

# ELECTRONIC VISIT VERIFICATION

February 2021  
Issue 35

## CONTACT US

### Hour of Operations:

- Monday - Friday  
7 a.m. - 8 p.m.
- Saturday - Sunday  
9 a.m. - 5 p.m.

**EVV Provider Hotline:** For technical assistance with a device or EVV Portal.

- 855-805-3505
- [ODMCustomerCare\\_email@sandata.com](mailto:ODMCustomerCare_email@sandata.com)

### Alternate EVV Support:

- 844-289-4246
- [OHAItEVV@Sandata.com](mailto:OHAItEVV@Sandata.com)

**EVV Inbox:** General EVV questions or to report a problem.

- [EVV@medicaid.ohio.gov](mailto:EVV@medicaid.ohio.gov)
- Leave a voicemail at 614-705-1082

**ODM Provider Assistance Hotline:** Change contact information, claims questions.

- 800-686-1516

## Payment reductions delayed

The 21st Century Cures Act (Cures Act) requires states to use electronic visit verification (EVV) for home health and personal care services. The Ohio Department of Medicaid (ODM) first used EVV in 2018. The final services required by the Cures Act were incorporated into the program on Jan. 1.

At the EVV Stakeholder Advisory Group meeting in October, ODM shared plans to begin a 10% reduction in payments in the summer of 2021 for claims that cannot be matched to visits in the EVV system. Since then, many have expressed concerns about the impact this will have on providers and the individuals they serve, and ODM listened. Based on your input, the payment reductions are delayed until January 2022 or later.

ODM will use this time to help providers become successful with EVV. For example, ODM is starting a small stakeholder group that focuses on support for providers, in addition to current aids, including: webinars, communications with providers about their EVV performance, and individual sessions for providers who need help using the Sandata EVV system.

## Training for new providers

While ODM and its partner agencies suspended the requirement that new providers complete EVV training before getting a Medicaid ID during the COVID-19 pandemic, the Cures Act still requires providers to use EVV.

Core training requirements must be completed before a provider can use the EVV system. For agency providers, core training requirements are the System Overview and Security modules. Non-agency providers must complete the System Overview. Additional training modules with step-by-step instructions also are available. Providers can register for training using the link on the [ODM EVV Training Webpage](#). A [job aid](#) walking providers through the registration process also is available.



Providers new to Medicaid or who are just starting to provide services subject to EVV must complete core training as soon as possible after receiving their Medicaid provider number . After they complete core training, they will receive a link to their welcome kits by email and can begin to log visits.

If you need help registering for training, please call the EVV Provider Hotline at 855-686-1516, or email [ODMCustomerCareEmail@sandata.com](mailto:ODMCustomerCareEmail@sandata.com).

## **Data findings - percentage of claims supported by EVV**

A recent ODM data pull showed improvement in provider use of EVV. Claims data with dates of service between April and June 2020 for phase 1 and phase 2 services were used, as well as data from the Ohio Department of Developmental Disabilities, the Ohio Department of Aging and all six managed care organizations. Summary findings:

- 73% of providers are logging EVV visits for claims at least some of the time; 27% are not logging visits at all.
- 23% of providers logging visits in EVV are successfully matching all claims to visits!
- 77% of providers logging visits in EVV are partially successful in matching their claims to visits.

These findings show growing use of EVV in Ohio. ODM appreciates your efforts and looks forward to helping providers achieve success.



## **Claims matching**

Do you wonder what the fuss is about regarding EVV claims matching?

Claims matching is when EVV visit details (in Sandata EVV) are compared to a submitted claim by a payor to match the following items:

- Provider Medicaid ID
- Client Medicaid ID
- Procedure code
- Date of service
- Units (Units in EVV must be greater than or equal to the units on the claim)

If all items match on both the visit and claim, the claim is supported by the visit.

The tips below can help you match your claims to visits:

- Remember to send the payor the claim after the visit is in a Verified status in EVV. Verified status means that the visit has all required information and there are no issues with the visit.
- If the payor sends the claim information back and tells you there is no visit matching the claim, look at both the visit and claim to understand where the problem is (claim or visit) and what item does not match.
- If there is an issue on your claim that must be fixed, fix the claim and resubmit to your payor.
- If there is an issue in your visit, fix the visit in EVV. Payments will not be reduced or denied due to EVV at this time.

Following is a directory of contacts (depending on your payor) if you have claims questions:

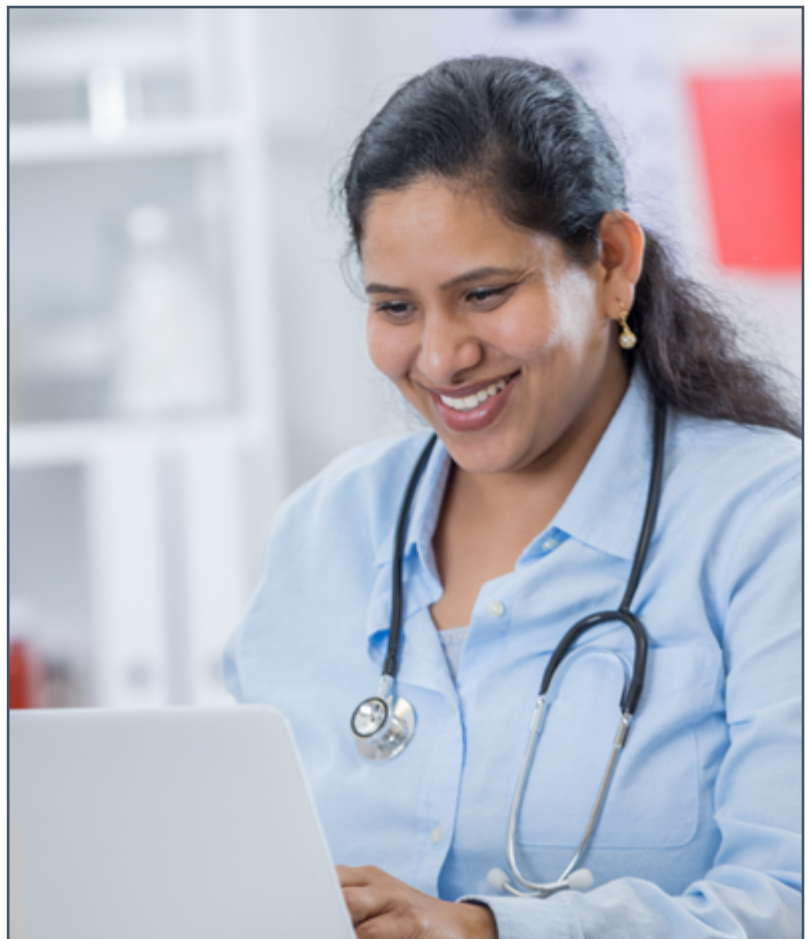
Payor	Medicaid
Ohio Department of Medicaid	800-686-1516
Aetna	855-364-0974
Buckeye	866-296-8731
CareSource	800-488-0134
Molina	855-322-4079
Paramount	800-891-2542
United	800-600-9007
Ohio Department of Aging	800-266-4346
Ohio Department of Developmental Disabilities	800-617-6733

## Quick Reference Guides

Quick Reference Guides (QRGs) are useful tools to review specific topics in EVV. For example, you can review adding a missing call out without having to search through the full Visit Maintenance chapter in the manual. QRGs are on the EVV website under the [Provider tab](#). You can download and print each document for personal reference. The following QRGs address the most common current EVV issues:

- Unauthorized Service Exception
- Missing Call in or Call Out
- Create a Client

If you have a suggestion for a QRG, please send an email to [evv@medicaid.ohio.gov](mailto:evv@medicaid.ohio.gov).



## Alternate EVV process changes

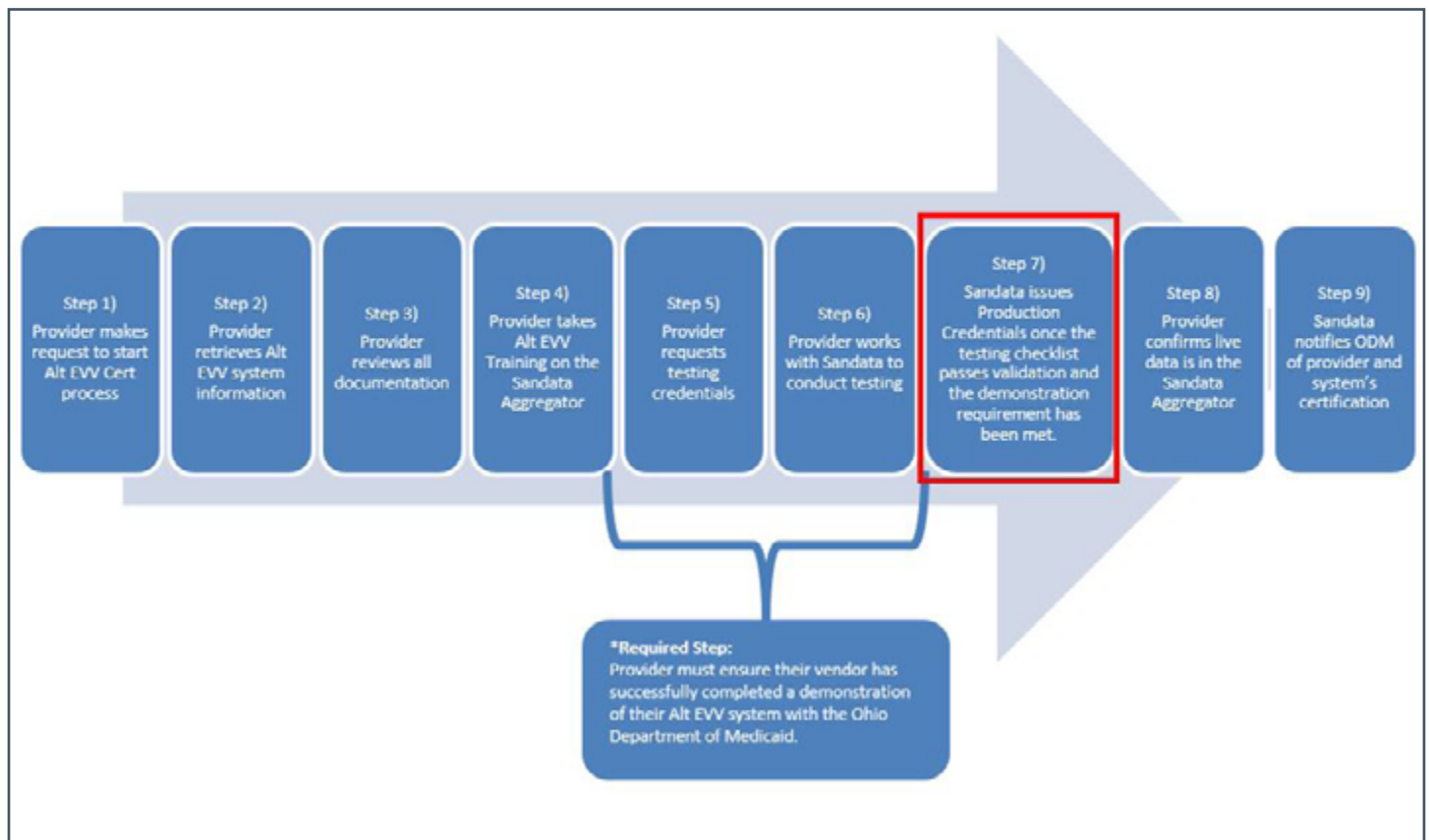
Agency providers can use an alternate (Alt) EVV system. An Alt EVV system is an EVV system that is not the ODM-provided EVV solution through Sandata Technologies. To use an Alt EVV system, an agency provider must complete the Alt EVV certification process. This includes making sure all business requirements and technical specifications are met. The provider must complete Sandata aggregator training, complete testing with Sandata, and meet ODM's demonstration requirement.

During the Alt EVV certification process, a provider must make sure that an Alt system vendor has submitted a completed testing checklist to Sandata. If there are any issues with the testing checklist, Sandata will let the provider know so that it can be corrected. If there are no issues with the testing checklist, the provider will receive notice that their Alt EVV testing checklist has passed validation. At this point, providers have previously been required to request production credentials and choose a go-live date. The production credentials are issued by Sandata and are needed for the provider's Alt system to be able to send information to the Sandata aggregator. The go-live date is the provider's expected date to start sending EVV information to the Sandata aggregator from their Alt system.

Feedback from the Alt EVV provider community is that having to request production credentials from Sandata with a chosen go-live date is an unnecessary step in the process that is causing delays in their Alt EVV system set-up.

Based on this input, agency providers now completing the certification process will no longer be required to request production credentials and choose a go-live date. Instead, Sandata will issue production credentials to the provider when their testing checklist passes validation and successfully completes the demonstration requirement. Please note that the go live date for using Alt EVV does not affect claims matching.

## Alt EVV certification process



## Non-agency provider view change — My Visits screen

Non-agency caregivers currently are able to see visits for a one-day lookback on the My Visits section of the Sandata app. Many providers have reached out to ODM to ask if the My Visits view can be changed to see visits for more than a one-day lookback. Based on provider feedback, the My Visits section of the app will be able to look back five days beginning March 1. This change will automatically occur; no action is required by non-agency providers. We appreciate the feedback and are happy to respond to requests to help ease the process of using EVV.

## Correcting a service in EVV

If the service recorded on the EVV visit does not match the service on the claim, the visit will not change to Processed status.

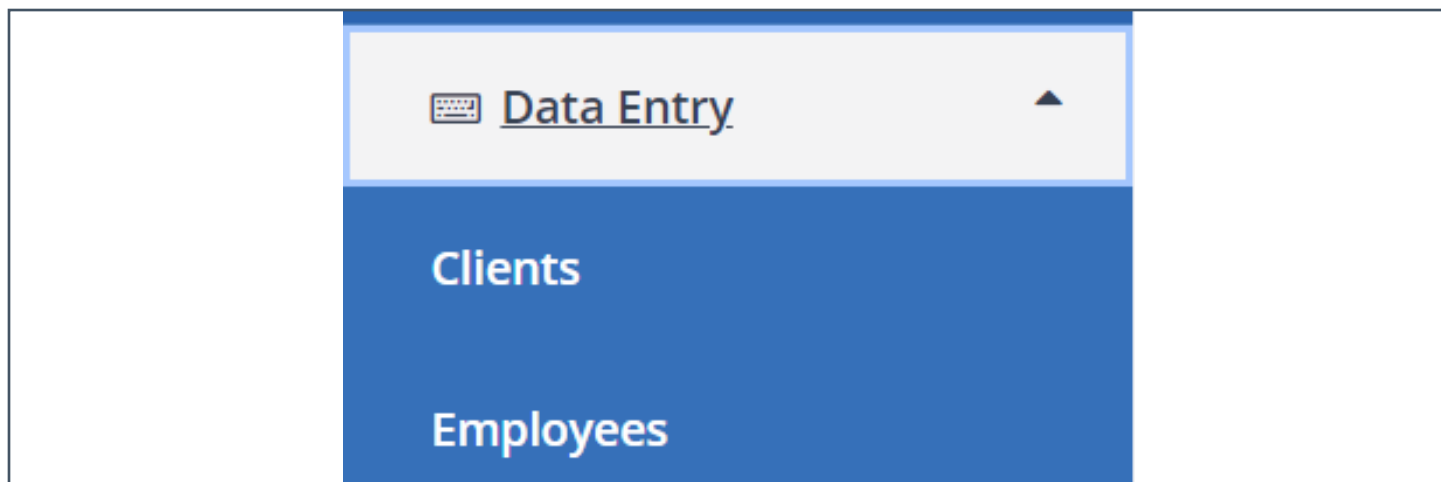
If the claim has the incorrect service code listed and EVV has the correct service code, work with your payor to resubmit a corrected claim.

If the claim has the correct service code listed and EVV has the incorrect service code, you must update the visit in EVV to match the claim. Here is how to change the service code on a visit in Sandata:

If there are no exceptions on the EVV visit, the service must be changed at the source, which in EVV is the client record.

Show: 50 per page Show Display Options ▾												
Showing 1 to 1 of 1 entries												
Client Name	Employee Name	Service	Visit Date	Call In	Call Out	Call Hours	Adjusted In	Adjusted Out	Adjusted Hours	Bill Hours	Visit Status	Do Not Bill
Jenkins, Peter	Thomas, Jackson	OHCW Nsg - LPN (T1003)	09/04/2020	12:37 PM	12:47 PM	00:10				00:10	Verified	<input type="checkbox"/>
Showing 1 to 1 of 1 entries												

Sign in to <https://evv.sandata.com>. Once you are signed in, click Data Entry, then click Clients.





Use the search parameters to locate the client record. When the search results display, click the pencil icon (located under the Actions tab) next to the client record that you would like to edit.

Search Clients

CLIENT LAST NAME

Jenkins

CLIENT FIRST NAME

Enter Client First Name

CLIENT MEDICAID ID

Enter Client Medicaid ID

STATUS

Active

Q SEARCH

CLEAR

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1

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Within the client record, scroll down to the Add/Edit Payer section. Remember that the client payer section determines what options are available in Sandata Mobile Connect. In this section you have these options:

Client Payer

1  
Add New

2  
History

START DATE	END DATE	CLIENT PAYER ID	PAYER	PROGRAM	SERVICE	ACTIONS
05/01/2019			ODM	OHC	OHCW Nsg - LPN (T1003)	<div>3</div> <div>4</div>

Showing 1 to 1 of 1 entries

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1. **Add New:** Add a new service to the client record, which will exist alongside the current service in the client record. Do this if the current services are correct, but the client now has an additional service that needs to be recorded in EVV.

Client Payer

Add New

2. **History:** View services that have end dates that have passed, meaning they no longer appear in the client record. Do this to verify if the service existed in the client record but ended prematurely.

View / Edit Payer History

CLIENT NAME

CLIENT ID #

MEDICAID ID #

SUPERVISOR

Jenkins, Peter

234658

144848787875

None

START DATE	END DATE	CLIENT PAYER ID	PAYER	PROGRAM	SERVICE	ACTIONS
07/01/2019	01/04/2021		ODA	PP	Passport HCA (S5125)	

Showing 1 to 1 of 1 entries

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CLOSE

3. **Actions/Pencil Icon:** Open the current service and change the details to something else, including changing the Payer, Program, Service, Start Date, or End Date. Do this if the details were incorrect at the original time of entry and need to be replaced.

Add/Edit Payer×

CLIENT NAME	CLIENT ID #	MEDICAID ID #	SUPERVISOR
Jenkins, Peter	234658	144848787875	None

PAYER \*  
ODM

PROGRAM \*  
OHC

SERVICE \*  
OHCW Nsg - LPN (T1003)

CLIENT PAYER ID  
Enter Client Payer Id

START DATE \* MM/DD/YYYY  
05/01/2019

END DATE MM/DD/YYYY  
Select End Date

CANCEL

SAVE

4. **Actions/Copy Icon:** Copy the current service information into a new field and make edits as needed. Once this information is saved, the service will exist in addition to the current services.

Add/Edit Payer×

CLIENT NAME	CLIENT ID #	MEDICAID ID #	SUPERVISOR
Jenkins, Peter	234658	144848787875	None

PAYER \*  
ODM

PROGRAM \*  
OHC

SERVICE \*  
OHCW Nsg - LPN (T1003)


CLIENT PAYER ID  
Enter Client Payer Id

START DATE \* MM/DD/YYYY  
05/01/2019

END DATE MM/DD/YYYY  
Select End Date

CANCEL

ADD

Add New						History
START DATE	END DATE	CLIENT PAYER ID	PAYER	PROGRAM	SERVICE	ACTIONS
05/01/2019			ODM	OHC	OHCW Nsg - LPN (T1003)	 
05/01/2019			ODM	OHC	OHCW HCA (S5125)	 
Showing 1 to 2 of 2 entries						<div>« &lt; 1 &gt; »</div>

Once you have made your changes to the Add/Edit Payer section, save the client record.