



# Electronic Visit Verification

Long-term Services and Supports Care Provider Agency Training 2016/2017

# Overview: Electronic Visit Verification (EVV)

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As of April 1, 2016, Texas Health and Human Services (HHS) made Electronic Visit Verification (EVV) mandatory when delivering certain home and community-based services to members in the following programs:

- ✓ STAR+PLUS
- ✓ UnitedHealthcare Connected® (Medicare-Medicaid Plan)
- ✓ STAR Kids

EVV replaces paper timesheets by electronically documenting information about the:

- ✓ Member receiving services
- ✓ Attendant or assigned staff providing services
- ✓ Provider agency (employer of the attendant)
- ✓ Precise time the attendant begins and ends service delivery



# Services Requiring EVV

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EVV helps document that members are receiving authorized long-term services and supports (LTSS) such as when a personal care or other attendant provides services in a member's home or in the community.

Providers of the following services need to use EVV:

- ✓ Personal assistance services (PAS)
- ✓ Personal care services (PCS)
- ✓ In-home respite care
- ✓ Community First Choice –  
Habilitation and PAS/PCS
- ✓ Flexible Family Support Services  
(STAR Kids only)



# How EVV Works

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## Step 1: Securing

When a member needs long-term services and supports to have basic needs met at home or in another community setting, our service coordinator secures the medically necessary authorization and facilitates the member and their family in choosing a service provider.

## Step 2: Delivering

When services are provided, attendants or assigned staff can easily document the time visits begin and end, using a telephone, an alternate device or visit maintenance into the EVV system. The information is electronically registered by the EVV vendor, so it's documented when the agency submits claims to UnitedHealthcare Community Plan.

## Step 3: Monitoring

We check to make sure the services provided were:

- ✓ Authorized to help the member
- ✓ Electronically documented using EVV
- ✓ Submitted for claims reimbursement



# Service Provider and Vendor Requirements

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Agencies that manage providers of long-term services and supports that require EVV are responsible for:

- ✓ Selecting an HHS approved EVV vendor
- ✓ Training workers how to use EVV
- ✓ Ensuring that workers enter EVV data for every visit
- ✓ Performing any necessary visit maintenance to the EVV entries
- ✓ Submitting claims after the EVV data elements are entered into the system

The vendor works with the you to set up reporting in its system including:

- ✓ Provider demographics
- ✓ Attendant or assigned staff and member profiles
- ✓ Authorizations
- ✓ Visit schedules



# Approved Vendors

You need to select one of the two vendors that HHS has approved to work with you.

<b>Vendor</b>	Datalogic (Vesta) Software, Inc.	MEDsys Software Solutions, LLC
<b>Website</b>	VestaEVV.com	MEDsyshcs.com
<b>Contact</b>	Gloria Garza, Ph.D. Business Development Director	Jeff Calcaterra
<b>Email</b>	Gloria@Vesta.net	JCalcaterra@MEDyshcs.com
<b>Phone</b>	844-880-4200	877-644-4427
<b>Alternate Contact</b>	Angela Byrd, Vesta EVV Specialist	Hank Hernly
<b>Email</b>	Angela@Vesta.net	HHernly@MEDsyshcs.com
<b>Phone</b>	956-412-1424	419-491-3335, ext. 702
<b>Support and Sales</b>	NA	877-698-9392 (Opt. 2 for sales)



# Vendor Selection

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To select or change an EVV vendor, send a completed Provider EVV Vendor System Selection form to the Texas Medicaid & Healthcare Partnership (TMHP):

✓ Fax: **512-506-6619**

✓ Email: [EVV@tmhp.com](mailto:EVV@tmhp.com)

The form is available at [HHS.texas.gov](http://HHS.texas.gov) > Doing Business With HHS > Provider Portals > Resources > Electronic Visit Verification > Forms and Handbooks [Form H1002, Provider Electronic Visit Verification Vendor System Selection](#).

The effective date requested must be at least 120 calendar days from the submission date of the form.



# Using a Telephone for EVV

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The primary device used for EVV is a landline telephone in the member's home when it's registered as a single residence.

Landline telephone services may be provided through traditional copper cables, DSL, coaxial cable, fiber optic lines or other transmission methods physically connected to the member's home.

Phone services that cannot be used for EVV include:

- ✓ Cell phones
- ✓ Satellite phones
- ✓ Other mobile networks
- ✓ Portable alternative phone services that use voice over internet protocol (VoIP) such as magicJack<sup>®</sup> and Vonage<sup>®</sup>



# Telephone Alternative

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## EVV via Small Alternative Device (SAD)

If a member doesn't have a landline, or won't allow use of their landline, a small device can be installed in their home.

Within seven days of learning no landline is available, the attendant or assigned staff should work with the member to complete a Medicaid Electronic Visit Verification Small Alternative Device Agreement, which is then sent to the EVV vendor and a SAD will be sent to you.

A representative of your provider agency should install it in the member's home within 14 calendar days of receipt of the request.

The SAD must remain in the member's home for the use of EVV services.



The Medicaid Electronic Visit Verification Small Alternative Device Agreement is at [UHCommunityPlan.com](https://UHCommunityPlan.com) > For Health Care Providers > Texas > [Provider Forms](#).

# Visit Maintenance

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Designated staff can edit EVV records by reviewing, modifying and correcting visit information, when appropriate. Examples may include situations in which:

- ✓ The attendant or assigned staff forgot to call in or out using the approved method (landline or SAD).
- ✓ An attendant other than the regularly scheduled attendant delivered the service.
- ✓ The service was delivered outside the scheduled visit time.
- ✓ The service wasn't able to be delivered.
- ✓ A phone wasn't accessible.

All applicable reason codes for each transaction should be documented. Each edit requires at least one reason code. Some edits will require a comment to be entered along with the reason code.



If you experience technical difficulties with the EVV system, contact your provider advocate or call LTSS Customer Service at **888-787-4107**.



# Reason Codes

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Visit Maintenance must be completed within 60 days after the date of service and requires a reason code. The system entry will be locked after that timeframe.

Select the code that seems most appropriate for the situation. Reason codes are categorized as follows:

- ✓ **Preferred Reason Codes** explain acceptable circumstances, such as when an attendant accidentally enters incorrect information into the EVV system.
- ✓ **Non-Preferred Reason Codes** explain circumstances that aren't acceptable, such as an attendant failing to use the EVV system to note when they arrived or left the member's home.

For the list of reason codes with instructions and examples, visit [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Providers > Texas > Bulletins > Provider Electronic Visit Verification > [EVV HHSC Reason Codes](#).

Your provider advocate can direct you to educational resources to help you understand reason codes.

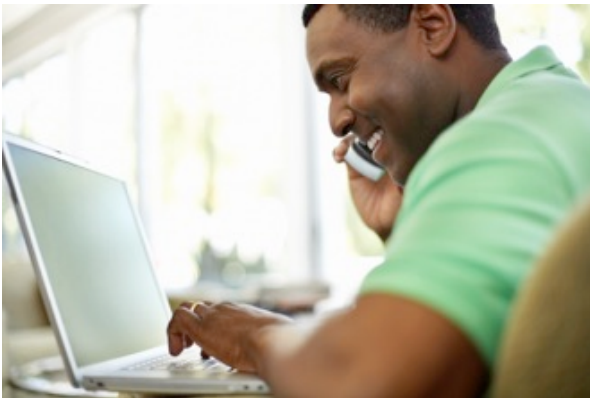


# Claims Submission

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A visit may not be billed until all EVV data has been entered and any necessary visit maintenance is complete. Claims submission deadlines from the date of service apply. They should be submitted no later than:

- ✓ 95 days from the date of service
- ✓ 365 days for providers contracted with the Texas Department of Aging and Disability (DADS)



For more information on claims submission, please go to [UHCommunityPlan.com](http://UHCommunityPlan.com) > For Health Care Professionals > Texas > Provider Training > [Navigating UnitedHealthcare Community Plan.](#)

# Compliance Score Monitoring

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We monitor EVV data quarterly by using the following calculation:

- ✓ Add the number of visits entered and verified to have been completed as authorized (excludes visits containing a non-preferred reason code).
- ✓ Divide that sum by the total number of visits for that quarter (includes visits containing a non-preferred reason code).
- ✓ Round the resulting number to the nearest whole percent.

The resulting HHS EVV Initiative Provider Compliance Plan Score must show at least 90 percent compliance on or after April 1, 2107, or at least 75 percent compliance through March 31, 2017.

It's your responsibility to also monitor your own compliance. Reports can be accessed through the EVV vendor.

Quarters for monitoring are:

April 1 – June. 30, July.1 – Sept. 30, Oct.1 – Dec. 31 and Jan. 1 – March 31.



# Non-compliance

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If your agency's compliance score is less than 90 percent or your agency's use of reason codes seems suspicious, we'll send you a certified non-compliance letter explaining any necessary action on your part, with an applicable deadline.

Actions(s) may include:

- ✓ Education for you and your staff about how to correctly document EVV
- ✓ A Corrective Action Plan (CAP) outlining several actions
- ✓ Participation in an investigation of fraud, waste and/or abuse
- ✓ Assessment of liquidated damages (A rate that you would owe us for all visits conducted by your agency for each day that your score is below the acceptable compliance)
- ✓ Termination of your UnitedHealthcare Community Plan Provider Agreement

Access our EVV Initiative Provider Compliance Plan at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Providers > Texas > Bulletins > Provider Electronic Visit Verification > **[Provider Compliance Plan for UnitedHealthcare Community Plan EVV.](#)**



# Informal Review

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You may request an informal review if you believe your score was non-compliant due to a failure of the EVV system. This request must be received 10 calendar days from the date from which you received the certified letter.

Include the following information in your letter of request for an informal review:

- ✓ The date your letter is being written
- ✓ Your provider agency name, tax identification number (TIN) and national provider identification number (NPI)
- ✓ The date(s) of the EVV system failure
- ✓ A detailed description of the EVV system failure
- ✓ The date the system issue was reported to UnitedHealthcare Community Plan
- ✓ The name of the person at UnitedHealthcare Community Plan to whom you reported the EVV system failure
- ✓ The way in which you contacted us (email address, phone or fax number)

To be considered for a review, we need to have complete information.





## Informal Review cont'd

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Include with your letter any documentation that supports your experience of the system failure and your report of it to us.

Send your letter request for an informal review to:



EVV Informal Review  
UnitedHealthcare Community Plan  
14141 Southwest Fwy., Suite 800  
Sugar Land, Texas 77478

We will inform you in writing of the findings of the informal review and include any action that may be necessary on your part.



# Member Complaints

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It's your responsibility to address complaints that you may hear from one of our members, or their representative.

- ✓ Keep a documented record of how you resolve the complaint.
- ✓ Members may also file a complaint with us by calling customer service:



888-998-9003

877-597-7799 (STAR Kids members)

- ✓ Additionally, written complaints should be mailed to:

UnitedHealthcare Community Plan

Attn: Complaint and Appeals Dept.

P.O. Box 31364

Salt Lake City, UT 84131-0364



# Provider Complaints to Us

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You have the right to submit a complaint to us. You can access a form for this purpose at [UHCommunityPlan.com](http://UHCommunityPlan.com) > For Health Care Professionals > Texas > [Provider Forms](#) > Provider Complaint/Grievance Form. Submit in one of the following ways:



Upload online at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > UnitedHealthcare Community Plan Resources > [Texas](#) > Complaints.

Email: [EVC\\_Grievance@uhc.com](mailto:EVC_Grievance@uhc.com)

Mail to:



UnitedHealthcare Community Plan  
Attn: Complaint and Appeals Dept.  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

Fax: **801-994-1082**



Customer service is available to help when you call **888-887-9003**.



# Provider Complaints to HHS

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You also have the right to submit a complaint to Texas Health and Human Services Provider Resolution Services.



Mail to:

Texas Health and Human Services Commission  
Provider Complaints  
Health Plan Operations, H320  
P. O. Box 85200  
Austin, TX 78708



OR

Email: [HPM\\_complaints@hhsc.state.tx](mailto:HPM_complaints@hhsc.state.tx)

## More Information

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- ✓ Sign-up for email updates at HHS.texas.gov > [Sign Up for Email Updates](#).
- ✓ Monitor for updates at UHCCommunityPlan.com > For Health Care Professionals > Texas > Bulletins > [Provider Electronic Visit Verification](#).
- ✓ See the Provider Manuals at UHCCommunityPlan.com > For Health Care Professionals > Texas > [Provider Manuals](#).
- ✓ Contact your provider advocate directly.
- ✓ Call our toll-free LTSS Customer Service at **888-787-4107**.
- ✓ Email us at [uhc\\_cp\\_prov\\_relations@uhc.com](mailto:uhc_cp_prov_relations@uhc.com).
- ✓ Fax us at 855-500-3356.



**Thank you!**

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