

# Health and Human Services Commission Electronic Visit Verification Claims Submission Policy (Revised)

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## Policy

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Effective October 1, 2020, the Health and Human Services Commission (HHSC) revised the Electronic Visit Verification (EVV) Claims Submission Policy to:

- Require program providers and financial management services agencies (FMSAs) who deliver services required to use EVV, to submit claims for EVV services (EVV claims) to the appropriate HHSC claims management system.
- Incorporate the EVV Billing policy.

All EVV services listed in the [EVV Service Bill Codes Table](#) on the HHSC EVV website are subject to this policy.

Program providers and FMSAs must follow the billing guidelines of their payer, either HHSC or their managed care organization (MCO), when submitting an EVV claim.

Each claims management system will forward the EVV claims to the EVV Aggregator for the EVV claims matching process. The EVV Aggregator will return the EVV claims and the EVV claims match result code(s) back to the claims management system for further claims processing.

Program providers and FMSAs must submit EVV claims per claim line item with either a single date of service or a span of dates as required by the payer. See the *EVV Claims Matching Policy* for more information about how the EVV Aggregator performs the EVV claims match for each type of billing.

Program providers and FMSAs using a third-party claims submitter (or billing agent) must notify the third-party submitter of the EVV claims submission policy.

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## EVV Claims Submission

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Program providers and FMSAs must submit EVV claims for the program and services as detailed in the tables below.

### **Long-Term Care (LTC) Fee-for-Service (FFS)**

Program providers and FMSAs must submit EVV claims for LTC FFS to the Texas Medicaid & Healthcare Partnership (TMHP) Claims Management System (CMS) for the following program and services:

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Program	Services	Service Delivery Options
Community Attendant Services (CAS)	<ul style="list-style-type: none"> <li>Personal Attendant Services</li> </ul>	<ul style="list-style-type: none"> <li>Agency</li> <li>Consumer Directed Services (CDS)</li> <li>Service Responsibility Option (SRO)</li> </ul>
Community Living Assistance and Support Services (CLASS) Waiver	<ul style="list-style-type: none"> <li>Community First Choice (CFC) Personal Assistance Services (PAS)/Habilitation (HAB)</li> <li>In-Home Respite</li> </ul>	<ul style="list-style-type: none"> <li>Agency</li> <li>CDS</li> </ul>
Deaf Blind with Multiple Disabilities (DBMD) Waiver	<ul style="list-style-type: none"> <li>CFC PAS / HAB</li> <li>In-Home Respite</li> </ul>	<ul style="list-style-type: none"> <li>Agency</li> <li>CDS</li> </ul>
Family Care (FC)	<ul style="list-style-type: none"> <li>Personal Attendant Services</li> </ul>	<ul style="list-style-type: none"> <li>Agency</li> <li>CDS</li> </ul>
Primary Home Care (PHC)	<ul style="list-style-type: none"> <li>Personal Attendant Services</li> </ul>	<ul style="list-style-type: none"> <li>Agency</li> <li>CDS</li> <li>SRO</li> </ul>

### Home and Community-based Services (HCS) Waiver and Texas Home Living (TxHmL) Waiver

Program providers and FMSAs must submit EVV claims to the HHSC Client Assignment and Registration (CARE) system for the following programs and services:

Program	Services	Service Delivery Options
HCS Waiver	<ul style="list-style-type: none"> <li>CFC PAS / HAB</li> <li>In-Home Respite provided in own home or family home settings</li> <li>In-Home Day Habilitation provided in own home or family home settings (Agency Only)</li> </ul>	<ul style="list-style-type: none"> <li>Agency</li> <li>CDS</li> </ul>
TxHmL Waiver	<ul style="list-style-type: none"> <li>CFC PAS / HAB</li> <li>In-Home Respite</li> <li>Day Habilitation provided in the home</li> </ul>	<ul style="list-style-type: none"> <li>Agency</li> <li>CDS</li> </ul>

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### Acute Care FFS

Program providers and FMSAs must submit EVV claims for Acute Care FFS to the TMHP Compass 21 (C21) system for the following programs and services:

Program	Services	Service Delivery Options
Personal Care Services (PCS)	<ul style="list-style-type: none"> <li>PCS</li> </ul>	<ul style="list-style-type: none"> <li>Agency</li> <li>CDS</li> </ul>
Community First Choice (CFC)	<ul style="list-style-type: none"> <li>CFC PCS</li> <li>CFC HAB</li> </ul>	<ul style="list-style-type: none"> <li>Agency</li> <li>CDS</li> </ul>

### Youth Empowerment Services (YES)

Program providers must submit EVV Claims for YES to the HHSC Clinical Management for Behavioral Health Services (CMBHS) system for the following program service:

Program	Services	Service Delivery Options
YES Waiver	In-Home Respite	<ul style="list-style-type: none"> <li>Agency</li> </ul>

### Home and Community Based Services Adult Mental Health (HCBS-AMH) Waiver

Program providers must submit EVV Claims for HCBS-AMH to HHSC using an Encounter Invoice Template for the following program services:

Program	Services	Service Delivery Options
HCBS-AMH Waiver	<ul style="list-style-type: none"> <li>In-Home Respite</li> <li>Supported Home Living – Habilitative Support (SHL)</li> </ul>	<ul style="list-style-type: none"> <li>Agency</li> </ul>

### Managed Care Long-Term Services and Supports (LTSS)

Program providers and FMSAs must submit EVV claims to TMHP C21 for the following managed care programs and services:

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Program	Services	Service Delivery Options
STAR Health	<ul style="list-style-type: none"> <li>• CFC HAB</li> <li>• CFC PAS</li> <li>• PCS</li> </ul>	<ul style="list-style-type: none"> <li>• Agency</li> <li>• CDS</li> <li>• SRO</li> </ul>
STAR Health – Medically Dependent Children’s Program (MDCP) Covered Services	<ul style="list-style-type: none"> <li>• In-Home Respite</li> <li>• Flexible Family Supports</li> </ul>	<ul style="list-style-type: none"> <li>• Agency</li> <li>• CDS</li> <li>• SRO</li> </ul>
STAR Kids	<ul style="list-style-type: none"> <li>• CFC PAS</li> <li>• CFC HAB</li> <li>• PCS</li> </ul>	<ul style="list-style-type: none"> <li>• Agency</li> <li>• CDS</li> <li>• SRO</li> </ul>
STAR Kids – MDCP Covered Services	<ul style="list-style-type: none"> <li>• In-Home Respite</li> <li>• Flexible Family Supports</li> </ul>	<ul style="list-style-type: none"> <li>• Agency</li> <li>• CDS</li> <li>• SRO</li> </ul>
STAR+PLUS	<ul style="list-style-type: none"> <li>• CFC PAS</li> <li>• CFC HAB</li> <li>• PAS</li> </ul>	<ul style="list-style-type: none"> <li>• Agency</li> <li>• CDS</li> <li>• SRO</li> </ul>
STAR+PLUS – Home and Community Based Services (HCBS)	<ul style="list-style-type: none"> <li>• CFC PAS</li> <li>• CFC HAB</li> <li>• PAS</li> <li>• In-Home Respite</li> <li>• Protective Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Agency</li> <li>• CDS</li> <li>• SRO</li> </ul>
STAR+PLUS - Medicare-Medicaid Plan (MMP)	<ul style="list-style-type: none"> <li>• CFC PAS</li> <li>• CFC HAB</li> <li>• PAS</li> <li>• In-Home Respite</li> <li>• Protective Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Agency</li> <li>• CDS</li> <li>• SRO</li> </ul>

For additional questions regarding the EVV claims submission process see the [EVV Contact Information Guide](#) on the HHSC EVV website to determine who to contact.

Program providers and FMSAs can access [TMHP’s EDI homepage](#) for basic information needed to submit claims electronically including:

- User guides
- Forms
- Technical information intended for billing agents that file claims on behalf of program providers and FMSAs.