



# Florida Appeals and Grievances Quick Reference Guide and Procedures

## Overview

In accordance with CMS regulations, the delivery of all home health services to Medicaid recipients must be electronically verified via HHA Xchange, Molina Healthcare of Florida Inc.'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.

The following details the process for EVV Claims that are appealed or disputed. Please use this QRG for any cases denied and appeal is required when your claims have been denied for failing to verify their visit.

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

## Denial Edit

Claims will be denied with 915 edit "Denied for incorrect indicator: EM, ME, MM". Please also see below remit message:

<b>REMIT ID</b>	<b>REMIT MESSAGE</b>
<b>N821</b>	<b><i>Electronic Visit Verification System visit not found.</i></b>

## Documentation Required for Disputes

- Clinical documentation (electronical notes) evidencing that the visit was completed to include completed task during visit.
- Dates/Times and extenuating circumstances for why EVV did not occur as required, including HHAX tickets if one was opened.

**Note: Time sheet only will NOT be proof of visit verification**

## Exceptions for Overturn

- DOS is prior to implementation (07/01/2024)
- Provider is not loaded in the EVV platform
- Continuity of Care
- Authorization was not entered in the EVV platform timely
- Authorization was entered retro on the platform (Example: auth is for 1/1-3/31 but was not authorized/entered in EVV platform until 1/15. All visits from 1/1-1/14 would be allowed)
- Connectivity issues (Phone issues, No internet, Application issues)
- HHAX tickets with clinicals and explanation why ticket was opened

**Note: No exception will be made if provider fails to send the reason why visit verification failed and didn't send clinical notes.**

## Uphold Reasons

- Failure to submit clinical documentation
- Timesheets with no clinical documentation
- Reason provided as Aid Forgot to clock in/out
- No documentation detailing why the visit was not verified
- HHAX tickets with no clinical documentation and/or explanation detailing why ticket was opened
- Appeal/Dispute forms on their own

## Upheld Reason Language

The reason for our decision is based on CMS regulations. The delivery of all home health services to Medicaid recipients must be electronically verified via HHA Xchange, Molina Healthcare of Florida's 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 encounter (home health visits, private duty nursing, and personal care services). A review of the documentation received has been completed. No reason has been found as to why the visit was not electronically verified. For this reason and in accordance with CMS regulations, your claim remains upheld.