

Cures Act EVV: Practice Period Update and Important Dates

From July 1 to Nov. 30, the EVV practice period allows program providers, FMSAs, and CDS employers to practice the EVV process. During the practice period, claims for services included in the Cures Act EVV Expansion will not be denied for an EVV mismatch.

Practice Period Update

Approximately 1,000 program providers and FMSAs delivering or supporting services included in the Cures Act EVV Expansion can participate in the practice period. All numbers are approximate.

As of Sept. 1:

- **EVV Vendor Onboarding**
Of the 1,000 Cures Act program providers and FMSAs able to participate in the practice period:
 - 50% have completed the onboarding process with their EVV vendor.
 - 30% are currently in progress.
 - 20% have not started.
- **EVV System Usage**
Of the 50% of Cures Act program providers and FMSAs identified above who have completed the onboarding process:
 - 16% have used the EVV system to capture at least one visit when delivering services.
- **Managed Care EVV Claims Submission Setup to TMHP**
A total of 280 program providers and FMSAs must setup managed care EVV claims submission to TMHP by Oct. 1, for EVV claims matching.
 - 47% have completed the setup process and are submitting EVV claims to TMHP.
- **EVV Claims Matching**
 - 52% of claims have received an informational EVV claims match result of EVV01 during the practice period.
 - The majority of the remaining 48% of claims did not match because the EVV system was not used to capture the visit when delivering services.

How to Participate in the Practice Period

- **1: Complete the onboarding process with your EVV vendor.** Contact your vendor or payer for more information. CDS employers should contact their FMSA (the person they submit their timesheets to) for more information.

- **2: Complete required EVV training.** See the [Cures Act EVV: Training Requirements Checklists \(PDF\)](#) for information about who must take training and the different ways to complete it.
- **3: Start practicing with the EVV system.** Attendants and CDS employees should start clocking in and clocking out of the system when delivering services to create visits in the system.
- **4: Start practicing with the EVV Portal.** Program providers and FMSAs will use the EVV Portal to confirm accepted EVV visit transactions before billing and review EVV claims matching results.

See TMHP's article [The EVV Practice Period Begins July 1 \(PDF\)](#) for more information.

Important Dates

- **Oct. 1:** All managed care EVV claims for dates of service on and after Oct. 1 must be submitted to TMHP and will be denied or rejected if submitted directly to an MCO.
 - **The setup process can take up to three weeks to complete.**
 - See the guide [How to Setup Managed Care EVV Claims Submission to TMHP \(PDF\)](#) for more information.
- **Dec. 1:** EVV claims matching with denials begins.
 - All EVV-required service visits must be captured in the EVV system.
 - Claims without a matching EVV visit transaction accepted into the EVV Portal will be denied for payment.

Resources

- [Programs, Services, and Service Delivery Options Required to Use EVV \(PDF\)](#)
- [Best Practices to Avoid EVV Claim Mismatches \(PDF\)](#)
- [HHS EVV 21st Century Cures Act webpage](#)

Questions

- EVV vendor onboarding: contact your vendor or payer
- Claims submission: [email TMHP](#)
- EVV policy and training: [email HHSC EVV](#)