

**Health and Human Services Commission (HHSC)
Electronic Visit Verification (EVV)
Visit Maintenance Unlock Request Policy (Revised)**

Policy

Effective July 1, 2019, the HHSC EVV Visit Maintenance Unlock Request Policy allows program providers an opportunity to correct data element(s) on an EVV visit transaction(s) after the standard 60-day visit maintenance timeframe has passed.

A program provider may request the payer unlock visit maintenance to correct data element(s) on an EVV visit transaction; however, the following data elements cannot be changed:

- Actual time in
- Actual time out
- Actual visit date
- Reason codes (the program provider can add a new reason code, but cannot remove or change the existing reason code)

Approvals and denials of EVV visit maintenance unlock requests after the standard 60-day visit maintenance timeframe has passed are at the payer’s discretion and are determined on a case-by-case basis.

Making corrections to visit transactions after 60 days will not change any type of contract action (recoupment, settlement reviews, etc.) taken during a Long-Term Care Fee-for-Service contract monitoring review, because the required information was missing or incorrect during the review period.

EVV Visit Maintenance Unlock Request Process

To submit an EVV visit maintenance unlock request, the program provider must submit the following documents to the payer listed on the visit transaction via a secure email:

- A completed EVV Visit Maintenance Unlock Request Spreadsheet (downloaded from the payer website or the HHSC EVV website)
- All supporting documentation related to the visit maintenance unlock request

The program provider must include the required subject line of “Visit Maintenance Unlock Request” in the email.

Requests not sent securely could result in a Health Insurance Portability and Accountability Act (HIPAA) violation and the payer will deny the request.

Payer Responsibility for Visit Maintenance Unlock Requests

Payers must process EVV visit maintenance unlock requests within ten business days after receipt of a secure and complete request from the program provider.

If there is additional information requested, the payer must give the program provider at least three business days to provide the information. If the program provider does not respond in three business days, the payer may deny the request. If the request is denied for failure to respond, the program provider must resubmit the request.

If the request is approved:

- The payer must notify the program provider via email of the approval within ten business days after receipt of a secure and complete request.
- The payer must notify the EVV vendor via email within three business days of the visits approved for maintenance and the data elements that can be unlocked and edited.
- The payer must inform the program provider of the next steps of the unlock request process, including how to resubmit associated claims (if applicable).

If the request is denied:

- The payer must notify the program provider via email within ten business days of the reason for the denied request; and
- Inform the program provider of the next steps available, including how to request an appeal of the denied request and/or submit a formal complaint.