

**SMMC Managed Care Plan Report Guide
Electronic Visit Verification Report Summary**

02/20/2025

BENEFIT TYPE(S)

The Managed Care Plan providing the following benefit type(s) must submit this report:

- IDD
- LTC
- MMA

REPORT PURPOSE:

The purpose of this report is to provide information on verified in-home visits to enrollees who receive personal care, home health care services, or both. The Managed Care Plan shall ensure at least 85% of all personal care services and home health services visits are verified using Electronic Visit verification technology, without the need to override exceptions to submit claims or to process the claims through manual data entry. The EVV system must be able verify 6 data points which must include:

1. Type of service performed.
2. Individual receiving the service.
3. Date of service.
4. Location of service delivery
5. Individual providing the service.
6. Time the service begins and ends.

FREQUENCY & DUE DATES:

Report Year Type	Report Year Period
C = Calendar	01/01 – 12/31

Report Frequency	Reporting Data Period
M = Monthly	Two-digit month of data being reported

This report is due within fifteen (15) calendar days after the end of the reporting month.

REPORT CODE & SUBMISSION:

Report Code	0217
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Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the required documentation to the applicable SFTP site, as specified in Chapter 2:

- Electronic Visit Verification Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

This report must include all visits billed by providers for personal care, home health care services or both through the Electronic Visit Verification system.

The Managed Care Plan must submit the Electronic Visit Verification Report in the format and layout specified in the report template.

Managed Care Plan Information:

- Managed Care Plan Name
- EVV Vendor Name

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- Reporting Month/Year
- Report Submission Date
- Report Submitted By

EVV Report Tab:

- Number of home health service providers that billed during reporting month.
- Number of home health service providers whose services were billed and verified.
- Percentage of home health service providers whose services were billed and verified.
- Total number of home health authorized units billed during the reporting month.
- Total number of home health authorized units billed and verified.
- Percentage of home health authorized units bill and verified.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

There are no additional report template instructions unique to this report chapter.

AMENDMENT HISTORY

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	None	None

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