

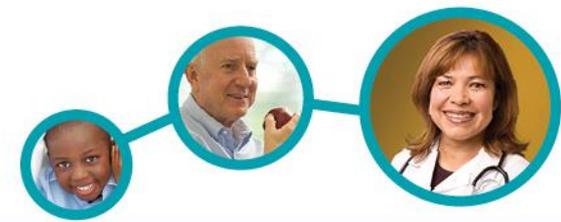
# Electronic Visit Verification (EVV)

Molina Healthcare in partnership with HHAeXchange



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# EVV Mandate



Section 12006(a) of the 21st Century Cures Act mandates that Florida implements Electronic Visit Verification (EVV) for all providers enrolled directly in the SMMC program that furnish Home Health services (Home Health visits, Private Duty Nursing, and Personal Care Services) to recipients through the fee-for-service delivery system in accordance with Section 409.9132,(F.S.).

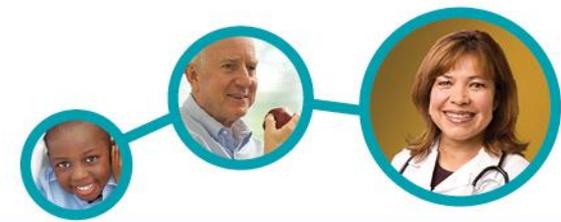
Molina Healthcare will implement our Electronic Visit Verification system as of October 1, 2019. Molina has partnered with HHAExchange as our EVV vendor.

Long-Term Care (LTC) Home Health and Personal Care providers will be required to use EVV effective 10/01/19.



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# What is EVV?



EVV electronically captures:

- That a home care agency employee provided the agreed-upon point-of-care service
- The time that a visit began and ended
- The individual who received the service
- The date and location of the provided service

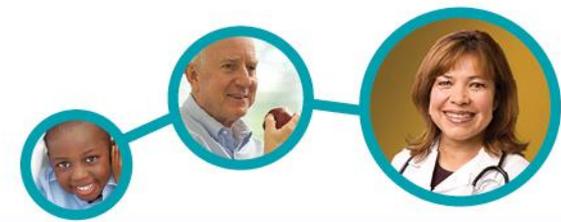
The purpose behind the EVV mandate is to track home health providers and ensure the visits they're reporting to CMS are actually taking place, that patients are getting the care they require, and that Medicaid is being accurately billed.

Other benefits of EVV technology solutions include the ability to:

- Reduce missed visits and late starts
- Improve patient care and client outcomes
- Reduce paper documentation traditionally associated with visit verification
- Increase productivity and efficiency among staff members
- Reduce costs associated with the use of multiple software products



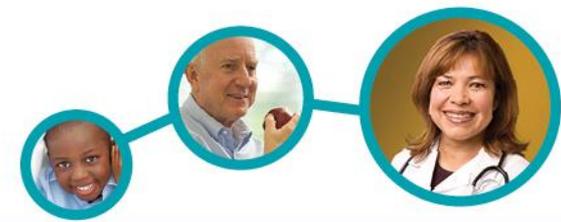
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## HHAX Portal and EVV System:

- EVV will be required beginning 10/1/2019 (Federal Regulation)
- Accept service authorizations within the portal
- Clock in and out in real-time using EVV mobile devices
- Timesheet is automatically created based on clocking in and out

# Claims



Molina will require providers to use HHAeXchange to submit confirmed visits and bill directly to HHAeXchange through the free HHAeXchange Portal effective Oct 1st, 2019.

## **HHAeXchange Portal:**

<https://app.hhaexchange.com/hhax/Login.aspx>

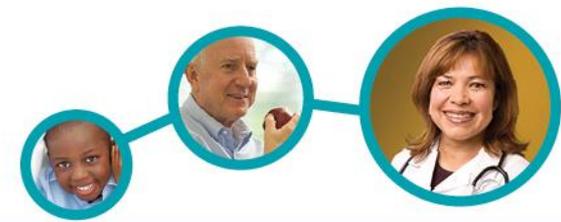
Providers must register for HHAX's portal by completing a Provider Portal Questionnaire located at:

<https://hhaexchange.com/fl-provider-reg>



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# Coastal Care Services

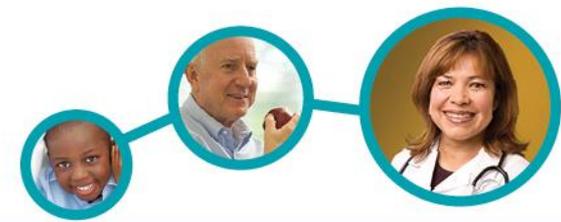


Coastal Care Services are not used for Long term care authorizations or claims.

LTC authorizations and claims should only be accessed and submitted through HHAX or directly to Molina

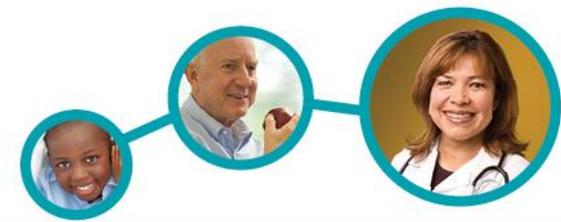


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## LTC New Member Services

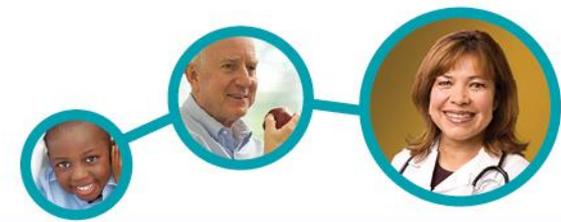
- Case Management conducts initial visit as required by the state ( within 5 days of member enrollment). Care Plan is completed and Authorization is requested to the LTSS UM team.
- Authorizations for Initial members are Expedited and sent to Providers within 24 hours of initial visit.



## LTC Ongoing Renewals:

- LTC Supervisor uses an authorization report to determine which LTC Authorizations are set to expire.
- LTC Team works a month in advance to avoid authorizations to terminate without the continuation if services are required to continue.
- LTC Team processes authorizations a month in advance and providers are responsible to ensure member's eligibility prior rendering services.

# Missed Visits



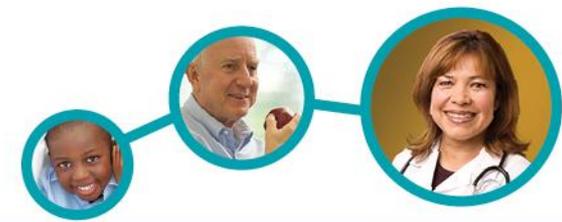
Providers using EVV need to update HHAX authorizations when a visit is missed or rescheduled by choosing one of the reasons below from a drop-down list:

## Missed Visit Reasons:

- ✓ Provider Cancellation
- ✓ Provider No-Show
- ✓ Enrollee Cancellation
- ✓ Enrollee No-Show
- ✓ Scheduling Error due to Enrollee
- ✓ Scheduling Error due to Provider
- ✓ Service Authorization Issue
- ✓ Other (must include description in Comments section)



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<b>Member Eligibility</b>	<ul style="list-style-type: none"><li>Verify effective dates</li><li>Verify patient demographics</li><li>Download member roster (PCPs only)</li></ul>
<b>Claims</b>	<ul style="list-style-type: none"><li>• Check claim status</li><li>• Submit claims</li></ul>
<b>Authorizations</b>	<ul style="list-style-type: none"><li>• Check status of an authorization</li><li>• Request authorization</li></ul>
<b>HEDIS</b>	<ul style="list-style-type: none"><li>• View HEDIS rates by provider &amp; measure</li><li>• View member details by measure</li></ul>
<b>Appeals</b>	<ul style="list-style-type: none"><li>• Submit Appeals</li></ul>
<b>Referrals</b>	<ul style="list-style-type: none"><li>• Submit Specialist Referrals (PCP's Only)</li><li>• Review Referral Status</li></ul>

# Questions?



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