

ForwardHealth **UPDATE**

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ELECTRONIC VISIT VERIFICATION PRIOR AUTHORIZATION PROCEDURE FOR LIVE-IN WORKERS

On November 2, 2020, the Wisconsin Department of Health Services began requiring electronic visit verification (EVV) for Medicaid-covered personal care and supportive home care services that include personal care.

Live-In Workers

Because of their unique circumstances, live-in workers are not required by the Department of Health Services to use EVV. However, all workers are required to be identified and verified by their provider agency with all prior authorization (PA) submissions.

Note: Although the Department of Health Services does not require EVV use for these workers, HMOs, managed care organizations, and provider agencies may independently require live-in workers to use EVV. IRIS (Include, Respect, I Self-Direct) fiscal employer agents cannot require participant-hired live-in workers to use EVV.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Home Health Agencies, Personal Care Agencies, HMOs and Other Managed Care Programs

RESOURCES

- Wisconsin EVV Customer Care: 833-931-2035
- Email support: VDXC.ContactEVV@wisconsin.gov
- Department of Health Services EVV webpage: <https://www.dhs.wisconsin.gov/evv/index.htm>

The information provided in this ForwardHealth Update is published in accordance with Section 12006(a) of the federal 21st Century Cures Act.

Live-In Worker Definition

For the purposes of EVV, a live-in worker is a worker who meets one of the following requirements:

- The worker permanently resides in the same residence as the member or participant receiving services.
- The worker permanently resides in a two-residence dwelling (such as a duplex) where the member or participant receiving services lives in the other half of the dwelling **and** is a relative of the member or participant receiving services. A relative is defined as a person related, to any extent, by blood, adoption, or marriage, to the member or participant.

Workers who do not meet the definition described above 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.

Permanent Residency

Permanent residency is determined by the worker being able to produce documentation that shows the worker's name and current residential address and demonstrates that they meet one of the definitions of a live-in worker (that is, that they permanently reside with the member/participant or they permanently reside in a two-residence dwelling with the member/participant and are a relative).

“Live-in worker status must be established between each member/participant and worker. For fee-for-service, this will be done during the provider PA submission. HMO, managed care organizations, and IRIS providers should follow policies for those payers.”

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The worker may use the documentation from either column of the following table.

PERMANENT RESIDENCY DOCUMENTATION	
<p>One of the following:</p> <ul style="list-style-type: none"> • Current and valid State of Wisconsin driver’s license or state ID card • Other current 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 for the current year • Check or other document issued by a unit of government within the last three months 	<p>Two types of the following:</p> <ul style="list-style-type: none"> • Current gas, electric, or phone service statement • Current or past month’s bank statement • Current or past month’s paycheck or paystub

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

Permanent residency documentation for live-in workers who bill fee-for-service is sent in with the Electronic Visit Verification Live-in Worker Identification form, F-02717 (01/2021). This form may also be used by HMOs, managed care organizations, and IRIS provider agencies if they do not require EVV for live-in workers. Completed forms must be retained by the provider agency or the program payer according to program document retention requirements. IRIS participants should use the form provided by their fiscal employer agency during onboarding and annual plan review to identify live-in participant-hired workers. IRIS provider agencies must notify the IRIS consultant of any live-in worker situations.

Fee-for-Service Prior Authorization

KX Modifier

Provider agencies may decide their live-in workers do not need to use EVV. They can avoid fee-for-service claim denials for live-in workers by ensuring

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the personal care PA on file has identified a live-in worker. Live-in workers are identified on the PA with a KX modifier. PAs for members/participants with live-in workers will be approved with two line-items:

- One with the KX modifier to accommodate services provided by a live-in worker
- One without the KX modifier to accommodate services that may be provided by a non-live-in worker

The total number of approved units can be used for either a live-in worker or non-live-in worker.

“Live-in workers are identified on the PA with a KX modifier.”

New Prior Authorizations

Effective on February 1, 2021, provider agencies must submit an Electronic Visit Verification Live-In Worker Identification form, with supporting documentation, when they submit their fee-for-service PA request for live-in workers who will not be required to use EVV. Refer to the [Live-in Workers](#) topic (#21777) of the ForwardHealth Online Handbook for live-in worker criteria. The Electronic Visit Verification Live-In Worker Identification form can be found on the ForwardHealth [forms page](#) and must be used to meet the annual residency verification requirement.

Existing Prior Authorizations

Effective April 1, 2021, an amended PA must be on file with ForwardHealth. Providers are required to submit an amendment to existing fee-for-service PAs for services provided by live-in workers who will not be using EVV. A completed Electronic Visit Verification Live-In Worker Identification form and supporting documentation must accompany the PA amendment.

Live-In Worker Claims Submission

Once a PA is on file with an identified live-in worker, fee-for-service claims for services provided by a live-in worker must include the KX modifier.

If the PA on file does not identify a live-in worker, claims with a KX modifier indicating a live-in worker will not match the authorization and will be denied.

Provider agencies should use the KX modifier to identify services provided by a live-in worker. Claims with the KX modifier will not require EVV.

Conversely, provider agencies should submit claims for services provided by a non-live-in worker without the KX modifier. Claims without the KX modifier will require EVV.

CALL TO ACTION

By April 1, 2021, providers are required to submit an amendment to existing fee-for-service PAs for services provided by live-in workers who will not be using EVV.

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Documentation Retention

Providers are reminded that they must follow documentation retention requirements, per Wis. Admin. Code § [DHS 106.02\(9\)](#). Information about those requirements are explained in the following Online Handbook topics:

- [Financial Records](#) topic (#201)
- [Medical Records](#) topic (#202)
- [Preparation and Maintenance of Records](#) topic (#203)
- [Record Retention](#) topic (#204)
- [Availability of Records to Authorized Personnel](#) topic (#1640)

Providers are required to produce or submit documentation to ForwardHealth upon request. ForwardHealth may deny or recoup payment for services that fail to meet this requirement. Refusal to produce documentation may result in sanctions including, but not limited to, termination from the Medicaid program.

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This Update was issued on 01/27/2021, and information contained in this Update was incorporated into the Online Handbook on 02/01/2021.

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.