



Electronic Visit Verification (EVV) Provider Training

Agenda

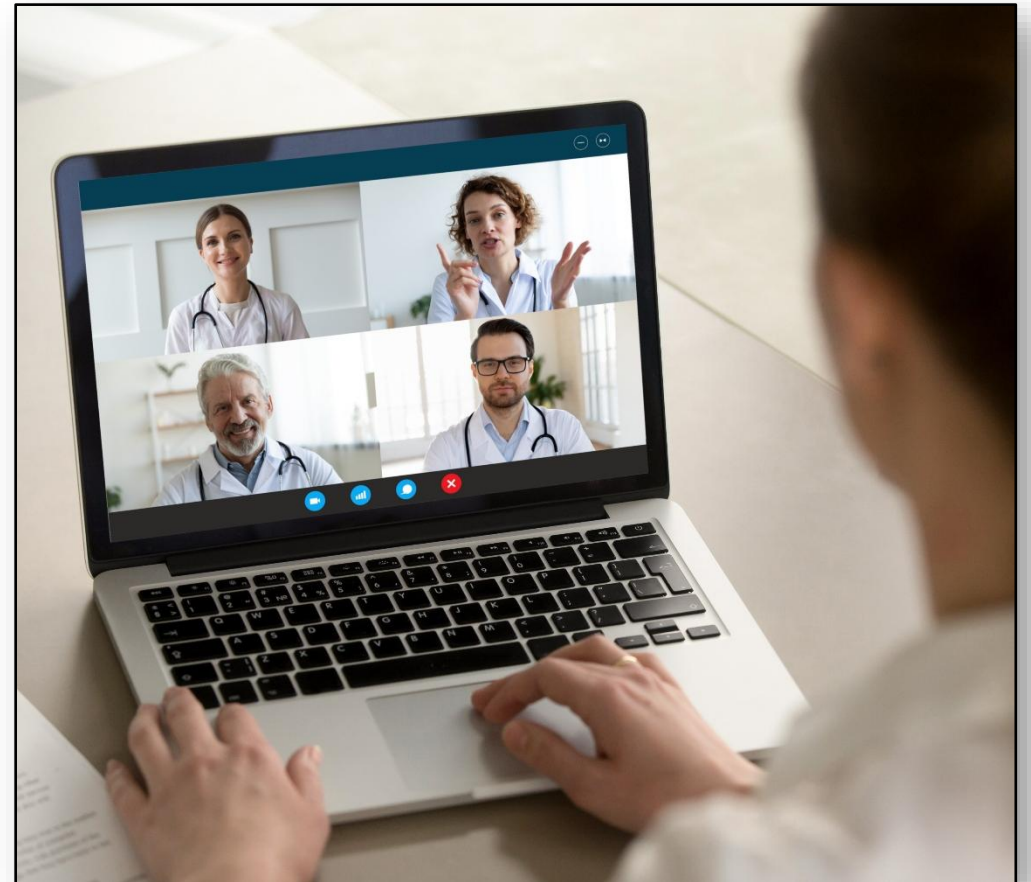
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Sunshine Health Online Resources for Electronic Visit Verification (EVV) Providers

This PowerPoint offers an array of online resources and tools to help Electronic Visit Verification (EVV) providers. All the links in this presentation can be found in one place.

Visit: [Sunshine Health.com/training](https://SunshineHealth.com/training)

- Scroll down and select **Electronic Visit Verification (EVV) Provider Training**



What is Electronic Visit Verification (EVV)?

Electronic Visit Verification (EVV)

- **Electronic Visit Verification (EVV)** refers to the technology a caregiver uses during a home visit — such as a mobile app or a landline phone — to capture information, including visit start and end times.
- This allows visits to be verified at the point of care (for Medicaid products only).
- The goal of EVV technology is to provide transparency into home-based care delivery, improve patient quality, and reduce fraud and abuse.

Electronic Visit Verification (EVV) Options

There are several EVV options to choose from. The health plan prefers these methods:

- **GPS/Mobile App:** System confirms caregiver identity and location to guarantee that they are present at the correct location and performing the approved service.
- **Telephony/IVR:** System used to verify home care visits when a provider does not have access to a smartphone app. IVR allows providers to clock in and out of a visit by calling an EVV vendor's toll-free number and following a voice-guided menu.
- **FOB Device:** A small, secure device usually placed in the client's home to verify caregiver presence and time.

HHAXchange (HHAX) and Reporting Issues

Q: What Is **HHAXchange (HHAX)**?

A: **HHAXchange** is a web based EVV platform designed specifically for the Medicaid population that enables:

- Real time communication between payers and providers
- Improved operational efficiency
- Increased compliance
- Better patient outcomes

Q: How should a provider report an EVV-related issue?

A: Provider should use the messaging feature within the **HHAX** system to send a secure message directly to Sunshine Health. A health plan staffer will reply.

EVV and HHAX for Home Health Providers

- Sunshine Health collaborates with **HHAXchange (HHAX)** and its Electronic Visit Verification (EVV) technology to enhance member service and comply with the Florida Agency for Health Care Administration (AHCA) Statewide Medicaid Managed Care Contract (SMMC).
- The HHAX portal remains Sunshine Health's primary method for communicating authorization information. Providers should continue submitting all claims through this platform.
- The expectation for all providers using the EVV system is that EVV data be shared at least every two weeks, not just EDI (Electronic Data Interchange) providers.

For more information, visit: SunshineHealth.com/evv

Important Electronic Visit Verification (EVV) Change

Sunshine Health will deny all Electronic Visit Verification (EVV) claims that are not electronically verified or are missing the appropriate exception reason code. This is an important change Sunshine Health is making to fully comply with the federal 21st Century Cures Act.

For more information about the 21st Century Cures Act, visit:
[Sunshine Health.com/training](https://SunshineHealth.com/training) and scroll down to **EVV Provider Training**

To learn more about this change, visit: SunshineHealth.com/evv-change

HHAeXchange (HHAX) Explained

HHAeXchange (HHAX) Explained: Part 1

- **HHAeXchange** (also known as **HHAX**) is a web-based platform designed specifically for the Medicaid population that enables real-time communication between payers and providers to produce operational efficiencies, increased compliance, and improved patient outcomes.
- Home Health (HH) providers who serve the Medicaid population — including LTC members — must comply with AHCA's requirements to use or interface with **HHAX** for **Electronic Visit Verification (EVV)**.

HHAeXchange (HHAX) Explained: Part 2

HHAeXchange Portal's workflow efficiencies include:

- Free EVV solution to electronically track time and attendance.
- Receive patient demographics and authorizations electronically in real-time from multiple Managed Care Organizations (MCOs).
- Real-time, two-way messaging with multiple MCOs.
- Bill multiple MCOs for confirmed visits.
- Minimize denials with pre-bill scrubbing.
- Free scheduling module to manage schedules online in real-time.
- Interface with your agency management system/EVV system (Open Model).

Sign Up for HHAeXchange (HHAX): Part 1

- **Step One: Complete the HHAeXchange Portal Survey**
- When taking the survey, indicate the Visit Entry method you will use:
 - EVV = HHAeXchange will provide a set of free EVV tools for your agency and Caregivers to use
 - EDI = If you have your own EVV system, this will allow integration with your existing EVV vendor. (This latest EDI Integration spec (PDF) can be shared with your existing vendor)
 - To register with HHAeXchange, visit:
evv-registration.sandata.com

Sign Up for HHAeXchange (HHAX): Part 2

Step 2: Access Provider EVV Resources

View links to information related to HHAeXchange's EVV Tools (PDF), including:

- **Caregiver EVV Tools:** Tools to help your Caregiver to Clock-In and Clock-Out of visits from a member's home via telephony or the Mobile App.
- **Agency EVV Tools:** Tools to ensure you can view the visit confirmations through the HHAeXchange Portal.
- Once registration is complete, please contact your assigned Provider Engagement Account Manager (PEAM) for further assistance linking to the Managed Care Organization (MCO). To contact your PEAM, visit:
SunshineHealth.com/pea
- While you wait to obtain the link to the plan, we encourage you to take our HHAX training courses for new providers.

National Provider Identifier (NPI) Data Changes for Florida Providers

Florida changed how it accepts electronic claims/encounters. Billing provider information must exactly match the **National Provider Identified (NPI)** that AHCA has on file for the providers, or the encounters will be denied.

Providers must ensure they are validating their agency's data and address on the Provider Master List (PML). Any changes made to the PML must be communicated to the health plan.

Sunshine Health put together a tip sheet to help providers navigate these changes. Visit: SunshineHealth.com/npi-tips

AHCA Provider Master List (PML)

Contents of the PML

- All active Medicaid providers and those no longer active but were active within the previous 18 months
- Provider type
- Specialty and taxonomy
- Service address
- National Provider Identifier (NPI), Taxonomy, and ZIP+4 associated with each covered health care provider
- Professional or facility license
- Enrollment Type (registered, limited, enrolled, ROPA)
- Enrollment status and dates of eligibility
- Next enrollment revalidation date

To find the PML, visit: SunshineHealth.com/training and scroll down to **EVV Provider Training**

For more information, visit the Sunshine Health Provider Guide: AHCA Rules For Medicaid Enrollment, Billing. Find it at: SunshineHealth.com/enroll-rules

EVV Program Services

What Services Are Included in the EVV Program?

Attendant Care

Companion Care

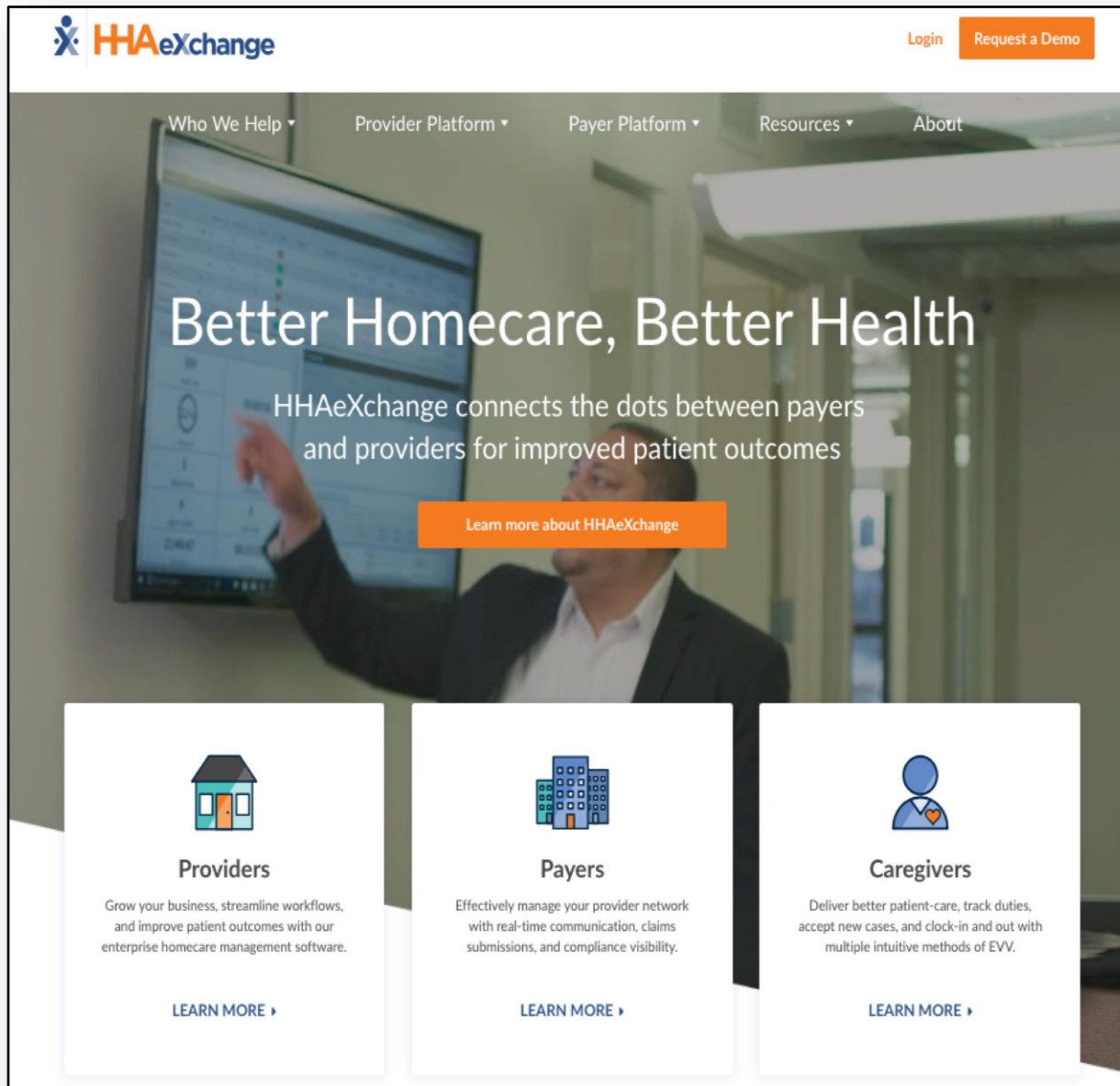
Homemaker

Private Duty Nurse (PDN), Intermittent Skilled Nurses, and new FHHA benefit

PDO Services

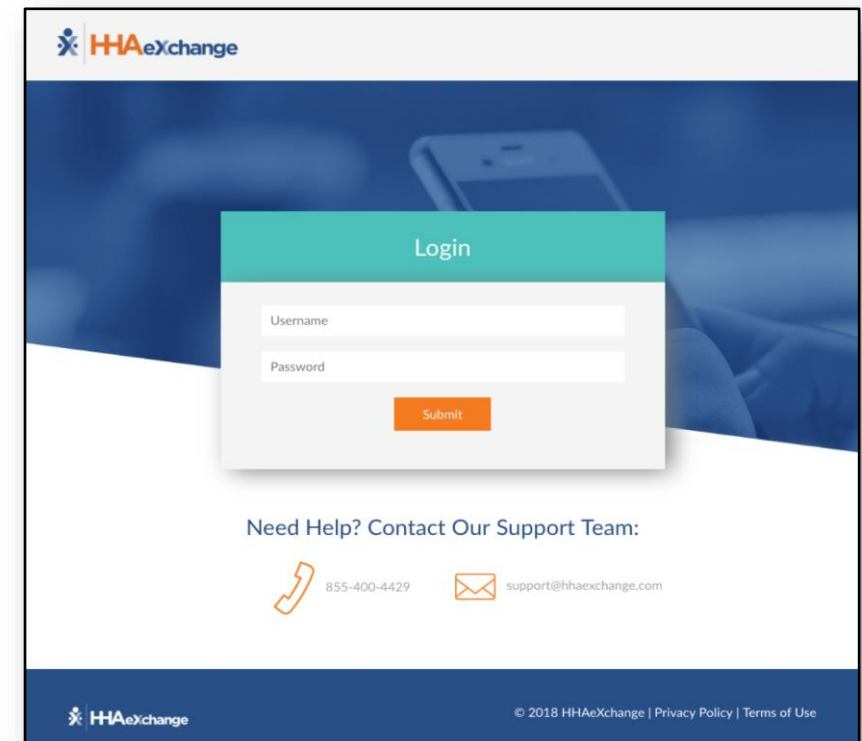
Personal Care

Respite (Home)



HH AeXchange Portal Login

Visit: evv-registration.sandata.com



Provider Engagement or Case Management?

Here's how to decide which Sunshine Health team to contact if you have issues:

PROVIDER ENGAGEMENT

- Claims issues
- Status of appeals
- Need training (virtually/in-person)
- Navigating SunshineHealth.com
- If you still require assistance after finishing the normal processes
- Find your Provider Engagement Account Manager (PEAM) by visiting: SunshineHealth.com/pea

CASE MANAGEMENT

- Member is UTL (unable to locate).
- Member eligibility discrepancies.
- If a new home health agency is needed.
- Providers who need help finding the assigned Case Manager (CM) Need assistance can call: **1-800-477-8313**

Common EVV Denials

Denial Code	Description
EXA1	No authorization on file that matches service(s) billed
EX1i	No EVVC match / Bypassed the EVV system
Exev	No EVV match / Did not meet EEV functionality requirements
EX4c	DC Code missing or invalid
EXd1	ICD-10 DC Code requires additional characters

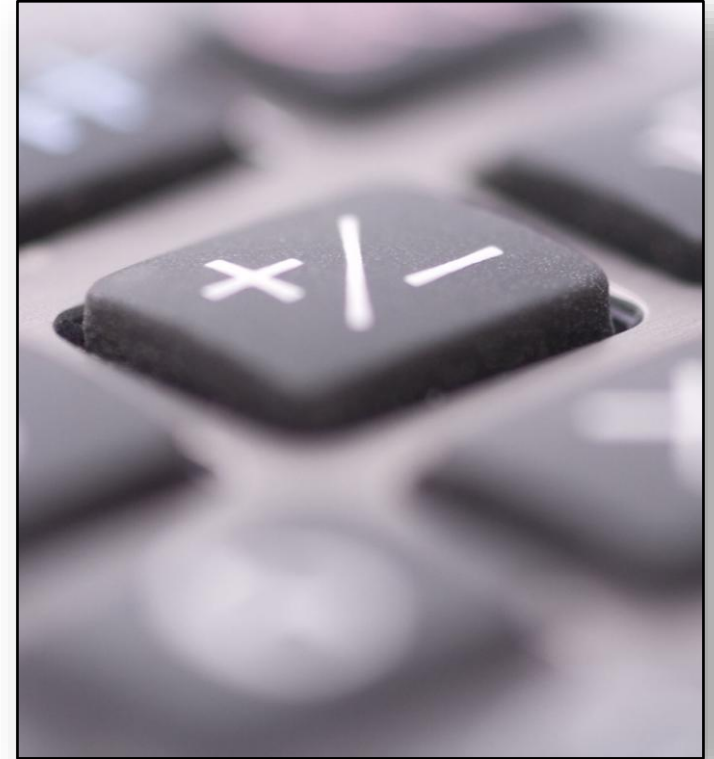
EVV Compliance

What Does it Mean to be EVV Compliant?

- It means that a provider is using an **Electronic Visit Verification (EVV)** system to verify that in-home services were provided as scheduled, as required by federal law for Medicaid-funded services.
- This system electronically collects key information like the type of service, who received it, the location, who provided it, and the specific start and end times of the visit.
- Medicaid policy requires providers who deliver personal care services and home health services to **validate each visit in real time**. Providers should not adjust the visit time manually after it has been clocked in and out via the EVV system. Doing so will **negatively** impact the provider's EVV Compliance Rate.

How Is EVV Compliance Percentage Calculated?

In Florida, the EVV compliance percentage for a provider is generally calculated by dividing the number of visits that are successfully verified using an approved Electronic Visit Verification (EVV) method by the total number of expected visits.



	Number of EVV Compliant visits	
EVV Compliance % =	Number of Confirmed Visits	x 100

EVV Compliance Percentage: Part 1

1

Number of EVV Compliant Visits: This includes all visits that were captured and confirmed in real-time, meeting all state requirements.

2

Number of Confirmed Visits: This is the sum of all compliant visits and visits with exceptions.

3

Number of Visits with Exceptions: This is the number of visits that may require manual correction or have other issues but are still confirmed to calculate the total.

EVV Compliance Percentage: Part 2

How Is EVV Compliance Percentage Calculated?

EVV Compliance Percentage

- Numerator: Number of verified EVV visits
- Denominator: Total EVV required visits

Only verified visits count toward the compliance percentage.

Manual Entries and Overrides: Important Reminder

Manual entry or adjustment of visit times:

- It counts toward EVV compliance; it negatively impacts overall compliance of both provider and the payer
- May result in claim denials
- Excessive manual edits increase audit risk

EVV Compliance Percentage: Part 3

Verified Visits

Verified visits captured through:

- GPS enabled mobile app or
- IVR call from the client's home phone

Must Include: Correct service type.

- Member receiving services
- Date and location of service
- Caregiver
- Accurate start and end times

Total Visits

Total Visits include:

- All personal care and home health services
- Any visit that requires EVV tracking, regardless of compliance status

EVV Compliance Percentage: Key Details

- **Verified Visits:** Visits are considered "verified" when the service delivery data is captured in real-time through an approved EVV method, such as a GPS-enabled mobile app or an Interactive Voice response (IVR) call from the client's home phone. The data must include the correct service type, individual receiving the service, date, and location of service, caregiver, and the start/end times.
- **Total Visits:** This refers to all personal care services and home health services that require EVV tracking.
- **Manual Entries & Overrides:**
 - Counts toward EVV compliance and negatively impacts overall compliance of both provider and the payer.
 - May result in claim denials.
 - Excessive manual edits increase audit risk.

What Makes a Visit Non-Compliant?

- No in-call
- No out-call
- Missing both in and out call
- Unknown employee
- If IVR is missing phone number
- If mobile app is missing latitude and longitude coordinates
- If the visit time (in/out) has been manually entered/edited or adjusted



Useful Reports For Monitoring EVV Compliance

Report Name	Path	Definition
Scheduled Visits with Temp or Inactive Caregiver	Reports > Exception Reports > Scheduled Visits with Temp or Inactive Caregiver	Provides a list of visits with unassigned or inactive Caregivers who fall within the specified time frame. Report may be run for a specific Contract, Coordinator and/or Patient.
Exception by Caregiver	Report > Exception Reports	This report displays the number of call exceptions for Caregivers within the selected date range. Only exceptions for billed visit are shown. The number of billed visits, percentage of billed visits that involved call exceptions, and number of missed visits for that caregiver are also displayed.
Prebilling Exception Report	Report > Other Reports > Exception Reports	Identifies billing issues prior to the invoicing process. This report can be run for a specific contract.
Exception Detail Report	Report > Exception Reports	This report displays all call exceptions on visits that are either in the selected batch, within the specified visit date range, or within the selected invoice date range. The visit information is listed with the exception, reason and notes for each visit with a call exception. This report can be run for a single Contract, Caregiver, Patient, or Coordinator. In addition, the report can consider only visits when a timesheet is or is not required, a specific Service Type, Billing Status, and/or Type of Call Exception.

Helpful EVV Features

Visit Maintenance Dashboard

Visit Maintenance

Quick Visit E

Visits

Unscheduled Services

EVV Confirmations

Correction Requests

All fields marked with an asterisk (*) are required.

Office *

Northeast Home Services

Date Range *

11/14/2024

-

11/21/2024

Visit Status

Select one or more

Visit Exceptions

Select one or more

> Advanced Filters

Search

Reset

Search Settings

Visits

Legend: EW Compliant EW Non-Compliant Manually entered time Linkable EVV confirmation Time requires manual entry [View](#)

Bulk Actions

Office: Northeast Home Services

Date Range: 11/14/2024 - 11/21/2024

Coordinator: Potter, Harry

	Date/Schedule	Visit Time	Patient	Caregiver	Visit Status	Visit Exceptions	Service/Auth Info	Duties	Timesheet	Adjustment	Actions
☐	11/21/2024 (DF) 3:00 PM - 4:30 PM 1h 30m	Start: --:-- End: --:-- Duration: --	Costanza, George (LS) Admission ID: LIC-900038	Reynolds, Dennis NEHS-1097 Assignment ID: 050505	Scheduled	• Duration exceeds authorized limit	Life Care Payer PCA Hourly View active Patient auths	0	Required: No Approved: No	+(0h 00m)	...
☐	11/21/2024 (DV) 4h 00m	Start: --:-- End: --:-- Duration: --	Kramer, Cosmo (PM) Admission ID: LIC-900010	Bateman, Patrick NEHS-1032 Assignment ID: 020202	Scheduled		ArchCare Community Life HHA Hourly View active Patient auths	0	Required: Yes Approved: No	+(0h 00m)	...
☐	11/21/2024 (DV) 10:00 AM - 1:00 PM 3h 00m	Start: * 10:01 AM End: --:-- Duration: --	Swanson, Ron Admission ID: LIC-900038	MacDonald, Ronald NEHS-1125 Assignment ID: 060606	In Progress		Medicaid HHA Hourly A00712006720700	9	Required: No Approved: No	+(0h 00m)	...
☐	11/21/2024 (DF) 8:00 AM - 8:00 PM 12h 00m	Start: --:-- End: --:-- Duration: --	Seinfeld, Jerry Admission ID: LIC-900019	Reynolds, Dee NEHS-1096 Assignment ID: 040404	Missed Call-In		Life Care Payer PCA Hourly N77024710275911	6	Required: No Approved: No	+(0h 00m)	...

Downward Adjustment of Billed Hours

- Allows providers to downwardly adjust billed hours **without** adjusting EVV times.
- Providers can open a support ticket to request access.
- Enabling this feature means your EVV times will remain intact. Modifications to the visit in-time and/or out-time will require you to manually unlink the EVV data from the visit and provide a Visit Edit reason and Action.

The screenshot displays the 'Billing Info' tab of a software interface. At the top, there's a header with '7, 2025', a 'Non Skilled Visit' button, and a 'New' label. Below this is a table with columns: 'Visit ID', 'Assignment ID', 'Visit Date' (05/07/2025), 'Patient Phone Number', and 'Coordinators'. The 'Billing Info' tab is active, showing a 'New Bill' section. This section includes fields for 'Bill To', 'Service Code' (W1793), 'Bill Type' (Hourly), 'Adjusted Hours' (highlighted with a red box), 'Banked Minutes', 'Total Bill Amount (Auto)', 'Invoice Batch #', 'Invoice Creation Date', 'TRN Number', and a checkbox for 'Place Updated Visit on Hold'. There are also 'Units' and 'Batch #' fields on the left side of the 'New Bill' section.

Temporary Authorizations

- The system requires an authorization before you can release a visit for billing.
- If a payer does not send an on-time authorization for a patient, you can create a TEMP authorization. This allows you to schedule visits and pay caregivers until the payer sends the authorization.

1. Go to Patient > Authorizations/Orders.
2. Click Add to open the Patient Authorization page.
3. Select the UPR Linked Contract from the Contract list. The system puts TEMP into the Authorization Number field and it is not editable.

HHAcExchange - Patient Authorization

Authorization ⓘ

* Contract: PRO: Universal Patier ⓘ * Discipline: --Select-- ⓘ

* Authorization Number: TEMP ⓘ Service Code: --Select-- ⓘ

* From Date: ⓘ ⓘ * To Date: ⓘ ⓘ

Type: ⓘ Display: Hours Units ⓘ

Banked Hours: ☐

Period: Daily ⓘ Max Units for Entire Auth: 0.00 (Enter 0 for unlimited) ⓘ

Specific Date Type: ☐ ⓘ

Mon: ☐ Tue: ☐ Wed: ☐ Thu: ☐ Fri: ☐ Sat: ☐ Sun: ☐ ⓘ

Document: ⓘ
Note: File must be 1000 KB in size or smaller.

Billing Diagnosis Code 1:

Billing Diagnosis Code 2:

Billing Diagnosis Code 3:

Notes:

4. Complete the required fields (marked with a red asterisk).
5. Click Save.

Caregiver Compliance: Offline Mode

- This feature must be enabled by the Agency/Office to be available for Caregivers.
- Offline Mode allows Caregivers to use the Mobile App when there is no internet connectivity; later to synchronize when connectivity is restored.



How to Check for Florida Medicaid Eligibility

There are several options for verifying the Medicaid eligibility of patients.

To find the instructions and weblinks for each option, visit: [Sunshine Health.com/training](https://www.sunshinehealth.com/training) and scroll down to **EVV Provider Training**

Options for Verifying Florida Medicaid Eligibility

- Florida Medicaid Secure Provider Web Portal
- Florida Medicaid Member Portal
- Florida Medicaid Automated Voice Response System (AVRS): **1-800-239-7560**
- Safe Harbor System
- Sunshine Health Secure Provider Portal: [SunshineHealth.com/login](https://www.sunshinehealth.com/login)

Bundled Service Codes

Service Code Bundles Overview

Sunshine Health supports a set of services that a Provider can perform under a single Service Code known as a Service Code Bundle for both Placements and Authorizations.

- Use of a Service Code Bundle means that a separate Authorization does not need to be created for every Service Code allowed for a Visit.
- When a Service Code Bundle is assigned to an Authorization, the Caregiver/Provider can use any one of the Allowed Service Codes to record and bill for the Service performed on the Visit.

Provider Application

- In the Provider application, a stack icon next to the Authorization's Service Code designates a Service Code Bundle. Hovering over the icon displays the Allowed Service Codes that the Caregiver/Provider can use.
- Stack icon circled in Provider application showing pop-up of Allowed Service Codes highlighted.

Discipline	Svc. Code	Max units for Auth	Type
2 HHA	hHA-SN-Visit	N/A	Visit
2 HHA	hHA-SN-Visit 	N/A	Visit

Allowed Service Codes

- 01HHA_V
- SV1
- ENT_HHA_V_123
- 001122V
- 07VV
- 11112019_HHA_V
- hHA-SN-Visit
- Back RN V

EVV Provider Training

2026 EVV Provider Town Hall Training Sessions

Provider Town Halls: We hold a virtual Electronic Visit Verification (EVV) Provider Town Hall training session every month. All sessions start at 11 am. Eastern. Register for as many sessions as you wish.

Virtual EVV Provider Town Halls:

- May 7
- June 18
- July 1
- August 18
- September 3
- October 14
- November 4
- December 2

Find training resources, schedules and registration links at: SunshineHealth.com/training

Join Us: In-Person EVV Provider Town Halls

Hybrid In-Person/Virtual Provider Town Halls: Come join our in-person Provider Town Hall training sessions in Lauderhill and Tampa and meet the Sunshine Health staff. All sessions start at 11 am. Eastern.

In-Person EVV Provider Town Hall: August 18

- **Location:** Lauderhill Community Connections Center
1299C NW 40th Ave. #12C, Lauderhill, FL 33313

In-Person EVV Provider Town Hall: November 4

- **Location:** Tampa Community Connections Center
200 W Waters Ave., Tampa, FL 33604

Find training resources, schedules and registration links at: SunshineHealth.com/training

Mandatory Training: Register Using Relias

Relias is a self-paced learning system. Providers can register and create a login using these instructions:

1. Visit: ssh.training.reliaslearning.com
2. Username: Your Tax Identification Number (TIN) [numbers only, no dash]
3. Password: Password1 (case sensitive)

Relias Training Subjects

1. Fraud, Waste and Abuse (FWA)
2. The Anti-Kickback Statute (AKS)
3. General Compliance
4. Model of Care: Medicare
5. Early Periodic Screening Diagnosis Treatment (Medicaid providers only)

Helpful Links

Provider Landing Page: SunshineHealth.com/provider

Training: SunshineHealth.com/training

Become a Provider: SunshineHealth.com/join

Quick Reference Guides: SunshineHealth.com/claims

Provider Resources: SunshineHealth.com/resources

Vendors: SunshineHealth.com/vendors

Secure Provider Portal: SunshineHealth.com/login

Questions & Answers

Thank You.