC. 1, 2023

BACKGROUND

MCO notice dated May 1, 2023, provided the EVV “[Claims Submission Cutover Date](#).”

KEY DETAILS

The Home Health Care Services (HHCS) are found in the [Programs, Services and Service Delivery Options Required to Use Electronic Visit Verification by Jan. 1, 2024](#) document. [The EVV HHCS Service Bill Codes Table](#) is posted on the [EVV 21st Century Cures Act](#) web page in [Excel](#) and [PDF](#) formats.

Claims Submission

On June 1, 2023, the Texas Medicaid & Healthcare Partnership (TMHP) started receiving providers, Financial Management Services Agencies (FMSAs), and CDS employers HHCS EVV claims for claims matching. TMHP forwarded the claims to the MCOs. MCOs adjudicated the HHCS EVV claims using EVV07 bypass code.

Claims Submission Cutover Date

The claims submission cutover date is December 1, 2023, this is the date the MCO must reject HHCS EVV claims that come directly to the MCO.

Providers and FMSAs must submit all HHCS EVV claims starting with dates of service on or after Dec. 1, 2023 to TMHP using TexMedConnect, or through Electronic Data Interchange (EDI) using a Compass 21 (C21) Submitter ID.

MCOs must reject any HHCS claims with EVV services back to the submitter directing them to submit the claim to TMHP for EVV claims matching.

Claims Matching

For dates of service on Dec. 1, 2023, through Dec. 31, 2023, providers and FMSAs submitting their HHCS EVV claims through TMHP 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, TMHP will forward all HHCS EVV claims received 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 Jan. 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 EVV07 match result codes on forwarded HHCS EVV claims until Dec. 31, 2023.
 - MCOs must accept forwarded HHCS EVV claims which include an EVV match result code of EVV07 for dates of service on and after Dec. 1, 2023, through Dec. 31, 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. MCOs must base this functionality on the claim date of service and must be configurable (i.e., able to change to another date).
2. Disallow submission of HHCS EVV claims directly to the MCO.
 - For dates of service on and after Dec. 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 TMHP. MCOs must base this functionality on the claim date of service and must be configurable (i.e., able to change to another date).
3. Process forwarded HHCS EVV claims according to EVV match result codes.
 - For dates of service on and after Jan. 1, 2024, MCOs must process HHCS EVV claims received from TMHP according to the claims match result provided by the EVV Aggregator. MCOs must base this functionality on the claim date of service and must be configurable (i.e., able to change to another date).
4. Provide education for Providers, FMSAs, and CDS employers.
 - MCOs must educate their providers by posting this information to the MCO EVV website.