



Electronic Visit Verification

Overview

Disclaimer:

- This information is provided in part, as a courtesy from *iCare* to assist you with claims submission and billing. This does not replace Forward Health and DHS Guidelines. *iCare* relies upon Forward Health and DHS for payment rules and regulations for claim submission.
- Please reference the ForwardHealth Implementation of Electronic Visit Verification for Personal Care and Supportive Home Care Services <https://www.forwardhealth.wi.gov/kw/pdf/2020-31.pdf> for additional guidance and ongoing changes
- *iCare* contracted Personal Care and Supportive Home Care providers must comply with ForwardHealth EVV requirements, including [training](#).

Per ForwardHealth Update 2020-31

- The Federal 21st Century Cures Act requires all states to implement Electronic Visit Verification (EVV) for Medicaid-covered Personal Care and Supportive Home Care services by January 1, 2021
- EVV is a system that uses technology to verify that authorized services are provided. Through EVV, a worker providing Personal Care or Supportive Home Care services sends visit data to an EVV vendor at the beginning and end of each visit using methods such as:
 - a mobile application
 - a home phone (landline or fixed Voice over Internet Protocol [VoIP])
 - fixed device

Per ForwardHealth Update 2020-31 Cont.

Workers using EVV enter information to record

- 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

Programs affected

- Medicaid and BadgerCare Plus (ForwardHealth card)
- BadgerCare Plus and Medicaid SSI HMOs
- Family Care and Family Care Partnership
- IRIS (Include, Respect, I Self-Direct)

Services Impacted

Personal Care services (SSI, BadgerCare+ & Family Care Partnership)

- T1019 (Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR¹ 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)

Supportive Home Care services (Family Care Partnership)

- S5125 (Attendant care services; per 15 minutes)
- S5126 (Attendant care services; per diem)

Soft Launch

- Effective November 2, 2020, DHS is requiring EVV use for Medicaid-covered Personal Care and Supportive Home Care services. Workers will be required to use EVV during this soft launch. To accommodate the learning curve during the soft launch period, *iCare* will not deny claims or disregard submitted encounters without EVV data
- The soft launch will be a time to cooperatively overcome any initial hurdles during the implementation, to help establish processes, and to troubleshoot any problems or barriers stakeholders are experiencing

Hard Launch

- The hard launch date of EVV implementation will be determined at a later time, and DHS will notify provider agencies and program payers once this date is known
- After the hard launch, ForwardHealth and *iCare* will require Personal Care and Supportive Home Care claims to have a matching EVV record; if there is no matching EVV record, the claim will be denied

Technology

- DHS's chosen EVV solution, offered through a vendor called Sandata, may be used by all DHS programs, provider agencies, and program payers. DHS will provide the Sandata EVV system's data collection functionality free of charge to providers and program payers. Provider agencies and program payers will **not** have to purchase an EVV system if they elect to use the DHS-provided EVV system

EVV Data Collection

- Mobile phone application (mobile visit verification [MVV]): This option allows the worker to record visits using a smart phone or tablet, even when no cellular, satellite, or other data services are available at the service location
- Landline or fixed VoIP phone (telephonic visit verification [TVV]): This option allows the worker to record visits via a landline or fixed VoIP phone at the service location using a toll-free phone number
- EVV digital device (fixed visit verification [FVV]): This option allows the worker to record visits with a small electronic device. The device, which is secured to a surface in the member or participant's home, provides a code that links the time and date the services are provided to the client and service location. The visit information is then submitted to the provider agency or program payer via a phone. FVV is the option of last resort and may only be requested if certain criteria are met. Refer to the Fixed Visit Verification section of this Update for more information
- Note: Alternate EVV systems may employ different data collection methods. Refer to the Alternate EVV Systems section of this Update for more information on alternate EVV

Corrections

- In addition to manually entering visits, administrative users of DHS EVV may correct exceptions for valid EVV data. In the DHS-provided EVV, provider agencies will be able to identify exceptions that are preventing visit data from being validated and log in to the Sandata Provider Agency EVV portal to acknowledge or correct them
- All corrections to EVV visit information, including those made through an alternate EVV system, require an associated reason code to explain why the EVV data was created or changed. Corrections applied to the EVV data will be monitored by DHS. The provider agency must retain and maintain paper documentation of the reason for the correction, per the Centers for Medicare & Medicaid Services. The DHS Office of the Inspector General will be closely monitoring corrected exceptions for valid EVV data

Live-in Workers

Because of the unique situations of their work, live-in workers are not required by DHS or *iCare* to use EVV

- For the purposes of EVV, a live-in worker is a worker who permanently resides in the same residence as the member or participant receiving services. Permanent residency is determined by the worker being able to produce one of the following documents that shows the worker's name and current residential address:
 - Current and valid State of Wisconsin driver's license or state ID card
 - Other 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
- If none of the above documents are available, the worker may instead produce **two** of the following types of documents that show the worker's name and current residential address:
 - Current gas, electric, or phone service statement
 - Current or past month's bank statement
 - Current or past month's paycheck or paystub

Live-in Workers Cont.

Additionally, a person could be considered a live-in worker if both of the following criteria are met and the documentation above is provided:

- The worker permanently resides in a two-residence dwelling such as a side-by-side duplex or upper-and-lower home where the member or participant receiving services lives in the other half of the dwelling
- The worker is a relative of the member or participant receiving services. A relative is defined as a person related, of any degree, by blood, adoption, or marriage, to the member or participant

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

Live-in Workers Cont.

- Live-in workers' permanent residency status must be verified at least annually by the provider agency. An Electronic Visit Verification Live-In Worker Identification form, F-02717 (10/2020), which is available on [iCare's website](#) under Prior Authorization Documents, the DHS website, and the ForwardHealth Portal
 - Agencies must submit this form along with the Prior Authorization Request or Service Request Form for Personal Care Worker (PCW) or Supportive Home Care for live-in workers, with supporting documentation, to meet the residency verification requirement. Completed forms and supporting documentation must be retained by the provider agency according to program document retention requirements
- During the Soft Launch, iCare will not deny prior authorization/service requests for live-in workers due to insufficient live-in worker documentation
- After Hard Launch, iCare will require the F-02717 form to approve all prior authorization/service requests indicating a worker's residence is the same as the member/participant

Live-in Worker Claims

- Once a Prior Authorization/Service Request is on file with a live-in worker identified, claims for services provided by a live-in worker must include the modifier KX. Using the modifier KX will prevent the claim from denying due to lack of EVV data. HMO, MCO, and IRIS providers should follow policies for those payers

Visits Lasting Longer Than 24 Hours

- When providing continuous services lasting more than 24 hours, workers are required to check out and check back in again at least once every 24 hours
- Note: The DHS EVV system will automatically check out a worker after 25 hours. For this reason, visits that last longer than 25 continuous hours will require a worker to check in again to continue the visit
- Alternate EVV systems may not be subject to these limitations

Visits With Multiple Dates of Service

For services provided when a single visit has more than one DOS (for example, a visit starting Monday at 8 p.m. and ending Tuesday at 4 a.m.), workers using EVV should check in and check out at the beginning and end of a shift as they normally would

BadgerCare Plus and Medicaid

- For services provided to BadgerCare Plus or Medicaid members, the claim could be billed as a date span, or both dates could be billed on separate details on the claim. Per current policy, span dates may only be billed when the same services are provided for the same amount of time for each DOS. The procedure or revenue code, modifier, and units billed must be the same for each date included in the span

Visits With Multiple Dates of Service Cont.

Family Care, Family Care Partnership, IRIS

- For services provided under Family Care, Family Care Partnership, or IRIS, both DOS will need to be identified as separate details on the encounter. For MCOs and IRIS FEAs, the encounter must be associated to a specific visit key

DHS Resources

- [EVV webpage](#)
- [ForwardHealth Implementation of Electronic Visit Verification for Personal Care and Supportive Home Care Services](#)
- [EVV FAQs](#)
- [ForwardHealth Portal](#)
- [Training resources](#)
- Wisconsin EVV Customer Care: 833-931-2035