Sheila: Hello, and welcome to Wisconsin podcast series, "Unlocking EVV". My name is Sheila Itzen. I am a Wisconsin EVV Provider Training Representative and your "Unlocking EVV" host. Joining us is Wisconsin EVV subject matter expert, Dana Raue, the Deputy Bureau Director, Bureau of Programs and Policy. Dana, we're excited to have you join us.

Dana: I'm glad to be with you today, Sheila.

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

Dana: Sure. I've been involved with the EVV project since the end of 2017. Some of my responsibilities were to help develop EVV policy and processes and to assist with the design of the program.

Sheila: Thank you, Dana. EVV has been required since November 2, 2020. Now that we're eight months into the EVV program, we thought it would be a good time to report on the progress that's been made.

Dana: I agree and I'm really happy to speak about the progress.

Sheila: Let's start with a couple of questions about soft launch. In your opinion, how important was implementing EVV with a two-phased approach, starting with a soft launch and then preparing for a hard launch?

Dana: It was absolutely critical, Sheila. We learned from other states and understood the importance of building a program that gave individual provider agencies time to work through new processes, while learning and integrating new technologies. The soft launch phase gave workers time to learn new requirements and how they could fit EVV into their day-to-day work habits.

Sheila: Definitely, that makes sense.

Dana: This has also given all of us – DHS, HMOs, managed care organizations, fiscal employer agencies, provider agencies, and workers – time to connect complex systems, and to test and troubleshoot the technologies needed to support EVV requirements.

Sheila: Dana, what do you think has gone well during this phase of EVV?

Dana: Well, most important is that care and services for members and participants was not interrupted. We all share a commitment to quality care in Wisconsin, and this is the most important measure for success and the reason for everyone's work. If I could share a few numbers, I think it will help illustrate other things that have gone well during soft launch.

Sheila: Perfect! I think this would really help us understand the progress that's been made.

Dana: A high percentage of provider agencies, about 85% are currently set up to use EVV and 81% of providers have registered their workers. The real challenge now is getting all provider agencies, and all workers, to use EVV all the time for the appropriate services. It is required. An example is In May, 60% of the providers have logged visits with EVV data – that means 40% are missing the opportunity to use soft launch.

Sheila: Great point, Dana. EVV is required even during soft launch. Thank you for sharing those numbers. It really does help with trying to visualize the scope of this project. Is there anything else you'd like to share that has been learned along the way?

Dana: As I mentioned earlier, we all realized rather quickly the complexity of connecting different systems and processes, and then needing to make sure it all functioned correctly. There was a lot of testing and validation along the way, and yes, we did experience a few hiccups.

Sheila: Could you share some examples?

Dana: Well, one of the improvements we made was to remove the exception for client verification. Previously, if the client verification or signature was not included when submitting the visit record, an exception would be generated in some programs. This exception required the provider agency administrator to manually edit the record. Another change is that DHS will send approved authorizations to Sandata on a nightly basis. There will no longer be a delay in sending the authorizations. This should enable providers to see members or participants in the Sandata Portal more quickly.

Sheila: How did DHS keep payers and provider agencies informed of these changes?

Dana: I feel that one of the most important things throughout this process was consistent communication with payers and provider agencies. Through it all DHS made sure to communicate with those agencies directly impacted.

Sheila: So, it sounds like there were some times you needed to communicate very specifically, and there were other times you needed to share information with everyone.

Dana: That's a good way to think about it. We did use a very targeted approach to reach out to only those that experienced a technical or system issue. We didn't want to send a blanket message to everyone, especially if 95% of the providers were not experiencing the issue. For example, 35 alternate EVV provider agencies were recently experiencing a "worker not found" error. Rather than notifying all provider agencies, we communicated with those 35 agencies throughout the process until it was resolved.

Sheila: What other ways has DHS shared information about EVV?

Dana: Well, in addition to this podcast, and the Your Key to EVV newsletter, we recently started Key Conversations. It's a monthly drop-in call scheduled the third Monday of each month. The meeting schedule and link are available on the EVV homepage. It's a great way for provider agency administrators to be able to share their experiences and things they've learned as well as ask guestions of our EVV expert panel.

Sheila: Is there anything else you'd like to mention?

Dana: Our recent training survey confirmed the importance of continuing education. We knew going into this that helping each provider agency gain confidence to train their workers and know where to find their resources was vital. Our training webpage is an important connection.

Customer care training has also been improved, with the goal to make sure they have the appropriate resources to meet the needs of EVV callers. We quickly identified the broad training and experience needed to respond to anyone that had a question about EVV.

Sheila: It sounds like EVV encompasses a lot.

Dana: It does. Integrating EVV into day-to-day processes and activity is not an overnight transformation, but will take some time to build. EVV was quite an undertaking when you think about adding this federal requirement to the care received by approximately 45,000 members and participants.

Sheila: I know you shared some interesting numbers earlier; I'd like to know if there is other information you look at to measure progress.

Dana: Yes, there is a lot of information to review. We know that about 550 providers have completed training, received Welcome Packets, and set up their EVV portal account. That's step one. The next is adding workers. We have over 60,000 workers added to the program setup. We're seeing incremental progress. For example, when EVV was first launched in November of 2020, we saw fewer than 200 providers using EVV. Currently, almost 400 providers are using EVV every day. While we're moving in the right direction, we still have a ways to go.

Sheila: Wow, these numbers represent a significant amount of preparation by our provider agency partners. Great job, all!

Dana: I agree. In addition, I'd like to mention, that over 1.3 million visits have been captured with EVV and each day provider agencies are collecting nearly 9,000 visits.

Sheila: So, where do we go from here?

Dana: The next very important step in all of this is getting verified visits and passing EVV claim edits. Right now we're seeing about 80% of visits are verified.

Sheila: So, we've discussed soft launch; let's shift gears to hard launch. What is the main difference?

Dana: Well, during soft launch, EVV is required; however, there are no consequences for submitting claims or encounters without EVV data. That changes with hard launch. Once in hard launch, missing or incorrect EVV information may result in denied claims or encounters not being included in rate setting development.

Sheila: What is DHS doing to meet the EVV hard launch requirements from CMS?

Dana: We are working very hard to ensure that all systems and technologies are functioning correctly. We continue monitoring reports to understand EVV usage among individual provider agencies. We are also contacting agencies who seem to need extra assistance based on this information.

We also continue to meet regularly with a variety of stakeholders for feedback, including MCOs, HMOs, the IRIS Fiscal Employer Agencies, IRIS Consultant Agencies, our EVV Advisory workgroup and provider agency groups throughout this process.

Sheila: What would help provider agencies prepare for hard launch?

Dana: First and foremost, provider agencies will need to make sure they've established daily habits and routines so that each and every required service includes EVV visit data. It's important that the visits are in a verified status before submitting the claim.

Sheila: Is there anything else?

Dana: I think it's also important that providers monitor EVV reason codes on their remittance advices. This shows what may be missing or a mismatch that could result in a claim denial after hard launch. Soft launch is a time for provider agencies to start using EVV and put it into practice before there are financial consequences.

Sheila: Thank you so much for joining us today, Dana. You have shared some interesting information. Before we sign off, do you have any last thoughts?

Dana: I'd really like to stress the importance of using EVV now. This is a time to practice and learn. We know getting started with anything new, including EVV, takes patience and time. We appreciate the progress that's been made. Thanks for having me, Sheila.

Sheila: For all that joined our podcast today, we will continue to share insights and information to successfully implement EVV in Wisconsin. For more information, visit our website dhs.Wisconsin.gov/EVV.

Thank you for joining us today and learning more about the Wisconsin EVV program. "Together we are the key that will unlock EVV".