This Update has been revised since its original publication to remove the hard launch date. The revision appears in red text on page 1.

AUGUST 2021 | NO. 2021-26

ForwardHealth UPDATE

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ELECTRONIC VISIT VERIFICATION HARD LAUNCH PREPARATION

To prepare provider agencies for the ~~January 1, 2022,~~ hard launch of electronic visit verification (EVV), the Wisconsin Department of Health Services (DHS) is issuing guidance and reminders relevant to EVV. Hard launch is when provider agencies and IRIS participants may begin experiencing consequences when EVV data is not captured for required services. These consequences may include claim detail denial, exclusion from future capitation rate setting development, and possible IRIS (Include, Respect, I Self-Direct) participant disenrollment.

For policy details on the EVV hard launch, provider agencies and workers may refer to the July 2021 ForwardHealth Update (2021-23), titled "Electronic Visit Verification Policy and Hard Launch Timeline."

Electronic Visit Verification and Documentation

EVV does not change or replace current fee-for-service requirements regarding the completion and retention of documentation. Provider agencies should check with their HMO, managed care organization (MCO), or IRIS (Include, Respect, I Self Direct) fiscal employer agency (FEA) regarding documentation requirements.

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

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WISCONSIN DEPARTMENT of HEALTH SERVICES

Record of Care

After hard launch, fee-for service provider agencies may choose to use their EVV system, including alternate EVV systems, to capture all elements of the worker record of care.

Capturing the worker record of care within an EVV system will require the worker to capture the six required EVV data elements **as well as** the additional information listed below.

REQUIRED ELECTRONIC VISIT VERIFICATION INFORMATION FOR RECORD OF CARE	
Every EVV worker must capture:	1. Who receives the service 2. Who provides the service 3. What service is provided 4. Where service is provided 5. Date of service 6. Time in and out
Workers using EVV as the record of care **must also** capture:	7. Tasks performed during the visit 8. Notes that would have been put on a timesheet 9. Verification (electronic signature or voice recording) from the client of the services provided

Note: The Sandata "Employee Visit Log Report" includes the elements that a worker collects in a fee-for-service employee record of care. Provider agencies may use this report for their business needs. This report only includes verified visits. For more information, provider agencies may refer to the Wisconsin Electronic Visit Verification Supplemental Guide, P-02745.

Provider agencies may refer to the Personal Care Worker Guidelines for Completing a Record of Care topic (#2500) of the ForwardHealth Online Handbook for more details.

When initially accessing Online Handbook topic links available throughout this Update, providers need to click the "I accept" button at the bottom of the licensure agreement page of the Online Handbook. After 30 minutes of inactivity, providers will need to click the "I accept" button again before going to their intended topic.

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Timesheets

If fee-for-service provider agencies choose to use an EVV system to replace timesheets for capturing the record of care, they must do so at an agency level—that is, for every worker who uses EVV. Doing so will keep records of care documentation consistent within the agency.

Provider agencies are reminded that EVV does **not** capture travel time. Therefore, travel time must be documented outside of EVV.

Claims Processing

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

HMOs, MCOs, and IRIS FEAs process claims for provider agencies. Provider agencies should contact their HMO, MCO, or IRIS FEA for guidance on claims policies and procedures.

BadgerCare Plus and Medicaid Fee-for-Service

After hard launch, fee-for-service claims for services that require EVV must have corresponding EVV data in order to be paid.

Edit Error Messages

Validation Criteria

When DHS receives a claim or encounter detail that requires EVV, the DHS system will confirm that EVV data exists for the claim and will validate that data for each applicable detail on the claim. There are two system edits that look for corresponding data:

1. The first edit compares:
   - Billing provider
   - Member Medicaid ID
   - Detail procedure code
   - Date(s) of service (DOS)
2. The second edit compares the units of time billed to the units of time captured by EVV.

All other policy regarding fee-for-service claim submission remains unchanged.

First Edit

If there is no EVV data corresponding to the criteria required in the first edit, the claim detail will suspend and the claim will recycle through the system for up to two days.

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IF...	THEN...
There **is** corresponding EVV data found before the end of the recycle process,	The detail will continue to process to the next EVV edit.
There is **no** corresponding EVV data found by the end of the recycle process,	The detail will deny with explanation of benefits message #1047: "Electronic visit verification system visit not found," and it will not continue to the second EVV edit.

Refer to the EVV File Transfers section below for more information on when EVV data files are sent from Sandata to DHS.

Note: To avoid delays in claim adjudication, fee-for-service provider agencies should confirm all applicable EVV visits for claims are in a verified status prior to submitting a claim.

Second Edit

If a detail passes the first EVV edit, it will continue on to the second system edit where the units of time billed are compared to the units of time captured in EVV.

IF...	THEN...
The billed detail units are the **same as or less than** the calculated EVV visit units,	The detail will continue to process as normal.
The billed detail units are **greater** than the calculated EVV units,	The detail will deny with explanation of benefits message #1048: "Electronic visit verification system units do not meet requirements of visit."

Note: If additional EVV units are verified for the DOS after the claim is processed, provider agencies may resubmit the claim if it was denied or adjust the claim if it was paid.

Rounding Process and Billed Units Validation

EVV does not change existing fee-for-service rounding policies. All visit minutes captured in EVV systems will be combined for a single DOS and then rounded based on existing DHS rounding rules. Fee-for-service provider agencies may refer to the Units of Service topic (#2479) of the Online Handbook for more details.

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DHS uses the following three steps to round visit minutes and validate billed units:

1. Combine the duration of all EVV visits for the DOS for the member by provider agency, splitting visits that happen in more than one day (for example, overnight visits).
2. Convert visit time from the visit data into units using existing fee-for-service rounding logic.
3. Compare combined (and rounded) EVV units against billed units submitted in the claim detail. (This comparison excludes units already used to validate any other claim details.)

Rounding and Validating Example

For example, a worker checks in for their visit at 9:01 p.m. on Monday and checks out at 6:16 a.m. on Tuesday. Their visit is first split into the amount of time for each day. Then the duration for the day (including all other workers' shifts) is calculated. Finally, the duration is rounded to the units for that day.

	ELECTRONIC VISIT VERIFICATION TIME VERIFIED FOR EACH DAY	DURATION FOR THE DAY	ROUNDED TO UNITS PER DAY
Monday	9:01 p.m. to midnight	2 hours 59 minutes (179 minutes)	12 units
Tuesday	Midnight to 6:16 a.m.	6 hours 16 minutes (376 minutes)	25 units

If the DHS system does not find enough EVV units for the billed units on the DOS, provider agencies receive the explanation of benefits message #1048: "Electronic visit verification system units do not meet requirements of visit," and the detail will deny. This message indicates that the provider billed for more units than the EVV visit units available.

Provider agencies should check with their HMO, MCO, or IRIS FEA for guidance on rounding policies.

Detail Span Billing

EVV has not changed existing fee-for-service span billing policy; however, EVV edits will help to enforce this existing policy after hard launch. Provider agencies should check with their HMO, MCO, or IRIS FEA regarding detail span billing requirements.

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Per current fee-for-service policy, span dates may only be billed when the **same services are provided for the same number of units for each date of service**.

The procedure code, revenue code, modifier, and units billed must all be the same for each date included in the date span. Unless the EVV units for every day in the date span are identical, DHS encourages provider agencies to bill each DOS separately to avoid denials.

> **Unless the EVV units for every day in the date span are identical, DHS encourages provider agencies to bill each DOS separately to avoid denials.**

To calculate units billed per day, the total units in the date span will be divided by the days in the span. If the units billed per day are greater than the calculated EVV units for any date in the date span, the detail will post an explanation of benefits message and deny.

For example, if a provider agency bills for 15 units for three days, there must be at least five EVV units for each of the three days in the date span. If the EVV units were captured as six units on Monday, five units on Tuesday, and four units on Wednesday, the date span detail would deny because Wednesday does not have at least five EVV units.

DHS will not deny a claim detail if the EVV units are greater than units billed.

Electronic Visit Verification File Transfers

Visit Data Transfers From Sandata to the Department of Health Services

Sandata sends all of the day's visit files, including visits received from alternate EVV vendors, to DHS in a single batch after midnight. DHS then sends visits in a verified status—that is, visits that contain all six required elements—to the appropriate program payers the following day for their use in claims processing.

For example, if a worker completes a visit on Monday, then the files containing visit data will be sent to DHS after midnight (Tuesday morning). If the visit is in a verified status, DHS will send the files to other payers (HMOs, MCOs, IRIS FEAs) at the end of day on Tuesday, so they will be received by the payers on Wednesday.

If a visit is not in a verified status, it will not be used for claims or encounter processing until the missing information is added by a provider agency administrator within their EVV system.

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Authorization File Transfers From the Department of Health Services to Sandata

DHS sends approved authorizations to Sandata nightly. Authorizations from other payers (for example, a Family Care MCO) must be sent to DHS before they can be sent to Sandata. Therefore, authorizations coming from payers other than DHS require two days to be loaded to the Sandata EVV Portal—one day for the authorization to be transmitted from the MCO to DHS, and a second day for it to be transmitted from DHS to Sandata.

Note: Fee-for-service clients receiving fewer than 50 hours of personal care may not have an authorization and will not be automatically loaded to Sandata. These members must be manually added to the Sandata EVV Portal by the provider agency, following the instructions in the PowerPoint 4: Clients Format PowerPoint training. This can be found on the DHS EVV Training website at https://www.dhs.wisconsin.gov/evv/training-administrators.htm.

Live-In Workers

As a reminder, DHS does not require approved live-in workers to collect EVV data, but HMOs, MCOs, and provider agencies may independently decide to require EVV data. In that case, workers should follow the HMO, MCO, or provider agency's direction for live-in workers.

IRIS participant-hired live-in workers are not required to collect EVV. IRIS participant-hired live-in workers are required to use the IRIS Participant-Hired Worker Identification form, F-01201A (04/2021), to verify live-in status.

Claim details for services performed by fee-for-service live-in workers are denied unless a live-in worker is identified on the prior authorization. If the prior authorization on file for the member does not identify the worker as a live-in worker with a KX modifier, an amendment to the prior authorization must be filed and approved to avoid claim details from being denied.

> **Claim details for services performed by fee-for-service live-in workers are denied unless a live-in worker is identified on the prior authorization.**

Provider agencies may refer to the Live-in Workers topic (#21777) of the Online Handbook for detailed data about live-in workers requirements and provider agency responsibilities, including how to establish live-in worker status.

RESOURCES

For information on which service codes require EVV and what modifiers should be used with them, provider agencies should refer to the DHS Electronic Visit Verification (EVV): Information for Provider Agencies and Workers webpage.

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Provider Agency Responsibilities During Outages

In the case of a Sandata outage, power outage, or other outage preventing normal EVV use, provider agencies are still required to capture EVV visit data. In these circumstances, provider agencies are required to manually enter EVV visit data into their EVV system. System outages do not exempt agencies from the requirement to provide EVV data for claims.

Resources

Provider agencies who do not operate within the fee-for-service program should check with their payers (HMO, MCO, or FEA) for the most current information. Fee-for-service provider agencies should refer to the EVV section of the Personal Care service area of the Online Handbook.

Trainings

Provider agencies should not delay initial administrative training or worker training. A successful EVV launch within an agency requires repetition and persistent follow-up over several weeks. Provider agencies should use the "Training other provider agency administrators" and "Training workers" resources on the DHS EVV Training webpage for appropriate training materials.

DHS will offer optional refresher trainings on the administrative Sandata EVV Portal ahead of the hard launch implementation. These trainings will cover similar content to the fall 2020 webinar trainings. Provider agencies will receive an email with a link to register for these optional trainings at a later date.

Wisconsin Electronic Visit Verification Customer Care

Provider agencies and workers are encouraged to contact Wisconsin EVV Customer Care via email at vdxc.contactevv@wisconsin.gov or by phone at 833-931-2035 for help with all EVV questions. Customer Care is able to accept calls in English, Hmong, and Spanish, among other languages. Wisconsin EVV Customer Care hours are Monday–Friday 7 a.m.–6 p.m. Central Time.

Key Conversations

Key Conversations are informal, monthly drop-in sessions for provider agency administrators. DHS and Sandata staff will be available to answer questions about EVV. Information on when the next conversation will be held and a link to the event can be found on the DHS EVV homepage at https://www.dhs.wisconsin.gov/evv/index.htm.

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Your Key to EVV Newsletter

Your Key to EVV is a brief, two-page newsletter. Each issue focuses on helping provider agencies and workers navigate EVV using clear and approachable language. The 2020 issues can be found at https://www.dhs.wisconsin.gov/library/evv-20.htm and the 2021 issues at https://www.dhs.wisconsin.gov/library/evv-21.htm. Issues are available in English, Hmong, and Spanish.

Unlocking EVV Podcast

Unlocking EVV is a podcast where DHS EVV experts have informal conversations about how EVV works in Wisconsin. These experts share interesting details and helpful information about EVV. Episodes are about 10 minutes long and can be found at https://www.dhs.wisconsin.gov/evv/podcast.htm. Transcripts are available in English, Hmong, and Spanish.

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This Update was issued on 08/16/2021 and information contained in this Update was incorporated into the Online Handbook on 05/01/2023.