



### **Rider 32 Provider EVV Impacts**

Beginning Sept. 1, the Texas Health and Human Services Commission (HHSC) will transition Medicaid-only services for dually eligible clients (clients who are eligible for both Medicare and Medicaid) enrolled in Medicaid managed care from a fee-for-service (FFS) to a managed care service delivery system. Managed Care Organizations (MCOs) will be responsible for the adjudication of these claims.

#### **Provider Responsibilities:**

Providers must update authorizations in their EVV System for Rider 32 services requiring an EVV visit that are transitioned from TMHP to the MCO for payment. Providers must submit claims for EVV Required Medicaid-only services for dual eligible clients enrolled in Medicaid managed care directly to TMHP for EVV claim matching.

- TMHP will forward these claims to the MCO with the EVV claims matching results.
- TMHP will no longer pay these claims.

Providers should contact the member's MCO directly for claim status updates and questions related to adjudication.

For reference, the EVV Service Bill Codes Tables are listed below:

- [EVV PCS Service Bill Codes Table – version 12.0 \(Excel\)](#)
- [EVV HHCS Service Bill Codes Table – version 2.1 \(Excel\)](#)