EVV ERROR STATUS CODES (ESCs)

The claims adjudication process will flow as it currently does today, EXCEPT when an EVV service is found on the claim, PROMIS*e*™ will make a "call" to the EVV aggregator to validate a record(s) is present and ensures the EVV record(s) found in the EVV aggregator matches what is specified on the claim. If the claim detail line passes EVV validation, the claim will continue processing and next validate against the plan in HCSIS before completing the claims processing adjudication cycle. No EVV validation call will be made when a claim is voided. The ESCs below describe the EVV validation logic.

EVV ESC CODE	EVV ESC DESCRIPTION	WHY IS THIS ESC SETTING?	RESOLUTION ACTIVITY
ESC 925	EVV PCS Visit Verified	Providers will see these ESCs each time PROMISe™ determines a service subject to EVV is found on the claim and the claim detail line passed EVV validation against the EVV Aggregator record(s).	These two edits set for informational purposes only. They serve to inform the provider, provider agency, AWC, and VF/EA, that the claim passed EVV validation in the Aggregator. No action is needed by the provider. When a claim passes EVV validation, it continues processing through the claims adjudication process as it currently does today.
ESC 935	EVV HHCS Visit Verified		
ESC 926 (ESC not currently active. Deployment date anticipated for Jan 2023)	Duplicate Matching EVV PCS Visits Found	A duplicate EVV record exists in the aggregator.	When two exact EVV records exist in the aggregator, the claim validation call does not know which record to match with, so it will set either ESC 926 or ESC 936 and deny. To correct this issue for alternate EVV users, the EVV record should contain "BillVisit" set to "False". This will tell the aggregator to set the duplicate record to "Omit" so it is not considered during EVV validation against the aggregator. In addition, alternate EVV users should ensure when sending records for omission that they submit the same "VisitOtherID" that was assigned to the original record they wish to omit/remove.
ESC 936 (ESC not currently active. Deployment date anticipated for Jan 2023)	Duplicate Matching EVV HHCS Visits Found		

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ESC 927	PCS Units Billed Exceed Units Verified in EVV	When the provider sees one these two ESCs set, the claim detail line denied because the **allowed** units on the claim detail line are greater than the units found on the EVV record in the Aggregator.	Provider, provider agencies, AWC and VF/EA, should determine if the units on the claim detail line or the units found in the EVV record need to be corrected. PROMISe™ is not designed to cut back units on the claim for an EVV service if the allowed units on the claim are greater than the total units found in the Aggregator. Providers should make corrections as applicable and resubmit the claim, ensuring the units found in the EVV Aggregator are equal to or greater than the units submitted on the claim. While performing claims resolution analysis, providers are encouraged to review the rounding rules and/or the calculation rules, make corrections accordingly and resubmit claim. Note: "Allowed" units on a claim detail line are not always equal to the exact units submitted on the claim because other edits/audits are performed before the units on the claim are validated against the units found in the EVV Aggregator record. Example: Fiscal year unit limitations or weekly unit limitations may "cutback" units submitted on a claim which would make the units on the claim less than what was submitted on the actual claim.
ESC 937	HHCS Units Billed Exceed Units Verified in EVV		
ESC 928	No Matching PCS EVV Visit Found	When the provider sees one of these two ESCs set, the claim detail line denied for one of the following reasons: 1. No EVV record was found in the Aggregator, OR 2. The EVV record was submitted to the aggregator AFTER the claim was submitted and processed, OR	1. Submit EVV record to the Aggregator then resubmit the claim 2. Verify if the claim was submitted and processed BEFORE the visit information was successfully sent to the EVV Aggregator. If not, resubmit claim. 3. If the EVV record in the Aggregator is in an "Incomplete" status, there is an exception(s) associated with the record that will need a manual update made. Go into the source EVV system you use, correct the data, ensure the record is in a "Verified" status then resubmit the visit to the EVV Aggregator. Resubmit the claim once you are sure the EVV record status has been sent to the Aggregator and in a "Verified" status.

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ESC 938	No Matching HHCS EVV Visit Found	3. The status of the EVV record in the EVV Aggregator is in an "Incomplete" status OR 4. Mismatch was found between either the date of service, RID (10 digits), procedure code/modifier and/or MPI (9 digit) code that is found on the claim versus what is found in the EVV record, OR 5. Duplicate records found in the Aggregator, OR 6. 2:1 service with overlapping time in the aggregator for 3 or more care workers (typically due to shift changes)	4. If the EVV record that is found in the Aggregator contains a mismatch between one or more data elements on the claim, review the EVV record in the Aggregator and manually validate if the data elements found in the Aggregator record(s) contains the appropriate values as specified in the Alternate EVV technical specifications found on the DHS EVV website. A frequently seen error is when the EVV record contains a 9-digit MA ID # instead of the 10-digit Recipient ID number (RID) that is contained on the claim. If you experience this issue, update your client/participant number from 9 to 10-digits in your source system that feeds the alternate EVV system records that are sent to the aggregator. 5. (This scenario will be assigned its own ESCs (ESC 926 and ESC 936) in January 2023). When two exact EVV records exist in the aggregator (same provider, same employee, same service, same date of service, same time and same client/recipient), the claim validation call does not know which record to match with, so it will deny and set ESC 928 or ESC 938). To correct this issue for alternate EVV users, the EVV record should contain "BillVisit" set to "False". This will tell the aggregator to set the duplicate record to "Omit" so it is not considered during EVV validation against the aggregator. In addition, alternate EVV users should ensure when sending records for omission that they submit the same "VisitOtherID" that was assigned to the original record they wish to omit/remove. 6. For 2:1 services specifically, the system is unable to determine which care worker visit to use when calculating units if the aggregator contains overlapping time for 3 or more care workers. This scenario will typically occur during shift changes. To resolve this issue, the provider should manually adjust the 3rd care worker's EVV visit to a time that does not overlap with the care worker's time whose shift is ending. Due to this system limitation, a manual edit for this scenario is acceptable by DHS.

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ESC 929	EVV Web Service Timeout	When this ESC sets, PROMISe™ received a web service timeout when communicating with the EVV Aggregator.	When this ESC sets, the claim will suspend and the PROMISe™ technical vendor, Gainwell, will resolve the error and reprocess the claim within a 24-hour period. **No action is needed by the provider.** If a provider, provider agency, AWC or VF/EA sees this ESC while performing claims reconciliation activities, DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC).
ESC 930	EVV Internal Error	When this ESC sets, PROMISe™ received an internal error when communicating with the EVV Aggregator.	When this ESC sets, the claim will suspend and the PROMISe™ technical vendor, Gainwell, will resolve the error and reprocess the claim within a 24-hour period. **No action is needed by the provider.** If a provider, provider agency, AWC or VF/EA sees this ESC while performing claims reconciliation activities, DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC).
ESC 931	EVV-PROMISe Internal Error	This ESC sets when there is a technical issue related to the interface.	When this ESC sets, the claim will suspend and the PROMISe™ technical vendor, Gainwell, will resolve the error and reprocess the claim within a 24-hour period. **No action is needed by the provider.**

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ESC 933 (Previously ESC 926)	EVV Internal Record Format Error	This ESC will set when PROMISe™ sends an incorrectly formatted record to the EVV Aggregator during the EVV record validation process **OR** when a provider bills a claim with a date span on one claim detail lines that is equal to or greater than 31 calendar days	This ESC sets and will suspend the claim detail line for one of two reasons: 1. If an incorrectly formatted record is sent to the aggregator during the claims validation process, this ESC sets, the claim will suspend and the PROMISe™ technical vendor, Gainwell, will resolve the error and reprocess the claim within a 24-hour period. No action is needed by the provider. If an AWC, VF/EA, provider or provider agency sees this ESC while performing claims reconciliation activities, DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC). 2. This ESC will also set if a claim detail line is billed with a date span that is equal to or greater than 31 days. To resolve this issue, the date span on the claim detail line will either need to be split onto two separate claim detail lines and resubmitted or split and resubmitted on two separate claims. 3. If the date span is not the issue, then DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC).