

ForwardHealth **UPDATE**

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ELECTRONIC VISIT VERIFICATION POLICY AND HARD LAUNCH TIMELINE

For dates of service on and after **January 1, 2022**, the Wisconsin Department of Health Services (DHS) will begin imposing consequences when electronic visit verification (EVV) data is not captured for required services. Required services include those covered by the following service codes:

- T1019 (Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR 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)
- S5125 (Attendant care services; per 15 minutes)
- S5126 (Attendant care services; per diem)

Consequences for not using EVV include claim denial, exclusion from future capitation rate setting development, and possible IRIS (Include, Respect, I Self-Direct) participant disenrollment. The beginning of these

AFFECTED PROGRAMS

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

TO

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

QUICK LINKS

- [ForwardHealth Online Handbook for Personal Care](#)
- [DHS EVV webpage](#)

The information provided in this ForwardHealth Update is published in accordance with the 21st Century Cures Act.

consequences is known as **hard launch**. Hard launch is required by the federal Centers for Medicare & Medicaid Services.

Background

EVV has been required since November 2, 2020, when DHS implemented the soft launch phase of EVV for Medicaid-covered personal care and certain supportive home care services. This implementation avoided financial penalties related to federal Medicaid matching funds.

During soft launch, there have been no consequences for submitting claims or encounters without EVV data. This transitional period was offered to provide adequate time for provider agencies to ensure a smooth system implementation, to allow workers to adapt to the use of EVV, and for all stakeholders to ensure minimal disruption in member care.

During soft launch, provider agencies should have completed the following:

- Attended required trainings
- Logged in to the ForwardHealth Portal
- Identified and associated workers in the ForwardHealth Portal
- Trained workers
- Accessed Sandata's EVV Portal (or that of an alternate EVV vendor, if applicable) to establish administrators
- Required workers to use EVV for each personal care or applicable supportive home care visit
- Confirmed that all visits are in a verified status—that is, that they include the six data elements required by the 21st Century Cures Act:
 - 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



Provider agencies who have not engaged in these steps during soft launch are out of compliance with the requirement to use EVV. They risk not being prepared for hard launch, when claims will be denied.

Transitioning Service Authorizations Prior to Hard Launch

Beginning on September 1, 2021, HMOs, managed care organizations (MCOs), and DHS (for members receiving fee-for-service services) may reach out to members whose provider agencies are not using EVV consistently to offer

RESOURCES

Provider agencies are encouraged to make full use of the following resources:

- The [DHS EVV home webpage](#) is the best launching point for provider agencies getting started with EVV. This page includes general information as well as links to other important pages.
- Training materials and information on how to set up EVV systems can be found on the [Training](#) tab of the DHS EVV webpage.
- Provider agencies using an alternate EVV vendor should refer to the [Alternate EVV](#) tab of the DHS EVV webpage.
- Resources (including policy updates, newsletters, podcasts, handouts, and forum recordings) and FAQs are collected on the [Resources and FAQs](#) tab of the DHS EVV webpage.

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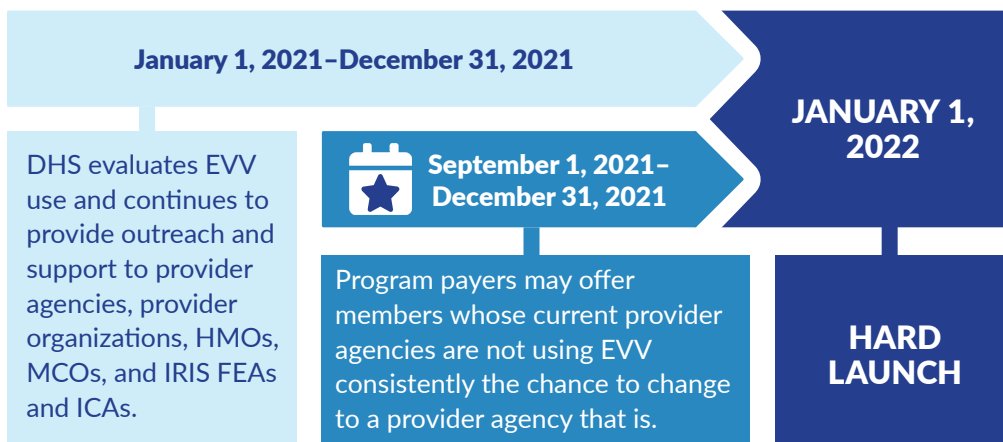
members the opportunity to switch to a provider agency who is using EVV consistently. Provider agencies not using EVV may not be reimbursed after hard launch, causing financial difficulties or sudden discontinuation of service. Therefore, offering members a choice helps ensure minimal interruptions in care.

Hard Launch Timeline

The January 1, 2022, hard launch date was chosen after careful consideration of several factors including:

- The ongoing COVID-19 public health emergency and its impact on providers
- The availability of appropriate support for provider agencies and workers who are implementing EVV into their day-to-day business practices
- Provider agency hesitancy to use EVV in the absence of financial impact on claims, both in Wisconsin and in other states that have implemented EVV
- Sufficient time for DHS to work with vendors to resolve technical issues encountered during soft launch

DHS has set milestones leading up to hard launch to ensure that members and participants experience minimal disruptions in care and that provider agencies, workers, participants, and members are well prepared for the transition.



Fee-for-Service Medicaid and BadgerCare Plus (ForwardHealth Card) Hard Launch Policy

Beginning January 1, 2022, fee-for-service Medicaid and BadgerCare Plus claim details without required verified EVV data will be denied. Detail units billed exceeding the verified EVV visit units available will also be denied.

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BadgerCare Plus and Medicaid SSI HMOs, Family Care, and Family Care Partnership Hard Launch

HMOs and MCOs have the authority to deny provider claims with missing EVV data. Per HMO and MCO contracts with DHS, HMOs and MCOs manage provider agency claims and payments. Provider agencies should contact their HMO or MCO for more details about their payer's EVV payment policy.

Additionally, personal care and applicable supportive home care HMO and MCO encounters submitted to DHS without matching EVV data may be excluded from future capitation rate setting development.

IRIS Hard Launch

IRIS is a fully self-directed program. Participants, as the employer of record, have a responsibility to ensure participant-hired workers are using EVV as required in order to remain enrolled in the IRIS program. Refer to [IRIS Electronic Visit Verification Policy](#), P-03053 (07/2021), for details on the process that will be used to assist participants in this responsibility.

Fiscal employment agencies (FEAs) will pay participant-hired workers' claims in a timely manner and work with participants and participant-hired workers to resolve missing or inaccurate EVV data prior to submitting encounters to DHS.

Provider agencies are expected to correct EVV exceptions and enter manual visits prior to sending claims to the FEA. FEAs will deny provider agency claims without corresponding EVV data.

Alternate EVV Policy

Provider agencies choosing to use an alternate EVV system are not exempt from the consequences of hard launch on January 1, 2022. All alternate EVV systems must be certified with Sandata prior to use. If an alternate EVV system will not be fully certified with Sandata before hard launch on January 1, 2022, the Sandata EVV system must be used to ensure no interruption in payments. Provider agencies will not be exempt from using EVV while going through the certification process with Sandata. Provider agencies can only use one system (either the Sandata EVV system or an alternate EVV system) at a time. Provider agencies may switch from using the Sandata EVV system to their alternate EVV system when they are ready.

“ If an alternate EVV system will not be fully certified with Sandata before hard launch on January 1, 2022, the Sandata EVV system must be used to ensure no interruption in payments.

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For guidance on how to get an alternate EVV vendor certified or the Sandata aggregator (which connects alternate EVV providers to DHS), refer to the [DHS Alternate EVV webpage](#).

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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/.