



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 31, 2020

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-05

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) Compliance Requirements**

The managed care plan's compliance plan, anti-fraud plan, and fraud and abuse procedures must comply with s. 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 II, Section X.F.4.d.(4)) The Agency has been monitoring managed care plan compliance with the EVV requirements and finds validation of home health and personal care service delivery using EVV technology to be below expected levels. The purpose of the policy transmittal is to notify the managed care plan of EVV system compliance requirements.

The Agency previously issued in contract interpretation 2019-06 on September 18, 2019, the managed care plan must require providers to verify delivery of services using the EVV system beginning December 1, 2019. The managed care plan must ensure that:

- Providers are entering (or transmitting from third party vendors) all enrollee home health and personal care service schedules in the managed care plan's EVV system.
- Providers are confirming service delivery using a valid EVV method.
- Claims paid are associated with a verified home health/personal care service using EVV technology. Home health and personal care services that have not been verified using EVV technology at the time of service delivery have a valid exception reason prior to claims payment.
- To the extent there are EVV system issues that prevent a provider from scheduling visits, verifying service delivery, or submitting claims through the managed care plan's EVV system, including transmitting/accepting files necessary for interoperability, the managed care plan must allow providers to continue to submit claims through the plan's claims portal/system (e.g., Availity, Emdeon, etc.). These claims must also be associated with a verified home health/personal care service using EVV technology.

The managed care plan must ensure 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 established the following monthly targets that the managed care plan will be held 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 monitor compliance with these targets through a weekly report that must be submitted by the managed care plan. The Agency will provide this report template in a subsequent policy transmittal.

These steps are being put in place to ensure that providers do not experience delays in payment or payment penalties if they are trying to comply with all EVV requirements but are experiencing challenges. The managed care plan is prohibited from imposing payment penalties until the Agency determines that all major EVV system issues that have been reported are resolved satisfactorily.

If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,



Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality