



October 20, 2020

RE: EVV Update from My Choice Wisconsin

Dear Valued Providers:

We at My Choice Wisconsin (MCW) would like to offer our providers another update on where we are as an MCO regarding the upcoming Electronic Visit Verification (EVV) requirements. The soft launch of EVV begins on November 2nd, 2020.

The new EVV requirement pertains to all Personal Care Services that are rendered by any provider that is authorized to do so. If you are providing any form of Personal Care, you will be required to participate in EVV. This may also apply to any Supportive Home Care Agencies, Community Supported Living, Supported Independent Living, SDS Services and Fiscal Agent Organizations that offer personal care services or assistance with ADL needs.

An initial memo was sent to you on September 1st, 2020, and we encourage you to review that memo prior to November 2nd. In direct response to the questions we have received from our providers, we have attached some Frequently Asked Questions (FAQs). We encourage all providers impacted by EVV to review these FAQs.

We appreciate your patience as we all navigate this new requirement and we look forward to speaking with you in the future about your contract with My Choice Wisconsin.

Best Regards,

My Choice Wisconsin

Frequently Asked Questions

1. What are the critical milestones for the November 2nd EVV soft launch?

- Make sure both your agency and your workers are signed up with unique IDs. If you are Medicaid-enrolled, your agency will use its Medicaid ID, but you'll still need to get an ID for each of your workers.
- If your agency is not Medicaid-enrolled, you'll need to complete the Provider Agency Identification Process to get a provider agency ID, and then you'll need to get IDs for all of your workers as well. If you have not already done so and need to, please see the links below:
 - [Learn how to obtain a unique provider agency ID](#)
 - [Start the process to obtain a unique provider agency ID](#)
- The worker ID system was live as of September 15. Every agency will need to identify and associate their workers before they can use the EVV system.

2. Where can I go to obtain training on EVV for my agency and employees?

All EVV related training is offered directly from DHS.

- Please visit the [EVV Training webpage](#) to determine your training needs.

3. Which service codes will require EVV?

The [billing codes are changing](#) to ensure EVV compliance. (e.g. S5130 is a bundled code for Supportive Home Care and Personal Care Services, this is changing to S5125 which is an EVV compliant code and must be verified each visit.)

The service codes that will be required for EVV are as follows:

- S5125 – Supportive Home Care, per 15 min
- S5126 – Supportive Home Care, per day
- T1019 – Personal Care Services, per 15 min
- T1020 – Personal Care Services, per day

4. How do I educate members/participants on EVV?

[Please download and share the EVV member flyer](#). This flyer will help inform members and participants of the EVV program and provides additional resources to learn more.

5. Who should I contact with EVV specific questions?

If you have general questions about the EVV process, training or technology, please reach out to the dedicated DHS EVV Customer Service Team. Please submit questions or comments to Wisconsin EVV Customer Care via e-mail VDC.ContactEVV@Wisconsin.gov or by calling 833-931-2035.

If you have My Choice Wisconsin specific questions, please contact our Provider Relations department at dlfamcontracts@mychoicefamilycare.com or by calling 877-489-3814.

6. When will the hard launch occur for EVV?

DHS has not set the hard launch date yet. In order to avoid a loss of federal funding, Wisconsin must implement the soft launch before January 1, 2021. DHS has chosen November 2, 2020, as the start date to work out launch problems before the holiday season. Hard launch is not on January 1, 2021. DHS will communicate about the hard launch before it happens, including dates, timing, and what changes providers can expect. Again, the November 2 soft launch is the only launch with a firm date.

7. Is My Choice Wisconsin requiring live-in caregivers to use EVV?

No, My Choice Wisconsin is not requiring live-in caregivers to use EVV.

8. Do live-in caregivers require an EVV ID?

Where live-in workers are not required to use EVV (including participant-hired live-in workers in IRIS [Include, Respect, I Self-Direct]), please don't request a worker ID for live-ins just yet—DHS will reach out with instructions as we get closer to hard launch.

9. Who is responsible for verifying live-in caregiver status?

Providers need to verify the live-in status of their caregivers to ensure that they are in compliance with EVV as well as the Fair Labor Standards Act.

10. How will authorizations reflect the live-in caregiver status?

Authorizations from MCW will not reflect live-in caregiver status. Providers will be required to bill using a KX modifier for caregivers that are live-in.

11. What happens if EVV is not used and a claim is submitted?

During the soft launch, claims will be paid, but an informational message will be generated, letting you know that this claim would have been denied for no EVV visit. Once the hard launch occurs, your claim will be denied.

12. What if an employee does not have an email address to obtain an ID?

An email address is required for EVV. There are many free email systems available for easy sign-up, such as Yahoo and Gmail services.

13. What documentation will the payer require for edits made to the EVV visit record?

Documentation of services is essential and a contractual requirement when rendering services for members. In any situation where a provider submits a claim, or corrects a claim, documentation that supports any change should be available as part of the members record. The same would apply for EVV visits and member records.

14. Fiscal Agents: Is there a plan for whether timesheets will be completed for workers who are providing the services that are required for EVV or would just EVV suffice?

EVV does not replace the use of timesheets. The MCO recommends that providers follow your organizations current policy on timesheets.

15. Is My Choice Wisconsin planning on using EVV as the timesheet that providers would import and pay off of or is the visit going to reflect when they arrived and leave and potentially not match hours worked?

My Choice Wisconsin will not reimburse off the EVV record. The provider must bill a claim to My Choice Wisconsin. Reimbursement of the claim will be dependent upon available authorization and EVV units.

16. Are workers going to be expected to submit a paper timesheet in addition to EVV?

The use of EVV does not replace timesheets. While My Choice Wisconsin does not mandate how workers report their time to agencies, documentation of the workers time should be a part of the members record.

17. Who should I contact at My Choice Wisconsin for EVV implementation and billing questions?

Billing questions should be directed to WPS at 1-800-223-6016 or TriZetto at 1-855-878-6699.

18. Will Care Teams be assisting providers in identifying members and workers who may have barriers to EVV implementation and/or training?

Providers should alert Care Teams when member-specific barriers to EVV implementation are identified.

19. Will Care Teams be educating members on EVV?

Care Teams will be encouraged to share DHS's member flyer and to refer members to the DHS website for more information about EVV.

20. Example Scenario: If auth is for 5 units but Provider does 7 units (unforeseen event) will they get paid for the two extra units under EVV?

Claims will only reimburse for the number of units that have been authorized. If a provider has exceeded their authorized amount, it is recommended that they request additional units on the authorization prior to submitting a claim for that day.

21. Can provider span bill (i.e. they bill every Monday for the week prior)?

No, providers cannot span bill for services included in EVV. You may still bill on a specific day, but you will need to have 1 line item for each day.

22. Example Scenario: Under \$5125 CSL 15 minute per diem - Can providers just clock in and out one per day when they go to member's house multiple times a day. (i.e. Go to the members house 30 minutes at 8:00, 12:00, 5:00 and 8:00. Clock in at 8:00 AM and clock out at 8:00 pm and bill for 2 hours.)

No, providers will need to clock-in and clock-out for each visit and will have 8 units billed.