



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# Electronic Visit Verification Overview

P-02746 (11/2021)

# Overview Objectives

- Electronic Visit Verification (EVV) Definition
- Review Requirements
- Affected Programs
- Impacted Services
- Launch Dates

# Key Terminology

- EVV—Electronic visit verification
- MVV—Mobile visit verification
- TVV—Telephonic visit verification
- FVV—Fixed visit verification
- Employee—A person (worker) who provides care to one or more clients
- Live-in Worker—An employee who permanently resides in the same residence as the member/participant receiving services

# What is EVV?

- EVV is a system that uses technology to verify that authorized services were provided.
- Through EVV, employees providing personal care or applicable supportive home care services send visit data to an EVV vendor at the beginning and end of each visit using MVV, TVV, or FVV.
- Employees must use an EVV method to capture each visit.

# EVV Federal Requirement

- The federal 21st Century Cures Act requires all states to implement EVV for Medicaid-covered personal care services no later than January 2021.
- EVV has been required in Wisconsin since November 2, 2020.
- The Centers for Medicare & Medicaid Services will fine state programs if they do not implement EVV.

# 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**



# Benefits of Implementing EVV

The federal government cited these benefits of implementing EVV:

- Ensure the health and welfare of individuals choosing to receive personal care in their home by ensuring service delivery.
- Improve payment accuracy by using technology to match the data on claims with the data in service documentation.
- Reduce fraud and abuse by requiring verification of service delivery before claims are paid.

# EVV Implementation Guiding Principles

The Wisconsin Department of Health Services (DHS) is working to:

- Maintain service provision, including community integration.
- Support provider selection.
- Keep the individual's choice of employee.
- Ensure needed care is delivered.
- Ensure data is secure and compliant with the Health Insurance Portability and Accountability Act of 1996.
- Ensure EVV is minimally burdensome.



# Affected Programs

The EVV requirements impact personal care services and applicable supportive home care services provided through:

- Fee-for-service Medicaid and BadgerCare Plus and Medicaid Supplemental Security Income (SSI) (ForwardHealth card).
- BadgerCare Plus and Medicaid SSI HMOs.
- Family Care and Family Care Partnership.
- IRIS (Include, Respect, I Self-Direct).

# Service Codes Requiring EVV

Service or Modifier	Medicaid and BadgerCare Plus fee-for-service, BadgerCare Plus and Medicaid SSI HMOs	Family Care, Family Care Partnership	IRIS
T1019: Personal Care Services per 15 minutes	Yes	Yes	Yes
T1020: Personal Care Services per day	n/a	Yes	n/a
S5125: Supportive Home Care per 15 minutes	n/a	Yes	Yes
S5126: Supportive Home Care per day	n/a	Yes	Yes
KX Modifier Identifies the live-in worker not required to collect EVV data.	Yes	Yes	Yes

# Live-in Worker

- DHS does not require EVV use for live-in workers. HMOs, managed care organizations (MCO), and provider agencies may independently require live-in workers to use EVV.
- Live-in worker status must be established between each member/participant and worker.
- For how to verify a live-in worker, refer to ForwardHealth Update 2021-05 (PDF) and IRIS Participant-Hired Worker Relationship Identification form (F-01201A).

# EVV Implementation

EVV is being implemented in two phases:

- Soft launch
- Hard launch (TBD)

# Soft Launch

During the soft launch:

- Employees are required to use EVV for Medicaid-covered personal care and applicable supportive home care services.
- DHS will not deny claims or disregard submitted encounters because of missing EVV data.
- DHS and stakeholders work together to cooperatively overcome any initial hurdles.

# Soft Launch

- Provider agencies monitor EVV use and identify employee training opportunities to reduce visit exceptions.
- Payers will provide informational explanation of benefits codes for claims that are missing EVV data.

# Hard Launch

- The hard launch requires personal care and applicable supportive home service claims to have a corresponding EVV record.
- After hard launch, the following will occur:
  - Fee-for-service claim details without required verified EVV data will be denied.
  - Fee-for-service detail units billed exceeding the verified EVV visit units available will also be denied.

# Hard Launch

- HMOs and MCOs have the authority to deny provider claims that are missing EVV data.
- HMO and MCO encounters submitted to DHS without matching EVV data may be excluded from future capitation rate setting development.



# Hard Launch

- IRIS fiscal employment agencies (FEA) will deny provider agency claims that are missing EVV data.
- IRIS participants whose participant-hired worker (PHW) fails to meet EVV requirements risk being disenrolled from the IRIS program.
- FEAs will continue to pay PHWs claims in a timely manner.

# Important Dates

Make note of the following implementation dates.



**November 2, 2020**  
Soft Launch



**TBD**  
Hard Launch

# Resources

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- EVV Customer Care at 833-931-2035, Monday–Friday, 7 a.m.–6 p.m.
- Email support at [VDXC.ContactEVV@wisconsin.gov](mailto:VDXC.ContactEVV@wisconsin.gov)
- EVV webpage at [www.dhs.wisconsin.gov/evv/index.htm](http://www.dhs.wisconsin.gov/evv/index.htm) for information about the following:
  - Training Resources
  - EVV in Wisconsin
  - The ForwardHealth Portal

**Thank You**