



COASTAL CARE SERVICES, INC.[®]
member quality redefined.

Electronic Visit Verification (EVV) Provider Training Tool

Introduction and Agenda

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Electronic Visit Verification

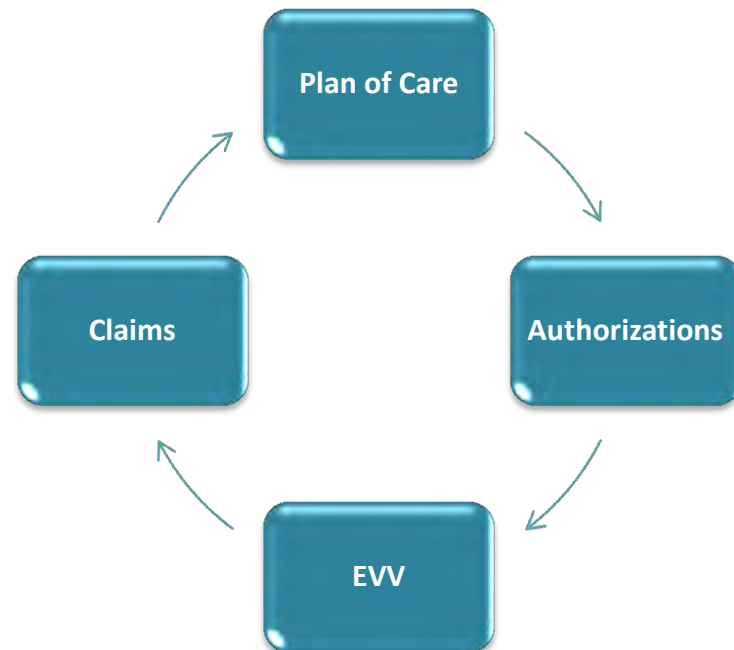
In compliance with the Agency for Health Care Administration (AHCA) Statewide Medicaid Managed Care contract, Coastal Care Services, Inc. (Coastal) will be implementing our electronic visit verification (EVV) system.

Effective December 1, 2020, Home Health providers who provide home health services to Managed Medicaid Assistance (MMA) members must comply Coastal's requirements to use EVV.

Home health providers are encouraged to visit Coastal's website for training materials. Providers may also request one-on-one training by contacting Coastal's Provider Relations Director, Lisette Sanchez, at: 1-855-481-0505 ext. 1904 or via email: ProviderRelations@ccsi.care

Coastal's system allows the use of EVV third-party integration for approved integratable systems. Third-party integration means that home health providers who have an EVV system may continue to use it to capture and send EVV data. Providers who are interested in EVV third-party integration should contact Coastal's Provider Relations Department.

This system is available to providers at no cost.



Health Plan Partners

Coastal partners with several MCOs throughout the State of Florida, but some MCOs will be using a different EVV solution. Below is a list of the MCOs that will be using Coastal as their EVV vendor beginning December 1, 2020

- Amerihealth Caritas Florida
- Community Care Plan
- Vivida Health

For information on EVV solutions for the MCOs listed below, please contact Coastal's Provider Relations Department at ProviderRelations@ccsi.care for additional information:

- Molina Healthcare of Florida
- StayWell Health Plan
- Magellan Complete Care



Things to Consider

- MMA EVV requirement will begin on December 1, 2020 and will include the following services:
 - ✓ Home Health Aide
 - ✓ Home Health Nursing
 - ✓ PDN – LPN
 - ✓ PDN – RN
- There are no changes to authorization or billing processes.
- Providers will still receive faxed authorizations and can continue to view and submit authorization requests through Coastal's Provider Portal.
- Continuity of Care (COC) – Members who transfer to a Coastal contracted plan from another MCO will continue services with their current provider until member is transitioned to an in-network provider.



Authorizations

Coastal's Authorization process will not change with the implementation of the EVV System. Authorizations and member demographic information will be communicated to providers via Fax. Providers may also view authorizations via the Provider Portal.

1. Coastal Case Managers will initiate authorizations . They will reach out to providers and provide details of the authorization, including: scope, schedule, amount, start and end date, and frequency.
 - Service details will be received in the “special instructions” section of the authorization.
 - Authorizations will have a unique “EVV Code” on each service line authorized that will be used to validate the visit.
 - Authorizations can be adjusted when needed.
 - Changes in schedule will be updated by Coastal Case Managers. Providers can request changes to the schedule by either calling their Case Manager, faxing in a request, or via a note in the Provider Portal.

2. **Authorization Units** – Listed below are the unit conversions. Providers are encouraged to validate and verify that authorization information is accurate with the correct approved, hours, units, services codes, and dates that are expected.
 - Private Duty Nursing – **1 Unit = 1 Hour**
 - Home Health Services & Therapies – **1 Unit = 1 Visit (up to 2 hours)**
 - ✓ This includes: Home Health Aide, Home Health Nursing (RN & LPN), and all Therapies



EVV System

Coastal's EVV System is offered at no cost to our providers. Providers should ensure all of their staff that will be using the EVV system has access to Coastal's portal. Requests for access can be sent via email to ProviderRelations@ccsi.care.

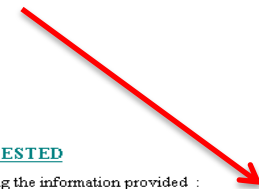
Our proprietary system, CAMMS, offers a solution that measures, monitors, and provides electronic visit verification (EVV) for home care services. CAMMS processes electronic files of plans of care/authorizations, eligible members, and home health agencies. Using a variety of technologies, the system captures caregiver arrival and departure times, location, member and caregiver IDs, and tasks performed during the visit. Rule-based claims edit increase compliance and accuracy by reducing inappropriately billed services. This results in improved oversight into home services delivery, streamlined claims, and reductions in fraud.

Coastal's EVV System offers two options for visit verification:

1. Telephonic EVV
2. Mobile Visit Verification (MVV)

For either option, providers will use the "EVV Code" found on the authorization for validation. Please ensure your caregivers are provided with the EVV code prior to rendering services

EVV Code



CCSI Coordinator/Case Manager: UPEREZ

SERVICES REQUESTED

Coastal Care Services, Inc. has made the following decision after reviewing the information provided :

Service Status	Effective From	Effective Thru	Procedure	Description	# of Units	EVV Code	Next Review Date
Approved	04/23/2019	04/30/2019	97110	Physical Therapy Visit	3	1387172195	
Approved	04/20/2019	04/22/2019	97161	Physical therapy evaluation -low complexity	1	1387172194	
Approved	04/19/2019	04/20/2019	T1000	RN Nursing Visit (up to 2 hours)	1	1387172193	



Telephonic EVV

Coastal's CAMMS system is preloaded with valid and acceptable phone numbers for each member. The caregiver dials a US based number and the EVV Code number provided on the authorization . The system then uses Automatic Number Identification technology to validate the location where the call originates from. Each call captures the number called from, and call times. Once calls are validated, the visit on the authorization is flagged as confirmed, allowing claims to pay

If the number the call is made from does not match our preloaded number for the member, it is flagged as "unknown" and manual validation will be necessary from Coastal's Case Management team. If you are made aware of changes needed to the member's information, please contact your Coastal Case Manager.

Instructions:

1. Caregivers call **786-594-3033** at the start and end of each visit/shift.
2. The system will prompt you to enter the following information:
 - a) EVV Code.
 - b) Starting a visit/ending a visit
3. You will receive validation that the visit was accepted.
4. Typical errors for not receiving a validation of acceptance are:
 - a) Keying in the wrong EVV code
 - b) System does not recognize the number the call is being made from.

Please have your caregivers contact Coastal at 1-855-481-0505 if they should experience any problems in validating their visit.



Mobile Visit Verification (MVV)

MVV is used as an alternative verification technology when a member does not have a phone or services are not being provided in the home (i.e. Homeless shelter, etc.). MVV uses a global positioning system (GPS) application that is available on Android and IOS smart phones and tablets. It uses cellular and GPS technologies to pinpoint the location of the caregiver via their mobile device.

This verification technology also validates service location, time and duration of service, and tasks performed.

Instructions:

- Caregivers will access the MVV application via Coastal's Provider Portal using their Smart Phone/Tablet
 - Web.ccsi.care
- Once in the portal, click on the "Visits" page. This will direct you to the MVV validation page (shown on right).
- Click on "Find my Location"
 - The longitude/latitude fields do not require any information to be entered. This will be automatically populated after clicking on "find my location."*
- Select "Arriving" or "Leaving" from the drop down.
- Enter the EVV Code found on the authorization.
- Click on Submit Visit.
 - System will prompt you when the visit is accepted.*

Longitude

latitude

Are you arriving or leaving?

What is your visit code?



Billing Process

Coastal's billing process will not change after the implementation of the EVV system. Providers may continue to bill Coastal with their current preferred method.

Claims may be submitted in one of the following formats:

- Electronic claims submission (EDI).
 - 837P Professional claims.
- Paper – CMS 1500 Form.
- Provider Portal – Coastal's Provider Portal offers a number of claims processing functionalities, including:
 - Available 24 hours a day, 7 days a week.
 - Ability to submit claims and attach documents.
 - Check claims status.

Coastal encourages providers to submit claims electronically via EDI. It is a less costly alternative to submitting paper claims and allows for quicker claims processing timeframes.

Paper Claims must be mailed to:

Coastal Care Services, Inc.
Attn: Claims Department
1200 NW 78th Ave, Suite 100
Miami, FL 33126

Electronic Claims can be submitted through:

Change Healthcare

- Payer ID# 47394
- Telephone: 1-877-363-3666



Reporting Missed Visits

Coastal is required to provide a monthly reporting of missed visits to AHCA. Providers must report the reason for a missed visit. This may be done in one of 3 ways:

1. Calling Coastal Case Manager and reporting the missed visit.
2. Sending Missed Visit Form via fax to 1-855-481-0606 with the reason for the missed visit.*
3. Sending Missed Visit Form Via the Provider Portal.*

*Coastal's "EVV Missed Visit Form" may be obtained from Coastal' website at www.ccsi.care/providers/

When reporting missed visits please provide the following information:

1. Coastal Authorization Number
2. Member ID Number
3. Date the Visit was missed
4. Type of Visit that was missed (RN, LPN, HHA, Therapy, etc.)
5. Reason for missed visit. Must choose from one of the following:
 - a) Provider Cancellation
 - b) Provider No- Show
 - c) Enrollee Cancelation
 - d) Enrollee No-Show
 - e) Scheduling Error due to Enrollee
 - f) Scheduling Error due to Provider
 - g) Service Authorization Issue
 - h) Other (must include description in comments section)

Providers must also report how the missed visit was resolved by choosing from one of the reasons listed below:

1. Contingency Plan Put in Place
2. Rescheduled Service for Same Day
3. Rescheduled Service for Different Day
4. Service Authorization Renewed and Services Resumed
5. Services Resumed at Next Scheduled Visit
6. Other (must include description in Comments Section)





QUESTIONS?