



Wisconsin Electronic Visit Verification Supplemental Guide

Wisconsin-Provided EVV System Background

The Wisconsin Department of Health Services (DHS) has chosen an electronic visit verification (EVV) system, offered through a vendor called Sandata, which may be used by all DHS programs, providers, and program payers. DHS provides the Sandata EVV system's data collection functionality free of charge to providers and program payers.

What is this guide?

This resource is for administrative staff who will need to use the Sandata EVV portal. While Sandata offers its own online training videos and resources, **those trainings are not customized to include Wisconsin-specific information.** This guide provides the Wisconsin-specific information and should be reviewed alongside the Sandata trainings.



Look for this symbol for EVV features specific to Wisconsin throughout this guide.

TIP: To find specific content, hit the CTRL + F buttons on the keyboard at the same time. This will bring up a search box. Type in a word or phrase in the box and each mention will be highlighted.

What if I have questions?

- Visit the DHS EVV webpage at <https://www.dhs.wisconsin.gov/evv/index.htm>. The tabs on the left side of the page can help you navigate to information specific to members, IRIS (Include, Respect, I Self-Direct), providers, payers, alternate EVV, training, or resources and FAQs.
- As a reminder, training resources do not supersede DHS policy:
 - Fee-for-service providers should check the [ForwardHealth Online Handbook](#) for the most current, up-to-date policy.
 - Family Care and Family Care Partnership providers may refer to the Electronic Visit Verification topic (#[22483](#)) of the Online Handbook for policy questions.
 - IRIS participants, fiscal employer agencies, and IRIS consulting agencies should reference the [IRIS Electronic Visit Verification Policy](#), P-03053 (02/2023), publication.
- Contact the program payer for payment and claims questions.



- Contact Wisconsin EVV Customer Care at 833-931-2035, Monday-Friday, 7 a.m.–6 p.m. Central time or vdxcontactevv@wisconsin.gov.

1. Overview

Introduction

Wisconsin chose the least burdensome options to meet the federal guidelines for EVV. **As a result, the following Sandata modules are not included in the DHS-provided EVV solution:**



- Scheduling
- Billing
- Payroll

Providers interested in purchasing these features should contact Sandata.

It is also worth noting that Sandata uses different terms than DHS typically uses. Use the table below as a guide to the Sandata terms that will be used within their trainings.

DHS Service Delivery	Sandata
Worker	employee
Member	client
Participant	
service authorization or prior authorization	authorization

Provider Identification

A provider's Medicaid ID (MA ID) also serves as their unique provider ID to start EVV setup. Some providers may typically use a National Provider Identifier. For EVV, however, the MA ID should be used in accessing Sandata's EVV training or communicating with Sandata.

EVV requires identifying who is providing services—both the provider and the employee. Independent nurses and others with an “agency of one” will fill both provider and employee roles and will need both types of ID numbers.



To identify the provider, DHS is using the following options:

Medicaid-Enrolled Providers

Medicaid-enrolled providers will continue to be required to maintain up-to-date provider information through the secure ForwardHealth Portal.

Non-Medicaid-Enrolled Providers

Providers that are not enrolled in Wisconsin Medicaid as part of their normal delivery of services, including many supportive home care agencies, will use the secure ForwardHealth Portal to obtain an ID. This ID will be considered their Medicaid ID for EVV purposes and serve as the login to Sandata's trainings.



The process to obtain an ID takes about two weeks. Providers can learn how to obtain a unique provider ID from the secure ForwardHealth Portal:

- In the [Electronic Visit Verification Portal Functionality User Guide](#).
- In the [How Non-Medicaid Providers Apply for an Electronic Visit Verification Unique Provider ID](#) training video.

EVV System Set-up

Once the provider ID is established, the following can occur:

- DHS sends provider information, including the provider ID, from the ForwardHealth Portal to the Sandata portal. Sandata uses the information to set up provider accounts in the Sandata system.
- The provider's contact, as listed in the Mail To Address field on the secure ForwardHealth Portal, is automatically assigned the role of security administrator for the Sandata EVV portal.
- This security administrator must attend training through either DHS-provided live webinars, when available, or the [Sandata learning management system](#). The provider ID, as well as the email listed in the Mail To Address field in the secure ForwardHealth Portal, is used to register for trainings.
- After the security administrator completes training, Sandata (through eTrac) will send a welcome kit email to the administrator's Mail To Address listed in the secure ForwardHealth Portal. The welcome kit includes credentials from Sandata for logging in to the Sandata portal, a Sandata provider ID number (refer to the Sandata Agency ID Number section), and resources to share with employees.



Sandata Agency ID Number

All providers using the DHS-provided system will be assigned a five-digit agency ID from Sandata. This agency ID is used in two ways:

- Provider administrators use the Sandata agency ID (preceded by “STX”) to log in to the Sandata EVV portal.
- Employees need the Sandata agency ID for the Sandata Mobile Connect app and when they call in to EVV Customer Care.

Information Exchange

In Wisconsin, a provider will access two portals for EVV: the secure ForwardHealth Portal and the Sandata EVV portal. EVV information is shared between these two portals on a daily basis. The users of the secure ForwardHealth Portal and the Sandata EVV portal will be able to see these updates the next calendar day.



How Does Information Flow?

Information imported into the Sandata EVV portal includes:

- Client and authorization files—Client information appears in the provider’s Sandata system based on approved or amended authorization files from HMOs, managed care organizations (MCOs), or the Wisconsin Self-Directed IT System (WISITS). (There are some exceptions; refer to the [Client Module](#) section of this guide.)
- Employee files—Employee information is sent to Sandata from the ForwardHealth Portal. (Refer to the [Employee Module](#) section of this guide.)
- Provider information—Updates to a provider’s address and ForwardHealth administrator information should be made on the secure ForwardHealth Portal. The information updated on the secure ForwardHealth Portal is only shared with Sandata and appropriate HMOs, MCOs, and fiscal employer agencies (FEAs).

Note: The only information from providers that flows from the Sandata portal back to DHS is visit information. Although some client and employee information can be added to the Sandata EVV portal, it is not sent to DHS or other entities.

Electronic Visit Verification Lifecycle

The EVV lifecycle begins with authorizations. The information in the authorization is used to connect the client, approved service codes, provider, and payer in the EVV system. Then, EVV visit information is collected by the employee. Some of this information will match the authorization:



- Who receives the service



- Who provides the service (the provider and the employee on site)
- What service (the service code) is provided
- Where the service is provided
- The date of service
- The time the service begins and ends

At this point, the provider verifies that all EVV information was captured accurately. Visits with complete and error-free visit information (those with a “verified” status) are automatically sent to payers daily. Only “verified” visits are used in the next step.

This last step is validation. The payer confirms that the EVV data collected pairs with the claim or encounter. If EVV data is not found, the claim or encounter will be denied.

For more information, refer to the [Electronic Visit Verification Lifecycle Flyer](#), P-03124.

Billing Information

The DHS-provided EVV system is not a billing or claims system. Providers should continue submitting claims through their usual process.



Claims are denied when required EVV information is missing. As usual, providers should work with their payers to understand the reasons for claim denial and submit corrections within the payer’s timely filing deadline:

- ForwardHealth fee-for-service providers should refer to the [ForwardHealth Online Handbook](#) for the most current billing information.
- Providers billing through HMOs, MCOs, or FEAs should refer to their contract for billing information.

TIP: Best practices include:

- Confirming client authorizations are in your EVV system in a timely manner.
- Ensuring information added to Sandata is complete and accurate if an authorization won’t be created for the home health care services (HHCS) provided.
- Working with your employees to capture accurate and complete visit information right from the start. Over time and with follow-up, good EVV habits will develop.
- Following up if an employee seems to have difficulties in recording their visit. Help them be successful so you can be successful!
- Reviewing EVV visits in your EVV system regularly to look for errors.
- Correcting exceptions and confirming all visits are in a verified status before claim submission.



For more information, refer to the [Fee-for-Service Electronic Visit Verification Administrator Training: Claim Edits](#).

2. Security

To protect privacy, Sandata EVV portal users have unique logins and passwords. Please note that “user” in the Sandata EVV portal refers to administrative staff including independent nurses. Portal use is not intended for employees who perform visits.

Security Roles and Privileges

The security administrator for each provider has the ability to assign security roles in the Sandata EVV portal. Each security role has specific permissions within their EVV account. The security administrator can also change role titles—for example, they may want to use job titles already in use within their business instead of the Sandata role titles.

Only administrative staff who use the Sandata EVV portal should be assigned a role as described below. Employees who work in clients’ homes will not need administrative roles on the Sandata EVV portal. (Independent nurses and others with an “agency of one” are the exception, as they fill both roles.)

Sandata EVV Portal (Providers)

The following Sandata EVV portal user security roles are for the DHS-provided Sandata system:

- Security Administrator:
 - This is the primary security role for the Sandata EVV system. The provider’s contact listed in the Mail To Address field on the secure ForwardHealth Portal is automatically assigned the role of security administrator for the Sandata EVV portal.
 - This contact should be the first individual to take the Sandata Learn EVV training.
 - After completing training, they will receive a Sandata Welcome Kit email with login credentials.
 - The security administrator can create additional security administrators. At least two security administrators are recommended for each provider to:
 - Prevent being accidentally locked out of the Sandata EVV system.
 - Ensure smooth continuation of EVV activities if one of the administrators is out of the office.
 - Users with this role are responsible for creating and managing access to the provider’s EVV system for all other users. A security administrator has the ability to:



- Manage and administer the specific provider’s account in the Sandata EVV system.
- Access the security module.
- Create and edit all Sandata EVV portal users for the provider.
- Create and edit user roles.
- View client information received from the files transferred from DHS to Sandata.
- Add an existing Payer/Program to a client.
- Edit an existing Payer/Program for a client.
- Manually create required authorization information for a client, including the correct Payer/Program.
- View authorizations received from authorization files transferred from DHS to Sandata.
- Add or update additional client phone numbers and addresses.
- View employee information transferred from DHS to Sandata.
- Perform visit maintenance (view and edit visits).
- Run reports.
- Coordinator—The coordinator role is for general administrative staff who are responsible for the day-to-day activities of the provider’s business. A coordinator has the ability to:
 - View client information received from the files transferred from DHS to Sandata.
 - Add and update additional client phone numbers and addresses.
 - Edit an existing Payer/Program for a client.
 - View employee information transferred from DHS to Sandata.
 - View authorizations received from authorization files transferred from DHS to Sandata.
 - Perform visit maintenance (view and edit visits).
 - Run reports.
- Assistant Coordinator—This role supports the provider. Assistant coordinators are able to:
 - View visits but not edit.
 - Run reports.

3. Client Module

There are two distinct numbers that identify a client in the Sandata EVV portal: the client’s Medicaid ID and the Sandata client ID. Employees will need the six-digit Sandata client ID to check in and out of visits. [Be sure to share this client ID](#) with your employees. This saves administrators’ time in adjusting later.



Sandata's training videos mention these non-applicable topics:



- Client schedules—These are not included in the DHS-provided Sandata EVV system.
- Client invoices—These are not included in the DHS-provided Sandata EVV system.
- Entering any phone number into the client file. In Wisconsin, only a valid and verifiable phone number (that is, landline or fixed Voice over Internet Protocol [VoIP] line) should be entered.
- Deleting a client.
- Adding a client (except for those whose services do not require an authorization as referenced below).
- Changes to an authorization—Changes to an authorization from a payer, such as an end date or a change to services, need to be made through the usual authorization process, not the Sandata system.

A client's information may not be automatically sent to the Sandata system for these reasons:

- The client receives retroactive enrollment. This is resolved when an authorization is received within the Sandata system.
- The service is allowed by policy without an authorization. In only these situations, the client authorization information can be created by the provider within the Sandata EVV portal. Refer to the [Adding Required Authorization Information in the Sandata EVV Portal](#) section in this guide for further information.

Employees can still enter visits using the SMC app using the “unknown visit” option and identify the client by entering in the client's name and MA ID.

TIP: If a client with an expected authorization from the payer does not appear in the Sandata EVV portal within three business days, providers should first check with the payer. If further assistance is needed, providers should contact Wisconsin EVV Customer Care.

Modify Client Data

The following items cannot be updated in the Sandata EVV portal and must be updated through the authorization:

- Client first name
- Client last name



- Medicaid ID

TIP: As usual, clients are responsible for updating their information. Primary address information for a client must be updated by the client using the usual resources:

- Through their local income maintenance agency or tribe
- On the ACCESS website by using the Information Change Report
- Via the Social Security Administration by updating the address listed in the SSI Record field (A Social Security Administration address changes may take a few weeks to process completely.)

Some edits to client information can be made in the Sandata EVV portal. These edits will not update any other systems outside the Sandata EVV portal:

- Adding a valid and verifiable address
- Adding a valid and verifiable phone number
- Changing client status to “Active,” “Inactive,” or “Pending”
- Changing the Start of Care date

For instructions, refer to the Client data section of the [EVV Training Other Provider Agency Administrators](#) webpage.

Adding Required Authorization Information in the Sandata EVV Portal



In Wisconsin, certain services are allowed by policy without an authorization.

- Fee-for-service clients who receive under 50 hours of service in the calendar year will need authorization information created by the provider.
- HHCS codes that need to start before an authorization has been issued will need authorization information created by the provider.
- HHCS codes that will not require an authorization because fewer than 30 visits will be performed in a calendar year will need authorization information created by the provider.
- Private duty nurses who are not the prior authorization liaison (PAL) will need to enter authorization information into their own Sandata EVV portal. The client will then be in their Sandata EVV portal and EVV visit data can be collected by that nurse.

For service code 99509 (nurse supervisory visit) within fee for service only, DHS will auto-generate an authorization for this service for any client who receives T1019 (personal care services). Providers will not need to create authorization information in the Sandata EVV portal for this service code within fee for service.



If the Sandata system receives the client's Medicaid authorization later on, the authorization information entered by the provider is overwritten by the actual Medicaid authorization, as long as the client's Medicaid ID numbers match. All visit data for that client will remain.

For further instructions on entering required authorization information, refer to the Client data section of the [EVV Training Administrators](#) webpage.

4. Employee Module

Sandata's training videos describe these non-applicable functions for the Sandata EVV portal:



- Adding new employees—In Wisconsin, new employees are added through the secure ForwardHealth Portal only.
- Viewing employee schedules—These are not included in the DHS-provided Sandata EVV system.
- Inactivating/reactivating employees—This must be done in the secure ForwardHealth Portal.
- Changing employee data—This must be done in the secure ForwardHealth Portal.
- Including employees' Social Security numbers (SSNs) within Sandata—DHS does not send employee SSNs to Sandata.

Providers are required to update employee information in the secure ForwardHealth Portal.

TIP: DHS recommends adding ForwardHealth Portal employee maintenance to the provider's human resource on- and off-boarding processes.

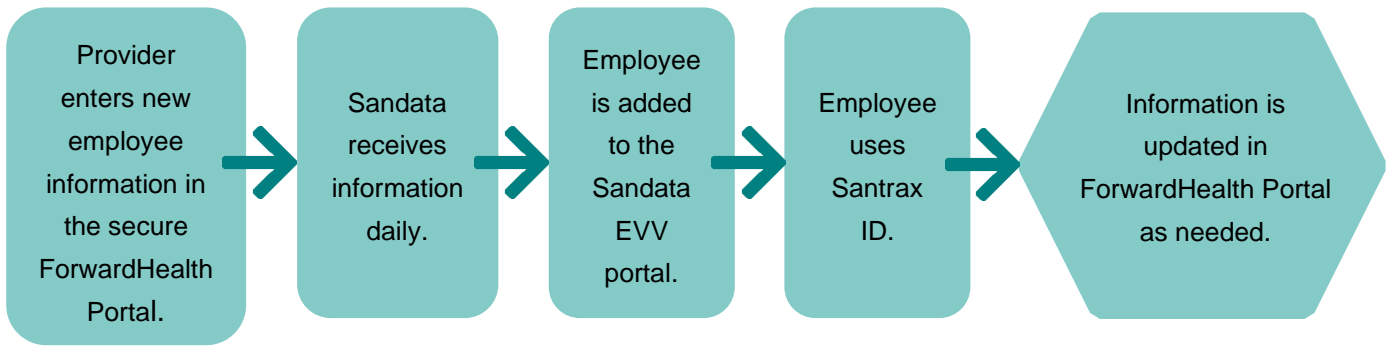
Use these resources:

- [How to Create and Maintain Electronic Visit Verification Worker ID](#) (video)
- [ForwardHealth Portal Electronic Visit Verification Portal Functionality User Guide](#) (PDF)

The secure ForwardHealth Portal will create a unique employee ID. The nine-digit ID issued on the ForwardHealth Portal will become their Santrax ID. Employees will use this Santrax ID if they check in and out for EVV visits using telephonic visit verification (TVV) or fixed visit verification (FVV). (Refer to the [Telephonic Visit Verification](#) and [Fixed Visit Verification](#) sections of this guide.)

Once the employee information is added to the secure ForwardHealth Portal, it will show up on the Sandata EVV portal the next day. If an employee is not listed in the Sandata EVV portal within three days, the provider should contact EVV Customer Care.





After an employee is entered, providers can change the following information in the ForwardHealth Portal demographic section:

- Employee End Date
- Email Address
- Exempt Status

Wisconsin EVV Customer Care Center can help update:

- Employee's name
- SSN
- Date of birth

Note: Independent nurses and others with an “agency of one” need both a provider ID (for their use as a business) and an employee ID (for their use as an employee) from the secure ForwardHealth Portal, since they fill both roles.

Live-in Employees

All live-in employees need employee ID numbers, even if they are not required to use EVV.

For more information about live-in workers and EVV, refer to the Live-in Workers topic ([#21777](#)) in the BadgerCare Plus and Medicaid program area and the Live-in Workers topic ([#22957](#)) in the Family Care or Family Care Partnership program areas of the ForwardHealth Portal.

5. Sandata Mobile Connect/Telephonic Visit Verification/Fixed Visit Verification

Employees have two main EVV options to check in and out of a visit. An employee may check in using one method and check out using the other, if needed. The two ways are:

- Mobile visit verification using the Sandata Mobile Connect (SMC) app.

- TVV using the client's landline or fixed VoIP phone (for example, a phone line provided by a cable company).

A third method is FVV, using a small device that is fixed (that is, permanently attached) in the client's home. FVV is only approved when no other options are available. The small device must be ordered for the client on the Sandata EVV portal. (Refer to the [Fixed Visit Verification](#) section of this guide.)

Overnight visits do **not** require employees to check out and check back in at midnight. Also note that all visits still open after 25 hours will automatically close as a precaution against forgotten check-outs. If an employee's visit lasts longer than 25 hours, they should check out and immediately check in again to continue.

Providers, employees, and clients are best suited to determine which methods for EVV should be used at the local level. A labor law attorney should answer concerns about the use of personal equipment and/or technology services.

Technology Type	Internet needed at point of care?	Cell service needed at point of care?	Collects six key data points?
SMC	No	No	Yes
TVV	No	No	Yes
FVV device	No	No	Yes

Each method upholds rigorous standards for Health Insurance Portability and Accountability Act of 1996 privacy and data protections. Data that passes through the Sandata EVV system

TIP: When training employees:

- Consider how much direction they will need.
- Remind employees to always prioritize any immediate, medically necessary needs of the client. Vital care should not be delayed.
- Use the resources on the [Training](#) webpage.
- Distribute the [Worker Visit Card Template](#).
- Expect to follow up with employees to help them establish good EVV habits. Provide coaching for the first few weeks to address any questions.



is encrypted to keep protected health information secure. Sandata is certified by the Health Information Trust Alliance.

Sandata Mobile Connect App

Employees should download the newest version of the SMC app. It will have a dark blue background. When setting up the app on their device for the first time, employees should be in an area with Wi-Fi so the password reset can be completed. All future uses of the app can be done offline if needed.



The device's location services setting must be turned on while the app is in use. The mobile app uses GPS data during check in and check out only. It does not track an employee's location before, during, or after a visit. The app will automatically close after five minutes, further protecting privacy.

Visits for the past seven days will be saved in the SMC app for employees to view. The Wisconsin configuration does not include future (scheduled) visits for employees.

If more than one client is supported by an employee during a single visit, a Group Visit may be started. Employees should only use the Start Group Visit button in the app, not the Join Group Visit button.

Providers that do not require tasks or client verification to be reported during a visit should instruct their employees to use the Skip button when those screens are displayed. Independent nurses can skip tasks and client verification.



Providers that use the EVV system to collect record of care should instruct their employees to enter tasks and client authorization.

Telephonic Visit Verification

TVV is used for recording visits using a landline or fixed VoIP phone. If the phone number used is not on the client's record within Sandata, an exception will show on the Sandata EVV portal. Correcting an exception requires extra administrative time to make sure the visit data is complete.




If a valid and verifiable number needs to be added to the client's Sandata record, refer to the Client Data section of the [Electronic Visit Verification \(EVV\): Training Administrators](#) webpage.



Cell phones should **not** be used for TVV. The Sandata EVV system needs to confirm the location using a landline or fixed VoIP connection, similar to the 911 emergency system, which it cannot do using a cell phone.

Provider agencies not requiring tasks or client confirmation to be reported during a visit should instruct their employees to hang up after confirming the service code. This includes independent nurses. Please refer to the portion of the TVV call reference guide script below.



11.  **Press the Service ID number for the service you performed.**
Refer to your agency's service list.
 Santrax will say: "You entered (SERVICE). Please press one (1) to accept, two (2) to retry."
12.  **Press the one (1) key to accept or press the two (2) keys to retry.**

Then hang up.

Providers that use the EVV system to collect record of care should instruct their employees to enter tasks and client confirmation.

Fixed Visit Verification

FVV devices are the data collection method of last resort. FVV uses a small electronic device that is fixed (attached) to a surface in a client's home. The device generates codes containing visit data. Later, the employee will call in and enter these codes, also known as visit verification numbers. Because of these extra steps, FVV use is less convenient and is more prone to entry errors. Administrators may have more exceptions to correct in the Sandata Portal.



A device should only be requested by the provider or FEA if services are anticipated to be authorized for more than 60 days **and** all of the following criteria are met:



- The client does not have a landline or fixed VoIP home phone.
- The employee does not have a smartphone or tablet device that would support the SMC app.
- The client does not have a smartphone or tablet device that would support the SMC app.
- The client has a smartphone or tablet device, but it is not available for EVV purposes.



Providers or FEAs may request an FVV device through the Sandata EVV portal. The provider or FEA will be required to attest that the situation meets the above criteria, and that the device will remain in the home of the client.

FVV devices will be sent directly to the address selected with instructions for the client and the employee. The device must be attached to a surface within the client's home using the magnet or double-sided tape provided.

The following FVV criteria may also apply:

- If a client is receiving EVV services from more than one provider, the client will need a device for each provider or FEA.
- If a client changes providers or FEAs, a new device must be requested for the new client and provider or FEA combination.
- If the client moves to a new home **and** retains the services of their provider or FEA, the client should take the device to the new home.

Before the device arrives, an administrator can manually enter visits into the Sandata EVV portal. Documentation will be required for these manual entries.

Devices must be returned if:

- The employee has access to another EVV method.
- The client is no longer authorized to receive services.
- The provider is no longer authorized to provide the services.
- The device is not used for three months.



To return the device, the provider or FEA should contact Wisconsin EVV Customer Care. Sandata will send a pre-paid return package directly to the client's home.

If the device is not used for three months, DHS will request the return of the device.

If a device is lost, stolen, or damaged, the provider or FEA should contact Wisconsin EVV Customer Care to request a new device. A replacement device will be issued from Sandata. Until the replacement device is received, the provider will need to manually enter the EVV data and keep paper records that support the need for manual entry.

The DHS Office of Inspector General (OIG) will closely monitor the use of FVV devices.

For FVV, the provider or FEA should consider any guidelines they would like their employees to use for recording the check-in and check-out codes and calling in the codes (such as who will call in the codes and when the codes will be called in). Options may include asking



employees to call in codes the same day services are provided or turn in visit information to an office staff person to call in. The codes expire and cannot be called in after seven days.

A best practice is to call in the codes daily to keep the Sandata EVV portal up to date. The provider or FEA should be sure to provide employees with the tools they need to be successful with provider or FEA guidelines. (Refer to [Appendix C](#) and [Appendix D](#) of this guide for sample charts employees can use to track EVV data corrections and collect FVV data.)

Visit Service Selection

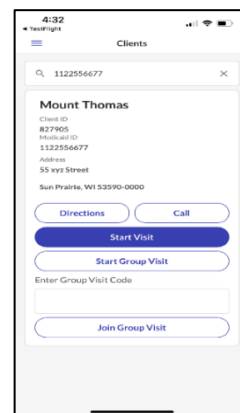
Refer to the chart in [Appendix E](#) of this guide. The chart shows the codes that identify which broad services are provided to clients. The appropriate codes should be entered during a TVV or FVV call to identify the service. The chart also shows how service options will be displayed for selection in the SMC app.

6. Group Visits

DHS defines a group visit as an employee providing care to several clients at the same address during the same visit.

If more than one employee is providing services at the same time, each employee should start their own visit. (Sandata's "Join a Group Visit" option should not be used in Wisconsin.)

A group visit may be ended for each client individually or all at the same time.



Providers who enter group visits manually in the Sandata EVV portal can choose to log the visit to each client separately or can choose to enter as a group visit. DHS does not require group visits to be identified.



7. Visit Maintenance

After EVV data is captured and sent to Sandata by the SMC app, TVV, or FVV, it is available for visit maintenance on the Sandata EVV portal. Once all information is accurate and complete, a visit is considered to have a verified status. A verified visit will automatically be sent from Sandata to Wisconsin Medicaid, and then to the appropriate payer. The provider submits billing for the visit outside of Sandata as usual.



Please note the following differences:

- Sandata's trainings list schedules, payroll, billing, and claims as features; however, these are not part of the Wisconsin DHS-provided Sandata system. You may see these on the Sandata EVV portal, but they will not function.
- Do **not** use the memo section of visit verification as proof of documentation. Separate documentation is required. EVV does not change written documentation retention requirements.



Visit Exceptions

Visit exceptions occur when the EVV system identifies missing visit data. When this occurs, a Sandata EVV portal user (assigned the appropriate visit maintenance security privileges) will be able to either document missing or incorrect data for the visit or acknowledge that the exception occurred and was manually reviewed in Visit Maintenance. More than one exception can apply to a single visit.

For each exception, the following have been defined for Wisconsin:

- Fix—Visit information must be added to be considered complete.
- Acknowledge—Incomplete visit information must be acknowledged by a system user to be considered complete.



Exception	Setting
Invalid Service	Fix
Missing Service	Fix
Unauthorized Service	Fix
Unknown Client	Fix
Unknown Employee	Fix
Unmatched Client Phone / ID	Acknowledge
Visits Without In Calls	Fix
Visits Without Out Calls	Fix

Since tasks and client verification are not required for all visits in Wisconsin, the absence of this information is not considered an exception.



Please note GPS location will be flagged only as an **informational exception** if it is not near a known address for the client. This is not an exception that will prevent a visit from being verified. For this reason, it is not listed on the chart above.



Providers can use location as part of their own quality assurance or internal audit practice. If a location seems unusual for the client, the provider may want to follow up with the employee to get more details or provide client-specific information to ensure the best support. DHS will not deny a claim because of GPS information; however, other divisions within DHS, such as OIG, may use GPS location data to ensure providers bill for covered services.

Reason Codes

Reason codes are used when making all visit maintenance changes or updates in the Sandata EVV portal. This includes fixing exceptions and making manual changes to visits. Sandata EVV portal users who clear exceptions can add a note to provide additional clarification when reason codes are selected. In fact, for certain reason codes, the note may be required in order to clear the exception. **This does not replace the need for written documentation as required by a provider's specific program.**

The following table lists the drop-down reason codes for the DHS EVV program and whether or not the code requires an electronic note to be entered.



Reason Code Description	Electronic Note Required? (Yes/No)
Caregiver Error	No
Member Unavailable	No
Mobile Device Issue	No
Telephonic Issue	No
Member Refused Verification	No
Service Outside the Home	No
Missing in System	No
Other	Yes

8. Running Reports



Reports referencing claims and scheduling do not provide any results. These functions are not part of the DHS-provided Sandata EVV solution.



9. Using Electronic Visit Verification as Record of Care

Personal care providers may choose to capture the employee record of care within EVV. For more information, refer to the Record of Care and Timekeeping topic ([#22859](#)).

Employee Visit Log Report



The Employee Visit Log report found in the date range reports is specific to Wisconsin. It can be used to summarize the Record of Care. The date range can be for any period of 31 days or less. Any visit in a verified status is included in this report. (A verified visit means no exceptions are present.)



The Employee Visit Log report data includes these visit details (see next page for full view):

- Date
- Service
- Time in
- Time out
- Hours
- Status
- Location
- Tasks
- Location in and out (GPS coordinates for SMC visits; phone number for TVV visits)
- Employee name
- Employee Santrax ID
- Client name
- Sandata client ID and Medicaid ID
- Notes
- Whether or not a signature was captured (Yes or No)



This report can capture all elements in a fee-for-service employee record of care if an employee collects that information.

Employee Visit Log

Account: ILIFE LLC FISCAL AGENT (91496)
For: 11/29/2022 - 12/13/2022 11:59:59 PM
Employee: 100106423

PAYER: ILIFE																
VISIT						LOCATION IN		LOCATION OUT		EMPLOYEE			CLIENT			
PRG ↕	DATE ↕	TIME IN	TIME OUT	HOURS	STATUS	LATITUDE, LONGITUDE	PHONE #	LATITUDE, LONGITUDE	PHONE #	NAME ↕	EMPLOYEE ID ↕	SANTRAX ID ↕	NAME ↕	ID / MEDICAID ↕	SIG	OFFLINE VISIT
						43.83333333		43.44333333								



Appendix

Appendix A—Payer List

The following table is a list of payers and the abbreviations used for them on the Sandata EVV portal (Updated 11/2023).

Sandata Payer Wisconsin DHS Program Payer ID	Sandata Program Name Wisconsin DHS Delivery System	Delivery System	Program Payer Name
WIFFS	Fee for service	Fee for service	Wisconsin Fee for Service
ANTBCBS	WIHMO	HMO	Anthem Blue Cross and Blue Shield
CAREWI	WIHMO	HMO	Care Wisconsin Health Plan, Inc.
CCOMMHP	WIHMO	HMO	Children's Community Health Plan, Inc.
DEANHP	WIHMO	HMO	Dean Health Plan
GHCEC	WIHMO	HMO	Group Health Cooperative of Eau Claire
GHCSCW	WIHMO	HMO	Group Health Cooperative of South Central Wisconsin
ICAREBC	WIHMO	HMO	Independent Care Health Plan (iCare BadgerCare)
ICARESSI	WIHMO	HMO	Independent Care Health Plan (iCare SSI)
MERCYCARE	WIHMO	HMO	MercyCare Insurance Company
MHSHW	WIHMO	HMO	MHS Health Wisconsin
NHP	WIHMO	HMO	Network Health Plan
QUARTZ	WIHMO	HMO	Quartz Health Solutions, Inc.
SECURITY	WIHMO	HMO	Security Health Plan of WI, Inc.
UHCWI	WIHMO	HMO	United Healthcare of Wisconsin, Inc.
WIMOLINA	WIHMO	HMO	Molina Health Care



Sandata Payer Wisconsin DHS Program Payer ID	Sandata Program Name Wisconsin DHS Delivery System	Delivery System	Program Payer Name
CCIFC	WIMCO	MCO	Community Care Family Care
CCIFCP	WIMCO	MCO	Community Care Partnership Family Care
CAREWIFCP	WIMCO	MCO	Care Wisconsin Health Plan
ICAREFCP	WIMCO	MCO	Independent Care Health Plan (iCare Partnership)
INCLUSA	WIMCO	MCO	Inclusa, Inc.
LAKELAND	WIMCO	MCO	Lakeland Care, Inc.
MCFC-CW	WIMCO	MCO	My Choice Family Care, Inc.
GTINDEP	WIIRISFEA	IRIS	GT Independence
ILIFE	WIIRISFEA	IRIS	iLIFE
OUTREACH	WIIRISFEA	IRIS	Acumen/Outreach Health Services
PREMIER	WIIRISFEA	IRIS	Premier Financial Management Services



Appendix B—Language List

The following table indicates the supported languages and the order in which they appear for use in the SMC app and TVV.

Supported Languages	Presentation Order
English	1
Egyptian Arabic	2
Burmese	3
Mandarin Chinese	4
French	5
Hindi	6
Hmong	7
Laotian	8
Nepali	9
Russian	10
Serbian	11
Somali	12
Spanish	13
Swahili	14
Vietnamese	15



Appendix C—Electronic Visit Verification Data Correction Log

Providers can modify this sample chart to track the EVV data that needs corrections. Service codes are listed in [Appendix E](#), and task IDs and descriptions are listed in [Appendix F](#) of this guide.

Member/Participant Name or Sandata Client ID:					
Worker Name and Santrax ID	Date of Visit	Write in what needs correction:			
		Time In	Time Out	Service Code	Tasks and Notes (If Required)

Appendix D—Fixed Visit Verification Data Collection Log

Providers can modify this sample chart to make sure the FVV codes are called in to the toll-free phone number assigned. FVV codes must be called in within seven days. Service codes are listed in [Appendix E](#), and task IDs and descriptions are listed in [Appendix F](#) of this guide.

(Insert provider's Santrax toll-free number here: _____)

Member/Participant Name or Sandata Client ID:						
Worker Name and Santrax ID	Date and Time of FVV Device Use	Write in these details from the FVV visit:				Date Verification Codes Were Called In
		Verification Code Received When Checking In	Verification Code Received When Checking Out	Service Code	Tasks (if required)	

Appendix E—Services to Select During Telephonic Visit Verification Call and Mobile Visit Verification

The following table lists the codes an employee enters during a TVV call to identify the service and the service code list displayed in the SMC app for a visit check in.

Providers are encouraged to give employees a [Worker ID Card](#) that contains this and other information needed during a visit.

Service Code	SMC Service Code	TVV Service Code #
Personal Care and Supportive Home Care Services		
T1019	Personal Care Svc/15 min	10
S5125	Supportive Home Care/15 min	15
S5126	Supportive Home Care/Day	20
T1020	Personal Care/Day	25
Combo	Combo-PCS & SHC	30
99509	PCS Nurse Supervisory Visit/Visit	55
Home Health Care Therapy Services		
92507	Speech Therapy Individual/Visit	35
97139	Unspecified Therapeutic Procedure-OT/Visit	40
97799	Unspecified Rehab Svc-PT/Visit	45
Home Health Care Nursing Services		
99504	Mechanical Vent Care/Hour	50
S9123	Private Duty Nursing RN/Hour	65
S9124	Private Duty Nursing LPN/Hour	70
99600	Unspecified Home Visit-RN or LPN/Visit	60
T1001	Nursing Assessment or Eval/Visit	75
T1021	Home Health Aide or CNA/Visit	80
T1502	Med Admin-Oral, IM, Subq/Visit	85

The Combo code is used in IRIS if both self-directed personal care and supportive home care services are provided by the same employee for the same participant and paid for by the same program and payer.



Appendix F—Tasks Performed

Providers may choose to capture the record of care within EVV. To do so, the provider must require the tasks, notes (as appropriate), and client signatures from each visit. If the client is unable to sign, the provider will also need to maintain documentation as to why.

Task ID	Task Description
100	Shower/Bathing
105	Dressing/Changing
110	Prosthetics/Splints/TEDS
115	Grooming
120	Assist With Feeding
125	Mobility
130	Transferring
135	Toileting
200	Bowel Program (Medically Oriented Task [MOT])
205	Catheter Site Care (MOT)
210	Complex Positioning (MOT)
215	Feeding Tube Site Care (MOT)
220	Glucometer (MOT)
225	Medications: Assist/Remind (MOT)
230	Range of Motion (MOT)
235	Respiratory Assistance (MOT)
240	Skin Care (MOT)
245	Tube Feeding (MOT)
250	Vital Signs (MOT)
255	Wound Care (MOT)
300	Eyeglass/Hearing Aid(s) Care
305	Housekeeping
310	Laundry
315	Meal Prep/Purchase Groceries



Resources

DHS EVV webpage

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

Administrator Training

www.dhs.wisconsin.gov/evv/training-administrators.htm

Independent Nurse Training

www.dhs.wisconsin.gov/evv/training-independent-nurses.htm

Worker Training

www.dhs.wisconsin.gov/evv/training-workers.htm

ForwardHealth Portal Directions

[Electronic Visit Verification Portal Functionality User Guide](#), P-02713

Wisconsin EVV Customer Care

- Phone: 833-931-2035, Monday–Friday 7 a.m.–6 p.m. Central time
- Email: vdxcontactevv@wisconsin.gov

Using an Alternate EVV Vendor

- DHS Alternate EVV webpage www.dhs.wisconsin.gov/evv/alternateevv.htm
- Sandata's Customer Support with questions about the alternate EVV process at Sandata.zendesk.com/hc/en-us

