



# EVV VERIFICATION REQUIREMENTS REMINDER

In accordance with CMS regulations, the delivery of all home health services to Medicaid recipients must be electronically verified via HHAeXchange, Molina Healthcare of Florida's (Molina) designated EVV vendor. This includes the requirement that providers use the vendor's mobile application and that GPS functionality be enabled on a provider's Smartphone, to fully comply with utilizing the mobile application for clocking in and out at the beginning and end of each home health service (home health visits, private duty nursing, and personal care services) encounter.

**Effective July 1, 2024, all manually submitted home health claims will be denied.**

## Frequently Asked Questions

### **Q. How will the denial appear on the provider's Explanation of Payment (EOP)?**

A.

REMIT ID	REMIT MESSAGE
N821	Electronic Visit Verification System visit not found.

### **Q. Once the claim has been denied, can I appeal?**

*A. The provider always has the right to appeal any claim determination, as indicated in the Explanation of Payment (EOP). Provider should ensure to include clinical documentation evidencing that the visit was completed, the dates/times and any extenuating circumstances for why EVV did not occur as required.*

### **Q. Are there any allowed exceptions?**

*A. Molina will only honor exceptions submitted due to the use of a temporary provider that is filling in for the assigned attendant/staff or due to service interruption resulting from a natural disaster or State declared emergency.*

Should you have any questions, please contact HHAeXchange via their Support Portal at [www.hhaexchange.com](http://www.hhaexchange.com) or Molina Healthcare at 855-322-4076 or via e-mail at [MFLProviderServicesManagement@molinahealthcare.com](mailto:MFLProviderServicesManagement@molinahealthcare.com).

Thank you for your continued care of our members!  
Molina Healthcare of Florida

**Date: 5/29/2024**