

**An Important Message from
The Texas Health and Human Services Commission (HHSC)
Billing Electronic Visit Verification (EVV) Services as Secondary
Insurance Claims**

Background:

With the implementation of EVV for the Home Health Care Services on January 1, 2024, MCOs brought forth concerns regarding the program provider or financial management services agency (FMSA) billing EVV services as secondary insurance claims.

The MCOs informed HHSC that a reason for denial is needed from the program provider or FMSA and that some MCOs require an Explanation of Benefit (EOB) as attachment for these types of denials.

Key Details:

Program providers and FMSAs use TexMedConnect to bill their claims. Currently, TexMedConnect does not support electronic attachments and there are no future updates planned for TexMedConnect; therefore, program providers and FMSAs are not able to attach the EOBs.

TexMedConnect does allow program providers and FMSAs to enter other health insurance information in the designated fields.

This notice is to inform MCOs of a workaround for this issue. MCOs should inform their program providers and FMSAs to use the TexMedConnect Acute User Guide and to follow the instructions on the tab, other-insurance / submit claim.

Action Items:

MCOs must educate their program providers or FMSAs on their process for billing secondary insurance. This education must include providing them with the TexMedConnect Acute User Guide.

If an MCO requires the EOB as an attachment, the MCO must inform the program provider or FMSA of the process to submit the EOB through the MCO Portal.

- Provider should follow EVV claim requirements and obtain a valid match code by submitting through TMHP as required. Once the claim is received by TMHP and meets the criteria for EVV, the claim is then transferred to the MCO. The claim will ultimately deny by MCO requiring the provider to send in the primary carriers EOB if the member has other insurance for the DOS.
- The EOB can be submitted by logging on to UHC Portal with their One Healthcare ID and Password at uhcprovider.com UnitedHealthcare Provider Portal resources | UHCprovider.com. We also have a Reconsideration and Appeals interactive guide Reconsideration and appeal submissions going digital | UHCprovider.com that will provide further assistance on reconsiderations.

Additional Information:

[2.0 Uniform Managed Care Manual Claims Manual \(PDF\)](#): When a service is billed to a third-party insurance resource other than the MCO, the Claim must be refiled and received by the MCO within 95 Days from the date of disposition by the other insurance resource. The MCO will determine, as a part of its provider Claims' filing requirements, the documentation required when a program provider refiles these types of Claims with the MCO.

[TexMedConnect Acute User Guide \(tmhp.com\)](http://TexMedConnect Acute User Guide (tmhp.com))

Resources:

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