

Wisconsin Electronic Visit Verification
Unlocking EVV Podcast 1 Transcript

Sheila: Hello, my name is Sheila Itzen, and I'm a Wisconsin EVV Provider Training Representative, and I'll be your host.
I'd like to welcome you to our new Wisconsin webcast series, "Unlocking EVV".
Joining us today is Wisconsin's EVV subject matter expert, Shawn Thomas, Home Care Policy Analyst, Bureau of Benefit Policy with the Department of Health Services.

Shawn: *Hi, Sheila and everyone listening to this webcast. I am glad to be with you today.*

Sheila: Shawn, would you share with us a little bit about your role with the EVV project?

Shawn: *Sure. I have been involved with the EVV project since February of 2017. Some of my responsibilities were to help develop EVV policy and processes and to assist in the design of the program.*

Sheila: Thanks Shawn. We're so glad to have you here today. Shawn, as you know we've received some questions from folks impacted by EVV. So we're introducing these webcasts as another platform to answer those questions. For each webcast, we'll invite different subject matter experts to help us better understand the world of electronic visit verification.

Shawn: *Well, this is a new program, Sheila, and we understand there may be questions. As a member of the team responsible for developing the Wisconsin EVV program, I'm glad to have the chance to answer questions about those and how it works.*

Sheila: With that, let's dive in...
So, with soft launch just recently being implemented, what do you expect to see happen during this period?

Shawn: *Soft launch is very important, and I don't think we can say this enough. The soft launch period gives everyone involved time to work together: to test and confirm the system functionality, improve processes, and provide additional training while this new technology is being integrated into day-to-day business operations. The top priority, however, for DHS is ensuring that services and care are provided to members and participants. So, care should always be provided regardless of a worker's ability or inability to successfully complete EVV. This is a learning period – soft launch, if you will. A time to fine-tune processes. During soft launch, claims will not be denied for reasons of EVV. However, fee-for-service providers will see on their Explanation of Benefits (or EOB) messages on their remittance advice if they are not in compliance with EVV. Providers should use this as feedback to make any necessary changes to submit EVV information correctly.*

This is also a time for provider agencies to check with HMOs and MCOs regarding their processes during soft launch.

During soft launch, DHS expects their HMOs, MCOs and IRIS FEAs to do the following:

- *Reconcile provider agency claims and participant hired workers' timesheets against EVV visit data.*
- *Communicate with providers and IRIS participants when EVV visit data is missing or doesn't match.*
- *To continue to pay as usual, regardless of EVV.*

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- *Include the KX modifier with encounters for services provided by live-in workers.*
- *And finally, for MCOs and IRIS FEAs to send DHS EVV visit keys with applicable encounters.*

Sheila: Does EVV eliminate the need to keep timesheets?

Shawn: *Well, no. I'd like to remind providers to continue using their current practices for maintaining their documentation, their records, and their paperwork. During soft launch, DHS will be monitoring visit data to understand the integration of EVV. This information shows us who might be struggling with EVV use and those who are progressing more quickly. DHS is committed to the successful implementation of this EVV program.*

Sheila: Okay, now that we understand soft launch, can you tell us about hard launch?

Shawn: *All of this work during soft launch is in preparation for hard launch of EVV. Hard launch is when claims reimbursement and capitation rate setting will be impacted. A hard launch date has not yet been set.*

After hard launch, fee-for-service claims will be denied if they are missing EVV data. And encounters missing EVV may be excluded from future capitation rate setting. This is not what we want to see happen, which is why working together during soft launch will be so critical for everyone. Again, a hard launch date has not yet been set.

Sheila: Thanks, Shawn, for sharing the importance of soft launch! That is really a lot of great information. Now that you've explained a bit about why soft launch is so important, can you help clarify what programs are involved?

Shawn: *You bet! EVV is required for all personal care services and applicable supportive home care services provided to members enrolled in the Wisconsin Medicaid program payer: Fee-for-Service (also known as straight Medicaid), Badger Care Plus and SSI HMOs, as well as Family Care, and Family Care Partnership, as well as IRIS programs. On January 1st, 2021, IRIS workers will be required to use EVV for routine supportive home care services.*

And it's important to note EVV is only required for Medicaid-covered personal care and supportive home care services. Therefore, this policy does not apply to private pay or other health insurance programs.

Sheila: So what specific services require EVV?

Shawn: *Well, that's a great question. There are four specific service codes that require EVV. The personal care codes are T1019, personal care services per 15 minutes, T1020, personal care services per day, as well as applicable supportive home care codes, which are S5125, supportive home care per 15 minutes, and S5126, supportive home care per day. Both of those are provided through Family Care and Family Care Partnership.*

The supportive home care codes S5125 and S5126 will also apply to IRIS, with the January 1, 2021 waiver renewal.

Sheila: So, does that mean that IRIS agencies will not begin to use EVV until January 1, 2021?

Shawn: *Not exactly. IRIS participant-hired workers using self-directed personal care services under T1019 should use EVV as of Nov. 2, 2020, just like all other programs.*

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Until January 1, 2021, IRIS will continue to use service codes S5130 and S5131 for routine supportive home care services. Those codes don't require EVV. However, routine supportive home care services will be changing January 1st, 2021 for IRIS. And IRIS will begin to use routine supportive home care services S5125 and S5126, both of which do require EVV. That's because the upcoming waiver renewal provided an opportunity to make sure IRIS and Family Care supportive home care codes were in alignment.

Sheila: Let's talk about checking in and checking out for services, as there seems to be some confusion and a lot of questions around this. So, will workers have to check in and out more than once during a visit?

Shawn: *Umm, good question. First, I'd like to mention that services are different than tasks. Workers should not check in and out for different tasks they perform. Tasks include feeding, bathing, dressing, etc. Checking in and out is based on the broader category of service. For the most part, a worker will check in at the start of their visit and check out at the end of the visit. For Family Care and Family Care Partnership, when both personal care (T1019) and supportive home care (S5125) are authorized separately and performed during the same visit, then each service will require a separate check in and check out. The same is true for an IRIS member. An IRIS participant who is receiving fee-for-service Medicaid personal care services and IRIS routine supportive home care services, then each service will require a separate check in and check out because those are different payers. Agencies will need to create processes so that employees know how much time to check in and out for each service. We understand that it's common for someone to receive personal care and supportive home care services under the S5125 code and in that case no additional check in or check out is needed since the member is only authorized for one service.*

Sheila: Shawn, I understand there is a Combo code available for IRIS. Can you explain that further?

Shawn: *Yes, there is an exception for IRIS workers using the Wisconsin-provided Sandata solution. If both the personal care services (T1019) and routine supportive home care services (S5125) are being paid for by IRIS, then the worker can use the service code called "Combo" and will only need to check in and out at the start and end of the visit. The Combo code is only available for IRIS, and only if IRIS is paying for both services. Agencies will need to create processes to let their workers know when to check in and check out for each participant, and what service code to use.*

Sheila: So, why do workers have to check in and out during the same visit when performing both personal care and supportive home care service?

Shawn: *Well, again, having to check in and out more than once during a visit really only applies in certain situations. If multiple services are being provided and being performed, the only way to create a separate EVV visit is to have separate check in and check out with the exception that I just mentioned, that IRIS workers can use that Combo code when it is applicable. One of the six requirements of EVV is identifying what service is provided. We understand that when providing both personal care and supportive home care services during the same visit it can be done sporadically throughout the day and that's ok!*

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How workers go about providing care should not change or be impacted because of EVV. But workers will need to make sure that they capture EVV data for the services and for the approximate time the services were provided.

Again, it will be very important for provider agencies to explain proper check in and check out processes to their workers.

Sheila: So, do workers need to check in and out if they provide a service that is billed as a daily rate?

Shawn: *Yes, workers do need to check in and check out when providing services that are billed at a daily rate. There are times when a worker arrives at a member's home, provides care, and then leaves. That is considered a visit. Sometimes those visits can happen twice in a day: maybe morning and night. Therefore, a worker would check in in the morning and check out when they are leaving. And they would do the same for the evening visit, using the proper service code.*

Sheila: Shawn, thank you so much for joining us today. Do you have any last thoughts that you want to share with all of us?

Shawn: *I do, Sheila. You know, EVV is federally-mandated. Early on DHS established EVV guiding principles for how it would be implemented in Wisconsin. These are the foundational components of this program and are the principles we share with providers, members, and participants.*

Our guiding principles include the following:

- *Maintain services provided*
- *Support provider selection*
- *Keep the individual's worker of choice and*
- *Ensure needed care is delivered*

Sheila: Great! Thank you for joining us today and learning more about the Wisconsin EVV program. This webcast will be posted to the DHS EVV website Resource page – that's dhs.wisconsin.gov/evv.

Together we are the key that will unlock EVV.

Sheila: Thank you.

Shawn: *Thank you.*