Your Key to EVV

Unlocking Electronic Visit Verification in Wisconsin

Wisconsin EVV Customer Care

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Monday–Friday | 7 a.m.–6 p.m. CT

https://www.dhs.wisconsin.gov/evv/index.htm

This newsletter provides information about EVV in Wisconsin. The July 2020 ForwardHealth Update (2020-31), titled "Implementation of Electronic Visit Verification for Personal Care and Supportive Home Care Services," contains approved guidance.

WISCONSIN DEPARTMENT *of* **HEALTH SERVICES**

Hello! As the calendar year ends, we're proud to say that more than 150,000 visits have been captured with electronic visit verification (EVV)! If your agency isn't one of the more than 250 provider agencies who have made EVV a part of their everyday work, this is a friendly reminder that soft launch is not a trial or a beta version–provider agencies are required to use EVV during soft launch. It is how the Wisconsin Department of Health Services (DHS) is meeting the federal Centers for Medicaid & Medicare Services' mandate.

In the Know

When you're first getting started, EVV can seem like a lot of new information to learn! Below, we break it down into three easy-to-understand stages and highlight: who does the step, what the step is, and where the information goes.

Step 1 | **Visit**

Who does this step: The worker

What do they do: The first part of EVV is the actual visit. This is where the worker will go to the member or participant, perform the services that they're authorized for, and capture the 6 key pieces of information of an EVV visit:

- Who receives the service
- Who provides the service
- What service is provided
- Where the service is provided
- The date the service is provided on
- The check-in and check-out times for the service

6 KEY DATA POINTS

Who receives service

Who provides service

What service is provided

Where service is provided

Date of service

Time in/ Time out
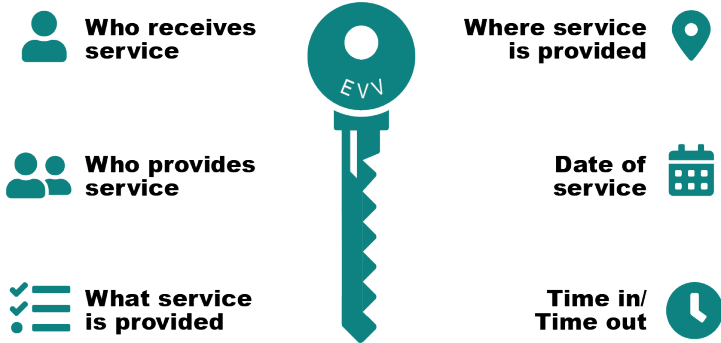
In the Sandata system, all 3 methods of EVV capture these 6 pieces of information. You can choose mobile visit verification, telephonic visit verification, or fixed visit verification, and each one will record the details of the visit.

In this step, the worker sends information to Sandata by using the Sandata app, by using the telephonic visit verification toll-free number, or by using a phone to call in codes from a small fixed device specially ordered for the member or participant.

Step 2 — Verification

Who does this step: The provider agency or Fiscal Employer Agency

What do they do: Verification is where a provider agency or IRIS (Include, Respect, I Self-Direct) Fiscal Employer Agency administrator reviews the EVV data and fixes or acknowledges any mistakes or missing information. For example, if a worker logs an EVV visit as an "unknown client" because they can't find the member or participant in the Sandata Mobile Connect app, then the administrator will later go into the Sandata EVV Portal and correct that error by assigning the visit to the correct member or participant.

In other words, verification is where the agency makes sure EVV information is correct and complete before Sandata automatically sends the visit data to DHS.

Step 3 — Validation

Who does this step: DHS

What do they do: Validation is the process of connecting EVV visit information to its matching claim or encounter.

After an EVV visit is verified in the Sandata EVV Portal, Sandata will automatically send the visit information to DHS. In the meantime, the provider agency submits their claims or encounters to their program payer. If needed, the payer will process the claim and then forward it to DHS. Finally, DHS will match the EVV information to the claim.

For services provided through fee-for-service, if DHS can't find a matching EVV visit for a claim, DHS will send an explanation of benefits (EOB) message to the agency to let them know that EVV information is missing. These explanation of benefits messages will help provider agencies understand what mistakes are being made in capturing EVV information so they can correct them and keep the whole system running smoothly.

For services paid through an HMO, managed care organization, or IRIS Fiscal Employer Agency, provider agencies will need to check with their program payer on what the claims and validation process will be.