

IRIS Vendor-Provider Paperwork

Vendor-Provider Welcome Packet

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Note: The terms “Vendor” and “Provider” may be used interchangeably throughout this document.

2024 IRIS Vendor Payment Schedule

Pay Period	Pay Period Start Date Sunday at 12:00 AM	Pay Period End Date Saturday at 11:59 PM	Due Date Friday	Pay Date Friday
V1	12/10/23	12/23/23	12/29/23	01/12/24
V2	12/24/23	01/06/24	01/12/24	01/26/24
V3	01/07/24	01/20/24	01/26/24	02/09/24
V4	01/21/24	02/03/24	02/09/24	02/23/24
V5	02/04/24	02/17/24	02/23/24	03/08/24
V6	02/18/24	03/02/24	03/08/24	03/22/24
V7	03/03/24	03/16/24	03/22/24	04/05/24
V8	03/17/24	03/30/24	04/05/24	04/19/24
V9	03/31/24	04/13/24	04/19/24	05/03/24
V10	04/14/24	04/27/24	05/03/24	05/17/24
V11	04/28/24	05/11/24	05/17/24	05/31/24
V12	05/12/24	05/25/24	05/31/24	06/14/24
V13	05/26/24	06/08/24	06/14/24	06/28/24
V14	06/09/24	06/22/24	06/28/24	07/12/24
V15	06/23/24	07/06/24	07/12/24	07/26/24
V16	07/07/24	07/20/24	07/26/24	08/09/24
V17	07/21/24	08/03/24	08/09/24	08/23/24
V18	08/04/24	08/17/24	08/23/24	09/06/24
V19	08/18/24	08/31/24	09/06/24	09/20/24
V20	09/01/24	09/14/24	09/20/24	10/04/24
V21	09/15/24	09/28/24	10/04/24	10/18/24
V22	09/29/24	10/12/24	10/18/24	11/01/24
V23	10/13/24	10/26/24	11/01/24	11/15/24
V24	10/27/24	11/09/24	11/15/24	11/29/24
V25	11/10/24	11/23/24	11/29/24	12/13/24
V26	11/24/24	12/07/24	12/13/24	12/27/24

- Each pay period begins on the listed Sunday at 12:00 AM and ends two weeks later on the listed Saturday at 11:59 PM.
- Please make sure invoice is complete and correct before submitting to iLIFE.

Submit Invoices via:

Online: <https://ecm.mcfl.net/Forms/vendorclaims>

Email: IRIS.Claims@iLIFE.org

Fax: 414-918-8213

Mail: P.O. Box 80439, Milwaukee, WI 53208

Milwaukee Drop Box: 2020 W. Wells St., Milwaukee, WI 53233

(02/2024)

Invoice Number: _____ Invoice Date: _____

Medicaid ID:	DOB: ____/____/____	Participant First Name:	Middle:	Participant Last Name:
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To be completed by provider:

Billing Provider Dates: Billing Start Date: ____/____/____ Billing End Date: ____/____/____	Provider Name: _____ _____	Provider ID: _____
Provider Address (street): _____ _____	Provider Address (city, state, ZIP): _____ _____	Provider Contact Person: _____ Phone: _____

Service Code	Modifiers	Service From Date MM-DD-YYYY	Service To Date MM-DD-YYYY	Description	POS	Unit Type (each, mile, HR)	Rate	Units	Billed Amount	
TOTAL								\$		

Provider Signature: _____

 Signature confirms compliance with the IRIS Medicaid Program Provider Agreement found at <https://ilife.org/wp-content/uploads/f-00180c.pdf>.

Participant Signature: _____ Date: ____/____/____

 Please submit the completed form to <https://ecm.mcfi.net/Forms/vendorclaims> or email IRIS.Claims@iLIFE.org or fax to 1-414-918-8213. For details on completing this form, see the IRIS Vendor Claim Form Instructions found at <https://ilife.org/forms/iris-forms/>.

IRIS Vendor Claim Form Instructions

HIPAA claims such as pharmacy and medical services must use the appropriate HIPAA claims forms such as the CMS-1500, UB-04 or the pharmacy claim form and cannot use this form for any reason.

Provider Agreement

Hereinafter referred to as the provider and referenced on the IRIS Vendor Claim Form, hereby agrees and acknowledges as follows:

1. To provide only the items or services authorized by the IRIS participant as listed on the participant's approved individual Support and Services Plan.
2. To accept the payment issued by the Financial Services Agency after IRIS participant authorization as payment in full for provided goods or services.
3. To make no additional claims or charges for provided goods or services.
4. To refund any overpayment to the IRIS Financial Services Agency that issued the payment.
5. To keep records of the items or services provided.
6. To provide, upon request by the DHS or the IRIS Consultant Agency or IRIS Financial Services Agency information regarding the items or services provided.
7. To comply with all other applicable federal and state laws, regulations and policies relating to providing home and community-based waiver services under Wisconsin's Medicaid program.
8. Medicaid Confidentiality Policies and Procedures: To maintain the confidentiality of all records or other information relating to each participant's status as a waiver participant and items or services the participant receives from the Provider.
9. To respect and comply with the IRIS participant's right to refuse medication and treatment and other rights granted the participant under federal and state law.
10. Medicaid Fraud Prevention Policies and Procedures (including records retention): To keep records necessary to disclose the extent of services provided to waiver participants for a period of seven (7) years (http://dcf.wisconsin.gov/memos/num_memos/2001/2001-07.htm) and to furnish upon request to the Department, the Secretary of the federal Department of Health and Human Services, or the state Medicaid Fraud Control Unit, any information regarding services provided and payments claimed by the Provider for furnishing services under the Wisconsin Medicaid Program.
11. The provider agrees to comply with the disclosure requirements of 42 CFR Part 455, Subpart B, as now in effect or as may be amended. To meet those requirements, among other things the provider shall furnish to the Department in writing:
 - a. The names and addresses of all vendors of drugs, medical supplies or transportation, or other providers in which it has a controlling interest or ownership;
 - b. The names and addresses of all persons who have a controlling interest in the provider;
 - c. Whether any of the persons named in compliance with (a) and (b) above are related to another as spouse, parent, child, or sibling;
 - d. The names, addresses, and any significant business transactions between the



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- provider and any subcontractor;
- e. The identity of any person who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or Title XIX services programs since the inception of those programs.

Instructions

Service period dates from and to dates of service are the first and last day covered by this invoice. Provider ID will be an NPI if you have one otherwise you may use your EIN or SSN. Provider contact is the person that should be contacted with questions in regards to this invoice. If some entity other than you bills for the work then this section must be filled in. The billing provider ID can be an NPI, EIN or SSN. The procedure/revenue code is the national code for the procedure or work performed. The description of what was done should also be supplied; this may or may not be the exact national description. Dates of service to and from should be the same date unless the service spans more than one day, such as rental equipment, which may be billed for several consecutive days. Services by the hour must be invoiced per day. Unit type for the service performed. Rate is the amount per unit. Billed amount is the rate multiplied by the number of units billed.

Use one of the methods listed below to submit the completed form:

- Submit to <https://ecm.mcfi.net/Forms/vendorclaims>
- Email to IRIS.Claims@iLIFE.org
- Fax to 1-414-918-8213

Invoice Number: _____ Invoice Date: _____

Medicaid ID:	DOB: _____/_____/_____	Participant First Name:	Middle:	Participant Last Name:
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To be completed by provider:

Billing Provider Dates: Billing Start Date: _____/_____/_____ Billing End Date: _____/_____/_____	Provider Name: _____ _____	Provider ID: _____
Provider Address (street): _____ _____	Provider Address (city, state, ZIP): _____ _____	Provider Contact Person: _____ Phone: _____

Service Code	Modifiers	Service From Date MM-DD-YYYY	Service To Date MM-DD-YYYY	Description	POS	Unit Type (each, mile, HR)	Rate	Units	Billed Amount
	Grouped by month.				Paid V9				
	Grouped by pay period.				Paid V7				
					Paid V8				
					Paid V9				

Service dates may be grouped by month or by pay period. Invoices submitted before the due date will be processed and paid on the next pay date. If you prefer to be paid more frequently, submit your invoices on a bi-weekly basis per the Vendor Schedule.

Each service line may only include dates from one calendar month. If your service dates span multiple months, use separate service lines. Submit claims only after services have been rendered.

									TOTAL \$

Provider Signature: _____

Signature confirms compliance with the IRIS Medicaid Program Provider Agreement found at <https://iLIFE.org/wp-content/uploads/f-00180c.pdf>.

Participant Signature: _____ Date: _____/_____/_____

Vendor Claims Tips

Tips for filing vendor claims for IRIS

HOW TO COMPLETE

- Every claim must include:
 - Participant name (First Name & Last Name)
 - Provider Name (the vendor name)
 - Provider Address
 - Service Code (including modifiers)
 - Service Dates (From and To)
 - Description of services
 - Rate
 - Units
- Although all other fields are optional, it is better to include as much information as you can (to prevent payment delays).
- If service dates span across calendar months, put each month on a different service line.

CORRECTING COMMON PROBLEMS

- **Missing required information** – Resubmit your claim with corrections. Missing details will be noted on the pending problem letter.
- **Lack of documentation** – Resubmit your claim with the missing documentation attached. Missing details will be noted on the pending problem letter.
- **Vendor name change** – Submit a new, complete Vendor Start-up Packet.
- **Problems with service authorization** (service code, service dates, rate or unit) – Contact the Participant or the Participant's IRIS Consultant to have the plan updated.

SPECIAL CIRCUMSTANCES

- If your address is the same as the Participant's address and you are submitting a claim for mileage, you must attach a mileage log to your claim.

HOW TO SUBMIT

Because it sends a confirmation email to you that can provide a record of your submission, we recommend that all claims be submitted via the submission form. Please use this link for the submission form: <https://ecm.mcfi.net/Forms/vendorclaims>. Claims may be submitted via:

- **Submission Form:** <https://ecm.mcfi.net/Forms/vendorclaims>
- **Email:** IRIS.Claims@iLIFE.org
- **Fax:** 1-414-918-8213
- **Mail:** PO Box 80439, Milwaukee, WI 53208

IMPORTANT: If submitting supporting documentation with your claim, only submit copies of your documents. Always keep the originals for your records.



Need a Form? Go to www.iLIFE.org.

IMPORTANT:

Vendor Claims Submission Form



iLIFE has improved the way vendors can submit their claims. We encourage you to submit claims using the new online submission form. This form is now available to upload your claims by visiting:

<https://ecm.mcfi.net/Forms/vendorclaims>

Q: Why should I use the online vendor claims submission form?

A: These are some reasons why:

- ✓ It's the quickest way to get your claims processed.
- ✓ It's easy to use.
- ✓ Upload pictures of your claim directly from your mobile device or computer.
- ✓ Instantly receive a confirmation email with SubmissionID when you submit claims, which can be used whenever you need to inquire with iLIFE about its status.
- ✓ The form is user-friendly and allows submission within minutes.
- ✓ It's paperless!

Q: What is a Vendor ID?

A: iLIFE gives each vendor a designated Vendor ID, which is typically a four or five-digit number. If you do not have your Vendor ID, please call Customer Service at 888-800-5599 or email us at IRIS@iLIFE.org.

Q: Can I use my mobile device to submit claims?

A: Yes. You can take a picture of the claim and upload it directly from your phone.

Q: What types of documents am I able to upload?

A: The acceptable document types are PDF (.pdf) and image files (.jpg, .tiff, .tif, .jpeg, .png).

Q: What if my claim is not an acceptable document type, like Microsoft Word (.doc) or Excel (.xls)?

A: If you submit an unacceptable file format, you will receive an error message. For the claim to be uploaded, please follow the PDF conversion steps below:

- Many of the Microsoft document formats can be converted to PDF (.pdf), depending on the version of your Microsoft software.
- Look for a Print to PDF option by opening the document and selecting: File > Printer = Microsoft Print to PDF.



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Q: How will I know you received my submission?

A: You will receive an automated email at the email address you provided on the form. This email provides you with a SubmissionID and confirms your claim was received at iLIFE. Please retain the SubmissionID for future reference and be sure to share this ID when reaching out to iLIFE to inquire about a claim.

Q: What if I do not receive the email with SubmissionID?

A: This means that it did not go through. Reasons for this could be an incorrect file format or the system was down briefly for maintenance. In the rare occasion that you do not receive an email with a SubmissionID, please resubmit the claim in an acceptable file format.

Q: How many claims can I submit at one time?

A: The online form will allow you to upload and submit up to 50 claims at one time. Note that you will receive one SubmissionID for each batch of claims uploaded.

Q: Is there a size limit for uploading a claim(s)?

A: Each individual claim that you upload must be less than 5 MB.

Q: How do I access the online form?

A: Bookmark this link to your favorites: <https://ecm.mcfi.net/Forms/vendorclaims>.

New to EVV?

Getting Started With Electronic Visit Verification in Wisconsin

Electronic visit verification (EVV) is a system that uses technology to capture the time, date, and place that personal care or some supportive home care services were provided. It also captures which services were provided, who provided them, and who received them.

EVV is federally required for Medicaid-covered personal care and some supportive home care services. All states must require EVV or risk losing Medicaid funding for these services.

Whenever performing services that require EVV, workers log or call in to an EVV system at the beginning and the end of their visit. Provider agencies can use the Wisconsin Department of Health Services (DHS)-provided EVV system from Sandata or choose to use an alternate EVV system. All systems have to collect the same six key data points at every visit.

6 KEY DATA POINTS



EVV visit data will need to be collected for care provided under the following service codes:

- T1019
- S5125
- T1020
- S5126

Agency ID and Worker IDs



Step 1

- If your provider agency **has a Medicaid ID**, make sure your contact information on the ForwardHealth Portal is current. DHS sends important information to the email address listed there.
- If your provider agency **does not have a Medicaid ID**, use the [EVV Portal Functionality User Guide](#) to get a unique EVV provider agency ID. This ID is how DHS will match your EVV information to your claims.

Step 2

Link your workers to your provider agency. This is called "associating" your workers to your agency. For EVV, each worker, including live-in workers, has to be linked to the provider agency they work for in the ForwardHealth Portal. Chapter 7 of the EVV Portal User Guide, Worker Association, gives detailed instructions on how to search for and add workers to your provider agency. This process is the same whether your agency has a Medicaid ID or a unique EVV provider agency ID.

(Continued on next page.)

Technical Set Up

Department of Health Services EVV System (Sandata)

If your provider agency chose the Sandata system, allow at least two weeks to complete the set up process:

1. Designate one lead administrative user to be the primary contact for EVV, complete initial EVV registration, and complete [initial administrator training](#).
2. Watch for Sandata's Welcome Kit email from eTrac after completing the training. The Welcome Kit will be sent to the email address listed on the demographic maintenance "Mailing Address" panel in your ForwardHealth Portal account. The Welcome Kit includes the Sandata EVV Portal permissions and agency-specific materials.
3. Have the lead administrator train any additional administrators who are needed (a train-the-trainer model). Additional administrators can be added to the Sandata system using the "clerk" role. The agency should add at least one clerk as a backup for when the lead administrator is out or unavailable.
4. Designate a trainer to create and implement a plan to [train workers](#) on the use of EVV during visits. Training should be made available for both new and experienced workers and should be repeated when needed.

Alternate EVV System

If your provider agency chose a system other than Sandata:

1. Review the certification process documents on the [Alternate EVV webpage](#).
2. Alternate EVV systems connect to the Sandata aggregator in order to get EVV information from the alternate vendor to DHS. Therefore, even if you choose an alternate system, you still need to contact Sandata to request the use of an alternate EVV system by email at WIAItEVV@Sandata.com or phone at 855-705-2407.
3. When you call Sandata, they can tell you whether the system you chose is already certified for use in Wisconsin. Setting up an alternate EVV system that is already certified in Wisconsin will take about one week. Setting up an alternate EVV system that has to be certified in Wisconsin will take about three months.

If your alternate EVV system is already certified in Wisconsin:

- Watch for your alternate EVV vendor to send visits to the Sandata aggregator.
- Complete Sandata's aggregator portal training using the link Sandata sends in an email.

If your alternate EVV system requires new certification for Wisconsin:

Follow the steps in the [Alternate EVV Certification Process Checklist](#).

Start Using EVV

No matter which system you choose, training workers on a new technology takes time. Make sure you take time to answer your workers' questions before their first personal care or home health visit and after they've had a chance to use EVV.

Check EVV visit data carefully before submitting claims. Keeping track of errors will also show you if your workers need more support with any part of using EVV.

Visit the [DHS EVV website](#) to learn more and [sign up](#) for the latest news and information about EVV.