



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

May 5, 2021

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2021-14

Applicable to the **2018-2023 SMMC contract benefits** for:

- 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.

The managed care plans must deny claims for personal care and home health services for dates of service on or after June 21, 2021 submitted to the managed care plan outside of the EVV system. Claims for personal care services and home health services may be processed outside of the managed care plan's EVV vendor system on a case-by-case basis where there is a documented plan vendor system issue that prevents the provider from billing through the plan's EVV vendor system.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder".

Beth Kidder
Deputy Secretary for Medicaid

BK/aj

