

EVV Visit Transaction Validation Enhancements Effective June 1, 2019

Effective June 1, 2019, the Health and Human Services Commission (HHSC) will enhance the Electronic Visit Verification (EVV) process by standardizing EVV visit data to improve accuracy and reduce data corrections required by program providers. These enhancements will help program providers prepare for the new claims matching process that will begin in September 2019, by ensuring that the data is complete and correct. Program providers should use the period between June 1, 2019 and August 31, 2019 to clean up data in the Vesta EVV system to prepare for the new claims matching process.

The implementation of the validation enhancements for EVV visit transactions with a date of service on or after June 1, 2019, applies to program providers who submit EVV-relevant claims to the following payers:

- Aetna
- Children's Medical Center Health Plan
- Cigna
- Cook Children's Health Plan
- Driscoll Health Plan
- Fee-for-Service – Acute Care
- Fee-for-Service – Long Term Care

Program providers who submit EVV-relevant claims to all remaining payers will see the results of this EVV Aggregator validation process in the DataLogic Vesta system on September 1, 2019.

Required Information for EVV Visit Transactions

EVV visit transactions, with a date of service on or after June 1, 2019, submitted to the EVV Aggregator with incomplete or incorrect data will not be accepted. Program providers will need to confirm that information submitted into the Vesta EVV system is complete and correct to avoid rejections. The Vesta EVV system will assist program providers by identifying incomplete or incorrect data and providing alerts that require program providers to make updates prior to the data being submitted on an EVV visit transaction.

If an EVV visit transaction has been rejected, the program provider will be notified in the Vesta EVV system and visit maintenance will be required prior to re-exporting the EVV visit transaction to the EVV Aggregator.

The following EVV visit transaction data is currently required, however EVV visit transactions will start to reject if the data is incomplete or

incorrect on EVV visit transactions submitted with dates of service on or after June 1, 2019:

EVV Visit Transaction Data		Requirements
Program Provider Data		
Taxpayer Identification Number (TIN)		Must be valid and active for the visit date.
National Provider Identifier (NPI) or Atypical Provider Identifier (API)		Must be valid and active for the visit date. Program providers without an NPI must submit an API.
Texas EVV Attendant ID		Format of ID must be last four digits of an employee's Social Security Number (SSN) or passport and last name.
Employee Discipline		Must be one of the following values: attendant, nurse, certified nurse attendant (CNA), physical therapist (PT), occupational therapist (OT), speech language pathologist (SLP), or other.
Member Data		
Member Payer		Must match the Member Medicaid ID and HHSC eligibility and authorization records for the visit date.
Member Medicaid ID		Must have active Medicaid eligibility on the date of the visit.
Member First Name		First Name and Last Name combination must match Member Medicaid ID and Medicaid eligibility information. Validation looks for first two characters of First Name.
Member Last Name		First Name and Last Name combination must match Member Medicaid ID and Medicaid eligibility information. Validation looks for first two characters of Last Name.
Member DOB		Must match date of birth (DOB) from the member's Medicaid eligibility for the visit date.
Visit Data		
Healthcare Common		Must be valid for EVV service. Must be

Procedure Coding System (HCPCS) code	associated with Service Group/Service Code combination if payer is LTC.
Healthcare Common Procedure Coding System (HCPCS) modifier	If a HCPCS modifier is required, then it must be valid for the EVV service.
EVV Bill (Pay) Hours	Must provide the actual hours the program provider plans to bill.
EVV Units of Service	Must provide the number of units used during an EVV visit. Must match the EVV bill hours (pay hours) based on unit type.
EVV Visit Location	Must provide the location where services are being provided.
EVV Input Method	Must provide the data input method for clock in/clock out based on the following values: mobile method, landline, alternative device, or graphical user interface (GUI).

Managed Care Organization (MCO) Payer Specific Data

In addition to the fields listed above, the following field is required if the member's payer is an MCO:

EVV Visit Transaction Data	Requirements
Member Service Delivery Area (SDA)	Must be a valid value and match Member Medicaid ID and Member Payer for the visit date.

For a complete list of required fields and how to make updates to information in the Vesta EVV system, program providers can call Vesta customer support at (844) 880-2400.

For details about this and future EVV updates, program providers can refer to the [HHSC EVV webpage](#), the Publications section in the Vesta EVV Home Tab, your MCO's website, and in future articles on this website.

For more information, contact TMHP at EVV@tmhp.com.