Division of TennCare

Date: September 24, 2025
To: TennCare MCOs
From: Johnny Lai, Director of Managed Care Operations

Subject: EVV Interim Guidance for Processing Claims Involving Primary Insurance or Medicare

TennCare recognizes that a gap currently exists for providers seeking to use TennCare's MCOs' electronic visit verification (EVV) platform to submit claims for members that have primary insurance or Medicare. The Centers for Medicare & Medicaid Services (CMS) requires that if the home health care service is billed to Medicaid in whole or in part, the state Medicaid agency is responsible for collecting the six required EVV data elements:

1) the type of service performed;
2) the individual receiving the service;
3) the date of the service;
4) the location of service delivery;
5) the individual providing the service; and
6) the time the service begins and ends.

Per guidance from CMS' EVV team (EVV@cms.hhs.gov) issued on April 21, 2022, in response to a question posed by AdvancingStates.org and shared with TennCare by CareBridge, CMS states:

> Section 12006(a) of the 21st Century Act requires states to implement EVV for in-home Medicaid home health care services provided and billed under section 1905(a)(7) of the Social Security Act or under a waiver of the state plan. Section 12006(a) of the 21st Century Cures Act does not apply to Medicare home health services. When an individual receives both Medicare and Medicaid home health services, EVV requirements apply to the home health services claimed as a Medicaid home health benefit. If an individual is receiving Medicare home health services, and the only Medicaid payment is to cover Medicare cost-sharing, then the EVV requirements do not apply, because there is no provision of Medicaid home health services.

For TennCare's MCOs, Medicare crossover claims are excluded from 21st Century Cures Act EVV requirements. Regarding instances when Medicaid is a secondary payer, an individual is receiving Medicare services, and the only Medicaid payment is to cover Medicare cost-sharing, then the EVV requirements do not apply because there is no provision of Medicaid personal care or home health care services.

With regards to claims involving commercial insurance as primary insurance, TennCare is partnering with TennCare's MCOs and their EVV vendor to identify a long-term solution. In the interim, TennCare requests TennCare's MCOs to pay- and-chase claims involving home health care services where a member has commercial insurance as the primary insurer and Medicaid as the secondary insurer. TennCare's MCOs should instruct TennCare providers to record the visit using their EVV system in order to comply with the 21st Century Cures Act regulations. TennCare recognizes that TennCare's MCOs will pay their contracted rate and will chase reimbursement from the primary payer to cover the primary insurance portion. TennCare's MCOs are only allowed to chase the amount that corresponds to TennCare's MCOs contracted rate and not chase the commercial insurer's contracted rate with the home

health provider. TennCare's MCOs will pay-and- chase these claims until a permanent solution is identified by TennCare, TennCare's MCOs and CareBridge, or until further notice.

TennCare recognizes that some home health providers may elect to only bill the primary payer (commercial insurance) for the delivered home health service and not bill the secondary payer (TennCare), as the amount paid by the secondary payer is a lower MCO contracted rate compared to the commercial contract rate under the pay-and-chase arrangement and such payment is dependent upon recording the visit in the EVV system. TennCare appreciates the ongoing partnership with its MCOs and their EVV vendor to research and resolve this issue.