

ForwardHealth UPDATE

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ELECTRONIC VISIT VERIFICATION HARD LAUNCH FOR HOME HEALTH CARE SERVICES AND NURSE SUPERVISORY VISIT SERVICE CODE 99509

For dates of service (DOS) beginning **October 1, 2024**, the Wisconsin Department of Health Services (DHS), HMOs, and managed care organizations (MCOs) will begin denying claims for home health care service codes and service code 99509 that are missing required electronic visit verification (EVV) information.

EVV systems use technology to make sure that members and participants receive the services they need. The federal Centers for Medicare & Medicaid Services (CMS) requires DHS to impose consequences when providers do not capture required EVV information. If DHS does not comply with the CMS EVV requirement, Wisconsin Medicaid will not receive its full federal funding.

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 or 833-931-2035 Monday–Friday 7 a.m.–6 p.m. Central time.

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

DHS is implementing EVV for home health care services (HHCS) and service code 99509 in two phases, soft launch and hard launch:

- During **soft launch**, use of an EVV system is required, but payers (DHS, HMOs, and MCOs) will not deny claims without matching EVV information. Soft launch is an opportunity for providers, administrators, and workers to get real-world practice using their EVV system before it will affect claims. The soft launch phase for HHCS and service code 99509 began on January 1, 2024.
- During **hard launch**, payers will begin denying claims that are missing required EVV information. DHS will exclude encounters that are missing required EVV information from future capitation rate-setting development for HMOs and MCOs. Hard launch will begin on October 1, 2024.

The service codes that will require EVV information are:

- Nurse supervisory personal care service code 99509 (Home visit for assistance with activities of daily living and personal care [per visit]).
- Home health care service codes:
 - 92507 (Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual [per visit])
 - 97139 (Unlisted therapeutic procedure [Occupational therapy; per visit])
 - 97799 (Unlisted physical medicine/rehabilitation service or procedure [Physical therapy; per visit])
 - 99504 (Home visit for mechanical ventilation care [per hour])
 - 99600 (Unlisted home visit service or procedure [per visit])
 - S9123 (Nursing care, in the home; by registered nurse, per hour)
 - S9124 (Nursing care, in the home; by licensed practical nurse, per hour)
 - 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)

The sections below include clarifications of existing policy and procedures, links to trainings, and a list of resources. For EVV policy details, providers may refer to ForwardHealth Updates:

- [2023-40](#), “Home Health Care Services Electronic Visit Verification Soft Launch Announcement”
- [2023-41](#), “Nurse Supervisory Visit Service Code 99509 Will Require Use of an Electronic Visit Verification System”

DID YOU KNOW?

Personal care providers who started using an EVV system during soft launch had fewer claim denials when hard launch started. Providers who haven't already begun using an EVV system should take this time to get started.

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Beginning October 1, 2024, providers may refer to the [ForwardHealth Online Handbook](#) for EVV policy details.

Adding Required Electronic Visit Verification Information to the Sandata Portal

In order for workers to check in and out of a visit using the Sandata EVV system, the member must be listed as a client in the provider's Sandata EVV portal. Typically, the Sandata system automatically enters member information into the Sandata EVV portal based on an approved prior authorization (PA) or service authorization. In some instances, members who receive home health care services may not require a PA or service authorization. In other instances, the member needs care urgently, before a PA can be set up. 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 EVV portal when necessary.

Entering the required authorization information does not actually authorize a member to receive Medicaid 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.

Providers can find detailed instructions for adding this information, including screenshots, in the [Adding Required Authorization Information in the Sandata EVV Portal training, P-03550 \(PDF\)](#). Providers using an alternate EVV system should check with their vendor for instructions.

Sandata-Required Authorization Information for Private Duty Nursing

When a member receives private duty nursing services (S9123, S9124, or 99504) from more than one provider, PA information will **only** be automatically loaded to the prior authorization liaison's (PAL's) Sandata account.

Therefore, any independent nurse who is not the PAL will need to manually enter authorization information in their Sandata EVV portal to capture EVV information for that member. This only needs to be done once per member as long as the service code the provider is authorized to provide remains the same.

IN THE KNOW

The [Adding Required Authorization Information in the Sandata EVV Portal training, P-03550 \(PDF\)](#), provides step-by-step instructions for providers who need to add authorization information into the Sandata system.

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Authorizations for Personal Care Services Nurse Supervisory Visit Service Code 99509

When a fee-for-service member is authorized to receive services under service code T1019, corresponding authorization information for service code 99509 is automatically created in the provider's Sandata EVV portal. This means that providers do not need to take any extra steps to ensure fee-for-service client information for service code 99509 is in their Sandata EVV system.

Providers working with an HMO or MCO should check with their payer. These providers may need to add required authorization information in their EVV system for service code 99509 if the payers do not authorize this service separately.

Timing of Claim Submission

DHS encourages providers to make sure their EVV visits are in a verified status (no "exceptions," or errors) before submitting their claims. Providers using the Sandata EVV system can check the status of their visits in their Sandata EVV portal. Providers using an alternate EVV system can check the status of their visits in the Sandata aggregator. Sandata only includes verified visits in the information it sends to DHS each night.

In fee for service, when DHS receives a claim detail that requires EVV information, the DHS system will confirm that EVV information exists for the claim and match (or validate) EVV information for each applicable detail on the claim. When the system cannot find matching EVV information (for example, because a visit has an exception that needs to be fixed before it can be sent to DHS), it will suspend the claim detail, and the claim will recycle for two days. If the EVV information arrives within those two days, the system will match the claim to the EVV visit information, and it will process normally.

If the system cannot find EVV information to match a claim at the end of the two-day recycle process, it will deny the claim detail. The provider can resubmit the claim once the EVV visit is in a verified status.

Providers working with an HMO or MCO should check with their payer for details about their claim submission timing.

Training

Providers, including independent nurses, can find recordings of previous training webinars, flyers, and other resources on the [DHS EVV Training webpage](#).

THE KEY MESSAGE

To avoid claim denials, providers should make sure their EVV visits are in a verified status before submitting their claims.

Providers can review the "Visit maintenance and clearing exceptions in Sandata" section of the [DHS EVV Training Administrators webpage](#).

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In addition, DHS will hold the following optional webinars this summer and fall to help providers and independent nurses prepare for hard launch:

- EVV and Independent Nurses
- Wisconsin-Specific Information for Sandata EVV Systems
- Fee-for-Service EVV Administrator Training: Claim Edits
- Adding Required Authorization Information in the Sandata EVV Portal

Each webinar will be a live training with a question-and-answer portion. Pre-registration is not required. Providers can find the dates, times, and Zoom links for these webinars on the [DHS EVV Training webpage](#).

Independent nurses are reminded that for the purposes of EVV, they are considered both administrators and workers.

Resources

Wisconsin Electronic Visit Verification Customer Care

Wisconsin EVV Customer Care is available to answer questions by email at 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.

Wisconsin EVV Customer Care also offers personalized office hours for providers, including independent nurses, who need ongoing or detailed support. Providers, including independent nurses, should contact Wisconsin EVV Customer Care to schedule a one-on-one appointment with an EVV specialist who can talk through their specific challenges.

Key Conversations

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

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

RESOURCES

- The [EVV Lifecycle Flyer, P-03124 \(PDF\)](#), explains how EVV fits into the claims process.
- The [EVV Claims Training, P-03570](#), explains the process for fee-for-service claims that require EVV information, including DHS system edits and best practices. It can also be viewed as a [video](#).

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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.

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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/.