

# ForwardHealth **UPDATE**

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## HOME HEALTH CARE SERVICES ELECTRONIC VISIT VERIFICATION SOFT LAUNCH ANNOUNCEMENT

For dates of service (DOS) on and after January 1, 2024, the Wisconsin Department of Health Services (DHS) will require use of an electronic visit verification (EVV) system for Medicaid-covered home health care services (HHCS). The affected service codes can be found in the [Home Health Care Services](#) section of this ForwardHealth Update.

This Update provides information on the following:

- [Overview of Electronic Visit Verification](#)
- [Electronic Visit Verification Technology](#)
- [Electronic Visit Verification ID Numbers](#)
- [Power Outages and System Outages](#)
- [HMO and MCO Claims](#)
- [BadgerCare Plus and Medicaid Fee-for-Service Claims](#)
- [Resources](#)
- [Documentation Retention](#)
- [Glossary](#)

## AFFECTED PROGRAMS

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

## TO

Home Health Agencies, Nurse Midwives, Nurses in Independent Practice, Personal Care Agencies, HMOs and Other Managed Care Programs

## CUSTOMER CARE

Wisconsin EVV Customer Care is here to help providers with any EVV issues. Contact EVV Customer Care at [vdxc.contactevv@wisconsin.gov](mailto:vdxc.contactevv@wisconsin.gov) or 833-931-2035 Monday–Friday 7 a.m–6 p.m. Central time.

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



DHS will be implementing EVV for HHCS in two phases: [soft launch](#) and [hard launch](#). The soft launch phase for HHCS will begin on January 1, 2024. During soft launch, use of an EVV system is required, but payers (DHS, HMOs, and MCOs) will not impose financial consequences for claims without matching EVV information.

Soft launch is a time for DHS and [providers](#) to cooperatively overcome hurdles during implementation, to establish processes, and to troubleshoot problems and barriers. DHS recognizes that integrating a new process takes time and is offering soft launch as an opportunity for providers, administrators, and workers to get real-world practice using their EVV system before it will affect claims.

Hard launch is when payers will begin imposing consequences when claims are missing required EVV information. Consequences for providers include claim denial. Consequences for HMOs and MCOs include exclusion of non-compliant claims from future capitation rate-setting development. DHS will communicate details about the hard launch date at least three months before it is implemented.

## Overview of Electronic Visit Verification

EVV uses technology to make sure that members receive the in-home services they need. [Workers](#) check in at the beginning and check out at the end of each visit using a smart phone or tablet, landline phone or fixed Voice over Internet Protocol ([VoIP](#)) phone, or small digital device.

The EVV system captures six key pieces of information:

- Who receives the service
- Who provides the service
- What service is provided
- Where the service is provided
- The date of service
- The time the service begins and ends

As it was written, the federal 21st Century Cures Act required states to implement EVV for HHCS by January 1, 2023; however, federal statute allowed a one-year extension if the state made a good-faith effort to comply. DHS requested and received the extension and therefore will implement EVV for HHCS on January 1, 2024. Wisconsin will lose federal funding if it does not implement EVV by this date.

## NEVER MISS A MESSAGE

Stay current on policies and procedures by [signing up](#) to receive emails from DHS about EVV.

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EVV does not affect DHS policy regarding where services can be provided.

## Affected Programs

EVV information will be required for:

- Medicaid and BadgerCare Plus fee for service ([ForwardHealth](#) card).
- BadgerCare Plus and Medicaid SSI HMOs.
- Family Care and Family Care Partnership.

The IRIS (Include, Respect, I Self-Direct) program does not require EVV for HHCS because IRIS is not a payer for these services.

## Home Health Care Service Codes

For DOS on and after January 1, 2024, the following codes will require use of an EVV system.

### Home Health Care Service Codes for Therapy

- 92507 (Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual [per visit])
- 97139 (Unlisted therapeutic procedure [specify] [per visit])
- 97799 (Unlisted physical medicine/rehabilitation service or procedure [per visit])

### Home Health Care Service Codes for Nursing—Private Duty

- 99504 (Home visit for mechanical ventilation care [per hour])
- S9123 (Nursing care, in the home; by registered nurse, per hour)
- S9124 (Nursing care, in the home; by licensed practical nurse, per hour)

### Home Health Care Service Codes for Nursing—General

- 99600 (Unlisted home visit service or procedure [per visit])
- T1001 (Nursing assessment/evaluation [per visit])
- T1021 (Home health aide or certified nurse assistant, per visit)
- T1502 (Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit)

## Additional Personal Care Service Code

For DOS on and after January 1, 2024, the following code will also require use of an EVV system.

### Registered Nurse Supervisory Visit

- 99509 (Home visit for assistance with activities of daily living and personal care [per visit])

# IN THE KNOW

ForwardHealth Update 2023-41, "[Nurse Supervisory Visit Service Code 99509 Will Require Use of an Electronic Visit Verification System](#)," describes the policy for service code 99509.

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Note: Although 99509 is a personal care service code, it is being implemented on the same schedule as EVV for HHCS and will remain in soft launch until the HHCS codes go to hard launch. A separate [Update](#) has been published with information about the implementation of service code 99509.

## Live-In Workers

Due to the nature of these services, DHS is requiring all workers, including live-in workers, to capture EVV information for all required HHCS codes and for personal care service nurse supervisory code 99509.

Live-in policy for personal care services and supportive home care services has not changed.

## Electronic Visit Verification Technology

DHS provides an EVV system through [Sandata](#) at no cost to Wisconsin providers. The DHS-provided Sandata EVV system can be used by all programs, providers, and payers. Providers may choose whether to use this system or an [alternate EVV](#) system (that is, any system besides the DHS-provided Sandata system).

Aside from providing the DHS Sandata system free of charge (including fixed visit verification [FVV] devices, as needed), DHS does not reimburse for costs related to EVV, including hardware, software, or training.

## The Wisconsin Department of Health Services-Provided Sandata Electronic Visit Verification System

The Sandata system provided by DHS offers three ways to collect EVV information:

- The Sandata Mobile Connect (SMC) app—The worker uses a smart phone or tablet to check in and out of visits. The app does not require Wi-Fi or cell service at the time of the visit.
- Telephonic visit verification (TVV)—The worker uses the member's landline or fixed VoIP phone to call in and out of the visit.
- Fixed visit verification (FVV)—At the beginning and the end of the visit, the worker pushes a button on a small device that generates a code. The FVV device does not transmit the EVV information. The codes must later be called in to the TVV line.

None of the three methods require cell or internet connection during the visit.

## RESOURCES

Providers can refer to the [DHS EVV: Alternate EVV](#) webpage for requirements and technical specifications.

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The SMC app is the preferred method because it captures information with the fewest errors. It can be used on a smart phone or tablet and on both Android and Apple operating systems.

If a worker does not have access to a smart phone or tablet that can use the SMC app, they should then use TVV. TVV uses the same technology as 911 to confirm location. **Cell phones may not be used for TVV.**

FVV is the method of last resort. An FVV device may only be requested if the worker and member meet all of the criteria given in The Wisconsin Department of Health Services' EVV System topic ([#21878](#)) of the ForwardHealth Online Handbook. Providers who request an FVV device are required to attest that workers are not able to use the SMC app or TVV.

Providers who decide to use the DHS-provided Sandata system can find more information and guidance on the [DHS EVV: Information for Providers](#) webpage.

### Alternate Electronic Visit Verification Systems

Providers can instead choose to use an alternate EVV system (that is, any system besides the DHS-provided Sandata system). Alternate EVV systems must connect with the Sandata [aggregator](#), a technology that collects all EVV information and ensures the validity of the information before it is sent to the assigned payer.

Providers who decide to use an alternate EVV system must:

1. Review the business requirements for alternate EVV systems.
2. Complete the Sandata alternate EVV certification and Sandata aggregator portal set-up process.
3. Learn how to use the alternate EVV system and train workers.

For more details on these requirements, providers can visit the [DHS EVV: Alternate EVV](#) webpage.

The certification and set up process for new alternate EVV systems can take up to three months to complete, during which the provider cannot record EVV information using that system. Providers should plan to begin the alternate EVV certification process as soon as possible. If a provider's alternate EVV system is not ready for use by hard launch, they must use the DHS-provided Sandata EVV system to record EVV information until their alternate EVV system is ready. This ensures providers will avoid claim denials due to missing EVV information.

## TRAINING

Providers can review the recorded webinars “EVV Fundamentals – Sandata Methods” and “EVV SMC Essentials” to learn how to use Sandata EVV technology. Both can be found on the [DHS EVV: Training Workers](#) webpage.

Providers who have already certified a system for use with Wisconsin EVV for personal care services do not need to re-certify their systems for use with HHCS; however, they should review the latest [technical specifications](#) to ensure that their system will continue to meet the requirements for HHCS.

### Data Transfers Between Sandata and the Department of Health Services

Each night, DHS sends approved authorizations to Sandata. Sandata uses these authorizations to create client files.

Note: Authorizations from other payers may take two days to be loaded to the Sandata EVV Portal—one day for the authorization to be sent from the HMO or MCO to DHS, and one day for DHS to send the authorization to Sandata.

Likewise, each night Sandata sends visits that have reached a verified status (that is, visits that have no missing information and no errors flagged for correction) to DHS. DHS, HMOs, and MCOs then match EVV visit data to claims.

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 within their EVV system.

**“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.”**

The DHS-provided Sandata EVV system does not automatically submit claims. Providers must still submit claims as normal.

### Capturing Required Electronic Visit Verification Information for Services That Do Not Have a Payer's Authorization

In some instances, members who receive home health care services may not require a prior authorization (PA) or service authorization. In other instances, PAs take some time to set up, but care is needed immediately. Without an authorization, the Sandata system cannot capture EVV visits without error. Therefore, for all HHCS EVV service codes and service code 99509, DHS allows providers to enter the required authorization information in the Sandata system when necessary.

Entering the required authorization information into the Sandata system allows EVV visits to be captured in the absence of a payer's authorization. Entering this information does not actually authorize a member to receive

## RESOURCES

The [Alternate EVV Certification and Set Up Process Checklist](#), P-02663A, provides step-by-step guidance for providers choosing an alternate EVV system.

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services, nor does it create a true authorization in the ForwardHealth, HMO, or MCO systems. This solution only creates the required information in Sandata to allow visits to be captured in the absence of a payer's PA or service authorization.

### Manual Time Entry and Corrections

It is best practice to capture all EVV information during the visit in order to prevent additional administrative work after the visit, claim denial, or other negative consequences. However, DHS recognizes that may not be possible in all cases, and administrators may have to manually enter or correct visit information in order to fully and accurately capture the details of a visit.

Providers using the DHS-provided Sandata EVV system should enter this information using the provider's Sandata EVV Portal. Providers using an alternate EVV system should refer to their vendor for instructions on how to create or correct visit information manually.

All manually entered visits and corrections will require an associated reason code to explain why the EVV data was created or changed and will be reviewed for compliance with policy. The provider must retain and maintain documentation of the reason for manual entry or corrections. The DHS Office of the Inspector General (OIG) monitors manually entered visits and corrections.

### Group Visits

The DHS-provided Sandata EVV system supports functionality for group visits. Group visits allow a single worker to provide services in a group setting to multiple individuals without having to check in to and out of an EVV system multiple times. A worker may capture a visit as a group visit when all 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 (for example, DHS, HMO, or MCO).

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

## TRAINING

Providers can follow the same steps given in the [Create Under 50 Hour Fee-for-Service Client in the Sandata Portal](#) to manually enter required authorization information for HHCS service codes.

## RESOURCES

Sandata reason codes can be found in the appendix of the [Wisconsin Electronic Visit Verification Supplemental Guide](#), P-02745.

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## Electronic Visit Verification ID Numbers

### Provider ID Numbers

When a provider signs up for training with Sandata, they will be asked for a [provider ID](#). Providers should enter their Medicaid ID in this field.

Providers may continue to use their National Provider Identifier (NPI) for service authorizations and billing.

As a reminder, providers who are already successfully billing Wisconsin Medicaid with an NPI already have a Medicaid ID. Providers who need help finding their Medicaid ID should contact Provider Services or EVV Customer Care.

For the purposes of EVV, independent nurses are considered an “agency of one” and are required to have both a provider ID **and** a worker ID as described below.

### Worker ID Numbers

Each worker is required to have a unique [worker ID](#) number from the [ForwardHealth Portal](#), regardless of which EVV system they use. DHS uses worker IDs to identify who completed the visit.

Independent nurses will need a worker ID in addition to their Medicaid provider ID (as referenced above). As with other providers, they will have to link their worker ID to their Medicaid provider ID.

**“Independent nurses will need a worker ID in addition to their Medicaid provider ID.”**

Workers who do not already have a worker ID will be assigned one during the association process, as described below.

### Associating Workers

In order to link the worker providing services to the provider they work with, the provider must link, or “[associate](#),” their workers to their provider account in the ForwardHealth Portal.

Chapter 7 of the [EVV Portal Functionality User Guide](#) has step-by-step instructions for associating workers. The user guide offers instructions both for workers with existing IDs and for new workers who need an ID generated.

## CONTACT INFORMATION

Provider Services can be reached at 800-947-9627 Monday through Friday 7 a.m. to 6 p.m. Central time.



Workers are assigned one ID that can be used to associate them to multiple providers. Providers are required to maintain worker information, including disassociating workers who no longer work with the agency.

## Power Outages and System Outages

In all programs, providers may choose one of the following for visits that occur during a power or system outage lasting more than 24 hours:

- Manually enter EVV visit information.
- Use the UC modifier on claim detail lines for visits without EVV information. The UC modifier will allow the claim to bypass the EVV claim edits and be paid even though there is no corresponding EVV information associated to it.

Providers are required to maintain documentation to substantiate outages and may be required to show proof of an outage upon request. All other policies and documentation requirements, including billing, record of care, and timesheets, remain in effect.

A power outage is defined as a utility failure where electricity or telephone service is unexpectedly unavailable. Acceptable proof of a power outage may include documentation from the local utility company or from a publicly available database.

An EVV system outage is defined as any widespread technological failure that prevents multiple workers from using the collection methods available with their EVV system. This policy applies both to the DHS-provided Sandata EVV system and to alternate EVV systems. A record of Sandata outages can be found on the [DHS EVV homepage](#). Providers using an alternate EVV system should contact their alternate EVV system vendor for proof of outages.

## HMO and MCO Claims

Providers should contact their [HMO](#) or managed care organization ([MCO](#)) for guidance on EVV policy regarding claims.

## BadgerCare Plus and Medicaid Fee-for-Service Claims

HHCS codes can be grouped into three categories:

- Private duty nursing (PDN) codes (billed per hour)—99504, S9123, S9124
- Therapies (billed per visit)—92507, 97139, 97799
- Nursing (billed per visit)—99600, T1001, T1021, T1502

## THE KEY MESSAGE

Providers can choose whether to manually enter EVV information or use the UC modifier on claims for visits that occur during a power or system outage lasting longer than 24 hours.

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## Private Duty Nursing Codes

EVV visit units must be equal to or greater than the units on the claim detail or the claim will be denied. For an example, refer to the following table.

IF THE WORKER...	AND THE PROVIDER...	THEN THE CLAIM...
Captures four units of EVV during a visit	Bills for three units of a service,	Passes—There are at least as many EVV units as billed units.
Captures four units of EVV during a visit	Bills for five units of a service,	Fails—The billed units are greater than the EVV units.

EVV does not change rounding policies in fee for service. Providers may refer to the Units of Service topic ([#1085](#)) of the Online Handbook for more information.

## Therapy Codes and Nursing Codes

For therapy and nursing codes, there must be one unique visit captured for each instance of the code that is billed.

IF THE WORKER...	AND THE PROVIDER...	THEN THE CLAIM...
Completes two visits for the same service code on the same day	Bills for two units of the same service code,	Passes—There is one EVV visit for each instance of the code being billed.
Completes two visits for different service codes (for example, T1502 and 99600)	Bills for two units of 99600,	Fails—Provider billing must match the visits captured in EVV.
Completes one visit for one service code	Bills for two codes,	Fails—Each instance of the per visits codes must be associated to a unique EVV visit.

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## Members Traveling Out of State

EVV does not change DHS policy or PA requirements for out-of-state services.

EVV systems are required to capture location information at the beginning and end of visits. Currently, DHS will not deny a claim because of GPS information; however, other divisions within DHS, such as OIG, may use GPS location data to ensure providers bill for covered services.

For more information about out-of-state travel, fee-for-service providers should refer to the Members Traveling Out of State topic ([#279](#)) or the Out-of-State Private Duty Nursing topic ([#1114](#)) of the Online Handbook.

## Medicare Crossover Claims

A crossover claim is a claim for a member who is eligible for both Medicare and Medicaid, where Medicare pays a portion of the claim, and Medicaid is billed for any remaining deductible or coinsurance.

DHS does not require EVV for Medicare crossover claims. However, providers may choose to require workers to capture EVV information for all HHCS services that would normally require EVV. Capturing EVV information for all required services builds consistent practice and ensures EVV information is captured for all visits that require it.

## Commercial Insurance

DHS requires EVV information to be captured regardless of whether the member has commercial insurance coverage as the primary payer. If there is a chance Wisconsin Medicaid will be a payer for the service, providers should capture EVV information to avoid claim denial.

## Outpatient Services

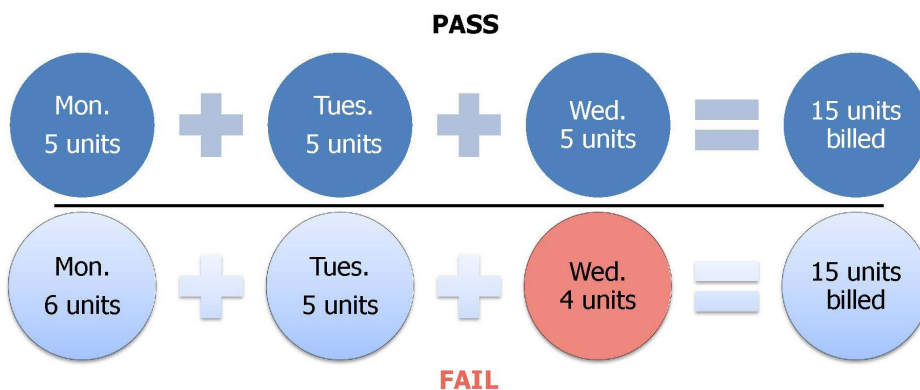
Outpatient services, distinct from home health care services, do not require EVV. Claim types are one distinction DHS uses to distinguish outpatient services from home health care services. Outpatient services are billed on professional claims while home health care services are billed on institutional claims. Home health care providers using institutional claims are required to collect EVV information for all HHCS service codes. Providers who are allowed to bill for HHCS service codes on a professional claim are not required to collect EVV information.

## Span Billing

Span billing is when one claim detail is submitted for services given over multiple consecutive days. DHS requires that certain conditions be met in order for claims using span billing to be processed correctly. This is especially important when billing for services that require EVV information because the daily units of service captured using an EVV system must be equal to or greater than the daily units of service billed on the claim.

To be compliant with existing DHS span billing policy, the procedure code, revenue code, modifier, and units billed **must all be the same for each date included in the date span**. Unless the billed units for every day in the date span are identical, provider agencies should bill each DOS separately to avoid denials.

### Fee-for-Service Span Billing Example



Note: Span billing cannot be used when the DOS are from two different PA line items (for example, crossing 13-week segments).

## Billing for Time Worked

For ease of use, DHS allows workers to check in to a 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 HHCS codes being billed. The provider must only bill for the time spent providing 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. EVV visit units may be equal to or greater than the number of units being billed.

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Note: Providers may require workers to check out of their EVV system during the time they are not providing an EVV service.

## Resources

DHS is committed to supporting providers (including independent nurses), payers, members, and workers in using EVV systems. DHS offers several resources for answering questions and solving problems with EVV use.

## Trainings

For providers using the Sandata system, DHS is using a train-the-trainer model, where one administrator attends training from DHS or Sandata and then trains others in their organization. They are responsible both for training other administrators (if needed) and workers.

Providers using an alternate EVV system should contact their EVV vendor for training details. They will also be required to take training on the Sandata aggregator, which collects EVV data from all EVV vendors.

Providers using the DHS-provided Sandata system are required to complete training before they can use the Sandata EVV system. Providers should make sure that they have provided their most up-to-date email in the ForwardHealth Portal to ensure that they receive updates about these trainings. Providers have two training options:

1. Take a [four-part series](#) with the DHS training team.
2. Complete [Sandata's self-paced set](#) of video trainings.

For providers who prefer to learn in a live setting where attendees can ask questions in real-time, DHS will be hosting and leading live trainings in December 2023. Providers can also choose to complete Sandata's trainings independently and then join one or all four of the DHS-led trainings to ask questions later.

## Key Conversations

Key Conversations are informal, monthly drop-in sessions for providers. Members of the DHS EVV team, Wisconsin EVV Customer Care, and Sandata staff are available to answer questions about EVV. Information on when the next session will be held and a link to join the event can be found on the [DHS EVV homepage](#).

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## Wisconsin Electronic Visit Verification Customer Care

Wisconsin EVV Customer Care is available to answer questions by email at [vdxc.contactevv@wisconsin.gov](mailto:vdxc.contactevv@wisconsin.gov) or by phone (in English, Hmong, and Spanish, among other languages) at 833-931-2035, Monday–Friday 7 a.m.–6 p.m. Central time.

## The Wisconsin Department of Health Services Electronic Visit Verification Webpage

The [DHS EVV webpage](#) offers resources for anyone using EVV, including providers, payers, workers, and members. The EVV webpage is a great place to find trainings on a wide range of topics, simple explanations of EVV, and summaries of DHS EVV policy. These resources include flyers, written materials, and videos. Many materials have been translated into Spanish and Hmong and can be translated into other languages upon request. Translation requests should be submitted to [Wisconsin EVV Customer Care](#).

## Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

## Glossary

**Aggregator:** The Sandata Aggregator is a technology provided by Sandata that integrates information from alternate or third-party EVV systems with the DHS EVV solution. Program payers and providers using an alternate EVV system are able to view all EVV data relevant to their provider agencies in the aggregator. [[Return](#)]

**Alternate EVV:** Alternate EVV is any EVV system that is not provided by DHS. [[Return](#)]

**Associate:** Associating is the process of linking a worker to a provider in the ForwardHealth Portal. [[Return](#)]

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**ForwardHealth:** ForwardHealth is an umbrella term for many of the health care and nutritional assistance benefit programs administered by DHS, 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:** The Portal is a web-based tool that allows providers to update their contact information, obtain worker IDs, associate workers, maintain worker information, and disassociate workers. [\[Return\]](#)

**Hard launch:** Hard launch is when payers will begin imposing consequences when claims are missing required EVV information. Consequences for providers include claim denial. Consequences for HMOs and MCOs are exclusion of non-compliant claims from future capitation rate-setting development. [\[Return\]](#)

**HMO:** An HMO is an entity DHS contracts with to provide services to members as part of the BadgerCare Plus or Medicaid SSI HMO benefit package. [\[Return\]](#)

**Managed Care Organization (MCO):** An MCO is an entity DHS contracts with to provide services in the Family Care or Family Care Partnership benefit package to members. [\[Return\]](#)

**Provider:** The provider is the person or agency who receives authorization for services (as applicable). This includes independent nurses. [\[Return\]](#)

**Provider ID:** A provider ID number used to identify the provider in the EVV system. For Medicaid-enrolled providers, this number is their Medicaid ID. [\[Return\]](#)

**Sandata:** Sandata is the vendor supplying the EVV solution for DHS. [\[Return\]](#)

**Soft launch:** Soft launch is a period when use of an EVV system is required but payers will not impose financial consequences when EVV information is missing. Soft launch is a time for DHS and providers to work cooperatively together to overcome hurdles during implementation, to establish processes, and to troubleshoot problems and barriers. [\[Return\]](#)

**Verified:** An EVV visit is in the verified status when it has no missing information and no errors (exceptions) flagged for correction. [\[Return\]](#)

**VoIP:** Voice over Internet Protocol allows people to make calls using an internet connection rather than through physical phone lines. Fixed VoIP refers to a phone number tied to a physical address. For the purposes of EVV, there is no difference between a fixed VoIP number and a landline phone number. [\[Return\]](#)

**Worker:** The worker is the person performing personal care or home health care services. This includes independent nurses. [\[Return\]](#)

**Worker ID:** The worker ID is the number assigned through the secure ForwardHealth Portal that is used to identify the worker in the EVV system. Each worker is assigned one unique ID, which can be used with multiple providers. [\[Return\]](#)

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**This Update was issued on 11/20/2023 and information contained in this Update was incorporated into the Online Handbook on 01/03/2024.**

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/](http://www.forwardhealth.wi.gov/).