



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

November 20, 2020

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-62

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) 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.

As an interim step towards full compliance with the 21st Century Cures Act, effective for dates of service beginning December 4, 2020, the managed care plan must require claims for personal care services and home health services to be submitted through the managed care plan's EVV vendor. Provider claims for personal care services and home health services may be processed outside of the managed care plan's EVV vendor system for dates of service through December 3, 2020.

Effective for claims with dates of service on or after December 4, 2020, the managed care plan must deny claims submitted to the plan outside of the EVV system by providers who are submitting less than 25 percent of their personal care services or home health services claims through the managed care plan's EVV system. The measurement of less than 25 percent EVV compliance will be based on a historical look back period. No later than November 30, 2020, the managed care plan must notify providers who are below the 25 percent threshold that they will no longer be paid for claims submitted outside of the managed care plan's EVV system. Additionally, for providers who are at less than 25 percent EVV compliance and whose claims billed outside of the managed care plan's EVV system are denied by the managed care plan, those providers must be given the opportunity to bill those claims through the EVV vendor system.

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 minimum compliance thresholds listed in policy transmittal [2020-47](#) are still in effect.

If you have any questions, please contact your Agency contract manager.



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Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Beth Kidder
Deputy Secretary for Medicaid

BK/sar