

**Health and Human Services Commission (HHSC)  
Electronic Visit Verification (EVV) Claims Submission Policy (New)**

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**Policy**

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Effective Sept. 1, 2019, the HHSC EVV Claims Submission Policy requires that program providers, who are required to use EVV, submit EVV claims to Texas Medicaid & Healthcare Partnership (TMHP) for the following programs and services:

**Long-Term Care (LTC) Fee-for-Service (FFS) Programs and Services**

Program	Services
Community Attendant Services	<ul style="list-style-type: none"> <li>• Personal Assistance Services (PAS)</li> </ul>
Community Living Assistance and Support Services (CLASS)	<ul style="list-style-type: none"> <li>• Community First Choice (CFC) PAS/Habilitation (HAB)</li> <li>• In-Home Respite</li> </ul>
Family Care	<ul style="list-style-type: none"> <li>• PAS</li> </ul>
Primary Home Care	<ul style="list-style-type: none"> <li>• PAS</li> </ul>

**Long-Term Support Services (LTSS) Managed Care Programs and Services**

Program	Services
STAR Health	<ul style="list-style-type: none"> <li>• CFC HAB</li> <li>• CFC PAS</li> <li>• Personal Care Services (PCS)</li> </ul>
STAR Kids	<ul style="list-style-type: none"> <li>• CFC HAB</li> <li>• CFC PAS</li> <li>• PCS</li> </ul>
STAR Kids – MDCP	<ul style="list-style-type: none"> <li>• Flexible Family Support</li> <li>• In-Home Respite</li> </ul>
STAR+PLUS	<ul style="list-style-type: none"> <li>• CFC HAB</li> <li>• CFC PAS</li> <li>• PAS</li> </ul>
STAR+PLUS Home and Community Based Services	<ul style="list-style-type: none"> <li>• In-Home Respite</li> <li>• PAS</li> <li>• Protective Supervision</li> </ul>

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## EVV Claims Submission

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### LTC FFS Claims Submission

- Acute Care FFS EVV claims must be submitted through TexMedConnect or through Electronic Data Interchange (EDI) using an existing Compass21 (C21) Submitter ID.
- LTC FFS EVV claims must be submitted through TexMedConnect or through EDI using an existing Claims Management System (CMS) Submitter ID.

### LTSS Managed Care Claims Submission

- Claims for Managed Care EVV services must be submitted to TMHP through TexMedConnect or through EDI using a C21 Submitter ID.
- Managed Care EVV claims will be forwarded to the appropriate Managed Care Organization (MCO) for further claims processing, after the EVV claims matching process is performed at the EVV Aggregator.
  - EVV claims for managed care services with dates of service on or after Sept. 1, 2019 submitted directly to an MCO will be rejected or denied.
  - Program providers will receive a response from the MCO informing them to submit EVV claims to TMHP.

Program providers using a third-party submitter must notify them of the EVV claims submission policy.

Program providers 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 for program providers.

For additional information and assistance in setting up C21 or CMS Submitter IDs call TMHP EDI Help Desk at 1-888-863-3638, Option 4.

For a list of programs and services currently required to use EVV refer to the [HHSC EVV](#) webpage or to your MCO.