Electronic Visit Verification Overview



P-02746 (12/2024)

Objectives

- Learn about Electronic Visit Verification (EVV) requirements
- Learn which services codes require EVV
- Understand first steps in EVV

This will be a broad overview of what EVV is, and what services require EVV in Wisconsin. Our intent here is to make sure everyone starts with the same basic knowledge before going deeper into EVV. We'll also point to resources for providers and independent nurses who are taking the first steps in EVV.

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Key Terminology

- Sandata EVV system provided by the Department of Health Services
- Client A client is a member or participant who receives services through Wisconsin Medicaid
- Employee A person (worker) who provides care to one or more clients

Here's some key terminology that will be used throughout:

Sandata—EVV system provided by the Department of Health Services. It can be used by providers free of charge, or providers can choose to purchase a different EVV system. Our trainings are geared to use of the Sandata system. Those choosing an alternate system should be sure to get the training and information they need from that vendor.

Client—A client is a member or participant who receives services through Wisconsin Medicaid.

Employee—A person (worker) who provides care to one or more clients. "Employee" is the term used in the Sandata EVV portal; therefore, it's the one we will use for training. Employees in our presentations refer to the person taking care of clients and does not include administrative office staff.

A note for independent nurses: You are both business owner/administrator and employee. You'll need to consider how EVV fits in your routines from both perspectives.

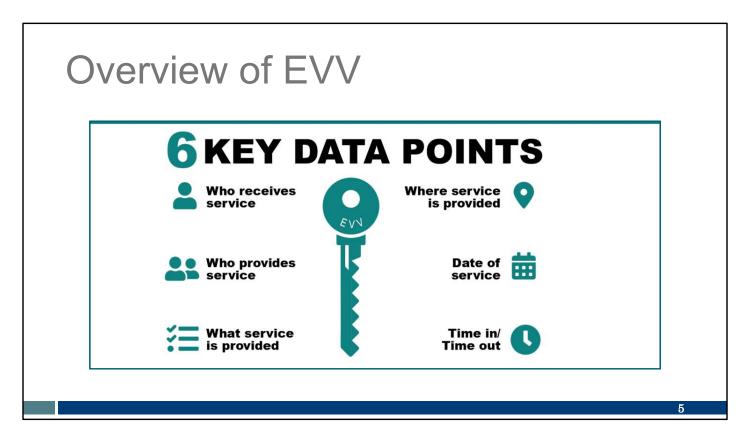
Overview of EVV

- Federally-mandated 21st Century Cures Act requires EVV for Medicaid-covered personal care services (PCS) and home health care services (HHCS).
- EVV uses technology to make sure clients receive the services they need.
- States that do not implement EVV will lose Medicaid funding.

Let's begin with an overview of why Wisconsin is requiring EVV.

In 2016, the 21st Century Cures Act, a federal law, was passed. The law requires every state, including Wisconsin, to implement EVV for Medicaid-covered personal care and home health care services. It uses technology (which can be as simple as a landline telephone) to make sure clients receive the services they need.

If we don't follow this federal law, Wisconsin will lose money for Medicaid services.



EVV is an electronic system that uses technology to make sure clients receive the services they need. Employees check in at the beginning and check out at the end of each visit, using a smart phone or tablet, small digital device, or landline telephone. The 21st Century Cures Act requires that the EVV system captures six key pieces of information:

- Who receives the service (the client)
- Who provides the service (the employee, and their employer/provider agency)
- What service is provided
- Where the service is provided
- The date of service
- The time the service begins and ends

Two points to emphasize here:

- Wisconsin's EVV solution does **not** monitor or track a worker's location before, after, or during a visit. Location is only captured at the start and end of a visit—two points in time.
- There are times that care is allowed and provided in the community, outside the client's home. EVV does **not** prevent that.

Overview of EVV

The Wisconsin Department of Health Services (DHS) is working to:

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

Have questions? Need help? Wisconsin EVV Customer Care is available at 833-931-2035 or vdxc.contactevv@wisconsin. gov Monday-Friday, 7 a.m.–6 p.m. Central Time.

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DHS has worked with clients, employees, providers, payers, and advocacy groups to ensure these guiding principles are met.

We appreciate your time and feedback provided throughout this process and welcome more feedback as we go along. We want EVV to be successful in our state and for our providers.

Our Wisconsin EVV Customer Care is available to help! Their contact information is here, and on each of our DHS EVV webpages. They are committed to helping providers and employees through the EVV process.

Service Codes Requiring EVV: www.dhs.wisconsin.gov/evv/service-codes.htm			
Personal Care Service Codes	Private Duty Nursing (PDN) Codes (Independent Nurses and Agency Nurses)	Non-PDN Nursing Codes (Independent Nurses and Agency Nurses May Use)	Therapy Codes
99509 (Home visit for assistance with activities of daily living & personal care)	99504 (Home visit for mechanical ventilation care)	99600 (Unlisted home visit service or procedure)	92507 (Treatment of speech, language, voice, communication, &/or auditory processing disorder)
T1019 and T1020 (Personal care services, per 15 minutes or per day)	S9123 (Non-vent private duty nursing care in home—by RN)	T1001 (Nursing assessment/evaluation)	97139 (Unlisted therapeutic procedure—occupational therapy)
S5125 and S5126 (Supportive home care services, per 15 minutes or per day)	S9124 (Non-vent private duty nursing care in home—by LPN)	T1502 (Administration of oral, intramuscular, and/or subcutaneous medication)	97799 (Unlisted physical medicine/rehab service or procedure—physical therapy)
		T1021 (Home health aide or CNA visit)	

These are the 15 service codes requiring EVV. They are also listed on the webpage you see at the top.

We've broken this list into categories across the top—personal care services (including nurse supervisory visits), private duty nursing (which independent nurses and agency nurses may use), non-PDN nursing codes (which independent nurses and agency nurses may use), and therapy codes.

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Claims that cannot be matched by the payer to an EVV record are denied.

EVV in HNOs and MCOs have the authority to deny provider claims that are missing EVV data. HMO and MCO encounters submitted to DHS without matching EVV data may be excluded from future capitation rate setting development.

If your payer is an HMO or MCO: Claims that cannot be matched by the payer to an EVV record can be denied. HMOs and MCOs have the authority to deny provider claims that are missing EVV data.

The HMO and MCO also have consequences in how they are paid by DHS. HMO and MCO encounters submitted to DHS without matching EVV data may be excluded from future capitation rate setting development.

EVV in IRIS

- IRIS fiscal employment agencies (FEA) will deny provider claims that are missing EVV data.
- IRIS participants whose participant-hired worker (PHW) fails to meet EVV requirements risk being disenrolled from the IRIS program.
- FEAs will continue to pay PHWs claims in a timely manner.

Start EVV

Getting ready for EVV:

- Obtain required IDs.
- Train administrators and workers.
- Establish EVV routines.

www.dhs.wi.gov/evv/providers.htm

Electronic Visit Verification (EVV): Providers and Independent Nurses

EVV verifies <u>Medicaid-funded service codes requiring use of an EVV system</u> that were provided by collecting the following information:

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

Wisconsin's EVV solution

The Wisconsin Department of Health Services (DHS) selected the Sandata EVV system that can be used by all DHS programs and impacted provider agencies, HMOs, MCOs, Family Care fiscal employer agents (FEAs), and IRIS FEAs. Individual organizations do not need to purchase an EVV solution. Organizations may choose to use a different, or alternate EVV system. Learn more about specific DHS business and technical requirements on the <u>Alternate EVV webpase</u>.

Technology to collect EVV data

When using the DHS-provided Sandata EVV system, workers may use a smart phone or tablet to enter the date, time, location, and service. In some cases, they may use a small digital device or a member's landline telephone. Alternate EVV systems may provide different options for collecting visit information.

Traditional methods of logging information, such as paper records of care, may continue but do not fulfill EVV requirements.

Providers, including independent nurses, who are new to EVV should complete these steps regardless of the type of EVV system

Update your provider contact information on the Demographic Maintenance area's Mailing Address panel in the <u>ForwardHealth</u>
 <u>Portal</u> C Refer to the <u>ForwardHealth</u> Portal Demographic Maintenance Tool User Guide, P-00953 (PDE) for more information.

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- Review the <u>New to EVV? guide, P-03078</u> for initial set-up steps
- Start thinking through how EVV will fit into your daily routine and, if appropriate, how to communicate about EVV to the members you serve.

Make a plan to train your workers. Find suggestions on the <u>Training Workers for EVV. P-02851 (PDF)</u> resource and <u>Successful</u>
 <u>Training. P-02706 (PDF)</u>.

Providers (including independent nurses) can follow the steps on the EVV Providers and Independent Nurses webpage.

What are the next big steps? Obtain the needed IDs. After that comes administrator training and then workers' training to learn how to capture visit information using the Sandata EVV system. (Independent nurses, you are both administrator and worker in EVV.) Getting your EVV routines set up is next.

Resources

Resources

- Wisconsin EVV Customer Care:
 - Phone: 833-931-2035, Monday–Friday, 7 a.m.–6 p.m.
 - Email <u>VDXC.ContactEVV@wisconsin.gov</u>
- EVV webpage at <u>www.dhs.wisconsin.gov/evv/index.htm</u>
 - Training Resources
 - Information about EVV in Wisconsin

EVV Customer Care at 833-931-2035, Monday–Friday, 7 a.m.–6 p.m. Our customer service team are specially trained for EVV and only take EVV calls.

Email support at VDXC.ContactEVV@wisconsin.gov

EVV webpage at <u>www.dhs.wisconsin.gov/evv/index.htm</u> for information about the following:

Training Resources

•EVV in Wisconsin

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