



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2020

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-47

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

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

Re: Updated 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 services billed by providers were actually received. 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 December 1, 2019 (as required by federal law in the “21st Century Cures Act”). (Attachment II, Section X.F.4.d.(4)) The purpose of the policy transmittal is to notify the managed care plan of updated EVV compliance requirements and an updated report template.

The managed care plan must ensure **at least 85%** of all personal care services and home health services visits paid are verified using EVV technology, without the need to override exceptions to submit the claims or to process the claims through manual data entry. The table below lists the minimum compliance thresholds the managed care plan must meet for the months of October - December 2020 and January 2021.

EVV Report Compliance Threshold	
Date	Minimum Compliance Threshold
October 1, 2020	60% of all visits paid were verified using EVV technology
November 1, 2020	70% of all visits paid were verified using EVV technology
December 1, 2020	80% of all visits paid were verified using EVV technology
January 1, 2021	85% of all visits paid were verified using EVV technology

The Agency will closely monitor the managed care plan’s performance during August 2020 and September 2020, by reviewing the EVV Vendor Status Reports submissions. Based on the level of the managed care plan’s compliance with the established minimum compliance thresholds, the Agency may determine the managed care plan may begin to deny non-compliant claims for personal care services and home health services beginning October 1, 2020.

An updated EVV Vendor Status Report Template is attached to this policy transmittal. The only change to this template is in the Compliance Threshold tab, that has been updated to reflect the new months and percentages in the table above. The managed care plan must continue to submit the EVV Vendor Status Report as directed in [PT 2020-11](#) issued February 28, 2020.



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

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive, flowing style.

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sar

Attachment: EVV Vendor Status Report Template 08.19.2020