

Behavior Analysis Electronic Visit Verification Program

Questions & Answers

What is changing?

The Florida Agency for Health Care Administration (Agency) is no longer requiring or pursuing electronic visit verification (EVV) for behavior analysis (BA) services (Provider Type 39). This means that BA providers in Regions 9-11 will need to revert back to billing directly to the Florida Medicaid Secure Web Portal for BA services as the Netsmart BA EVV system will not be available for transmitting claims to the Florida Medicaid Management Information System (FMMIS). This business decision is not a reflection of Netsmart's performance.

Billing through Florida Medicaid's Secure Web Portal:

When must providers convert to billing Florida Medicaid directly?

From January 10, 2022 through February 5, 2022, providers may bill through Netsmart's EVV system or directly to Florida Medicaid. Effective February 5, 2022, regardless of date of service, providers must bill BA services directly to Florida Medicaid because Netsmart's BA EVV system will no longer be available.

Will submissions through the Florida Medicaid Secure Web Portal replace billing submissions through the BA EVV system?

Yes.

What are the options for submitting claims to the Florida Medicaid Secure Web Portal?

Providers have the option of direct data entry, sending in an 837P claims transaction, or using a Billing Agent/Clearinghouse.

Where can providers get training on how to use the Florida Medicaid Secure Web Portal?

General Florida Medicaid training materials are available at:

http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Training/tabId/46/Default.aspx. You may also contact the Provider Services main telephone line at 1-800-289-7799 and select Option 7: Provider Services Contact Center and Field Services Representatives.

What do I do if I can't access my Florida Medicaid Secure Web Portal account?

To reset your Florida Medicaid Secure Web Portal account password, visit the Contact Us page in the public Web Portal at:

https://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_ProviderSupport/Provider_ContactUs/tabId/40/Default.aspx

How soon do we get the claim information/status after claims are submitted to Florida Medicaid?

The cut-off for claims submission to Florida Medicaid is midnight each Thursday. The financial cycle runs Friday afternoon, and remittance advices (RAs) and 835 files are usually complete and available by each Saturday at noon. Claims will continue to be paid on the same cycle as they are today.

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Do I still need to get a Prior Authorization (PA) for the recipients I serve, and is that process changing?

All BA services require prior authorization. A PA must be submitted to and approved by the Agency's Quality Improvement Organization (eQHealth) before services are scheduled and rendered. This process has not changed.

If I need to make changes to a PA or have questions about a PA, who do I contact?

eQHealth Solutions reviews all requests and makes determinations for BA services covered under Florida Medicaid. For more information about the process to make changes or who to call, please visit the Agency's website at:

https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/bhfu/BA_Services.shtml

The Netsmart System:

How do I know if Netsmart submitted a claim?

Check your Florida Medicaid RA. If Netsmart submitted a claim, then it will appear on your RA. For information on how to access your RA, visit the [Training Presentations](#) page of the public Web Portal and select the [Direct Data Entry \(DDE\) on the Web](#) presentation under Professional Claim Form Presentations.

I already scheduled a visit in the Netsmart EVV system. Now what?

You do not need to complete visit verification in the BA EVV system to bill for that date of service. Once the visit is completed, you can bill Florida Medicaid directly.

I still have unmatched visits in the Netsmart EVV system. How do I correct them if the EVV system is no longer available?

Bill Florida Medicaid directly. No further action is needed in the EVV system.

I billed through the Netsmart EVV system and Netsmart rejected my data. Now what?

Bill Florida Medicaid directly. No further action is needed in the EVV system.

I billed through the Netsmart EVV system and the Florida Medicaid system denied my claim. Now what?

If you have denied claims in the Florida Medicaid system, you should correct the edits based on your remittance advice and bill Florida Medicaid directly via the Florida Medicaid Secure Web Portal.

What about home health services?

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Home Health providers (provider type 65) are required by the 21st Century Cures Act to utilize EVV technology to verify home health and personal care service visits. There are no changes to the Home Health EVV process.

How do we submit complaints to the Agency?

Providers may call the Agency's Medicaid Helpline at 1-877-254-1055. Complaints may also be submitted through an online form at <http://ahca.myflorida.com/Medicaid/complaints>.