



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

April 26, 2021

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-12

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

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

### Re: Ad Hoc Request for Electronic Visit Verification (EVV) Personal Care Services Procedure Codes

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 managed care plan may be required to provide the Agency or its agents information or data relative to this contract. In such instances, and at the direction of the Agency, the managed care plan and the dental plan must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The managed care plan must have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than thirty (30) days. The managed care plan must certify that data and information it submits to the Agency is accurate, truthful, and complete in accordance with 42 CFR 438.606. (Attachment II, Section XVI.A.1.b.) The Agency must provide the Centers for Medicare and Medicaid Services (CMS) with information on the use of EVV personal care services procedure codes. The purpose of this policy transmittal is to inform the managed care plan of an ad hoc request for EVV personal care services procedure codes.

The managed care plan must submit the requested information via the Medicaid Program Analysis (MPA) secure file transfer protocol (FTP) site, Port: 2226 in the "MPA/ToMPA/EVV/" subdirectory. The managed care plan must use the file naming convention "XXX.EVV\_PC\_Proc\_Codes\_yyyymm.zip", where XXX is the plan's three-character identifier and "yyymm" corresponds to the year and month of the submission. The managed care plan must submit this ad hoc report no later than close of business on **May 3, 2021**.

If you have any technical assistance questions, the managed care plan may contact the Bureau of Medicaid Policy by emailing [MEDICAIDPOLICY@ahca.myflorida.com](mailto:MEDICAIDPOLICY@ahca.myflorida.com). If you have any other questions or concerns, please contact your Agency contract manager.



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Page 2 of 2

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder", written in a cursive style.

Beth Kidder  
Deputy Secretary for Medicaid

BK/aj

Attachment: EVV Personal Care Services Procedure Codes 04.21.2021