

# Electronic Visit Verification (EVV)

## Preparing for next steps with EVV

Electronic Visit Verification, or EVV, is a way of electronically verifying check in and check out times for the workers in your provider agency. EVV is federally required for your workers if your agency provides personal care or routine supportive home care services in the IRIS program. Provider agencies are expected to correct EVV exceptions and enter manual visits prior to sending claims to the FEA. **After hard launch, FEAs will deny provider agency claims without corresponding EVV data per DHS EVV Policy.**

### Need to get started with EVV?

Each provider agency is responsible for working with the Wisconsin Department of Health Services (DHS) to ensure they complete all steps necessary to meet the federal EVV requirements. Review the resources below for where you can find more information.

Resource	Description	Contact Information
<b>DHS EVV Provider Agency Webpage</b>	Information on the federal and state EVV requirements, and detailed steps on how to meet them	<a href="https://www.dhs.wisconsin.gov/evv/providers.htm">https://www.dhs.wisconsin.gov/evv/providers.htm</a>
<b>Wisconsin EVV Customer Care</b>	DHS customer service line to address EVV-specific questions	Phone number: 833-931-2035 Email address: <a href="mailto:vdx.contactevv@wisconsin.gov">vdx.contactevv@wisconsin.gov</a>
<b>ForwardHealth Update 2021-23</b>	Wisconsin EVV policy and hard launch timeline information	<a href="https://www.forwardhealth.wi.gov/kw/pdf/2021-23.pdf">https://www.forwardhealth.wi.gov/kw/pdf/2021-23.pdf</a>
<b>EVV Lifecycle Flyer</b>	EVV claims process information	<a href="https://www.dhs.wisconsin.gov/publications/p03124.pdf">https://www.dhs.wisconsin.gov/publications/p03124.pdf</a>

### Already using EVV?

After hard launch, FEAs will deny provider agency claims without corresponding EVV data per DHS EVV Policy. Below are details on the denial and remediation process for claims denied for missing or incorrect EVV information.

1. If a claim has incorrect (e.g. wrong service code) or missing EVV information (e.g. missing a check out), iLIFE will deny the claim per policy requirements.
2. iLIFE will send out a letter to the provider agency to notify them of the denied claim and detail the missing or incorrect EVV information.
3. The provider agency will need to correct EVV exceptions and enter manual visits as needed to support the claim.
  - If assistance is needed to learn how to do this step, please contact EVV Customer Care at 833-931-2035 or at [vdx.contactevv@wisconsin.gov](mailto:vdx.contactevv@wisconsin.gov). Please contact your EVV vendor if using an alternate EVV vendor.
4. The provider agency will then submit the updated claim to iLIFE that should now have matching EVV information.

### How will iLIFE determine if a claim is approved?

iLIFE will implement an automated comparison that will work for claims submitted with straight-time or rounded to the nearest 15-minute increment based on the 7-minute rule. The claim will be paid if the EVV visit duration is greater than or equal to the claim. These changes are in addition to the regular requirements for processing claims.

Important note: Vendors who provide services that require EVV (PC and SHC) need to submit daily claims by separating each day on our iLIFE templated claim.

Questions? Call iLIFE at 888-800-5599 or send us an email at [IRIS.EVV@iLIFEfms.com](mailto:IRIS.EVV@iLIFEfms.com).