

February 26, 2024

EVV CLAIMS MATCHING BYPASS FROM JAN. 1 TO MARCH 31

BACKGROUND

HHSC implemented a claim matching bypass on Feb. 1, 2024 — for EVV claims with dates of service from Jan. 1 through March 31 — to be paid without a matching EVV visit.

KEY DETAILS

Program providers, financial management services agencies (FMSAs), and Consumer Directed Services (CDS) employers must enter missing EVV visits not entered during the EVV claims matching bypass period within the 95-day visit maintenance period.

Program providers and FMSAs who received a “No EVV Visit Match” denial for claims with dates of service beginning Jan. 1 can submit adjustment claims after Feb. 1. EVV claims matching will begin with dates of service on April 1.

MCOs will not allow the entry of missing EVV visits after the 95-day visit maintenance timeframe has passed. Failure to use the EVV system to record visits may result in recoupments.

ADDITIONAL INFORMATION

Billing Claims

If billing through the HHAeXchange system, you must ensure you have a valid, accepted visit on file or you will not be able to invoice and bill your claim. Program providers and FMSAs using HHAeXchange, who need to bill but don't have a valid visit on file in the HHAeXchange system, may submit their claims through TexMedConnect. Claims paid without a valid matching visit are subject to recoupment.

EVV claims for EVV required services must be submitted to the Texas Medicaid & Healthcare Partnership (TMHP). MCOs will reject any managed care claims with EVV services and dates of service on or after Dec. 1, 2023, back to the program provider and FMSA, directing them to submit the claim to TMHP for EVV claims matching.

RESOURCES

For information on submitting EVV claims to TMHP, refer to [Prepare for EVV Cures Act Home Health Care Services Implementation](#).

[Email TMHP](#) for assistance with EVV claims with mismatched results.

[MCO EVV Services Table Informational Match Service Bypass](#)