

Children's Medical Services(CMS) Plan by Molina Healthcare and HHAeXchange CMS Plan Town Hall

August 2026



Introduction

Welcome to the Molina Healthcare of Florida Children's Medical Services Health Plan | HHAeXchange Town Hall

Molina Healthcare Inc., is a Fortune 500 company, that provides managed healthcare services under the Medicaid, Medicare and state insurance marketplaces.

Molina Healthcare of Florida has proudly served Florida families for more than 20 years, bringing deep experience, local knowledge, and a longstanding commitment to improving health outcomes across the state.

For Children's Medical Services members across Florida, Molina's Electronic Visit Verification (EVV) partner is **HHAeXchange**. Providers go live on **October 1, 2026**.

Our goal: A clear, coordinated transition that supports providers, members, and families.



Molina and HHAeXchange Speakers

- Nicole Pagliaro - Director, HP Provider Relations – North Florida
- Katia Matos - AVP, Healthcare Services
- Daniel Spurlock - Sr. Director, Customer Success
- Fernando Mensa - Customer Success Manager



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What's Changing For Molina Healthcare CMS Plan

Coastal Care and HHAeXchange

How the organizations work together and who handles each service under SMMC and CMS

HOW COASTAL AND HHAX WORK TOGETHER

- 1 Contracting partner**
The provider contracts with Coastal Care or Molina depending on the plan and the service delivered
- 2 CMS Plan EVV workflow**
HHAeXchange supports authorizations, scheduling, visit verification and billing for CMS Plan EVV services
- 3 What providers experience**
Coastal Care remains the partner for Home Health and Personal Care, while Molina manages PDN under CMS

Important: There are no changes for the SMMC plan for Coastal Care

WHO HANDLES WHAT BY PLAN

Responsibilities for Coastal Care and Molina across SMMC and CMS

SMMC – Coastal Care

Coastal Care provides Home Health, Personal Care and Private Duty Nursing (PDN)

CMS – PDN (Go-Live 10/1/2026)

PDN transitions in-house and is managed by Molina

CMS – Home Health and Personal Care

Coastal Care continues to handle Home Health and Personal Care services outside of PDN

Provider takeaway: HHAX supports the CMS Plan EVV workflow; Coastal Care covers Home Health and Personal Care, and Molina manages PDN under CMS as of 10/1/2026



What's Changing and Why It Matters

Molina Healthcare was selected by the Florida Agency for Health Care Administration (AHCA) as the sole provider for the state's Children's Medical Services (CMS) Health Plan

- CMS Plan members will be **discharged from the Sunshine Children's Medical Services** contract in HHAeXchange effective 9/30/2026.
- Providers with current authorizations from Sunshine, will be transferred to **Molina CMS Plan authorization and placement in HHAeXchange** for dates of service 10/1/2026 forward.
- If there are any issues with existing authorizations (for any services), please DO NOT stop services. Please contact Molina directly for support:
 - Molina Provider Support Center (855) 322-4076
 - HHAX Portal Issues (855) 400-4429
- New authorizations will be issued in HHAeXchange under the new Molina CMS Plan contract.
- Providers will retain access to the Sunshine CMS Plan contract to submit claims and adjustments for dates of service prior to 10/1/2026.

➤ How Compliance is Now Being Tracked

- FL Payers are measured on EVV compliance rates across their entire provider network
- Your agency's EVV performance directly impacts your payer's network score with the state
- Payers may enforce various policies to enforce compliance

**Please consult Molina Healthcare for any policy changes*

What Counts Toward Compliance:

- EVV data captured at the time of the visit
- EVV data that matches the visit in/out time and billed claim
- Conflicts, missed EVV captures, and manual visit exceptions can all negatively impact compliance

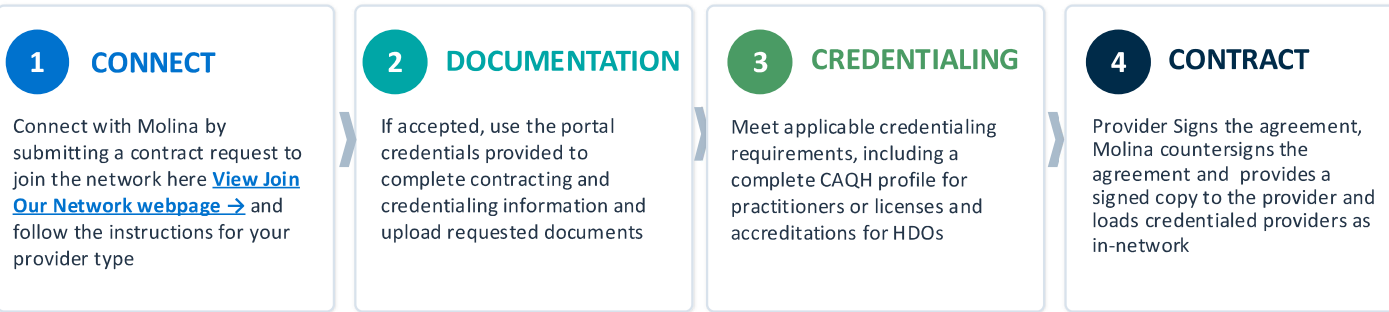
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Molina Contracting/Credentialing



How to Join Molina Healthcare of Florida's Network

! The Molina Provider Portal is a free tool for provider enrollment and credentialing; all network credentialing requests must be submitted electronically. Before you request to join the network for CMS Program participation, the provider must be enrolled in Florida Medicaid and have a valid, active Medicaid ID issued by AHCA



Key Functions:

- ✓ Adding practitioners to an existing group
- ✓ Submitting credentialing requests
- ✓ Tracking credentialing and participation status
- ✓ Providing additional or missing information for enrollment or credentialing
- ✓ Uploading provider rosters
- ✓ Adding new facility locations

Provider-type routing matters

- **Vision:** contracting may involve Molina and a vision vendor
- **Pharmacy:** contact the pharmacy benefits manager
- **Existing practices:** use the portal to add practitioners or upload a roster

Need Help?

Contact Provider Services:
(855) 322-4076

Contact your Provider Relations Representative
[Provider Relations Contact List](#)

Already Contracted? Update Your Information Online

Choose the path that matches your portal status

FIRST-TIME USER

Get your portal credentials

First time user of our new online provider portal?
Please click here to receive a username and password to update your information

[Click here to register →](#)

EXISTING USER

Sign in and make updates

Existing users of our online provider portal: Please click here to access our online provider portal to update your information

[Click here to sign in →](#)

What you can update online

- **Demographics:** address, phone, tax ID, or panel status updates
- **Practitioners:** add or terminate a provider, or upload a roster file
- **Locations:** add a new service site or specialty to your agreement

All other updates or Need Help?

- **Contact Provider Services: (855) 322-4076 or Contact your Provider Relations Representative**

[Provider Relations Contact List](#)

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Provider Landscape and Getting Started

Existing Providers

Existing Providers

- Existing Providers who already use HHAeXchange will continue to use their existing account. Existing providers will receive new member placements and new authorizations for CMS members.
- Providers who are new to Molina will see a new Molina contract. Molina will import member and authorization data into HHAeXchange. Once received you will receive a new member placements and authorizations under your new contract.

What you need to do

- If you use HHAeXchange but you're new to Molina Healthcare, **HHAeXchange will link you to Molina automatically.**
- Once your agency has been linked to Molina ensure you update your billing rates for your new contract.
- Once you receive your new member placement you will need to create new schedules or Master Weeks prior to starting service.

Existing Providers Do Not Need to Register for a New Portal

➤ New to HHAeXchange – Self-Registration

New to HHAeXchange?

If you provide services for Molina Healthcare and Children's Medical Services in Florida, but **do not** have an HHAeXchange Portal you will need to register for your new portal **today**.

You Need to:

1. Complete Self-Registration
2. Look out for your welcome e-mail with additional resources and instructions
3. Complete training through our HHAeXchange University Learning Management System (LMS)

Existing Providers Do Not Need to Register



* Indicates required field

This EVV provider registration should only be completed by one person from each provider organization. If you are an independent provider who works for yourself and has your own provider identifiers, you are the person to register. If you are an agency provider, only one person from the administrative staff of your organization needs to register your provider organization.

NOTE: Do not use any special characters in any field of this Self-Registration form. Special character examples include: #, \$, %, -, /, (,), +, =, etc. The "@" symbol may be used in email address fields.

Basic Information

PROVIDER ACCOUNT NAME *	PROVIDER DOING BUSINESS AS
APPROXIMATE # OF CLIENTS SERVED *	APPROXIMATE # OF CAREGIVERS/STAFF IN PROVIDER ORGANIZATION *

Provider Identifiers

EIN/TIN - 999999999

LOCATION NAME

Office 1

MEDICAID ID *	LOCATION PHONE NUMBER *
---------------	-------------------------

Does your office has a location specific EIN/TIN? *

☐ Yes ☐ No

Does your office has an NPI? *

☐ Yes ☐ No

+ Add Another Office

HHAeXchange EVV Self-Registration Portal © 2026 www.hhaexchange.com

[Register for a portal](#)



> New to HHAeXchange - Training

Training Resources

Prior to using HHAeXchange please ensure you sign up for HHAeXchange University and complete the **Sponsored Provider Core Training**.

Providers using another EVV system can find additional resources by visiting our **Third-Party EVV Integration Knowledge Base**



Sign up for HHAeXchange University

Already have an account? [Sign In](#)

First Name

First name

Last Name

Last name

Work Email

Work Email address

Password

Password

Password (Again)

Password (again)

State

Select the state associated with your organization.

Florida

Job Role

Please select the option that most closely aligns with your job role. Select "Other" if you c

Product Platform

Select the platform or product you are utilizing. If unsure, please consult your supervisor.

Sign Up

Resume

0 of 6 completed



HHAeXchange Provider - Milestone 1: Access HHAeXchange
This course will cover accessing and setting up your Portal.

Show Overview



HHAeXchange Provider - Milestone 2: Contracts
This course will cover contract management and Patient and authorization placement.

Show Overview



HHAeXchange Provider - Milestone 3: EVV Setup and Readiness
This course will cover setting up and managing schedules.

Show Overview



HHAeXchange Provider - Milestone 4: EVV Collection and Management
This course will cover using the Call Dashboard and how to resolve common EVV holds.

Show Overview

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Molina Provider Responsibilities



EVV Provider Responsibilities and Coordination

Home Health Agencies | Private Duty Nursing | Personal Care Services



Provider Responsibilities

✓ Verify before the visit

Confirm CMS Plan eligibility, the authorized service, units, and dates, and make sure the case is accepted in HHAeXchange.

✓ Capture EVV at the point of care

Deliver only the authorized service per the physician order and Plan of Care, and record the visit with an approved EVV method.

✓ Resolve, report, and bill

Correct exceptions close to real time, report missed visits promptly, and bill only for EVV-verified visits.



CMS PLAN CARE COORDINATION

✓ Know the assigned Care Manager

Every CMS Plan member has a Care Manager. Use the provider Care Management line for all coordination questions.

✓ Communicate and document

Report condition changes and missed shifts the same day, and document Plan of Care tasks at each visit.

✓ Stay ahead of authorizations

Request renewals at least 30 days before expiration, never self-authorize, and coordinate staffing and transitions.

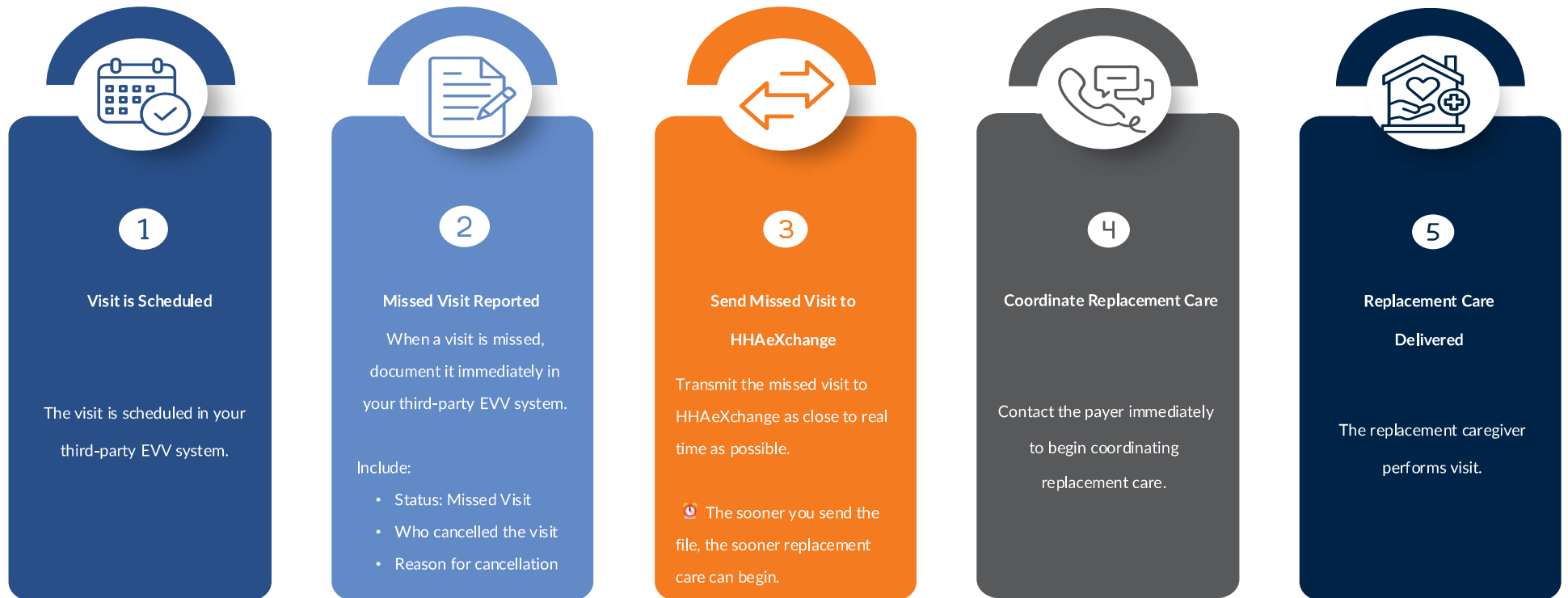
KEY TAKEAWAY | Deliver and verify the authorized service through EVV, and keep the Care Manager informed so authorization, staffing, and the Plan of Care stay aligned.



Missed Visit Reporting

Missed Visit Reporting

3rd Party EVV Providers



➤ Documenting Missed Visits

Missed Visits can only be documented by agency staff in HHAeXchange. Caregivers cannot document a visit as missed.

1. Locate the Visit on the member's calendar and update the status to Missed Visit.
2. Document the Reason and Action Taken.

Visit Information History

Scheduled Time
08:00 AM-09:00 AM

Bill Time In 04/11/2024 **Bill Time Out** 04/11/2024 [Link Call](#)

☒ Missed Visit

Prebiling Problem(s)
Incomplete Confirmation, Service Provider Compliance

Last Visit Maintenance Date

EVV Auto Confirm Flag
--

EVV Reason Code Number / Reason Code **Action Taken**

New Note

[Close](#) [Save](#)



AHCA COMPLIANCE
REQUIREMENT



**Documenting a
Missed Visit**

PDN Missed Visits Table

Visit Change	OPTION
Missed Visit Reason	1 - Provider Cancellation
Missed Visit Reason	2 - Provider No-Show
Missed Visit Reason	3 - Enrollee Cancellation
Missed Visit Reason	4 - Enrollee No-Show
Missed Visit Reason	5 - Scheduling Error due to Enrollee
Missed Visit Reason	6 - Scheduling Error due to Provider
Missed Visit Reason	7 - Service Authorization Issue
Missed Visit Reason	8 - Other (must include description in Comments section)
Missed Visit Reason	PDN ONLY Hours Refused by parent/guardian
Missed Visit Reason	PDN ONLY Hours Not Delivered Due to Hospitalization (or Inpatient)
Missed Visit Reason	PDN ONLY Hours Not Delivered Due to PPEC (Prescribed Pediatric Extended Care)
Missed Visit Reason	PDN ONLY Hours Not Delivered as Child's Condition Improved
Missed Visit Reason	PDN ONLY Hours Not Delivered as Child Moved Out of State
Missed Visit Reason	PDN ONLY Hours Not Delivered due to Duplicate Authorizations
Missed Visit Reason	PDN ONLY Hours Not Delivered as Child Lives in Rural or Remote Location
Missed Visit Reason	PDN ONLY Hours Not Delivered as Nurses Feel Mistreated
Missed Visit Reason	PDN ONLY Hours Not Delivered as Nurses Have Safety Concerns
Missed Visit Reason	PDN ONLY Hours not Delivered as Nurse Did Not Appear as Scheduled
Missed Visit Reason	PDN ONLY Hours Not Delivered as Preferred Provider was Not Available and Parent Declined Alternate Provider
Missed Visit Reason	PDN ONLY Hours Not Delivered as Child Passed Away
Missed Visit Reason	PDN ONLY Hours Not Delivered - Other



Third Party Provider Impact

➤ New Molina Specific Missed Visit Import

- Missed Visit reporting is an AHCA requirement. AHCA requires reporting of Missed Visits as close to real time as possible. Visits that are rescheduled, are still considered missed.
- EDI providers with Molina/CMS Plan will have a specific Missed Visit Import process based on the current V5 visit import process, with a slight change in the file naming convention.

Key Information

- A separate V5 import file specifically for reporting missed visits will be required.
 - The file format is the same, but the naming convention is unique.
 - This new file will be used only for reporting Missed Visits.
 - Vendor/providers must submit this file to HHAExchange as close to real time as possible once the Missed Visit is documented in the 3rd party system.
- The current V5 Visit import format for the Molina Missed visit Import streamlines implementation

MissedVisit_FL_AgencyTaxID_YYYYMMDDHHMMSS.CSV

➤ POC Impact on 3rd Party providers

Duties Pipe (|) separated list of the duties; for example: 016|021|023|027 Duty codes can be prefixed by an asterisk ("*") to indicate task was attempted but refused by Member. e.g. 016|*021|023

Field is not required for all Payer(s). Refer to the EDI Code Table Guide for your specific Payer(s).

- As part of the Molina POC reporting request, additional Duties are being added to HHAeXchange.
- 3rd Party Providers will need to work with their EVV Vendors to add any new duties in the V5 Visit Import process under the "Duties" field for their respective visit.

Missed Visit Reporting Readiness

- ✓ Missed visits must be documented as soon as identified
- ✓ If using a third party EVV Vendor, make sure EDI vendors transmit Missed visit file to HHAeXchange as close to real time as possible. Multiple files can be submitted the same day
- ✓ Rescheduled visits are still considered missed visits and require reporting
- ✓ Third-party EVV vendors must support Molina CMS Plan missed visit reporting by October 1, 2026
- ✓ Providers using EDI import will need a separate missed visit reporting file
- ✓ Providers should notify Molina early if their vendor will not be ready by go-live



Plan of Care

➤ Plan of Care (POC) “Duties” “Task”

- Starting 10/1/2026 Molina requests providers submit their POC reporting for all services

Plan of Care (POC) / Person-Centered Plans (PCP)

POCs PCPS

Add POC

POC Number	Start Date	Stop Date	POC Note	Shift	Created By	Created Date	Print	Actions	Delete
	12/10/2024	12/24/2024		All		12/10/2024			

New POC

Patient Name: Admission ID: Start Date * Required mm/dd/yyyy Stop Date mm/dd/yyyy

Shift: All Unscheduled Visit Service Code: Select one or more...

Notes

Limit to 8000 characters

Duties

Category	Task #	Duty	Minutes	As Needed	Times a Week (Min - Max)	Days Of Week	Instruction
Personal Care	100	Bath-Tub		☐		S S M T W T F	
Personal Care	101	Bath-Shower		☐		S S M T W T F	



Creating a
New POC



Adding POC
to Schedule

Plan of Care

Caregiver Documentation

8:28 Sprint
Visit Detail
Greg Baker
Plan of Care Tasks
100 - Bath-Tub
Refused Duty Reason: Select
103 - Patient requires
Other Tasks
101 - Bath-Shower
102 - Bath-Bed
106 - Mouth Care/Denture Care

5:35 Sprint
Visit Detail
John Butler
Skip Reasons
Patient Refused
Patient Unable to Sign
Prod test
Signature Skipped
Status review1
Cancel Save

Caregivers will document task performed at the time of clock out



Caregiver Mobile App
POC Documentation



Caregiver IVR POC
Documentation

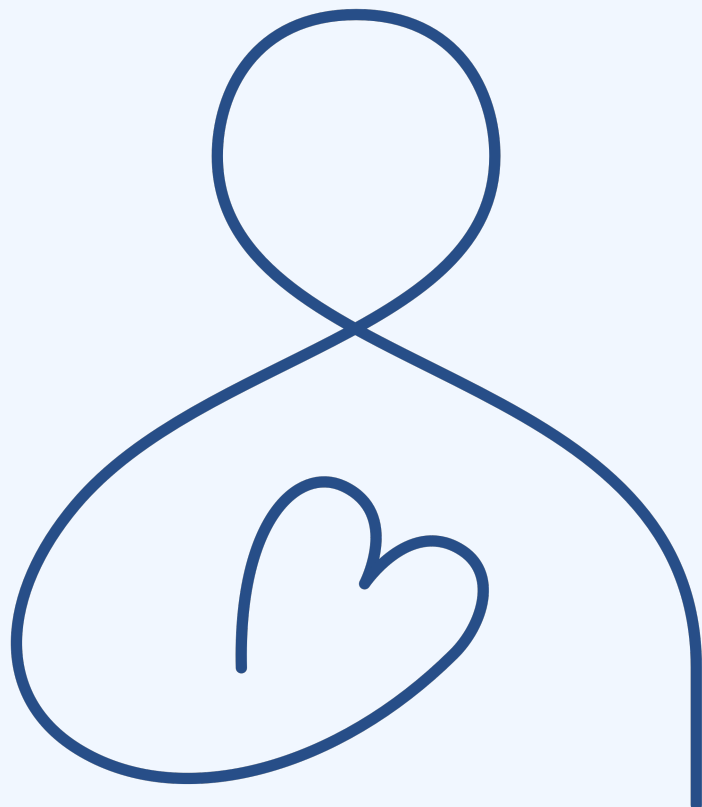


Provider Resources

Molina Contact List

Contact Molina Health for Program, Contracting & Operational Support	
Provider Relations Representatives	Please contact your Provider Relations Representative Provider Relations Contact List
Provider Services	(855) 322-4076
Care Management	MemberSupportCMSFL@molinahealthcare.com
Eligibility, UM & Member Services	Member Eligibility Verification / Utilization Management / Member Services (866) 472-4585
Molina CMS Plan Website	CMS Plan by Molina Providers
Join Our Network	Visit Join Our Network Submit a Contract Request Login to the Provider Network Management Portal





HHAeXchange Resources



Visit the **Provider Info Hub**
For the most update information and
resources on the CMS Transition



Visit the **Knowledge Base** training
material, how to videos and step by
step instructions



Support Portal

Or

1-855-400-4429

Please select Molina as the payer for support tickets and
indicate the ticket is related to the CMS go-live in your
description.

For questions related to the new Missed Visit EDI file, EDI
providers must open an EDI ticket. To direct a ticket to the
EDI Team please choose the following when creating the
ticket:

- Category - Data & Integration
- Subcategory – 3rd Party Vendor Integration Support