



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

November 26, 2019

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2019-23

Applicable to the following benefits in the **2018-2023 SMMC contract**:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental


Re: Electronic Visit Verification (EVV) Implementation Parameters

The managed care plan's compliance plan, anti-fraud plan, and fraud and abuse procedures must comply with 409.91212, F.S. (Attachment II, Section X.F.4.d.) The managed care plan's compliance plan, anti-fraud plan, and fraud and abuse procedures must include detailed procedures for verifying enrollees' identity and that enrollees actually received services billed by providers. In addition, the managed care plan must describe the process by which the delivery of personal care services and home health services are monitored and validated via an Electronic Visit Verification (EVV) system effective January 1, 2019 (as required by federal law in the "21st Century Cures Act"). (Attachment 11, Section X.F.4.d.(4)) The purpose of the policy transmittal is to notify the managed care plan of EVV system implementation parameters.

The Agency previously issued Contract interpretation 2019-06 on September 18, 2019, delaying implementation of EVV from October 1, 2019 to December 1, 2019, and stating that further guidance would be forthcoming. The managed care plan must proceed with requiring providers to verify delivery of services using the EVV system beginning December 1 but is prohibited from enforcing non-payment or payment penalties until January 1, 2020.

If you have any questions, please contact your Agency contract manager at (850) 412

Sincerely,


for Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

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