Update to the Electronic Visit Verification (EVV) Parameters in Statewide Medicaid Managed Care

The Agency previously issued a provider alert on January 31, 2020, directing the Statewide Medicaid Managed Care (SMMC) health plans to continue the requirement of the use of their vendor’s EVV systems by providers, while also establishing compliance thresholds for the SMMC health plans.

UPDATE: Since January 31, 2020, the state of Florida experienced the COVID-19 pandemic and further guidance was issued notifying the SMMC plans that during this state of emergency, the plans may not require providers to submit claims through the EVV system. The Agency continues to monitor provider utilization of the SMMC health plan’s EVV systems (i.e., entering schedules and electronically verifying service delivery by checking-in and out at the start and end of each visit using a valid EVV method) and finds utilization of the system to still be below expected levels. Further, in those instances where providers have entered schedules and verified the delivery of services, submission of claims through the EVV system is even lower.

It is important that the Agency continue to enforce the mandate for providers and plans to ensure that all home health and personal care service visits are verified in the system (consistent with our original directive and with the federal CURES Act requirements. The Agency expects that at least 85% of all visits paid will be verified using EVV technology (without the need to override exceptions to submit the claim or through manual data entry). As such, the Agency has updated the following monthly targets that plans will be held responsible for meeting:

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<th>Date</th>
<th>Minimum Compliance Threshold</th>
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<tr>
<td>October 1, 2020</td>
<td>60% of all visits paid were verified using EVV technology</td>
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70% of all visits paid were verified using EVV technology

80% of all visits paid were verified using EVV technology

85% of all visits paid were verified using EVV technology

The Agency will be closely monitoring compliance rates to determine when plans can begin denying claims for non-compliance.

To view a copy of the Agency’s communication to the SMMC health plans, click the following link:

http://ahca.myflorida.com/Medicaid/statewide_mc/mcp_plan_comunications.shtml

For questions regarding EVV in the SMMC program, please use the following contact information:

If you are contracted with the following plans, contact Coastal Care Services, Inc. at 833-204-4535 and:

- Community Care Plan: 855-819-9506
- Lighthouse Health Plan: 850-390-5003
- Miami Children’s: 844-243-5188
- Prestige Health Choice: 800-617-5727
- Vivida Health: 502-785-8280

If you are contracted with the following plans, contact HHAeXchange at 855-400-4429 and:

- Children’s Medical Services Health Plan: PR_Ancillary_Team@wellcare.com
- Humana Medical Plan: 239-919-6815
- Molina Healthcare: 888-562-5442 ext. 222176
- Staywell: PR_Ancillary_Team@wellcare.com
- Sunshine Health: 844-477-8313

If you are contracted with the following plans, contact Tellus, LLC at 833-483-5587 and:

- Aetna Better Health: 305-389-7084
- Florida Community Care: 833-322-7526
- Magellan Complete Care: 800-327-8613
- Simply Healthcare: 877-440-3738 ext. 106-122-9115
- UnitedHealthcare: 877-842-3210

*Note: Florida Community Care will continue to allow providers to submit claims directly through their claims system for an extended period of time as long as services are verified using EVV technology

QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com

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