UPFRONT CLAIMS PROCESSING

EVV Providers

H8423_MCDTX_19_74949

Agenda

- EVV Overview
- EVV Services Required to Use EVV, including 21st Century Cures Act
- EVV Vendor
- EVV Upfront processing
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  - Common Denial Reasons
- Claim review: tips for provider agencies
- EVV Visit Maintenance Request process
- EVV Recoupment Process
- Data Aggregator (TMHP Portal)
- Provider Resources
- Contact information
- Questions and answers

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Electronic Visit Verification (EVV) Overview

- EVV is a computer-based system that electronically verifies the occurrence of personal attendant service visits by electronically documenting the times a visit starts and ends
- This is a major tool in the state of Texas' Medicaid Fraud, Waste and Abuse program. The state of Texas requires EVV for most Medicaid funded health plans.
- Prior to implementing the EVV Compliances, Cigna-HealthSpring (CHS) paid all EVV claims upfront without matching specific data elements of the transactions to the claims submitted for payment
- Beginning June 1, 2019 CHS is implementing the EVV compliance, and the State allows recoupment for those claims that did not meet the criteria of having a valid EVV transaction

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EVV Services Required to Use EVV

EVV is required for the following services:

- Personal assistance services
- Personal care services
- PAS Protective Supervision
- In-home respite services
- Community First Choice - Personal assistance services and habilitation

The **21st Century Cures Act** is a federal law requiring all states to use Electronic Visit Verification for Medicaid Personal Care Services and Home Health Services

- Consumer Directed Service (CDS) and Service Related Option (SRO) Providers are required to use EVV starting January 1, 2020
- Home Health Services are required to use EVV starting January 1, 2023
- Website: 21st Century Cures Act

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Which Vendor will provide EVV services?

- DataLogic (Vesta)

- All HHSC approved EVV vendors are directly contracted with Cigna-HealthSpring (CHS) STAR+PLUS

  – EVV vendors and CHS should be notified of any system issues that last longer than 48 hours
  – EVV vendors and CHS should be contacted immediately (within 48 hours) of any EVV system issues that affect the ability of your attendant's or office staff to use the system as expected

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EVV Upfront Claims Processing

- Cigna-HealthSpring has implemented a new process for EVV, see below:
  - Effective **June 1, 2019 dates of service**
  - Claims will be evaluated for EVV matching criteria upfront and denied prior to adjudication if no matches are found
  - If EVV data elements do not match the line items billed, the claim is denied and providers will receive notification via Explanation of Payment
  - Date span billing will be allowed **ONLY** if you have an EVV transaction for each day within the date span on the claim line item
  - Pay hours on EVV transactions must match the unit billed on claim **exactly**

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Critical EVV Data Elements

<u>Cigna will be matching the following data elements</u>:

- Member Medicaid ID
- Date of Service
- Provider NPI
- HCPCS code
- Modifier(s)
- Pay hours (must be exact match between units on the claim per date of service and EVV transaction)

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Common Denial Reasons relevant to EVV

Definition:
There are no matching EVV visits with the Medicaid ID
There are no matching EVV visits with the Medicaid ID on the Date of Service
There are no matching EVV visits with the NPI/API
There are no matching EVV visits for the HCPCS/Modifier combination
There are no matching EVV visits for the HCPCS code
There are no matching EVV visits for the Modifier
Claim billed units do not match EVV units
There are no matching EVV visits for one or more of the dates in the claim date span range

Note: This is not an all inclusive list. The EOP provides the Denial Code and explanation

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Tips and advice – before claim submission

- **Step 1** - validate the critical data elements (examples on slides #10-14) match between the EVV transaction(s) and the claim you submit

- **Step 2** - check the failed to export report before submitting claim to make sure the transaction(s) did not get rejected

- **Step 3** - wait at least 48 hours after confirmed visit has been successfully submitted to MCO before billing the claim for payment

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Examples of claim scenarios (correct match)

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain unusual circumstance) CPT/HCPCS	MODIFIER				E. DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1																				432111343
	04	05	19	04	05	19	12		S5125	U3	U3			1	37	35	2.5		NPI	123456789
2																				432111343
	04	06	19	04	06	19	12		S5125	U3	U3			1	32	35	2		NPI	123456789
3																				432111343

EVVHCPCSCode	EVVModifier	EVVVisitDate	EVVCreatedDateTime	EVVPhone	EVVCallInTime	EVVCallOutTime	EVVPayHours
S5125	U3:U3	20190405	04052019 (	UNKNOW	04052019 (	04052019 (	2.5
S5125	U3:U3	20190406	04062019 (	UNKNOW	04062019 (	04062019 (	2

The data elements from the claim and EVV transaction(s) all match – this claim would pay. Not shown but Medicaid ID and Provider NPI must match as well

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Examples of claim scenarios (date span)

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain unusual circumstance) CPT/HCPCS	MODIFIER			E. DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	04	01	19	04	15	19	12		S5125	U3	U3	U3	1	670	50	50		NPI	123456789 43211343

EVVHCPCSCode	EVVModifier	EVVVisitDate	EVVCreatedDateTime	EVVCallInTime	EVVCallOutTime	EVVPayHours
S5125	U3:U3:U3	20190401	04012019 (	04012019 (	04012019 (	5
S5125	U3:U3:U3	20190402	04022019 (	04022019 (	04022019 (	5
S5125	U3:U3:U3	20190403	04032019 (	04032019 (	04032019 (	5
S5125	U3:U3:U3	20190404	04042019 (	04042019 (	04042019 (	5
S5125	U3:U3:U3	20190405	04052019 (	04052019 (	04052019 (	5
S5125	U3:U3:U3	20190408	04082019 (	04082019 (	04082019 (	5
S5125	U3:U3:U3	20190409	04092019 (	04092019 (	04092019 (	5
S5125	U3:U3:U3	20190410	04102019 (	04102019 (	04102019 (	5
S5125	U3:U3:U3	20190411	04112019 (	04112019 (	04112019 (	5
S5125	U3:U3:U3	20190412	04122019 (	04122019 (	04122019 (	5

This claim would deny and EOP would say *"There are no matching EVV visits for one or more of the dates in the claim date span range"*

- Missing DOS 4/6&4/7; 4/13-4/15.

Correct way to bill if you choose to date span bill:

	From MM	DD	YY	To MM	DD	YY	PLACE OF SERVICE	EMG	SUPPLIES (Explain unusual circumstance) CPT/HCPCS	MODIFIER			DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	04	01	19	04	05	19	12		S5125	U3	U3	U3	1	335	35	25		NPI	123456789 432111343
2	04	08	19	04	12	19	12		S5125	U3	U3	U3	1	335	35	25			123456789 432111343
3																			

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Examples of claim scenarios (units do not match)

	From MM	DD	YY	To MM	DD	YY	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER				DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	RENDERING PROVIDER ID. #
1	04	01	19	04	01	19	12		S5125	U3	U3	U3		1	67	50	5		NPI	123456789
																				43211343
2	04	02	19	04	02	19	12		S5125	U3	U3	U3		1	46	94	3.5			123456789
																				43211343
3	04	03	19	04	03	19	12		S5125	U3	U3	U3		1	53	64	4			123456789
																				43211343
4	04	04	19	04	04	19	12		S5125	U3	U3	U3		1	70	40	5.25			123456789
																				43211343
5	04	05	19	04	05	19	12		S5125	U3	U3	U3		1	63	70	4.75			123456789
																				43211343

EVVHCPCSCode	EVVModifier	EVVVisitDate	EVVCreatedDateTime	EVVCallInTime	EVVCallOutTime	EVVPayHours	
S5125	U3:U3:U3	20190401	04012019 (	04012019 (	04012019 (	5	This line would pay
S5125	U3:U3:U3	20190402	04022019 (	04022019 (	04022019 (	3	This line would deny due to units not matching
S5125	U3:U3:U3	20190403	04032019 (	04032019 (	04032019 (	4.25	This line would deny due to units not matching
S5125	U3:U3:U3	20190404	04042019 (	04042019 (	04042019 (	3	This line would deny due to units not matching
S5125	U3:U3:U3	20190405	04052019 (	04052019 (	04052019 (	4.75	This line would pay

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain unusual circumstance) CPT/HCPCS	MODIFIER				E. DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
04	01	19	04	05	19	12		S5125	U3	U3	U3		1	335	25	25		NPI	123456789
																			43211343

If claim is billed on date span, the entire claim would deny for "*Claim billed units do not match EVV units*"

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Examples of claim scenarios (mismatched modifiers)

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain unusual circumstance) CPT/HCPCS	MODIFIER				E. DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	04	01	19	04	01	19	12		S5125	U3	U3	U3		1	67	05	5		NPI	123456789 43211343
2	04	02	19	04	02	19	12		S5125	U3	U3	U3		1	40	23	3			123456789 43211343
3	04	03	19	04	03	19	12		S5125	U3	U3	U3		1	56	99	4.25			123456789 43211343
4	04	04	19	04	04	19	12		S5125	U3	U3	U3		1	40	23	3			123456789 43211343
5	04	05	19	04	05	19	12		S5125	U3	U3	U3		1	63	70	4.75			123456789 43211343
6																			NPI	

EVVHCPCSCode	EVVModifier	EVVVisitDate	EVVCreatedDateTime	EVVCallInTime	EVVCallOutTime	EVVPayHours
S5125	U7:U5	20190401	04012019 (	04012019 (	04012019 (	5
S5125	U7:U5	20190402	04022019 (	04022019 (	04022019 (	3
S5125	U7:U5	20190403	04032019 (	04032019 (	04032019 (	4.25
S5125	U7:U5	20190404	04042019 (	04042019 (	04042019 (	3
S5125	U7:U5	20190405	04052019 (	04052019 (	04052019 (	4.75

This claim will deny for “There are no matching EVV visits for the Modifier”

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Examples of claim scenarios (mismatched HCPCS code)

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain unusual circumstance) CPT/HCPCS	MODIFIER				E. DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1																				
	04	01	19	04	01	19	12		S5151	U3	U3			1	67	05	5		NPI	123456789
2																				43211343
	04	02	19	04	02	19	12		S5151	U3	U3			1	40	23	3			123456789
3																				43211343
	04	03	19	04	03	19	12		S5151	U3	U3			1	56	99	4.25			123456789
4																				43211343

EVVHCPCSCode	EVVModifier	EVVVisitDate	EVVCreatedDateTime	EVVCallInTime	EVVCallOutTime	EVVPayHours
S5125	U3:U3	20190401	04012019 (	04012019 (	04012019 (	5
S5125	U3:U3	20190402	04022019 (	04022019 (	04022019 (	3
S5125	U3:U3	20190403	04032019 (	04032019 (	04032019 (	4.25

This claim would deny for “There are no matching EVV visits for the HCPCS code”

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Examples of claim scenarios (provider portal claim entry)

- Claim Line Information

* Start Date	* End Date	* Performing Provider #	Spec	* Place Code	Type Code	* Proc	Mods				* ICD Pointers	* Unit Type	* Unit Qty	* Charges
04/01/2019	04/01/2019	NPI:Test Office,	003	12		S5125	U3	U3			1	Units	2.3	$44.00
04/05/2019	04/05/2019	NPI:Test Office,	003	12		S5125	U3	U3			1	Units	2.8	$43.00
		NPI:Test Office,	003	11								Units		$0.0
		NPI:Test Office,	003	11								Units		$0.0

More Line(s)... Total $44.00

EVVHCPCSCode	EVVModifier	EVVVisitDate	EVVCreatedDateTime	EVVCallInTime	EVVCallOutTime	EVVPayHours
S5125	U3:U3	20190401	04012019 (	04012019 (	04012019 (	2.25
S5125	U3:U3	20190405	04052019 (	04052019 (	04052019 (	2.75

This claim would be considered a match and pay

<u>NOTE</u>: If provider entered 2.5 for units on claim line item #1; the claim line would deny for *“Claim billed units do not match EVV units”*

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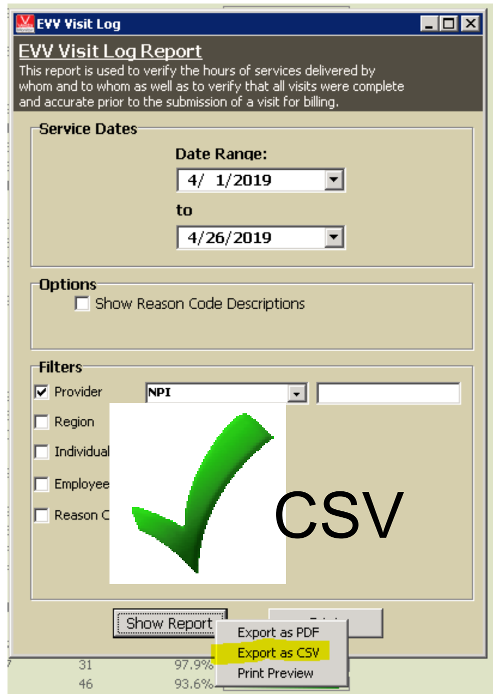
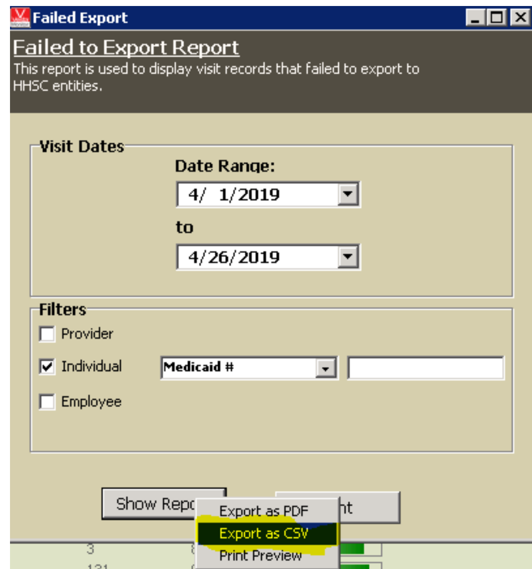
Types of acceptable supporting documentation

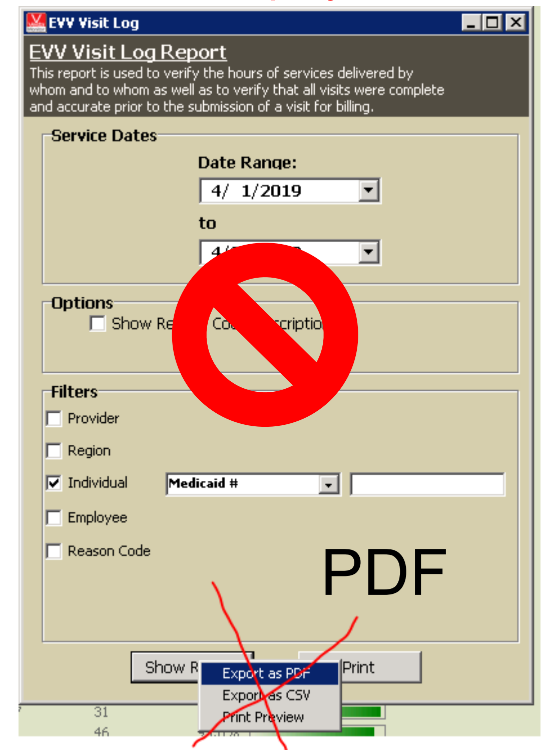
Always send EVV visit log (CSV version)with dispute request/VM unlock



Check "failed to export" before submitting claims for payment



Do not send in PDF version of EVV visit log – does not display modifiers



Cigna HealthSpring

TEXAS STAR+PLUS Your Health Plan ★ Your Choice | TEXAS Medicare Medicaid PLAN Your Health Plan ★ Your Choice | TEXAS Health and Human Services

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EVV Visit Maintenance Unlock Request Form

Purpose:

- Providers have 60 days from the date of the visit(s) to perform visit maintenance in the EVV vendor system.
- If a provider did not make the correction to the visit(s) within the allotted 60 days, the Visit Maintenance Unlock Request Form is used to request approval to open visit maintenance from their payer for the visit(s) the provider wishes have opened

Payer:			CIGNA-HEALTHSPRING EVV Visit Maintenance Unlock Request Form							Payer Use ONLY	
EVV Vendor System:											
Provider Agency Information			Individual/Member Information		Correction Request Information						
Provider Agency Name	Provider Agency NPI #	Provider Agency TIN #	Individual/Member Name	Individual/Member Medicaid ID Number	EVV Visit Date	What needs to be corrected in the EVV system?	For the requested correction, what is currently entered in the EVV system?	After the correction has been made, what will be entered in the EVV system?	What is the reason for the correction?	Approved (Yes/No)	Reason for Denial

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EVV Visit Maintenance Unlock Request Form

- EVV Visit Maintenance Unlock Request Form

NOTE: approval is at MCO's Discretion. Common reasons we would approve VM unlocks:

  - Retro or late authorizations
  - Retro eligibility of member
  - Providers requesting payer change (if provider submits EVV visit log with confirmed visits as proof)
  - Other reasons outside of provider control – will be reviewed on case-by-case basis

- Visit our website at: https://www.cigna.com/starplus/health-care-professionals/provider-resources/forms

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EVV Data Aggregator (EVV Portal)

- **All EVV Relevant Claims Must Be Submitted to TMHP starting Sept. 1, 2019**

- **Claims Submission:** Providers currently required to use EVV must submit all claims for EVV relevant services in fee-for-service and Medicaid Managed Care to TMHP via TexMedConnect or Electronic Data Interchange for the new claims matching process to be performed

- Providers who submit claims to their Managed Care Organization on or after Sept. 1, 2019 will have their claim(s) denied for resubmission to TMHP. Once the matching process has been performed, all claims will be forwarded to the appropriate payer for final adjudication and processing

- Only prospective (pre-payment) reviews will be conducted and payers will no longer pay any unmatched claims. If you are using a third-party submitter, please notify them to prepare for this change

- Subscribe to receive email notifications/alerts from HHSC at: [HHSC Subscribe]

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Electronic Visit Verification (EVV) Initiative Information

EVV Recoupment Reconsideration:

- EVV Recoupment Dispute Request Form (Use only when you have verified visits to submit for reconsideration.)
- EVV Visit Maintenance Unlock Request Form (*NOTE*: approval is at MCO's Discretion.)
  - See slide #17 for example of our EVV VM unlock request form

Email recoupment dispute request form and/or VM unlock request to our EVV Dispute Team – please include EVV visit log (csv version) and any additional supporting documentation

EVV Dispute Team:

- CHS_EVV@healthspring.com

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Provider Manuals:

- STAR+PLUS: https://www.cigna.com/starplus/health-care-professionals/provider-resources/provider-manuals
- CarePlan: https://www.cigna.com/starplus/health-care-professionals/provider-resources/provider-manuals

Prior Authorization Forms:

- STAR+PLUS: https://www.cigna.com/static/docs/starplus/starplus-pr-list-authorizations-required.pdf
- CarePlan: https://www.cigna.com/assets/docs/careplantx/hcp/txmmp-prior-auth-outpatient-form.pdf

Prior Authorization List:

https://www.cigna.com/static/docs/starplus/starplus-pr-list-authorizations-required.pdf

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Contact List

Provider Relations Central Team:

- providerrelationscentral@healthspring.com

Service Coordination:

- 1-877-653-0327

Utilization Management:

- 1-877-725-2688

EVV Dispute Team:

- CHS_EVV@healthspring.com

DataLogic(Vesta) Software, Inc.

Phone: 1-844-880-2400

Fax: 1-956-412-1464

www.vestaevv.com

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