

Adding Required Authorization Information in the Sandata EVV Portal

Agenda

- Why Add Required Authorization Information in the Sandata EVV Portal?
- Creating a Client in the Sandata EVV Portal
 - Search for existing client
 - Complete Personal tab
 - Complete Program tab
- Resources

Note: This process will not create an actual Medicaid approved prior authorization. This is only providing required information to Sandata.

Why Add Required Authorization Information in the Sandata EVV Portal?

Required authorization information can be created by the provider in the Sandata EVV portal for:

- Fee-for-service clients who receive under 50 hours of service in the calendar year.
- Home health care service codes that need to start before an authorization has been issued.
- Home health care service codes that will not require an authorization because fewer than 30 visits will be performed in a calendar year.
- Private duty nurses who are not the prior authorization liaison (PAL).

Typically, clients are automatically entered into the Sandata portal based on a Medicaid approved prior authorization. Certain services are allowed by policy without an authorization. In these situations, the required authorization information can be created by the provider in the Sandata EVV portal.

- Fee-for-service clients who receive under 50 hours of service in the calendar year
- Home health care service codes that need to start before an authorization has been issued
- Home health care service codes that will not require an authorization because fewer than 30 visits will be performed in a calendar year
- Private duty nurses who are not the prior authorization liaison (PAL).

Without an authorization, the Sandata system cannot capture error-free EVV visits. Therefore, for these service codes, DHS allows providers to enter the required authorization information in the Sandata system when necessary

Why Add Required Authorization Information in the Sandata EVV Portal?

The exception: Service code 99509 (nurse supervisory visit). DHS will auto-generate an authorization for this service to pair with any client who receives T1019 (personal care services).

Note: This process will not create an actual Medicaid approved prior authorization. This is only providing required information to Sandata.

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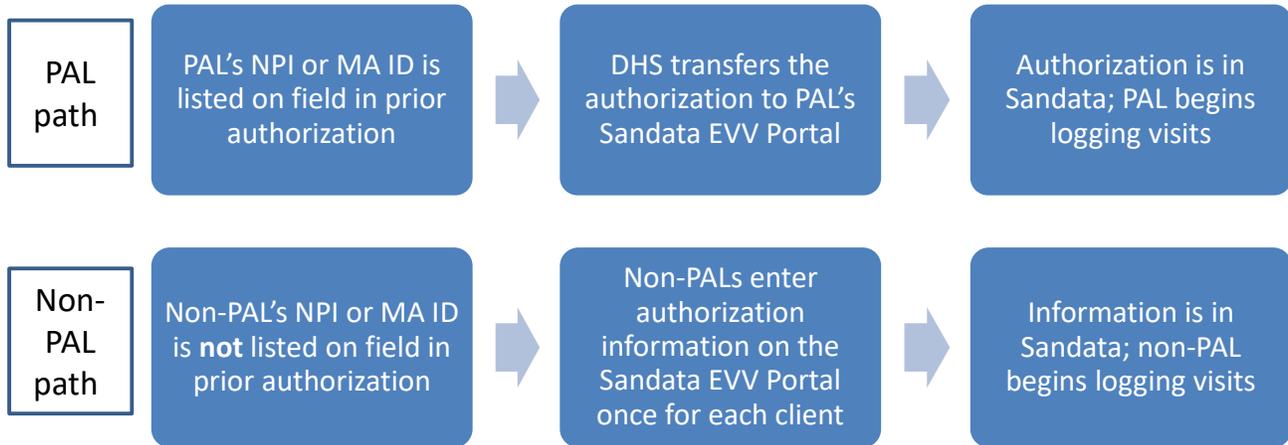
The exception is service code 99509 (nurse supervisory visit). This service code *is allowed by policy without an authorization*, but DHS will auto-generate an authorization for this service.

Providers will not need to create authorization information in the Sandata EVV portal for service code 99509.

Let's spend some time with the note on the bottom of the screen: "This process will not create an actual Medicaid approved prior authorization. This is only providing required information to Sandata."

We want to be clear that the steps we'll look at do not *replace* a Medicaid authorization. Even though we'll see screenshots that suggests an authorization is being created, please keep in mind this is only providing information to Sandata, not creating a true Medicaid authorization.

Prior Authorization Liaisons (PALs) and EVV Authorization Information



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Let's also touch upon Prior Authorization Liaisons, Private Duty Nurses assisting those PALs, and Authorizations.

While the service codes used in this situation (99504, S9123, and S9124) always require a prior authorization with ForwardHealth, the authorization only feeds into the Sandata EVV Portal for the PAL. This is because the PAL's MA ID or NPI number is listed in the authorization's provider information section, which transmits to Sandata. We see this series of steps on the top line of this slide.

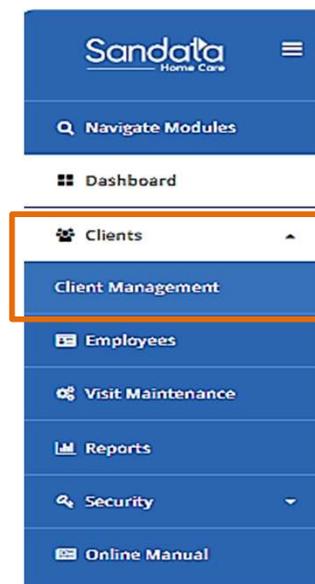
The other private duty nurses who may be assisting the PAL will need to enter authorization information into their own Sandata EVV Portal, so the client will be in their Sandata EVV Portal and EVV visit data can be collected by that nurse. We see this series of steps on the bottom line of this slide.

Creating a Client in Sandata EVV Portal

Let's get started. First, for the situations we just covered, let's talk about how to create a client in Sandata EVV portal. This sets the baseline for adding authorization.

Search for Existing Client File

- Login to the Sandata EVV Portal.
- From the navigation panel, click **Clients**.
- Click **Client Management**.
- The Clients search screen will be displayed.



Always search for the client first to be sure you're not creating a duplicate file. For example, if the client was served by your provider agency in the past, they would still be found in the client list and may only need updating.

First, login to the Sandata EVV Portal.

From the navigation panel, click Clients.

Then click Client Management to access client records.

The Clients search screen will be displayed (on next slide).

Search for Existing Client File

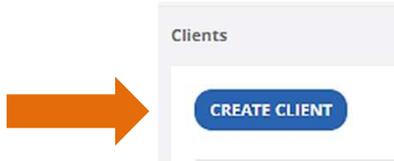
The screenshot displays the 'Clients' web application interface. At the top right, there is a 'LOG OUT' button. Below the header, a search bar contains the text 'Type here for a quick search...' and a 'FILTERS' button. A large orange arrow points to the 'FILTERS' button. Below the search bar, a table header lists columns: CLIENT, STATUS, PROGRAM, SUPERVISOR, MEDICAID ID, CLIENT PAYER ID, AS OF, SOC, EDC, and SERVICES. On the right side, a 'Filters' modal is open, containing several input fields: Last Name, First Name, Status (set to 'Active'), Client ID, Client Payer ID, Medicaid ID, Program, Language, and Primary Payer. At the bottom of the modal, there are 'CLEAR' and 'APPLY FILTERS' buttons. A large orange arrow points to the 'APPLY FILTERS' button.

- Click on **Filters**.
- Enter search criteria.
- Click **Apply Filters**.

In the top right of the screen, click on Filters. Then enter the search criteria. You can leave all the fields blank to get a full list of all clients, if you prefer. Click Apply Filters to find any matching records.

Search for Existing Client File

- If the client is not found, click **Create Client** button.



- If the client is found, click on their name and update their information. (Go to Slide 10.)

If no match is found, use the Create Client button.

If the client is found, click on their name. Proceed to slide 10 for instructions on how to update their information.

Enter New Client

- Enter required information indicated by an asterisk (*).
- Make sure the Medicaid ID is correctly entered.
- Click Create Client.

New Client

*Required

Last Name*

First Name*

Program*

Medicaid ID*

SSN

Phone

[CANCEL](#)



[CREATE CLIENT](#)

✓ Success
A new client has been successfully created!

Enter required data indicated by an asterisk (*).

To prevent issues in the future, make sure to double check that the Medicaid ID is entered correctly.

Click Create Client.

The new client record is started, and a green confirmation box will appear.

Adding Authorization Information

Now we will add the required authorization information.

Complete Personal Tab

- Enter non-required information (no asterisk) if desired.
- Click on the three dots (see arrow) to enter an address and phone number.

The screenshot shows a web application interface for a client named "Test, Fake". At the top, there is a navigation bar with a back arrow, the name "Test, Fake", and a dropdown menu showing "FFS | Pending". Below this, client details are listed: "Client ID: 266183 | Medicaid ID: 9999999977 | Main Address: -- | Phone No: -- | Main Emergency Contact: --".

The main content area is divided into several sections:

- Personal** (highlighted with an orange box) and **Program***
- Identifiers** (with a three-dot menu icon):

Client ID	266183	Medicaid ID	9999999977
SSN	-	Agency ID	9999999977
- Personal Information** (with a three-dot menu icon):

Client Name	Fake Test		
Date of Birth	-	Gender	-
Language	English		
- Addresses | Phone Numbers +** (with a three-dot menu icon):

Main Address	...
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An orange arrow points to the three dots next to the "Main Address" field. In the top right corner of the "Addresses | Phone Numbers" section, there is a "REQUEST DEVICE" button.

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Here you can see the Personal tab for additional information.

You can enter any non-required information (no asterisk) you'd like.

An address and phone number will need to be added. You can do so by clicking on the three dots, shown here by the orange arrow.

Complete Personal Tab

- Enter required information.
- Address Type is "O – Other."
- Main Phone Number: Enter a client's landline only. If no landline exists, enter 555-555-5555.
- Click Save.

The screenshot shows a form titled "Edit Address and Phone Number" with a close button (X) in the top right corner. The form is divided into several sections. The first section is "Address Label" with a text input field. The second section is "Address Line 1*" and "Address Line 2*", each with a text input field. The third section is "Address Type*" with a dropdown menu and "Zipcode*" with a text input field. The fourth section is "City*" and "County", each with a text input field. The fifth section is "State*" with a dropdown menu and "Main Phone Number*" with a text input field. Below these fields are three checkboxes: "Active" (checked), "Use as billing address" (unchecked), and "Use as main address" (checked). At the bottom of the form, there are two buttons: "+ Add number" and "+ Add email address". At the very bottom, there are two buttons: "CANCEL" and "SAVE". An orange arrow points to the "SAVE" button.

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Enter the client's address. All required fields have an asterisk next to them.

Enter the required information, marked with an asterisk (*).

Address Type: To create a client in Sandata, entering "Address Type" is required. Entering as "O-Other" means the address will not be overwritten in future file updates.

Main Phone Number: This is a required field, However, only a client's landline (or fixed Voice over Internet Protocol, VoIP, phone lines—for example, a phone line provided by a cable company) should be entered. If the client does not have a landline or VoIP line, enter 555-555-5555 or another clearly fake number.

Click Save.

A reminder: Members should be encouraged to keep address information up to date with ForwardHealth. Clients can update their Medicaid information through the client's local income maintenance agency or tribe, online through the client's ACCESS account, or by using the Medicaid Change Report (F-10137). Any address information added to the Sandata Portal will not update the Medicaid

file or any other system.

Complete Program Tab

- Click the **Program** tab.
- The next slides work through the boxes as the arrows direct.

The screenshot shows a web interface for a 'Program' tab. At the top, there are tabs for 'Personal' and 'Program*', with 'Program*' selected and highlighted by a red box. Below the tabs, the status is 'FFS - WIFFS - Not Authorized'. In the top right corner, there is a dropdown menu showing 'Pending' and an 'ADD PAYER' button, labeled with a red '1'. The main content area is divided into five sections, each labeled with a red number:

- 2 Program Details:** A table with fields for Supervisor, Enrollment, EOC Date, Created Date, Effective Date, SDC Date, Eligibility Begin Date, Eligibility End Date, and Reason For Change.
- 3 Service Details:** A section with the text 'No Service Added. Click button to add Service' and an 'ADD SERVICE' button.
- 4 Payer Details:** A section with fields for Payer Name, Medicaid ID, Bill Rate, Client Payer ID, Start Date, Rank, Group Number, and End Date, along with an 'ADD PAYER' button.
- 5 Authorization Details:** A section with the text 'No Authorization Added. Click button to add Authorization' and an 'ADD AUTHORIZATION' button.

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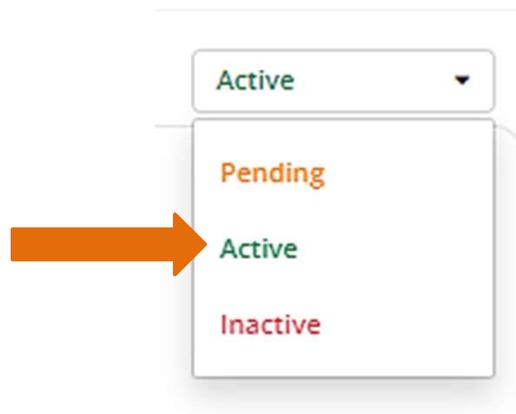
Now click to the Program tab. Make note of the five separate areas here. We'll be filling in the information in this order:

1. Client status (showing here as "Pending"--upper right corner)
2. Program Details
3. Service Details
4. Payer Details
5. Authorization Details

Let's go through these items one at a time.

Complete Program Tab: Client Status

Change the **Client Status** field from **Pending** to **Active**.



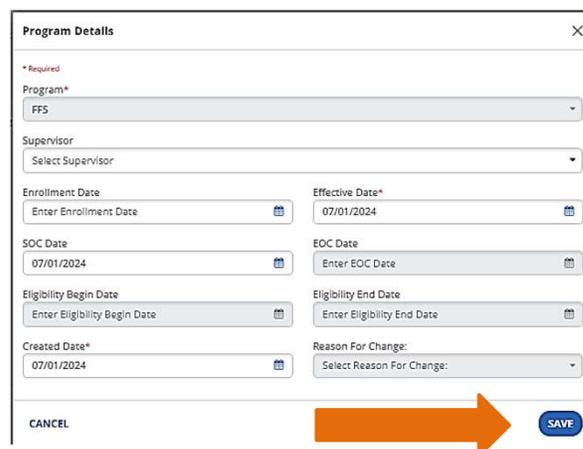
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We start in the Client Status box.

Change the Client Status from Pending to Active. "Active" status will allow you to edit more fields than would typically be allowed.

Complete Program Tab: Program Details

- The **Effective Date** auto fills to today's date.
- The **Created Date** can be backdated to accept earlier visits.
- The **Start of Care (SOC) Date** is the date services began. It can be backdated to match the **Created Date**.



The screenshot shows a 'Program Details' form with the following fields:

- Program***: FFS
- Supervisor**: Select Supervisor
- Enrollment Date**: Enter Enrollment Date
- Effective Date***: 07/01/2024
- SOC Date**: 07/01/2024
- EOC Date**: Enter EOC Date
- Eligibility Begin Date**: Enter Eligibility Begin Date
- Eligibility End Date**: Enter Eligibility End Date
- Created Date***: 07/01/2024
- Reason For Change:**: Select Reason For Change:

At the bottom left is a 'CANCEL' button and at the bottom right is a 'SAVE' button. An orange arrow points from the right side of the form towards the 'SAVE' button.

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Next, move to the Program Details box.

The Effective Date is required. It auto fills to show the current date. The Effective Date is the date client status changes are made.

The other field required is the Created Date. This can be a date in the past. It will set the standard for the other dates. The other dates (Start of Care (SOC) Date, Effective Date) cannot be before what you enter as the Created Date.

An example of when these may need to be backdated is if the client file is entered to Sandata after some EVV services have taken place. Backdating will allow those visits to have EVV information.

Be sure to click on "Save" before going to the next box.

Complete Program Tab: Service Details

- Click **Add Service**.
- Select the **Service**.
- Add **Start Date**.
- Click **Save**.

The screenshot shows a 'Service Details' form. At the top, a box labeled 'Service Details' is highlighted with an orange border, and an orange arrow points from it to an 'ADD SERVICE' button. Below this, the form itself is shown with a close button (X) in the top right. The form contains a 'Service' section with a dropdown menu labeled 'Select Service'. Below that are two date fields: 'Start Date *' with the value '07/01/2024' and a calendar icon, and 'End Date' with the placeholder 'Enter End Date' and a calendar icon. At the bottom of the form, there are three buttons: 'CANCEL', 'SAVE AND ADD ANOTHER', and 'SAVE'. An orange arrow points from the 'SAVE' button to the bottom right corner of the slide.

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Now we move to the Service Details box.

Click Add Service.

Select the Service from the drop-down list. Only eligible services will appear.

Add a Start Date. The “Start Date” cannot be earlier than the “Created Date” on the Program box that we just talked about.

A Start Date is required—it has an asterisk next to it. An End Date is optional on this screen.

Click Save.

Complete Program Tab: Payer Details

- Select the **Payer Name**.
- Click **Bill Rate**.
- Select "Default."
- Click **Save**.



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Now we move to the Payer Details box.

Select the payer from the drop-down list.

Click the drop-down arrow for the Bill Rate.

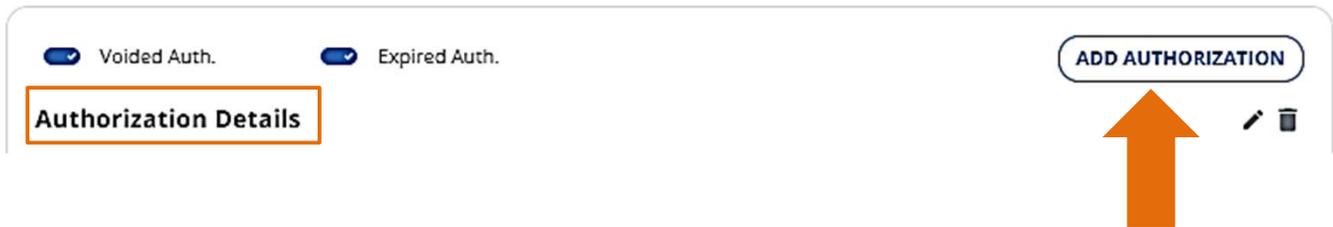
Select "Default" for the bill rate, the only choice.

All other information is optional.

Click Save.

Complete Program Tab: Authorization Details

Click **Add Authorization** to add authorization information.



Note: This process will not create an actual Medicaid approved prior authorization. This is only providing required information to Sandata.

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Now, we look at the Authorization Details box.

Click Add Authorization. Remember, this is not creating a Medicaid approved authorization. It's only providing the information to Sandata.

Complete Program Tab: Authorization Details

- Select **Payer** and **Service**.
- Keep **Event Code** as "None."
- Select **Format**.
- Set **Start Date** to cover the service start date.
- Set **End Date** (up to 06/06/2079).
- Click **Save**.

Authorization Details X

*Required

General Info

Payer* WIFFS Authorization Number AMP20240722XXXXXXX

Service* T1019 Modifiers: 1: 2: 3: 4:

Event Code* NONE-None Format* Select Format

Voided

Date Range

Start Date* 07/22/2024 End Date* Set End Date

Comments

Write your comments here...

Authorization Limitation

Visits or Authorization Allowed

Unlimited Has Limitations

CANCEL SAVE AND ADD NEW SAVE

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The Authorization Details screen will open up.

This is where you select from drop-down fields for the payer and service (the service code).

The "Event Code" can remain as "None."

Select the Format that best represents visit unit type.

Set the Start Date to cover the service start date. If you are backdating services, it should match the "Created Date" you used in the Program Details screen.

Set the End Date. Here, it is required. You can use any date up to 06/06/2079.

Because this is not creating an actual Medicaid authorization, this far-off end date is acceptable here. This will prevent you from needing to edit this information in the future.

Add comments in the bottom box if you'd like.

Be sure to click Save.

Complete Program Tab: Authorization Details

The authorization information will start with "AMP" to show it was manually created.

Voided Auth. Expired Auth. ADD AUTHORIZATION

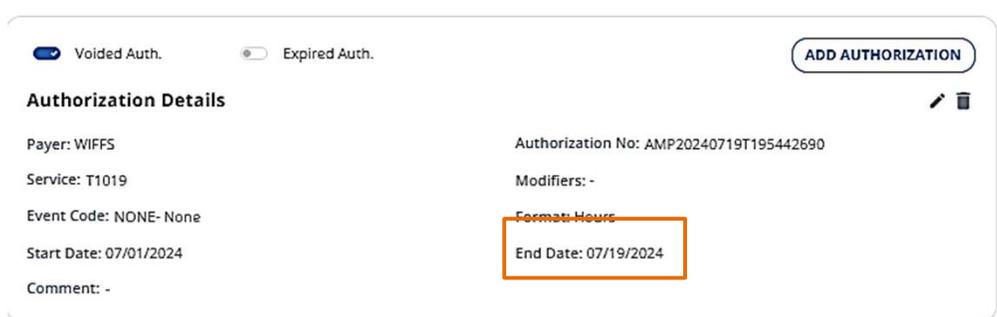
Authorization Details ✎ 🗑

Payer: WIFFS	Authorization No: AMP20240719T195442690
Service: T1019	Modifiers: -
Event Code: NONE- None	Format: Hours
Start Date: 07/01/2024	End Date: 06/06/2079
Comment: -	

An authorization number will autofill. This will always start with "AMP" to show it was manually created in the Sandata system. This number will not match a Medicaid-approved authorization number.

Maintaining Information

If an approved prior authorization for the service from the *same* payer is received in the future, Sandata will end date this manually created authorization information. This prevents overlap of service information.



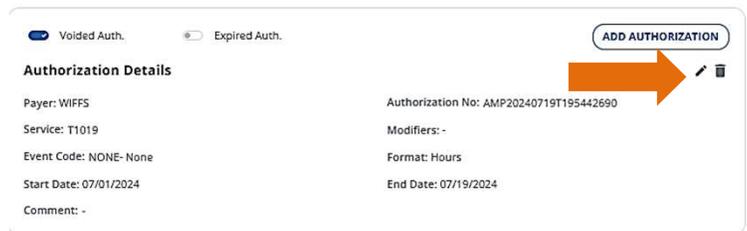
The screenshot shows a user interface for managing authorization information. At the top, there are two toggle switches: 'Voided Auth.' (which is turned on) and 'Expired Auth.' (which is turned off). To the right of these toggles is a button labeled 'ADD AUTHORIZATION'. Below the toggles is the section title 'Authorization Details' with edit and delete icons to its right. The details are organized into two columns. The left column contains: Payer: WIFFS, Service: T1019, Event Code: NONE- None, Start Date: 07/01/2024, and Comment: -. The right column contains: Authorization No: AMP20240719T195442690, Modifiers: -, ~~Format Hours~~, and End Date: 07/19/2024. The 'End Date' field is highlighted with an orange rectangular box.

If an approved prior authorization from that payer is received in the future, Sandata will end date this manually created authorization information. This prevents an overlap of service information.

Maintaining Information

If an authorization is received from *another* payer, the provider must end date this manually created Sandata information.

- Click on the edit pencil.
- Change the end date.
- Click **Save**.



The screenshot shows a user interface for managing authorization details. At the top, there are two radio buttons: "Voided Auth." (selected) and "Expired Auth." (unselected). Below this is the title "Authorization Details". The form is divided into two columns of information. The left column contains: "Payer: WIFFS", "Service: T1019", "Event Code: NONE-None", "Start Date: 07/01/2024", and "Comment: -". The right column contains: "Authorization No: AMP20240719T195442690", "Modifiers: -", "Format: Hours", and "End Date: 07/19/2024". In the top right corner, there is a button labeled "ADD AUTHORIZATION". Below this button, there is an orange arrow pointing to a pencil icon (edit) and a trash icon (delete).

What if an authorization is received from *another* payer for that same service? The system will NOT automatically end date the manually created authorization information. In this case, when expecting a new authorization for that client from a different payer, the provider must end date the AMP authorization information.

To do so:

- Click on the edit pencil.
- Change the end date.
- Click **Save**.

If both the AMP and the payer's authorization are active, the system won't be able to select the proper authorization during EVV visits. There would be unauthorized service exceptions to correct with each visit.

Resources

Resources

- EVV Customer Care:
 - Phone: 833-931-2035, Monday–Friday, 7 a.m.-6 p.m. Central time
 - Email: VDXC.ContactEVV@wisconsin.gov
- For more information:
 - www.dhs.wisconsin.gov/evv/training-administrators.htm:
 - [PowerPoint: Modify Client Data, P-02749](#)
 - [Wisconsin EVV Supplemental Guide, P-02745](#)

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There are a few resources we'd like to highlight as well. EVV Customer Care is available at 833-931-2035, Monday–Friday, 7 a.m.–6 p.m. Or by email at the address listed on the slide. Our customer service team are specially trained for EVV and only take EVV calls.

You can also find additional information on the EVV webpage at www.dhs.wisconsin.gov/evv/training-administrators.htm

PowerPoint: Modify Client Data, P-02749

Wisconsin EVV Supplemental Guide, P-02745

Thank You

Thank you for the important services you provide to members.

