

**Subject:** Update to the Electronic Visit Verification (EVV) Parameters in Statewide Medicaid Managed Care  
**Date:** Friday, January 31, 2020 at 2:49:54 PM Eastern Standard Time  
**From:** State of Florida Agency for Health Care Administration <Medicaid\_Alert@ahca.myflorida.com>  
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# FLORIDA MEDICAID

*A Division of the Agency for Health Care Administration*

## Florida Medicaid Health Care Alert

January 31, 2020

**Provider Type(s): 65, 67, 70, 97**

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

The Agency previously issued a provider alert on November 26, 2019 that directed the State Medicaid Managed Care (SMMC) health plans to require providers verify delivery of home health and personal care services using their vendor's EVV systems beginning December 1, 2019 and prohibited the SMMC health plans from enforcing payment penalties until January 1, 2020.

On December 31, 2019, the Agency issued a subsequent provider alert directing the SMMC health plans to continue to require providers to verify delivery of home health and personal care services using their vendor's EVV systems (effective December 1, 2019), and prohibited the SMMC health plans from enforcing payment penalties until February 1, 2020.

**UPDATE:** The Agency has been monitoring 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 below expected levels. Further, in those instances where providers have entered schedules but not 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 the original directive and with the federal CURES Act requirements). It is equally important that providers not experience disruption in payment to the extent there are technical issues in using

providers not experience disruption in payment to the extent there are technical issues in using system of no fault of their own. Therefore, the Agency has directed the health plans to ensure following requirements are met beginning February 1, 2020:

- Providers must enter/record (or send from third party vendors) 100% of Medicaid client schedules in the health plan's EVV system and confirm service delivery using a valid EVV method.
- Providers are required to provide a valid exception reason when entering a visit that was not verified electronically using a valid EVV method. The use of an exception reason is also referred to as an *override*.
- Providers must attempt to submit claims through the health plan's EVV system to ensure billing and payment configurations are accurate. To the extent the provider is experiencing technical difficulties and is unable to create and submit a clean claim through the EVV system and has reported the technical issue, the health plan must allow the provider to continue to submit claims through the health plan's claims portal/system (e.g., Availity, Emdeon, etc.). The ability to submit claims through the health plan's claims system will be time-limited until issues are resolved.\*
- Health plans must be able to validate that claims submitted through their claims portal/system are associated with a verified home health/personal care service in the EVV system.
- Providers must report any technical difficulties with the EVV system (scheduling visits, verifying visits, submitting claims) to the EVV vendor **and the health plan**. The Agency will be reviewing all complaints to ensure issues are resolved timely.
- Health plans are prohibited from imposing payment penalties until the Agency determines that all major system issues that have been reported are resolved satisfactorily.

These steps are being put in place to ensure that providers do not experience delays in payment if they are trying to comply with all requirements but are experiencing challenges. However, the Agency must see improvement in system utilization and attempts to submit claims through the EVV system. The Agency expects that **at least** 85% of all visits paid will be verified using technology (without the need to override exceptions to submit the claim or through manual entry). As such, the Agency has established the following monthly targets that plans will be responsible for meeting:

Date	Minimum Compliance Threshold
March 1, 2020	50% of all visits paid were verified using EVV technology
April 1, 2020	60% of all visits paid were verified using EVV technology
May 1, 2020	70% of all visits paid were verified using EVV technology
June 1, 2020	80% of all visits paid were verified using EVV technology
July 1, 2020	85% of all visits paid were verified using EVV technology

The Agency will be monitoring compliance with these targets through weekly reporting from the health plans.

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](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-**

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 **HHaEchange** at **855-400-4429** and:

- Children's Medical Services Health Plan: [PR\\_Ancillary\\_Team@wellcare.com](mailto:PR_Ancillary_Team@wellcare.com)
- Humana Medical Plan: 239-919-6815
- Molina Healthcare: 888-562-5442 ext. 222176
- Staywell: [PR\\_Ancillary\\_Team@wellcare.com](mailto: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 technology.

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QUESTIONS? [FLMedicaidManagedCare@ahca.myflorida.com](mailto:FLMedicaidManagedCare@ahca.myflorida.com)  
COMPLAINTS OR ISSUES? ON LINE <http://ahca.myflorida.com/Medicaid/complaints/> | CALL 1-877-254-1055 

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