

HHAeXchange Lunch-and-Learn Webinar Florida Electronic Visit Verification (EVV) Compliance Requirements February 2, 2021



Agenda

- 21stCentury Cures Act Overview
- Florida Requirements for EVV
 - EVV Thresholds
 - Claims Compliance and Enforcement
- Reporting Issues
- Next Steps



What is the 21stCentury Cures Act



Cures Act Mandated EVV

Section 12006 of the 21st Century Cures Act requires states to implement an EVV system for Medicaid-funded Personal Care Services (PCS) by January 1, 2019 and for Home Health Care Services (HHCS) by January 1, 2023. Federal legislation delayed penalties for PCS implementation until January 1, 2020.



In addition to Personal Care Services, Florida elected to implement Home Health Care Services on January 1, 2019 ahead of the federal mandate.





Florida Requirements for EVV



Florida EVV Requirements

- AHCA requires providers to verify delivery of services using the MCOs EVV system beginning December 1, 2019
- Providers are required to enter (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 required to confirm delivery of service using a valid EVV method.
- Claims paid associated with a home health/personal care service must be verified using EVV technology. Home health and personal care services that have not been verified using EVV technology at the time-of-service delivery must have a valid exception reason prior to claims payment.





Florida EVV Thresholds

• The managed care plan must ensure that at least 85% of all visits paid are verified using EVV technology (without the need to override exceptions to submit the claim or through manual data entry).

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





Florida EVV Claims Enforcement

- As an interim step towards full compliance, 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 starting December 4^{th,} 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 claims though the EVV system for dates of service prior to December 4^{th,} 2020.
- The measurement of less than 25 percent EVV compliance will be based on a historical look back period by each MCO.





Reporting Issues





Contacting your MCO

- Contact your Provider Relations Rep to inquire about your MCOs compliance approach
- Humana:
 - LTC 1-888-998-7735
 - <u>LTCProviderRelations@humana.com</u>,
 - MMA 1-800-477-6931
 - NFL_Ancillary_Contracting@humana.com
 - Humana Long Term Care Website
- Molina Healthcare:
 - 1-855-322-4076
 - MFLProviderServices@MolinaHealthcare.com
- Staywell:
 - 1-866-334-7927
 - <u>MLTCproviders@wellcare.com</u>
- Sunshine Health:
 - 1-866-796-0530
 - <u>http://www.sunshinehealth.com/</u>





Reporting Issues

In accordance with the AHCA reporting requirement, please report any technical difficulties to HHAeXchange and our partner MCOs—Humana, Molina Healthcare, Staywell and Sunshine Health—by completing <u>this form</u>.

https://hhaexchange.com/fl-smmc/

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EVV and Claims Billing for Florida's State Medicaid Managed Care Program

Starting on December 1, 2018, Humana, Staywell, and Sunshine Health (the "MCOs") will require providers to use HHAeXchange to submit confirmed visits and bill directly to each MCO through the free HHAeXchange Portal.

The first step in effectively working with the MCOs is to fill out the Florida SMMC Provider Portal Configuration Questionnaire questionnaire for your organization. The answers from your questionnaire will allow HHAeXchange to configure your agency's portal. Please note that you only need to fill out the questionnaire once, regardless of how many MCOs you are contracted with.

EVV Mandate Updates

The Medicaid health plans have implemented the federal mandate that requires providers to verify the delivery of home health services (i.e., skilled nursing, personal care services, etc.) using electronic visit verification (EVV) technology. During this state of emergency, the Medicaid health plans will not require providers to submit claims through the EVV system. Providers can continue to submit claims through the EVV system if they wish, but are not required to do so. Providers must, however, continue to verify the delivery of services (checking in at the start of a visit and checking out at its conclusion) using EVV technology, to the fullest extent possible.

In accordance with the AHCA reporting requirement, please report any technical difficulties to HHAeXchange and our partner MCOs—Humana, Molina Healthcare, Staywell and Sunshine Health—by completing this form.

What are the key benefits of the HHAeXchange Portal to homecare agencies?

- FREE Electronic Visit Verification (EVV) tools
- Open Model EDI Integration with 3rd Party EVV Vendors
- Real-time, two-way messaging with each MCO
- · Receive recipient demographics, authorizations, and plan of care electronically
- Pre-bill scrubbing to ensure clean claims and accelerate revenue cycle
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- Receive recipient demographics, authorizations, and plan of care electronical
- Real-time, two-way messaging with each MCO
- Open Model EDI Integration with 3rd Party EVV Vendors
 - REE Electronic Visit Verification (EVV) tools





Next Steps





Next Steps

- Ensure you are successfully billing and receiving payment
- Ensure Visits are confirmed and update prior to the end of each month
- Ensure Missed Visits are documented in HHAX timely
- Utilize monthly EVV Compliance reporting to track your system compliance





