ForwardHealth UPDATE
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IMPLEMENTATION OF ELECTRONIC VISIT VERIFICATION FOR PERSONAL CARE AND SUPPORTIVE HOME CARE SERVICES

On November 2, 2020, the Wisconsin Department of Health Services (DHS) will begin implementing electronic visit verification (EVV) for Medicaid-covered personal care and supportive home care services that include personal care. The soft launch of EVV does not change or replace current requirements regarding the completion and retention of time sheets, record of care, or other documentation. After the hard launch, fee-for-service providers may choose at an agency level to capture the worker record of care within EVV. Providers should check with their HMO, managed care organization (MCO), or fiscal employer agency regarding documentation requirements.

This ForwardHealth Update provides information on the following for EVV:

- Overview
- Technology
- Verification and Validation of Data

AFFECTED PROGRAMS
BadgerCare Plus, Medicaid, Family Care, Family Care Partnership, IRIS, SSI HMOs, BadgerCare Plus HMOs

TO
Community Health Centers, Home Health Agencies, Personal Care Agencies, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Organizations

WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

A separate Update will be published with information related to EVV training.

Overview

What is EVV?

EVV is a system that uses technology to verify that authorized services are provided. Through EVV, a worker providing personal care services or supportive home care services sends visit data to an EVV vendor at the beginning and end of each visit using methods such as a mobile application, landline, or fixed device.

Workers using EVV enter information to record:
- Who receives the service.
- Who provides the service.
- What service is provided.
- Where the service is provided.
- The date of the service.
- The check in and check out times for the service.

> ❝ **Effective November 2, 2020, DHS is requiring EVV use for Medicaid-covered personal care and supportive home care services.**

Why is EVV being implemented?

The federal 21st Century Cures Act requires all states to implement EVV for Medicaid-covered personal care services by January 1, 2021, and home health services by January 1, 2023. The Centers for Medicare & Medicaid Services will penalize state programs if they do not implement EVV.

The federal government has cited the following benefits of implementing EVV:
- EVV ensures the health and welfare of individuals choosing to receive personal care or home health care services in their home or community by ensuring service delivery.
- EVV improves payment accuracy by using technology to match the data on claims with the data in service documentation.
- EVV reduces fraud and abuse by requiring verification of service delivery before claims are paid.

Implementation Input and Guiding Principles

Throughout the implementation process, DHS is working to gather input from stakeholders to implement EVV in a way that is least disruptive to members, participants, workers, provider agencies, and program payers. To this end, DHS has been meeting with stakeholder workgroups; surveying provider agencies; holding member, participant, worker, and association forums; and creating opportunities for public discussion and feedback.

With the implementation of EVV, DHS is committed to the following guiding principles:

- Maintaining service provision, including community integration
- Supporting provider selection
- Keeping the individual's choice of worker
- Ensuring needed care is delivered
- Ensuring data is secure and compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Which programs are affected?

The EVV requirement impacts all personal care services or supportive home care services provided through:

- Fee-for-service Medicaid and BadgerCare Plus (ForwardHealth card).
- BadgerCare Plus and Medicaid SSI HMOs.
- Family Care and Family Care Partnership.
- IRIS (Include, Respect, I Self-Direct).

What personal care services are impacted?

Once fully implemented, EVV use will be required for Medicaid-covered personal care and supportive home care services. Specifically, impacted services are those billed under the following Healthcare Common Procedure Coding System (HCPCS) procedure codes:

- Personal care services:
  - T1019 (Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR[1] or IMD, part of the individualized plan of treatment)
  - T1020 (Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment)
- Supportive home care services:
  - S5125 (Attendant care services; per 15 minutes)
  - S5126 (Attendant care services; per diem)

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1   ForwardHealth Updates reproduce Healthcare Common Procedure Coding System code descriptions exactly as they are printed, even when they include language that ForwardHealth no longer uses.

Note: In the IRIS program, EVV will be required for services provided under procedure codes S5125 and S5126 effective for dates of service (DOS) on and after January 1, 2021. This will be after the IRIS federal waiver application is renewed.

EVV is required for all personal care services and supportive home care services listed above (with the exception of some live-in workers; refer to the Live-in Workers section of this Update), regardless of whether there is a prior authorization or service authorization on file. Policy related to prior authorization or service authorization of personal care or supportive home care services is not changing. EVV does not replace prior authorization or service authorization.

When will EVV be implemented?

Soft Launch

Effective November 2, 2020, DHS is requiring EVV use for Medicaid-covered personal care and supportive home care services. Workers will be required to use EVV during this soft launch. To accommodate the learning curve during the soft launch period, DHS will not deny claims or disregard submitted encounters without EVV data.

The soft launch will be a time to cooperatively overcome any initial hurdles during the implementation, to help establish processes, and to troubleshoot any problems or barriers stakeholders are experiencing.

Hard Launch

The hard launch date of EVV implementation will be determined at a later time, and DHS will notify provider agencies and program payers once this date is known.

Fee-for-Service Hard Launch

After the hard launch, ForwardHealth will require fee-for-service personal care service claims to have a matching EVV record; if there is no matching EVV record, the claim will be denied.

HMO and Managed Care Organization Hard Launch

HMO and MCO encounters that do not have a matching EVV record for personal care services or supportive home care services may be excluded from future capitation rate development.

IRIS Hard Launch

IRIS policy regarding the hard launch will be provided at a later date.

Home Health

EVV will be required for Medicaid-covered home health services effective January 1, 2023. A separate Update will be issued for the implementation of EVV for home health services.

Technology

Department of Health Services EVV System

DHS's chosen EVV solution, offered through a vendor called Sandata, may be used by all DHS programs, provider agencies, and program payers. DHS will provide the Sandata EVV system's data collection functionality free of charge to providers and program payers. Provider agencies and program payers will **not** have to purchase an EVV system if they elect to use the DHS-provided EVV system.

The DHS EVV system is compliant with Section 12006 of the 21st Century Cures Act, as well as all state and federal privacy and security laws and requirements, including the Health Insurance Portability and Accountability Act of 1996. It also complies with the Americans with Disabilities Act. The chosen system is able to support multiple programs and services with different policies, procedures, and business rules.

Sandata will coordinate with DHS to ensure that Sandata has all the data linkages necessary for EVV transactions. The data in these linkages consist of information about members/participants, prior authorizations and service authorizations, provider agencies, and workers. All aspects of the system will be role-based to secure the data and protect the privacy of members, participants, and workers. DHS and Sandata will securely transfer data every calendar day.

DHS will also be using a Sandata technology that allows for integration of an alternate or third-party EVV system (that is, a system not provided by DHS) with the DHS EVV solution. Referred to by Sandata as an aggregator, it allows provider agencies and program payers that elect to use a third-party EVV system to use their alternate EVV system if it meets EVV and DHS requirements. For more information on the aggregator, refer to the Alternate EVV Systems section of this Update.

EVV Data Collection

Visit data can be collected using different types of technology. For the DHS EVV system, a worker will use one of three EVV technologies to collect information at the beginning and end of each visit:

- Mobile phone application (mobile visit verification [MVV]): This option allows the worker to record visits using a smart phone or tablet, even when no cellular, satellite, or other data services are available at the service location.
- Landline phone (telephonic visit verification [TVV]): This option allows the worker to record visits via a landline phone at the service location using a toll-free phone number.
- EVV digital device (fixed visit verification [FVV]): This option allows the worker to record visits with a small electronic device. The device, which is secured to a surface in the member or participant's home, provides a code that links the time and date the services are provided to the client and service location. The visit information is then submitted to the provider agency or program payer via a phone. FVV is the option of last resort and may only be requested if certain criteria are met. Refer to the Fixed Visit Verification section of this Update for more information.

Note: Alternate EVV systems may employ different data collection methods. Refer to the Alternate EVV Systems section of this Update for more information on alternate EVV.

Workers are required to use one of the EVV data collection technologies to check in at the beginning of each visit and check out at the end of each visit. Different data collection technologies can be used to check in and out of the same visit. For example, a worker checks in to a visit using MVV, but finds that their phone's battery has died by the end of the visit. The worker then checks out using TVV via the member's landline phone.

EVV creates a unique record for each visit a member or participant receives.

EVV collection technologies are available in multiple languages for both workers and members/participants.

Example Visit

During a normal visit for personal care services, a worker arrives at the place of service and checks in using one of the EVV technologies (MVV, TVV, or FVV).

" **Provider agencies and program payers will not have to purchase an EVV system if they elect to use the DHS-provided EVV system.**

Note: If immediate care is necessary, the worker should provide the care and check in after the member's immediate needs are met.

After checking in, the worker provides all required services. Then the worker checks out at the end of the visit using any of the EVV technologies and departs.

Visit Keys

When a visit is captured using EVV, an identifying number called a visit key is automatically generated by the DHS EVV system. The visit key is a unique number associated with each visit.

MCOs and IRIS fiscal employer agents (FEAs) are required to submit the visit key for each visit on an encounter sent by the MCO or IRIS FEA to DHS.

Fee-for-service Medicaid and BadgerCare Plus and BadgerCare Plus and Medicaid SSI HMOs are **not** required to submit a visit key with their claims/encounters.

Alternate EVV Systems

Provider agencies, Family Care FEAs, and IRIS FEAs may elect to use an alternate EVV system. The alternate EVV system must comply with the 21st Century Cures Act requirements, state and federal privacy and security regulations, and Health Insurance Portability and Accountability Act of 1996 requirements. In addition, provider agencies and program payers must have their alternate EVV system certified with Sandata before initiating use of the alternate EVV with DHS.

To use an alternate EVV system on the November 2, 2020, soft launch date, provider agencies will need to be certified by Sandata by November 2, 2020. If a provider agency chooses to implement an alternate EVV system at some point after the soft launch date, agencies should plan on a 45-day lead time to certify their alternate EVV system with Sandata.

To allow time for testing and error correction, alternate EVV vendors should submit initial test files to Sandata at least 45 days prior to when the agencies will begin to submit data. Once properly set up, Sandata will be able to receive information from alternate EVV in both batch and individual transactions.

Training information for use of Sandata's aggregator, a technology that integrates information from alternate EVV with the DHS EVV solution, will be published in the July 2020 ForwardHealth Update (2020-32), titled "Electronic Visit Verification Training for Personal Care Services and Supportive Home Care Services."

Additional information about alternate EVV system technical requirements and certification may be found on the Electronic Visit Verification (EVV): Alternate EVV page of the DHS website.

Verification and Validation of Data

Provider agencies and program payers will be responsible for ensuring EVV data is collected and verified prior to a claim or encounter being submitted. All visits must be in a verified status before Sandata sends the visit information to DHS.

> **Provider agencies and program payers will be responsible for ensuring EVV data is collected and verified prior to a claim or encounter being submitted.**

Services are considered verified by the DHS EVV system when all of the following information is captured:

- Who received the service
- Who provided the service
- What service was provided
- Where the service was provided
- The date of the service
- The check in and check out times of the service

To assist with data verification, provider agencies and program payers using DHS EVV will assign administrative users to the Sandata EVV portal. Administrative users will be able to make manual edits to add or modify visit data if information is missing or inaccurate. Refer to the Manual Time Entry and Corrections sections of this Update for more information.

Once the visit is verified, the provider agency or program payer can submit the claim or encounter. DHS then systematically matches claim or encounter data to EVV data to ensure that each personal care service has corresponding EVV data to support payment. This process is called validation.

Fee-for-Service

Provider agencies providing fee-for-service personal care services after EVV implementation will continue to submit claims as they do currently.

During both the soft and hard launch, the claims adjudication process will include validating EVV data against the claim. The following claim information must match the EVV data:

- Member ID
- Provider ID
- Service code

- DOS
- Billed units

Note: EVV does not change rounding policies. When calculating units from data collected using EVV, the EVV system will use the same rounding logic required for provider agencies per ForwardHealth policy. For example, for all services provided to a member on a particular day (regardless of the number of workers assisting the member) the time will be summed and rounded to the nearest unit for billing the DOS, using the unit table provided by ForwardHealth. Refer to the [Billing for Personal Care Services Provided](#) (#4823) and [Units of Service](#) (#2479) topics of the ForwardHealth Online Handbook for more information. As a reminder, the number of units billed for the week should not exceed the units/minutes of care provided or authorized for the week.

Note: Travel time for fee-for-service personal care services is not subject to EVV requirements; therefore, policy for travel time remains unchanged.

Fee-for-Service Soft Launch

For provider agencies billing fee-for-service Medicaid, ForwardHealth will use explanation of benefit messages when necessary to indicate EVV information that is missing, is inadequate, or does not meet the required matching criteria. Posting of the explanation of benefit messages will not result in a claim processing delay or denied payment during the soft launch, but it will allow the claim to continue to process through the normal claim adjudication process. Provider agencies should review the explanation of benefit messages for information on errors that need to be corrected.

Fee-for-Service Hard Launch

After the hard launch date, if a matching EVV record is not found on initial processing, ForwardHealth will suspend and recycle the claim for 24 hours in an attempt to find matching EVV data. If the system still does not find a matching EVV record, the denial will stand. Provider agencies may resubmit the claim at a later date when the EVV visit data is available.

HMOs

Provider agencies and program payers will need to check with the HMOs contracting with DHS regarding their specific timelines, processes, compliance requirements, and consequences for non-compliance.

During both the soft and hard launches, the following EVV data will be validated against HMO encounters:

- Member ID
- Provider ID
- Service code
- DOS
- Billed units

HMO Hard Launch

After the hard launch, personal care service costs related to encounter records that do not contain the required EVV information may be excluded from HMO capitation rate development.

Managed Care Organizations and IRIS Fiscal Employer Agents

Provider agencies and program payers will need to check with the MCOs and IRIS FEAs contracting with DHS regarding their specific timelines, processes, compliance requirements, and consequences for non-compliance.

> " EVV does not change where members/participants receive their personal care services or supportive home care services.

During both the soft and hard launches, the following EVV data will be validated against MCO and IRIS FEA encounters:

- Member/participant ID
- Provider ID
- Service code
- DOS
- Visit key

Note: EVV captures the same six data points for fee-for-service, MCO, and IRIS encounters. MCO and IRIS FEAs are responsible for validating the visit duration. DHS will only validate the duration for fee-for-service encounters.

Managed Care Organization Hard Launch

After the hard launch, personal care service and supportive home care service costs related to encounter records that do not contain the required EVV information may be excluded from MCO capitation rate development.

IRIS Fiscal Employer Agent Hard Launch

IRIS policy regarding the hard launch will be provided at a later date.

Manual Time Entry

All EVV services are required to have complete EVV data in order to be considered a verified visit. In the circumstance that a visit was not electronically captured at the time of the visit, such as with member or participant retroactive enrollment, the provider agency or FEA may manually enter the visit information. For DHS EVV, provider agencies or FEAs will enter this information using the Sandata EVV portal. Agencies utilizing an alternate EVV system should check with their vendor on how to manually capture a visit.

Manually entered visits should only be used when absolutely necessary. All manually entered visits will require an associated reason code and will be reviewed for compliance with policy. The provider agency must retain and maintain documentation on paper of the reason for the manual entry. The DHS Office of the Inspector General will be closely monitoring manually entered visits.

Corrections

In addition to manually entering visits, administrative users of DHS EVV may correct exceptions for valid EVV data. In the DHS-provided EVV, provider agencies will be able to identify exceptions that are preventing visit data from being validated and log in to the Sandata Provider Agency EVV portal to acknowledge or correct them.

All corrections to EVV visit information, including those made through an alternate EVV system, require an associated reason code to explain why the EVV data was created or changed. Corrections applied to the EVV data will be monitored by DHS. The provider agency must retain and maintain paper documentation of the reason for the correction, per the Centers for Medicare & Medicaid Services. The DHS Office of the Inspector General will be closely monitoring corrected exceptions for valid EVV data.

> **"The provider agency must retain and maintain paper documentation of the reason for the correction, per the Centers for Medicare & Medicaid Services.**

EVV Reporting

DHS-provided EVV includes provider agency access to the Sandata EVV portal, which provides dashboards and oversight reporting based on the user's organizational role.

Policy

Device Costs and Coverage

The DHS EVV system verifies authorized services through use of one of these Sandata technologies at the service location:

- MVV
- TVV
- FVV

DHS will provide access to the DHS EVV system free of charge. Hardware and services for submitting data to the DHS EVV system must be provided by the provider agency, worker, or member/participant, with the exception of the device used in FVV. Depending on the technology used, hardware and services may include:

- Mobile phones
- Tablets
- Cell service
- Wi-Fi
- Data use
- Landline phones
- Landline phone service

DHS recognizes that access to technology in the homes of members/participants varies across the state. The DHS EVV methods used to collect visit data do not require cell or Wi-Fi service at the time of service. The provider agency, worker, and member/participant can choose the technology that is best suited to the member/participant's needs and local conditions.

In some cases, the hardware and services may already be present at the service location. DHS encourages provider agencies to work on agreeable arrangements with workers and members/participants for use of these resources where available.

Provider agencies and program payers should consult with an attorney for specific labor law questions regarding employee use of resources.

Coverage of a device or internet service for EVV purposes is not reimbursable under any program.

Mobile Visit Verification

The preferred method of visit data collection is MVV, which is provided through the Sandata Mobile Connect (SMC) mobile application available on Android or iOS. This application collects data with or without an internet

connection at the time the service is provided. SMC will capture the required data and store the data until an internet or mobile connection is established. Once a connection is established, SMC will transmit the collected visit information.

SMC uses the GPS to capture location information only at the start and end of a visit.

Telephonic Visit Verification

Another option for visit data collection is TVV. TVV uses automatic number identification technology to collect visit location information. The member/participant's landline phone number is associated with the member/participant in the Sandata system. For this reason, a landline must be used to call in to the Sandata system. TVV will confirm the location of the landline in the same way the 911 system does.

Fixed Visit Verification

FVV uses a small electronic device that is mounted to a surface in the home and generates codes containing visit data. The generated codes must be used when the worker calls in at a later time to record the visit.

FVV devices are the data collection method of last resort. A device should only be requested by the provider agency or FEA if services are anticipated to be authorized for more than 60 days and all of the following criteria are met:

- The member/participant does not have a landline home phone.
- The worker does not have a smart phone or tablet device that would support SMC for MVV data collection.
- The member/participant does not have a smart phone or tablet device that would support SMC for MVV data collection.
- The member/participant has a smart phone or tablet, but it is not available for EVV purposes.

Provider agencies or FEAs may request a device through the Sandata EVV portal. The agency will be required to attest that the situation meets the above criteria and that the device will remain in the home of the member.

Devices will be sent directly to the member or participant's home address with instructions for the member/participant and the worker. The device must be affixed to a surface within the member/participant's home. One device is needed per member/participant, per provider agency.

> **"The preferred method of visit data collection is MVV, which is provided through the Sandata Mobile Connect (SMC) mobile application available on Android or iOS.**

The following FVV criteria may also apply:

- If a member/participant is receiving EVV services from more than one provider agency, the member/participant will need a device for each provider agency.
- If a member/participant changes provider agencies, a new device must be requested for the new member/participant and provider agency combination.
- If the member/participant moves to a new home, the member/participant should take the device to the new home if they will not be changing their provider agency or FEA.

Devices must be returned to DHS if the worker has access to another EVV method, the member is no longer authorized to receive services, or the provider agency is no longer authorized to provide the services. To return the device, the provider agency or FEA should contact Wisconsin EVV Customer Care. Customer Care will send a return package directly to the member's home.

DHS will monitor the usage of devices. If the device is not used for six months, DHS will request the return of the device.

If a device is lost, stolen, or damaged, the provider agency or FEA should contact Wisconsin EVV Customer Care to request a new device. A replacement device will be issued from Sandata. Until the replacement device is received, the provider agency will need to manually enter the EVV data and keep paper records that support the need for manual entry.

The DHS Office of Inspector General will be closely monitoring the use of devices. More information is available on the DHS Electronic Visit Verification (EVV) webpage.

Services Provided in the Community
EVV does not change where members/participants receive their personal care services or supportive home care services. Regardless of whether the services are provided in the home or in the community, DHS requires workers to check in at the beginning of their shift and check out at the end of their shift using one of the approved EVV data collection methods.
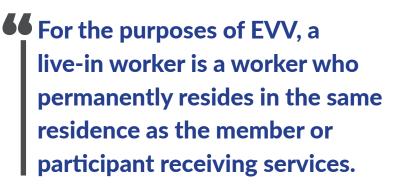
Live-in Workers
Because of the unique situations of their work, live-in workers are not required by DHS to use EVV. However, MCOs, HMOs, and provider agencies may independently decide, based on business needs, if live-in workers are required

to use EVV. During soft launch, fee-for-service claims for live-in workers may receive EOB messages stating that EVV information is missing; these messages for claims for live-in workers may be disregarded and will not be sent after hard launch.

Note: IRIS FEAs cannot require participant-hired live-in workers to use EVV.

For the purposes of EVV, a live-in worker is a worker who permanently resides in the same residence as the member or participant receiving services. Permanent residency is determined by the worker being able to produce one of the following documents that shows the worker's name and current residential address:

- Current and valid State of Wisconsin driver's license or state ID card
- Other official ID card or license issued by a Wisconsin governmental body or unit
- Real estate tax bill or receipt for the current year
- Residential lease
- Check or other document issued by a unit of government

> **For the purposes of EVV, a live-in worker is a worker who permanently resides in the same residence as the member or participant receiving services.**

If none of the above documents are available, the worker may instead produce **two** of the following types of documents that show the worker's name and current residential address:

- Current gas, electric, or phone service statement
- Bank statement
- Paycheck or paystub

Note: Live-in worker status must be established between each member/participant and worker. When a worker provides services to more than one member with whom they permanently reside, live-in worker status must be validated for each member.

Workers who do not meet this definition are not considered live-in workers.

For example:

- Workers who live with the member or participant receiving services for only a short period of time, such as two weeks, are not considered live-in workers.
- Workers who work 24-hour shifts but are not residing with the member or participant on a permanent basis are not considered live-in workers.

Visits Lasting Longer Than 24 Hours

When providing continuous services lasting more than 24 hours, workers are required to check out and check back in again at least once every 24 hours.

Note: The DHS EVV system will automatically check out a worker after 25 hours. For this reason, visits that last longer than 25 continuous hours will require a worker to check in again to continue the visit.

Alternate EVV systems may not be subject to these limitations.

Family Care, Family Care Partnership, IRIS

When billing services provided under Family Care, Family Care Partnership, and IRIS, each DOS should be associated with the specific visit key.

Visits With Multiple Dates of Service

For services provided when a single visit has more than one DOS (for example, a visit starting Monday at 8 p.m. and ending Tuesday at 4 a.m.), workers using EVV should check in and check out at the beginning and end of a shift as they normally would.

BadgerCare Plus and Medicaid Fee-for-Service and HMO

For services provided to BadgerCare Plus or Medicaid members, the claim could be billed as a date span, or both dates could be billed on separate details on the claim. Per current policy, span dates may only be billed when the same services are provided for the same amount of time for each DOS. The procedure or revenue code, modifier, and units billed must be the same for each date included in the span.

Family Care, Family Care Partnership, IRIS

For services provided under Family Care, Family Care Partnership, or IRIS, both DOS will need to be identified as separate details on the encounter. For MCOs and IRIS FEAs, the encounter must be associated to a specific visit key.

Group Visits

Group visits allow a single worker to provide services in a group setting to multiple individuals without having to check in and check out multiple times. A worker may capture a visit as a group visit when all of the following are true:

- The worker is providing services to multiple individuals in a single visit.
- The individuals are at the same location.
- The individuals have the same program payer.

To capture the EVV data for a group visit, workers will check in using either SMC or TVV (FVV does not support group visits) and enter the Medicaid ID of each member or participant who receives services. If there are multiple workers in this scenario, each worker should check in and check out, establishing their own group visit.

Note: If there are multiple workers providing services to a single member at the same time, each worker should check in and check out for their shift. This is not considered a group visit.

Billing for Time Worked

For ease of use, DHS is allowing workers to check in to a personal care or supportive home care visit when they arrive, and check out just prior to leaving. During the time of the visit, however, the worker may take a break or may perform services outside the scope of the personal care or supportive home care services being billed, which are noncovered. The provider agency must only bill for the time spent providing covered personal care or supportive home care services.

For example, if a worker checked in at 9 a.m. and checked out at 1 p.m., but during that time took a half-hour lunch break, the units/minutes billed must only include the time spent directly providing services.

Note: Provider agencies may require workers to check in and check out during the time they are not providing an EVV service.

Combo Code for IRIS Participant-Hired Workers

Workers may indicate a combo code when delivering both self-directed personal care and supportive home care services to IRIS participants. The combo code may be used when all of the following are true:
- Both self-directed personal care and supportive home care services are being provided in a single visit.
- The participant-hired worker is using the DHS EVV system.
- The visit is authorized under a single FEA.

The combo code should be used for service codes S5125 and T1019 when providing personal care and supportive home care services. The combo code is only for use by DHS EVV and is not used for billing.

If personal care and supportive home care services are authorized by separate provider agencies or under separate programs (that is, IRIS and fee-for-service Medicaid), workers are not allowed to use the combo code. Instead, they are required to check in and check out for each authorizing agency.

If the worker is using an alternate EVV system, the worker should follow the guidelines provided by their FEA for these visits.

Provider Agency and Worker Identification

In order for EVV visit information to be correctly associated to claims and encounters, as mandated by the 21st Century Cures Act, DHS requires all provider agencies and workers to have a unique ID number. A unique ID number will be required of all provider agencies and workers, regardless of the EVV system used.

The process for acquiring this ID number differs for Medicaid-enrolled agencies, non-Medicaid enrolled agencies, and workers.

Medicaid-Enrolled Provider Agencies

Medicaid-enrolled personal care provider agencies will use their Medicaid ID for EVV. Although Medicaid-enrolled provider agencies need not take further action for their business to be identified for EVV, they will need to identify their workers. Refer to the Worker Identification Process section of this Update for more information.

Note: In-state and out-of-state provider agencies must continue to be enrolled through either the Medicaid/Border Status Provider Enrollment or the Medicaid In-State Emergency/Out-of-State Enrollment applications on the ForwardHealth Portal.

Non-Medicaid-Enrolled Provider Agencies

Provider agencies that are not required to be Medicaid enrolled as part of their normal delivery of services to members or participants, such as supportive home care agencies, will need to request a provider agency ID number through the ForwardHealth Portal. The process for obtaining a provider agency ID will be available for use beginning July 20, 2020.

To generate an ID, non-Medicaid-enrolled provider agencies will need to complete a two-step process.

Step One: Enter Provider Agency Information on the ForwardHealth Portal

Under the enrollment section of the ForwardHealth Portal, provider agencies will click **New Provider Agency Identification Process** and submit the following information:
- Name of the agency
- Mailing address

- Phone number and email of a contact within the agency
- Tax ID information

Once this information has been submitted, a provider agency record will be created within the DHS system. The provider agency ID is generated in real time and will display for the applicant once they have finished submitting their information. In addition to the provider agency ID, a summary of the request will be displayed. The applicant may then print or save the request.

Every night, DHS will send new and updated provider agency data files to Sandata. The provider agency data will be included in the DHS EVV system the next day.

Step Two: Set Up a Secure ForwardHealth Portal Account

Following assignment of the provider agency ID, DHS will send a PIN letter to the non-Medicaid-enrolled provider agency. The PIN letter should arrive within 10 calendar days. With the information included in the PIN letter, the provider agency will be able to set up a secure ForwardHealth Portal account. A secure ForwardHealth Portal account is required for agencies to maintain demographic information, request worker IDs, and maintain worker information.

Provider agencies should refer to the Electronic Visit Verification Portal Functionality User Guide and relevant chapters of the ForwardHealth Provider Portal Account User Guide for instructions on this process.

Worker Identification Process

Worker Identification

All provider agencies will be required to obtain a unique worker ID number for each of their workers who use EVV. The process for requesting worker IDs will be available for use beginning September 15, 2020.

The worker ID enables workers to use the EVV technology to capture EVV data and be associated to one or more provider agencies within the DHS system. DHS requires this ID number to be created to protect workers' Social Security numbers from being shared unnecessarily with the EVV vendor Sandata, and uses the worker ID to ensure only authorized workers are allowed to access EVV to create visits.

All provider agencies (both Medicaid-enrolled and non-Medicaid-enrolled provider agencies) using EVV are required to associate or disassociate workers to their agency through the secure ForwardHealth Portal. Agencies will also be

able to search for existing workers who already have an ID number assigned in order to maintain their information using the Maintain Worker Association panel. It is the responsibility of each provider agency to use the secure ForwardHealth Portal to maintain an accurate and complete list of workers who provide EVV services to members and participants.

The provider agency may use the secure ForwardHealth Portal to request an individual worker ID number, or they may submit a request for one or more worker ID numbers by uploading an Excel spreadsheet. To request a single worker ID, the agency must log in to the ForwardHealth Portal and navigate to the Add Worker link on the secure Provider page. Provider agencies will then submit the following information about each worker:

- Legal first and last name
- Date of birth (not shared with Sandata)
- Social Security number (not shared with Sandata)
- Email
- Gender (optional)
- Start date (optional)

To upload an Excel spreadsheet for obtaining one or more worker IDs, the provider agency must log in to the ForwardHealth Portal and click the Upload Worker File on the secure Provider page. The page contains a link to an Excel template that contains the same information as listed above for each worker. Providers must upload this spreadsheet.

Once the system processes the request and assigns the worker ID(s), the agency has the option to print or save the request summary and worker ID(s). Each worker ID will automatically be associated with the agency that submitted the request.

> **All provider agencies will be required to obtain a unique worker ID number for each of their workers who use EVV. The process for requesting worker IDs will be available for use beginning September 15, 2020.**

Within 24 hours after the worker ID has been generated, the DHS system will transmit the worker information file to Sandata. Sandata will send an email to the worker using the email address submitted by the agency. This email will provide instructions for the worker to set up their SMC application.

Associating and Maintaining Existing Workers

The DHS EVV system allows workers to be associated with one or more provider agencies that are part of multiple payer networks and delivery systems. Provider agencies will be able to associate workers who have an

established worker ID as an employee of their agency and maintain worker information using the secure ForwardHealth Portal.

To associate a worker with an existing worker ID, a provider agency can search using the worker information listed in the Worker Identification section of this Update. Once found, the agency can associate the worker to their agency by entering a start date.

Once a worker's record is added to the secure ForwardHealth Portal, a provider agency may only change an existing worker's email address and end date. If other changes are needed, the agency should contact Wisconsin EVV Customer Care.

> **The DHS EVV system allows workers to be associated with one or more provider agencies that are part of multiple payer networks and delivery systems.**

Disassociating Workers

When a worker no longer works for an agency, the worker should be disassociated from that agency. To disassociate the worker, the provider agency will log in to the ForwardHealth Portal and navigate to the Maintain Worker Association Panel. The provider agency will search for the worker and enter the worker's end date. The ForwardHealth Portal will automatically update the worker's record. This process will not impact the association that the worker may have with any other provider agency.

Resources

Wisconsin EVV Customer Care

DHS has developed a new call center devoted solely to supporting EVV. Effective immediately, provider agencies, program administrators, program payers, members/participants, and workers may receive support from this new contact center, known as Wisconsin EVV Customer Care. This new call center should be used for all EVV questions and concerns. Provider Services and Member Services call centers will **not** be supporting EVV.

Wisconsin EVV Customer Care will manage all EVV-related program and technical calls, including those related to implementation and ongoing operations.

Wisconsin EVV Customer Care: 833-931-2035

Until September 11, 2020, Monday–Friday 8 a.m. to 6 p.m., CT

On and after September 14, 2020, Monday–Friday, 7 a.m. to 6 p.m., CT

Email support: VDXC.ContactEVV@wisconsin.gov

EVV Resources

EVV webpage: https://www.dhs.wisconsin.gov/evv/index.htm

EVV FAQs: https://www.dhs.wisconsin.gov/evv/faq.htm

ForwardHealth Portal: https://www.forwardhealth.wi.gov

Portal User Guide: ForwardHealth Provider Portal Account User Guide

EVV User Guide: Electronic Visit Verification Portal Functionality User Guide

Training resources: https://www.dhs.wisconsin.gov/evv/training.htm

ATTACHMENT
Electronic Visit Verification
Glossary of Terms

Administrative users: Administrative users of the Sandata electronic visit verification (EVV) portal are assigned staff from a provider agency that may view visits, address exceptions, edit information, and view reports. Return

Aggregator: A technology provided by Sandata that integrates information from alternate or third-party EVV systems with the Wisconsin Department of Health (DHS) EVV solution. Program payers are able to view all EVV data relevant to their provider agencies in the aggregator. Return

Alternate EVV: Any EVV system that is not provided by Department of Health Services. Return

Associate: The process of connecting a worker to a provider agency. Return

Disassociate: The process of removing the connection between a worker and a provider agency. Return

Exception: If a worker fails to enter all required data for a visit (for example, forgets to check in or check out), the EVV system automatically creates an exception and flags the visit as incomplete. Return

ForwardHealth: Umbrella term for many of the health care and nutritional assistance benefit programs administered by the Department of Health Services, such as BadgerCare Plus and Wisconsin Medicaid. The goal of ForwardHealth is to improve health outcomes for members and create efficiencies for providers. Return

ForwardHealth Portal: Web-based tool that allows provider agencies to obtain provider agency IDs (for those agencies that are not Medicaid-enrolled) and worker IDs. The ForwardHealth Portal also allows agencies to update agency demographic information and maintain worker information. Return

Hard launch: An implementation date during which EVV data continues to be required to be captured for the indicated services and programs. During this period, missing or incorrect EVV information may result in denied claims and encounters that may not be included in rate setting. Return

Provider agency ID: A number used to identify the agency in the EVV system. For Medicaid-enrolled agencies, this number is the agency's Medicaid ID. For non-Medicaid enrolled agencies, this number needs to be assigned through the ForwardHealth Portal. Return

Sandata: The vendor supplying the EVV solution for the Department of Health Services. Return

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Sandata EVV portal: Sandata's web-based administrative tool for provider agencies and program payers to monitor and manage all EVV activity within their organization. Authorized users can view visits, address exceptions, and correct information to ensure each visit has been properly verified. Return

Soft launch: An implementation period during which EVV is required to be used for the indicated services and programs. During this period, missing EVV data will not result in denied claims, and encounters will continue to be included in future rate setting. Return

Validation: The systematic matching of claim data to EVV data to ensure that each personal care service has corresponding EVV data to support payment. Return

Verified: A visit that contains all information required by the 21st Century Cures Act and has all visit exceptions addressed is considered verified. Return

Visit key: A unique number that is assigned by Sandata to each visit. Return

Worker ID: A number assigned through the secure ForwardHealth Portal used to identify the worker for the EVV system. Return

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