DOCUMENT HISTORY LOG

STATUS[1]	DOCUMENT REVISION[2]	EFFECTIVE DATE	DESCRIPTION[3]
Baseline	2.0	February 14, 2020	Initial version of the Uniform Managed Care Manual Chapter 8.7.2, "EVV MCO Quarterly Performance Measures Report" applies to contracts issued as a result of HHSC RFP numbers 529-12-0002, 529-10-0020, 529-13-0042, 529-15-0001, 529-13-0071, and Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.
Revision	2.0.1	June 22, 2020	Accessibility approved version.

[1] Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.

[2] Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

[3] Brief description of the changes to the document made in the revision.

EVV MCO Quarterly Performance Measures Report Instructions and Template

Instructions		
The managed care organization (MCO) is required to provide HHSC with operational data necessary to consistently evaluate the Electronic Visit Verification (EVV) system and monitor the impact of improvements and changes made to the EVV system and processes over time. All MCOs must submit this report quarterly according to the guidance provided below for the programs and services required to use an EVV system. For each subsequent report submitted during the fiscal year (FY), include the numbers reported for the previous quarter(s) such that at the end of the reporting year, the last report will include all of the data for the entire year (for example, when filling out the report for "Quarter 4," the MCO must include all of the previous quarter results as well). The MCO should carry forward the numbers from previous reports in a manner consistent with data previously reported. If the numbers are not consistent with the data provided in previous reports, the MCO must notify HHSC and provide an explanation for why the MCO is changing the information previously reported.		

Quarter	FY 21 - Report Months	Due Dates
Quarter 1 (Q1)	September 1, 2019 - November 30, 2019	03/31/2020
Quarter 2 (Q2)	December 1, 2019 - February 29, 2020	05/29/2020
Quarter 3 (Q3)	March 1, 2020 - May 31, 2020	08/31/2020
Quarter 4 (Q4)	June 1, 2020 - August 31, 2020	11/30/2020

The MCO must continue submitting the report throughout the Contract term and as required for Turnover Phase (see also the Contract survival of terms). Subsequent reports for the FYs will continue to be due by the last Business Day of the third month following the end of the final quarter covered by the reporting period or contract.

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Tab Name	Description	Definitions
	Instructions on how to fill out and use this reporting template.	
EVV Complaints & Appeals (Tab 1)	• **MCO**: Provide the name of MCO submitting the report. • **Program or Service**: Provide the MCO Program or Service the report covers (e.g., STAR+PLUS). • **Quarter**: Provide the quarter that the report covers (e.g., Quarter 1). • **Creation Date:** Provide the date the report was created.	
EVV Complaints & Appeals (Tab 1)	**Types of MCO EVV Complaints:** • EVV Complaints received from HHSC Managed Care Compliance & Operations (MCCO): Provide the number of EVV Complaints received or forwarded to the MCO from MCCO within the Reporting Month. • EVV Complaints received from MCCO which were closed: Provide the number of EVV complaints received or forwarded to the MCO from MCCO that were closed within the Reporting Month. • EVV Complaints received from HHSC EVV Operations: Provide the number of EVV Complaints received or forwarded from HHSC EVV Operations within the Reporting Month. •EVV Complaints received from HHSC EVV Operations that were closed: Provide the number of EVV Complaints received or forwarded from HHSC EVV Operations that were closed within the Reporting Month. •EVV Complaints received from Providers: Provide the number of EVV Complaints received or forwarded from Providers within the Reporting Month. • EVV Complaints received from Providers that were closed: Provide the number of EVV Complaints received or forwarded from Providers that were closed within the Reporting Month. • EVV complaints received from Members: Provide the number of EVV Complaints received or forwarded from Members within the Reporting Month. • EVV Complaints received from Members that were closed: Provide the number of EVV Complaints received or forwarded from Members that were closed within the Reporting Month. • Total EVV Complaints: Provide the total number of EVV Complaints within the Reporting Month. • Total EVV Complaints Q1 through Q4: the total number of EVV Complaints within each Reporting Quarter.	"Reporting Month" means the month within which the Complaint was received or forwarded. "Reporting Quarter" means the quarter within which the Complaint was received or forwarded.

Tab Name	Description	Definitions
EVV Complaints & Appeals (Tab 1)	**Types of MCO EVV Appeals** • Appeals Upheld: Provide the number of Appeals Upheld within the Reporting Month. • Appeals Overturned: Provide the number of Appeals Overturned within the Reporting Month. • Appeals Withdrawn: Provide the number of Appeals Withdrawn within the Reporting Month. • Total EVV Appeals: the number of appeals within the Reporting Month. • Total EVV Appeals Q1 through Q2: the total EVV appeals within each Reporting Quarter.	"EVV Appeals" or "EVV-related Appeals" means appeals by the Provider because of the denial of claims due to an EVV transaction mismatch, recoupments for EVV-related reasons, denial of Visit Maintenance unlock requests, or appeals for other EVV-specific circumstances. "Appeals Upheld" means the result of the EVV related appeal did not change the original disposition of the claim. "Appeals Overturned" means the result of the EVV-related appeal changed the status of the claim from denied to approved in favor of the Provider or resulted in return of recouped funds to the Provider. "Appeals Withdrawn" means the Provider withdrew the EVV-related appeal before a final decision was made.
MCO Provider EVV Training (Tab 2)	**MCO Provider EVV Training** Training includes scheduled, publicized training open to any or all providers. Training does not include web postings or notifications, email blasts, phone calls, or one-on-one outreach by the MCO. • Total MCO Provider EVV training: Provide the number of scheduled EVV trainings conducted by MCO representatives for all Providers within the Reporting Month. MCOs must maintain documentation of proof of Provider attendance. • Total MCO Provider EVV training Q1 through Q4: the total number of EVV training provided by the MCO for Providers within each Reporting Quarter.	
Compliance Oversight (Tab 3)	**EVV Compliance Oversight Review** Under the new EVV Compliance Oversight Review policy, HHSC has instituted a grace period for current Providers' compliance until 09/01/2020. The MCOs will not submit Compliance Oversight Usage Reviews until Q1 of FY2021 unless otherwise instructed by HHSC. Providers required to begin use of EVV under the Cures Act by 01/01/2021 will not be required to fully comply with the Compliance Oversight Reviews until 12/01/2021 unless otherwise instructed by HHSC.The MCO must begin compliance reporting for Cures Act Providers in Q2 of FY2022. • EVV usage score of 80% or above: Provide the number of Providers who met the minimum EVV compliance usage score of 80% or above for the Reporting Quarter. • EVV usage score of 100%: Provide the number of Providers who had an EVV compliance usage score of 100% for the Reporting Quarter. •EVV usage score of below 80%: Provide the number of Providers who had an EVV usage score below 80% for the Reporting Quarter. The MCO must allow for a grace period and must not recoup current Providers' payments due to Misuse of EVV Reason Codes for visits between 9/1/19 through 08/31/2020. MCOs must report the number of Provider recoupments completed during the Report Month for Misuse of Reason Codes, missing or incorrect required free text and unallowable phone type if related to visit dates prior to 9/1/19 or after 8/31/2020 (before and after the FY-2020 grace period). • Number of EVV Providers: Provide the number of Providers delivering services that require EVV for the Reporting Month. • Misuse of EVV Reason Codes recoupments: Provide the number of Providers from which the MCO sought Recoupment due to Misuse of EVV Reason Codes for the Reporting Month. • Missing or incorrect required free text recoupments: Provide the number of Providers from which the MCO sought recoupment due to missing or incorrect required free text as described in the HHSC EVV Reason Codes policy for the Reporting Month. • Failure to follow allowable phone use policy recoupments: Provide the number of Providers from which the MCO sought recoupment due to the use of an unallowable phone type as described in the EVV Allowable Phone Identification Review policy.	Number of Providers means the number of active Providers with MCO contracts, and reported by the MCO by NPI or API/TIN combination. For example, if a Provider has three different NPIs or APIs with the same TIN or three different TINs, the MCO should report each unique active NPI or API/TIN combination in the Number of EVV Providers cell for the reporting month(s). Each NPI or API/TIN combination will receive an EVV Usage Score.

Tab Name	Description	Definitions
Visit Maintenance (VM) Unlock Requests (Tab 4)	**Visit Maintenance (VM) Unlock Requests** Each VM unlock request form or spreadsheet submitted by a Provider to unlock visit maintenance is the unique count HHSC is requesting. The VM unlock requests are described in UMCM Chapter 8.7.1 and may cover visit maintenance for one or more Members. • VM unlock requests: Provide the number of Provider visit maintenance (VM) unlock requests received by the MCO within the Reporting Month. • Approved VM unlock requests: Provide the number of Provider VM unlock requests that were approved by the MCO within the Reporting Month. • Partially Approved VM unlock requests: Provide the number of Provider VM unlock requests partially approved by the MCO within the Reporting Month. • Denied VM unlock requests: Provide the number of Provider VM unlock requests denied by the MCO within the Reporting Month. • Open VM unlock requests: Provide the number of Provider VM unlock requests that remained open for more than ten business days within the Reporting Month.	• Number of approved VM unlock requests should include only those requests where all visits were approved for editing. • VM unlock requests partially approved should not be included in the approved total. • Partially approved VM unlock requests count should only include those requests where the MCO did not approve all visits for editing. • Number of denied VM unlock requests should include only those requests where all visit were denied for editing. • Number of Open VM unlock requests should include only those initial requests received that the MCO did not process within the required ten Business Days. This count should not include requests received as supporting documentation with an EVV appeal.

EVV MCO Quarterly Performance Measures Report

EVV Complaints & Appeals
MCO: Aetna Better Health of Texas
Program or Service: STAR Kids
Quarter: Q2
Creation Date: 3/1/2021

Types of MCO EVV Complaints	September	October	November	December	January	February	March	April	May	June	July	August	Total
EVV Complaints received from HHSC MCCO.	0	0	0	0	0	0							0
EVV Complaints received from MCCO that were closed.	0	0	0	0	0	0							0
EVV Complaints received from HHSC EVV Operations.	0	0	0	0	0	0							0
EVV Complaints received from HHSC EVV Operations that were closed.	0	0	0	0	0	0							0
EVV Complaints received from Providers.	0	1	2	0	0	0							3
EVV Complaints received from Providers that were closed.	0	1	2	0	0	0							3
EVV Complaints received from Members.	0	0	0	0	0	0							0
EVV Complaints received from Members that were closed.	0	0	0	0	0	0							0
Total EVV Complaints	0	2	4	0	0	0				0	0	0	6
Total EVV Complaints Q1:			6										
Total EVV Complaints Q2:						0							
Total EVV Complaints Q3:													
Total EVV Complaints Q4:												0	
Types of MCO EVV Appeals	September	October	November	December	January	February	March	April	May	June	July	August	Total
Appeals upheld.	0	0	0	0	0	0	0	0	0				0
Appeals overturned.	0	0	0	0	0	0	0	0	0				0
Appeals withdrawn.	0	0	0	0	0	0	0	0	0				0

Total EVV Appeals	0	0	0	0	0	0	0	0	0				0
Total EVV Appeals Q1:			0										
Total EVV Appeals Q2:						0							
Total EVV Appeals Q3:									0				
Total EVV Appeals Q4:												0	

MCO Provider EVV Training	September	October	November	December	January	February	March	April	May	June	July	August	Total
Total MCO Provider EVV Training	1	0	0	0	0	0							1
Total MCO Provider EVV Training Q1:			1										
Total MCO Provider EVV Training Q2:						0							
Total MCO Provider EVV Training Q3:									0				
Total MCO Provider EVV Training Q4:												0	

EVV Compliance Oversight Usage Reviews			Q1			Q2			Q3			Q4	Total
EVV Usage score of 80% or above			47			75							122
EVV Usage score of 100%.			4			15							19
EVV Usage score of below 80%			30			51							81

EVV Compliance Oversight Review	September	October	November	December	January	February	March	April	May	June	July	August	Total
Number of EVV Providers	n/a - formal compliance reviews hve not begun	n/a - formal compliance reviews hve not begun	n/a - formal compliance reviews hve not begun	n/a - formal compliance reviews hve not begun	n/a - formal compliance reviews hve not begun	n/a - formal compliance reviews hve not begun							
Misuse of EVV Reason Codes Recoupments													
Missing or incorrect required free text Recoupments													
Failure to follow the EVV Allowable Phone Identification Review Policy Recoupments													

Visit Maintenance Unlock Requests	September	October	November	December	January	February	March	April	May	June	July	August	Total
VM unlock requests	0	0	0	0	0	0							0
Approved VM unlock requests	0	0	0	0	0	0							0
Partially Approved VM unlock requests	0	0	0	0	0	0							0
Denied VM unlock requests	0	0	0	0	0	0							0
Open VM unlock requests	0	0	0	0	0	0							0