



INTRODUCTION

Electronic Visit Verification, or EVV, is a process for electronically capturing point-of-service information for certain home and community-based services.

Centers for Medicare & Medicaid Services (CMS) established requirements for all states to use EVV in accordance with the 21st Century Cures Act.

This act requires CareSource to use EVV when processing Personal Care Services claims and Home Health Care Services claims.

Caresource complies with the requirements of CMS and the applicable state regulatory body as required by EVV and is dedicated to helping providers navigate this process successfully.





WHY IS EVV IMPORTANT?





Requirements

The Ohio Department of Medicaid (ODM) started its EVV program in 2018 to meet federal

requirements in the 21st Century Cures Act.



Patient Experience & Satisfaction

EVV ensures the patient is receiving the care they require, while improving service delivery through efficiency and transparency.

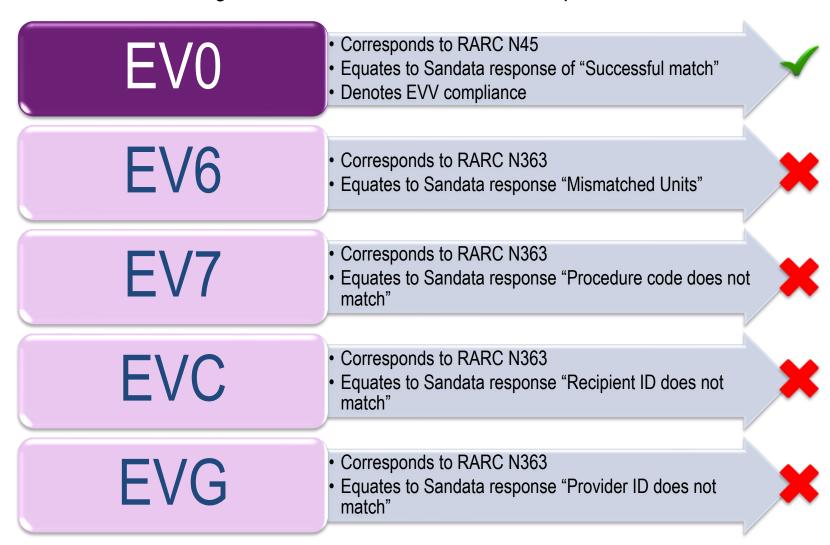


The EVV process helps to ensure that claims are submitted with coding accuracy, which enables a quicker processing time.



EVV CLAIM OUTCOMES

Caresource will assign an EOB/RARC message based on the claim validation response from Sandata:





OHIO EVV SERVICE TYPES:



Therapy, Nursing and Home Health Services

MyCare

Waiver Nursing, Home Health and Choices Home Care Attendant

Medicaid

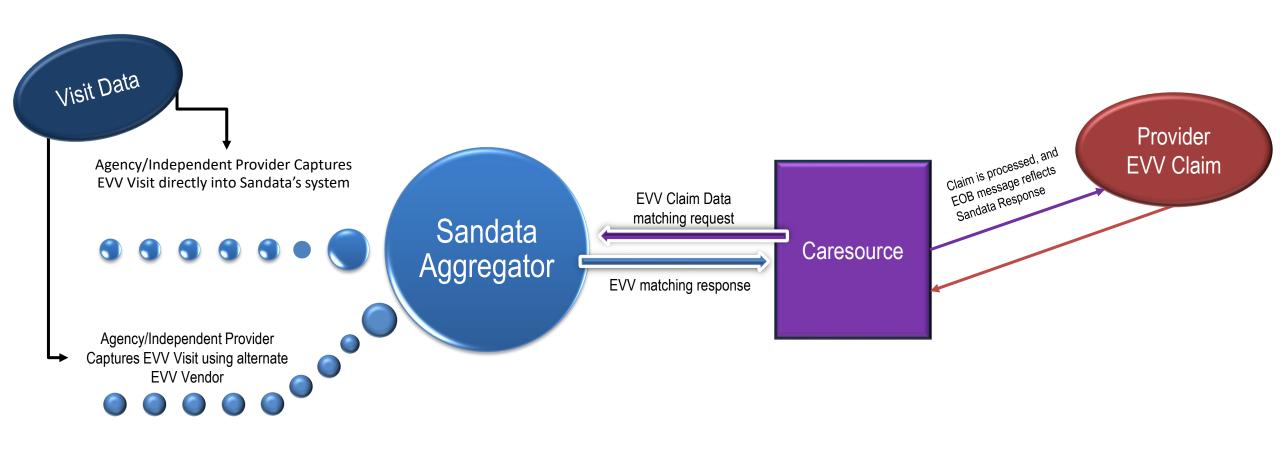
- G0151
- G0152
- G0153
- G0156
- G0299
- G0300
- T1000
- T1001 (U9)

- S5125
- T1002
- T1003
- T1019
- T2025 (UB/U1)



EVV VISIT AND CLAIM DATA REQUIREMENTS

When a claim is processed, the claim data is matched against the visit data housed in the Sandata platform





SANDATA VISIT VERIFICATION STATUS

Visit data will reflect in the Sandata Aggregator system as follows:



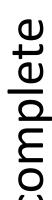
Processed

• Data Entry reflects successful match



Verified

Visit Data Match is compliant • Deemed ready to bill payer



- Visit Data is non-compliant
- Verify the following:
- Missing Time
- **CPT** coding
- Wrong payer, right service
 - This is where the wrong payer is listed for the client, but visit details are correct (ultimately billed to the correct payer)
- Units rendered are greater than what is available



PROVIDER EVV: TIPS FOR SUCCESSFUL EVV OUTCOMES

Correct Codes, Units and Date of Service:



- Ensure the correct codes and number of units are entered into the aggregator
- Claim data must match what is reflected in the aggregator

Correct Provider and Member Medicaid ID:



Ensure the correct Provider and Member Medicaid ID is entered into the aggregator

Correct Member Payor:



Ensure the correct Payor is listed for the member in the aggregator

Correct data entry and accurate claim submission will help ensure compliant claim outcomes!

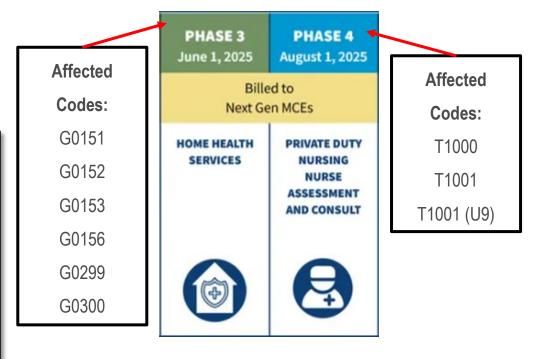


PROVIDER EVV: UPCOMING CHANGES

Non-compliant Claim Denials:

- ODM will roll out EVV processing claims changes in seven phases, beginning with home health service providers on March 1, 2025.
- This will require that EVV claim lines must have a matching EVV visit record.
 - Claims that do not match will be denied.
- Next Gen MCE's will be phased into the denial phase of EVV validation beginning on June 1, 2025
 - Full implementation expected by the end of the first quarter of 2026.

PHASE 1 March 1, 2025	PHASE 2 June 1, 2025	PHASE 3 June 1, 2025	PHASE 4 August 1, 2025	PHASE 5 October 1, 2025	PHASE 6 January 1, 2026	PHASE 7 March 1, 2026		
Billed to ODM FFS		Billed to Next Gen MCEs		Billed to DODD	Billed to ODM or ODA	Billed to MyCare		
HOME HEALTH SERVICES	PRIVATE DUTY NURSING, NURSE ASSESSMENT AND CONSULT	HOME HEALTH SERVICES	PRIVATE DUTY NURSING NURSE ASSESSMENT AND CONSULT	IO, Level 1, SELF WAIVER PROGRAM SERVICES	OHIO HOME CARE, PASSPORT WAIVER SERVICES	HOME HEALTH PDN, NURSE ASSESSMENT AND CONSULT, WAIVER SERVICES		
			8	©	(o)	MyCare Ohio		
*Based on claim line date of service.								





PROVIDER EVV: UPCOMING CHANGES

Non-compliant Claim Denials (Ohio Medicaid ONLY):

Non-Compliance Reason	Current Facets EOB Code	Current RARC/CARC	Future Facets EOB Code	Future RARC/CARC (effective 06/01/25 and 08/01/25 respectively)
Provider ID does not match	EVG	N363/45	EVI	N521: Mismatch between the submitted provider information and the provider information stored in our system 272: Coverage / program guidelines were not met
Recipient ID does not match	EVC	N363/45	EVH	N819: Patient not enrolled in EVV system 272: Coverage / program guidelines were not met
Procedure code does not match	EV7	N363/45	EV9	N56: Procedure code billed is not correct/valid for the services billed or the date of service billed 272: Coverage / program guidelines were not met
Unmatched Units	EV6	N363/45	EV8	N820: EVV system units do not meet requirements of visit 272: Coverage / program guidelines were not met



EVV: ADDITIONAL RESOURCES

EVV: Getting Started Checklist

- Providers using Sandata's system should ensure they've completed the below steps to ensure successful and compliant EVV claims submissions
 - 1. Complete EVV Training
 - a) » Agency Training
 - b) » Independent (Non-Agency) Training
 - a) Receive email with credentials to sign into Sandata eTrac website
 - 1. Sign in and download your unique Sandata Welcome Kit
 - 2. Log into EVV Portal
 - 3. Set up correct individuals, services, employees, etc., as applicable in EVV Portal
 - 4. Start capturing visits when providing services to Individuals

Please Note: Agency providers using an Alternate EVV system may require a different Getting Started process



EVV: ADDITIONAL RESOURCES

Ohio Department of Medicaid EVV links:

Ohio Medicaid EVV Program and Service Code Guide

Device Fact Sheet

Schedule an "Ask a Trainer" Help Session with Sandata



QUESTIONS



