

# Electronic Visit Verification Records and the General Claims Process

This overview provides a snapshot of how an electronic visit verification (EVV) visit record fits into the general claims process. Additional details are provided on the following page.



## Authorization

Payer authorizations are submitted to the Wisconsin Department of Health Services (DHS). DHS sends all authorizations for services requiring EVV to Sandata nightly.



## Visit

Workers check in at the beginning and check out at the end of each visit using a smartphone or tablet, landline, or a 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, and the time the service begins and ends.



## Verification

Visits with all six required data elements are considered verified visits. If necessary, the provider agency administrator makes manual edits in their EVV system to complete or correct the visit record. Sandata sends all of the day's visit files, including any edits and visits received from alternate EVV vendors, to DHS after midnight.

DHS then sends verified visits to the appropriate program payer the following day to be used for claims processing. Visits with incomplete data are not sent to payers.



## Validation

Visits should be in a verified status in the EVV system prior to the claim being sent. Incomplete visit records (those missing information) will not be used for claims or encounter processing.

The claim must correspond to the EVV visit record. This step ensures that each service has corresponding EVV data to support payment.

## Authorization

Payers submit authorizations to DHS for members and participants who receive [services](#) that require workers to capture EVV information in Wisconsin. Once received, DHS sends all authorizations to Sandata nightly. The information in the authorization is used to connect the member or participant, approved services, provider, and payer in the EVV system.

In some instances, members 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. In addition, if a prior authorization liaison (PAL) submits a PA, the PAL will be the only provider listed on the PA, and other independent nurses will not have their own separate PAs. If a provider does not have required authorization information entered in their Sandata system, the Sandata system cannot capture EVV visits without error.

Therefore, DHS allows providers to enter the required authorization information in the Sandata system when necessary. Entering this required information allows EVV visits to be captured in the absence of a payer's authorization. Entering this information does not authorize a member to receive services, nor does it create a true authorization in the ForwardHealth Portal, HMO, or managed care organization 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, including non-PAL independent nurses, can learn how to manually enter required authorization information in the [Adding Required Authorization Information in the Sandata EVV Portal training, P-03550](#). Alternate EVV system users should consult a representative from their EVV system.

## Verification

After workers have completed visits, the provider agency administrator or independent nurse makes sure that all required information has been captured and any errors in the information that was collected have been fixed. Verified visits are automatically sent to DHS each night after midnight. All new and updated verified visits received in that file are sent to payers the next business day.

## Validation

Payers confirm that EVV data exists for the claim and validate data based on each applicable detail on the claim.

For fee-for-service claims, the DHS system automatically pairs the claim detail data to EVV visit data. If a corresponding EVV record is not found on initial processing, the DHS system will suspend the claim and begin a two-day recycle process. If EVV data is not found in these two days, the claim detail will be denied. Providers may resubmit the detail at a later date after the EVV visit data is verified.

For other programs, the program payer receives verified visit files from DHS. The payer ensures that each service code that requires EVV has corresponding EVV data to support payment.

- BadgerCare Plus and Medicaid SSI HMOs, Family Care, and Family Care Partnership have the authority and will likely deny claims that do not have corresponding EVV records for services that require EVV.
- IRIS (Include, Respect, I Self-Direct) fiscal employer agencies (FEAs) will pay participant-hired worker claims in a timely manner and work with participants and participant-hired workers to resolve missing or inaccurate EVV data.
- IRIS FEAs will deny provider claims with incomplete EVV data.