

Electronic Visit Verification

March 11, 2020
Public Forum
Wisconsin EVV



Agenda

- Welcome and Introductions
- Electronic Visit Verification (EVV)
Program Design: Key Project
Decisions—New!
- EVV Background and Overview
- EVV Program Design: Key Project
Decisions—Refresher
- EVV Training
- Next Steps and Timeline
- Q&A Session



Foreword

- Much of the information in this presentation is draft language and not yet final.
- Once final, the Wisconsin Department of Health Services (DHS) will issue a ForwardHealth Update.

EVV Program Design

Key Project Decisions—New!

Key Project Decisions

- The Centers for Medicare & Medicaid Services (CMS) issued states additional guidance on EVV requirements.
- CMS provided states the flexibility to decide whether or not live-in workers and services rendered in the community are subject to EVV requirements.

Key Project Decisions: Live-in Worker

DHS Decision: DHS is not requiring EVV for live-in workers.

- Acknowledges the unique role of live-in workers.

Note: If a member has other workers that are not live-in workers, those workers are required to use EVV.

Key Project Decisions: Live-in Worker (Cont.)

Managed care organizations (MCOs), HMOs, and provider agencies may independently decide, based on business needs, if their live-in workers are required to use EVV.

Note: IRIS (Include, Respect, I Self-Direct) Fiscal Employer Agents (FEAs) **cannot** require participant-hired live-in workers to use EVV.

Key Project Decisions: Live-in Worker (Cont.)

DHS Definition: Live-in Worker

- For the purposes of EVV, a live-in worker is a worker who permanently resides in the same residence as the Medicaid member receiving services.
- Workers who do not meet this definition are not considered live-in workers.

Key Project Decisions: Live-in Worker (Cont.)

DHS Definition: Live-in Worker (Cont.)

Examples:

- Workers who live with the Medicaid member receiving services for only a short period of time, such as two weeks, **are not considered live-in workers.**
- Workers who work 24-hour shifts, but are not residing with the Medicaid member “permanently,” **are not considered live-in workers.**

Key Project Decisions: Services Provided in the Community

DHS decision: EVV is required regardless of where services are provided, whether in the community, in the home, or both.

- Aligns with DHS program principles of choice and community inclusion.
- Supports fluid service delivery without location barriers.
- Provides consistency across programs.

EVV Background and Overview



Background and Overview

In response to the 21st Century Cures Act, EVV is required for:

- Medicaid-covered personal care services effective **September 1, 2020.**
- Medicaid-covered home health services effective January 1, 2023.

Background and Overview (Cont.)

The following are programs with personal care services:

- Medicaid and BadgerCare Plus fee-for-service (ForwardHealth card)
- BadgerCare Plus and SSI HMOs
- Family Care and Family Care Partnership
- IRIS

Federally Required EVV Data

6 KEY DATA POINTS



**Who receives
service**



**Where service
is provided**



**Who provides
service**

**Date of
service**



**What service
is provided**

**Time in/
Time out**



Technology to Collect EVV Data

Technology Type	Internet at point of care?	Cell service at point of care?	Collects six key data points?
Mobile Visit Verification (MVV)	No	No	Yes
Telephone (landline) Visit Verification (TVV)	No	No	Yes
Fixed Visit Verification (FVV) device	No	No	Yes

DHS Guiding Principles



- Maintain services are provided, including community integration.
- Support provider selection.
- Keep the individual's choice of worker.

DHS Guiding Principles (Cont.)



- Ensure needed care is delivered.
- Ensure data is secure and Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant.

DHS Responsibilities and Commitment

DHS is responsible for ensuring that:

- EVV is minimally burdensome.
- Best practices are applied.
- The EVV system is secure and HIPAA compliant.
- Training opportunities are available.

DHS Responsibilities and Commitment (Cont.)

DHS is committed to:

- Ensuring program requirements remain in place.
- Communicating policy changes clearly.
- Exploring efficiencies and/or policy improvements after hard launch.

EVV Program Design

Key Project Decisions— Refresher

Service Codes Requiring EVV



Service	Medicaid and BadgerCare Plus fee-for-service, BadgerCare Plus and Medicaid SSI HMOs	Family Care, Family Care Partnership	IRIS
Personal Care Services per 15 min. (T1019)	Yes	Yes	Yes
Personal Care Services per day (T1020)	n/a	Yes	n/a
Supportive Home Care per 15 min. (S5125)	n/a	Yes	Starts January 2021 after waiver renewal
Supportive Home Care per day (S5126)	n/a	Yes	Starts January 2021 after waiver renewal

DHS EVV Solution

Sandata Technologies

- Provider agencies do not need to purchase an EVV system.
- Alternate systems must be 21st Century Cures Act and HIPAA-compliant.

DHS EVV Solution (Cont.)

Sandata Technologies (Cont.)

- The open model allows provider agencies to use an alternate EVV system if it meets DHS policy and technical requirements.
- The aggregator tool will allow approved alternate EVV data to integrate into the DHS EVV system.

Note: For a system demonstration, view minutes 25–38 from the July 24, 2019, [forum](#).

Alternate EVV

Alternate EVV: A Non-DHS EVV System

Prior to the soft launch date, provider agencies will:

- Ensure the alternate EVV system complies with 21st Century Cures Act and Wisconsin requirements.
- Attest they meet Wisconsin requirements.
- Work with their vendor and Sandata to complete testing.
- Receive approval from DHS upon successful testing.

Alternate EVV (Cont.)

Note: Provider agencies are responsible for all costs incurred to successfully demonstrate their alternate EVV system's ability to interface with the DHS EVV system.

Soft Launch: September 1, 2020

EVV use is required on this date to help:

- Overcome initial hurdles.
- Establish processes.
- Learn to use the system effectively.

During this period:

- Claims processing will not be impacted.
- Data is matched to claims for informational purposes only.

Hard Launch: Date TBD

Effective on the date of hard launch:

- Claims without EVV information may be denied.
- Personal care costs may be excluded from managed care capitation rate development.

EVV Training

Alternate EVV and DHS EVV

EVV Training

An EVV Training Survey was distributed to organizations in February 2020 to:

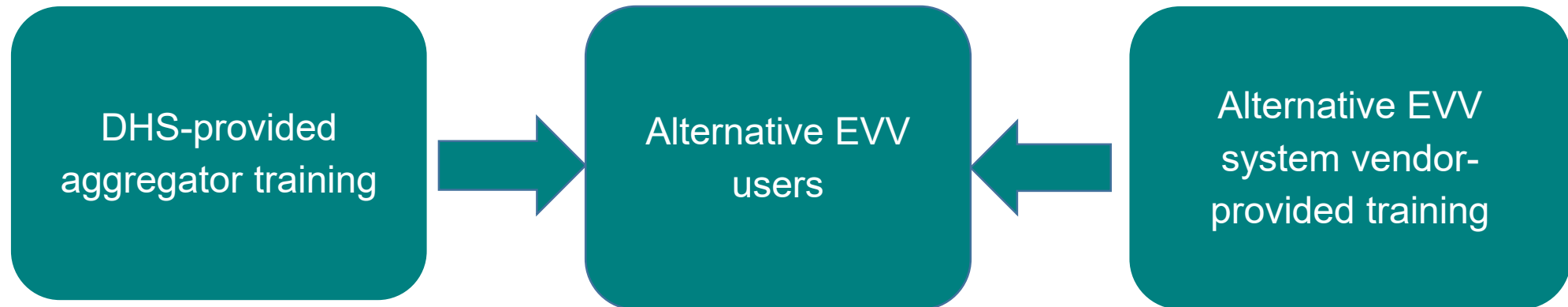
- Determine who plans to use the DHS EVV system.
- Determine who plans to use an alternate EVV system.
- Collect key contact information.
- Identify training preferences for DHS EVV.

Note: If your organization **did not** complete the survey, contact us at dhsevv@wisconsin.gov. Responses are due March 20, 2020.

Alternate EVV: Training

Before September 1, 2020:

- Complete approval process.
- Complete the online aggregator training.
- Complete any training required by the alternate EVV vendor.



Note: Provider agencies are responsible for training workers on their alternate EVV system.

DHS EVV: Training

Train the Trainer Model

DHS provides training tools and resources for administrative staff to train additional staff and personal care workers.

DHS EVV: Training (Cont.)

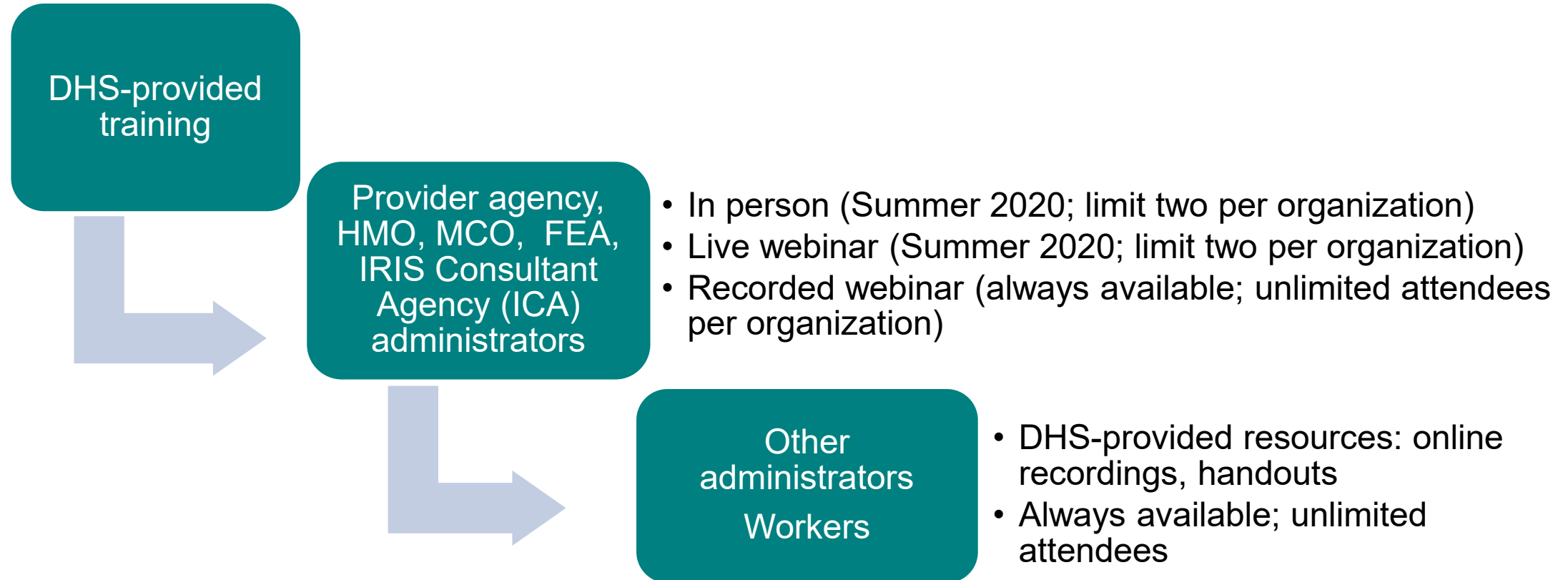
Who should complete initial training?

- Administrative staff involved with claims and billing
- Administrative staff involved in training

Note: The first administrator to sign up from each organization becomes the “super-user.” Additional details will be provided during training registration.

DHS EVV: Training (Cont.)

Train the Trainer Model



DHS EVV: Training (Cont.)

Organization administrators may select one of these three options:

- Instructor-led classroom training—six hours, hands-on*
- Instructor-led, live web-based training—three modules, two hours each*
- Independent (on-demand) web-based training

* These trainings are only offered before September 1, 2020; limit two staff members per organization.

DHS EVV: Training (Cont.)

What will be addressed in training?

- Sandata Portal:
 - Visit verification
 - Reports
- Wisconsin-specific details
- Tools and resources to train other staff and workers

DHS EVV: Training (Cont.)

Online video to train workers on EVV:

- MVV
- TVV
- FVV

Additional training materials include cue cards and infographics.

Note: Each organization is responsible for training their workers to use EVV.

DHS EVV: Training (Cont.)

Where will administrative in-person trainings be held?

In-person trainings will be held in computer labs at locations throughout Wisconsin.

How do administrators sign up for training?

DHS will provide registration details via:

- Email/listserv.
- ForwardHealth Portal and the DHS EVV webpage.

When will training start?

- Summer 2020

Next Steps and Timeline



Next Steps

DHS will post the following on the DHS EVV webpage in the next few weeks:

- Today's forum presentation and recording
- EVV readiness checklists for DHS EVV and alternate EVV users
- Policy decisions summary sheet
- Training registration details

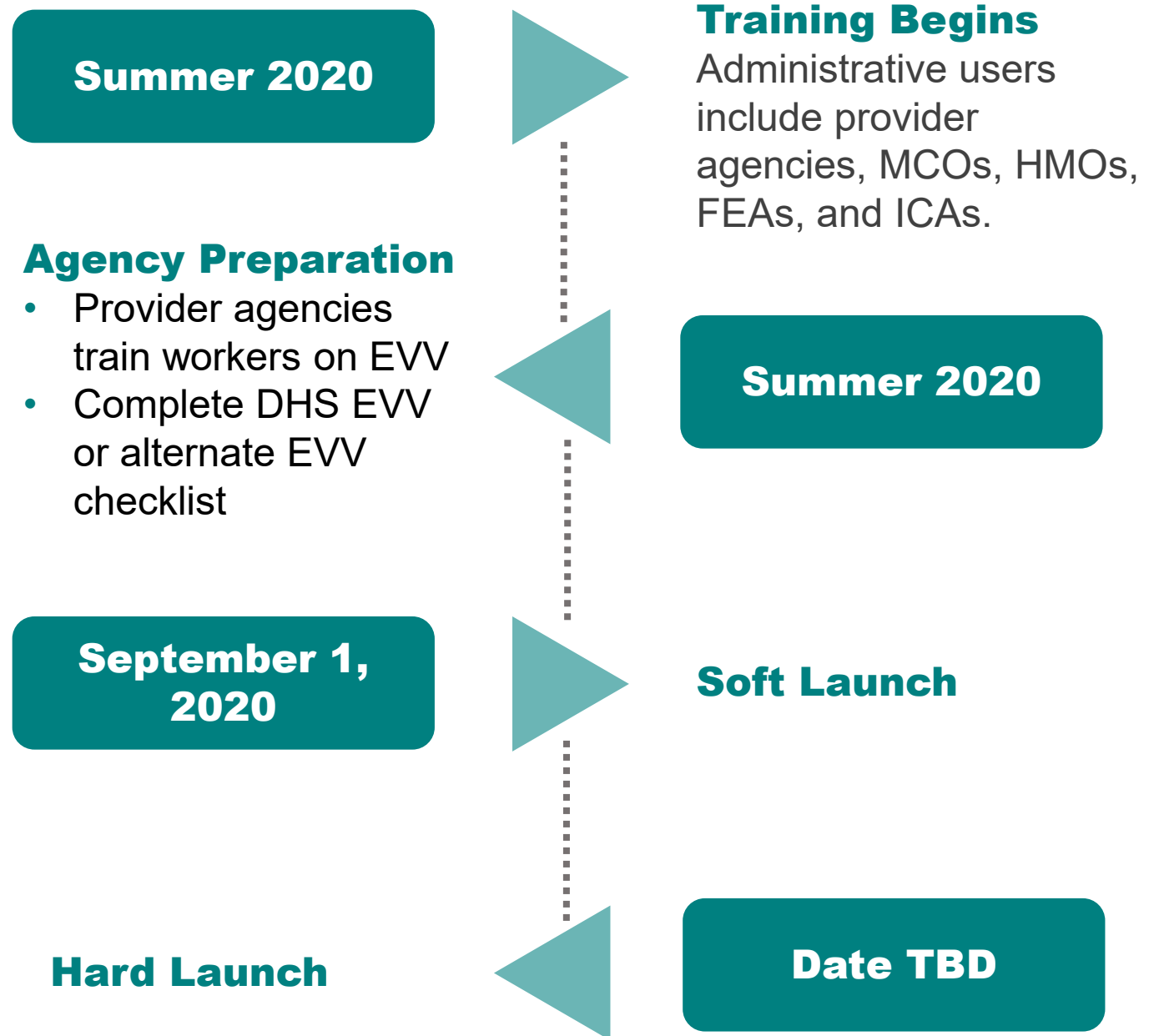
The ForwardHealth Update will be released in late spring.

Next Steps (Cont.)

Administrative users from provider agencies, HMOs, MCOs, and FEAs:

- Complete training survey.
- Sign up for Updates (<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Subscriptions.aspx>).
- Complete EVV readiness checklists for DHS EVV or alternate EVV users.
- Sign up for and complete applicable training this summer.

Current Timeline



Q&A Session

dhsevv@wisconsin.gov



Thank you!

- Questions? Feedback?
- Need to complete the EVV system survey?

Email us at dhsevv@wisconsin.gov.

For more EVV information and to sign up for the listserv at <https://www.dhs.wisconsin.gov/evv>.

[View](#) the system demo, minutes 25-38.