

## Electronic Visit Verification (EVV) Guidance and Frequently Asked Questions for ODA Providers

EVV is an electronic system that verifies key information about the services provided. In accordance with the Cures Act, the system implemented by the Ohio Department of Medicaid (ODM) will record the date of the service, the time the service started and ended, the individual receiving the service, the person providing the service, and the location of the service.

Both agencies and non-agency providers are required to use EVV by ODM rule [5160-1-40 EVV](#).

EVV training will answer most of your questions. [Sign up for training](#) on the ODM website. Participant Directed providers should sign up as a non-agency provider. Sessions are available on-line 24 hours a day. Once you complete training, you will receive your welcome kit via email. The welcome kit contains the username and temporary password you will use to access your Sandata EVV account. The temporary password is valid for 60 days; if you need to reset it, call 1-855-805-3505. If you are a new provider waiting on your Medicaid provider number, you may sign up for training at [Sandata learn](#).

ODM has created [quick reference guides](#) that cover many basic EVV tasks. The following topics cover some of the most common tasks and frequently asked questions related to getting started with EVV.

### Provider Number Not Found

Check MITS and verify you have an address and a valid email in the system. Both are needed to transfer the data to EVV. Review ODM instructions to [update email in MITS](#).

If you need assistance accessing your MITS account, please contact the ODM help desk at 1-800-686-1516.

If your address and email are in MITS, check to see if you have more than one Medicaid number. You may have one for waiver and one for PASSPORT. If this is the case, you can choose to combine the numbers into one number to be used for all future claims. Email [Provider\\_Inquiry@age.ohio.gov](mailto:Provider_Inquiry@age.ohio.gov) for assistance.

The image contains two screenshots of a web-based form. The top screenshot shows the 'Provider Information' form with fields for Medicaid Provider ID, National Provider ID, Practice Type, Provider Type, Ownership, Medicaid Effective Date, and Medicaid End Date. The bottom screenshot shows the 'Location Name Address' form with fields for Name, Address Type, Usage Type, Country, Contact Name, Phone, Address, City, State, Zip, and E-Mail. Red boxes highlight the 'Location Name Address' tab and the 'E-Mail' field in both screenshots.

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## Loading Clients

Once you have logged into EVV and changed your temporary password you need to load your client(s).

### Identification numbers for entering Clients into EVV

Medicaid ID: To locate the client Medicaid number you can ask the client, refer to the all services plan, or contact your local PAA.

Client ID: This is an identifier generated by Sandata after you add a client and their Medicaid number into EVV. Once a client is entered you may use either the client ID or Medicaid 12-digit number to log in and out of visits.

Company ID: This is needed to sign in to the EVV mobile device or application. It is a Sandata-issued number provided in the welcome kit.

### Entering a client in EVV

You will need the following information to add a client: Name, address, Medicaid number, the program (PASSPORT, Participant Directed), and the services provided.

State-funded individuals do not have a Medicaid number. Enter the individual in EVV with their PIMS number. The PIMS number is entered in the Client Payer ID field.

The screenshot shows the 'Add/Edit Payer' form. The top section has four columns: CLIENT NAME, CLIENT ID #, MEDICAID ID #, and SUPERVISOR, each with a 'None' value. Below this are three dropdown menus: PAYER \* (Select Payer), PROGRAM \* (Select Program), and SERVICE \* (Select Service). At the bottom, there are three input fields: CLIENT PAYER ID (with a red arrow pointing to it and the text 'Enter Client Payer Id'), START DATE \* MM/DD/YYYY (with a calendar icon and the text 'Select Start Date'), and END DATE MM/DD/YYYY (with a calendar icon and the text 'Select End Date'). At the bottom right are two buttons: 'CANCEL' and 'ADD'.

Once the individual receives a Medicaid number, you need to add the number to the client in EVV. This short video walks through this process: [Entering PIMS ID -Only For Individuals Without Medicaid ID #.](#)

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## Adding Programs and Services

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The next step in adding the client is telling the EVV system about the program and services.

Payor: Use the drop-down menu and choose ODA. This identifies the services are being paid by the Ohio Department of Aging.

Program: Select PASSPORT (PP) or Participant Directed (PPPD) from the drop-down menu.

Service program: Select a service from the drop-down menu. The list of services is below.

| Payer | Service Description                | Procedure Code |
|-------|------------------------------------|----------------|
| ODA   | Home Care Attendant Nursing        | PT680          |
| ODA   | Home Care Attendant Aide           | PT681          |
| ODA   | Waiver Nursing RN                  | PT530          |
| ODA   | Waiver Nursing LPN                 | PT531          |
| ODA   | Personal Care Services             | PT624          |
| ODA   | Client Directed Personal Care      | T1019          |
| ODA   | Waiver Choices Home Care Attendant | T2025          |

Now you can begin logging in and out for your visits using a mobile device, an application on your personal smart device, or in special circumstances, via telephone (telephony) or manually into EVV.

## The Device

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The provider orders the device for the individual. If more than one provider works with the client, each provider orders a device for the individual. The system knows to only send one device to the client for all providers to use. You can request a device when you enter your client into EVV.

Sandata works to ensure EVV devices are continuously healthy, updated, and ready for provider use. Sandata periodically sends updates to the devices, which can include, but are not limited to:

- a. Sandata Mobile Connect Application Updates,
- b. Diagnostic tools, and
- c. Service updates.

In order to maintain a healthy device, it must be kept turned on and used on a consistent basis. This allows updates to install seamlessly without user intervention and disruption to visit verification. Documentation sent with the device to the individual directs them to keep the device turned on and available for providers. Consistent use of the EVV device by the providers will ensure the device is kept current and readily available for use.

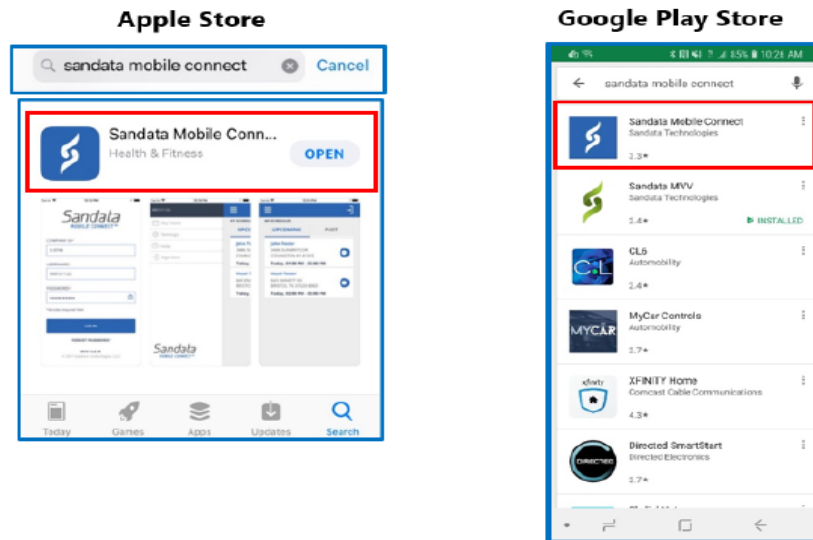
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## Using the Smart Phone or Tablet App

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The Sandata Mobile Connect app is available for Apple iOS and Google Android devices. It can be found in the Apple App Store or Google Play Store by searching for “Sandata Mobile Connect.”

Please note: Your app store may have more than one version of the Sandata Mobile Connect available. Install the one with the **BLUE ICON**. The version with the green icon is for another state and will not work for Ohio.



## Telephone and Manual Entry

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An individual may refuse the EVV device in their home. When this happens, the provider or individual must notify the case manager, who will note in the individual’s care plan the preference for telephone entry or manual entry if phone service is unavailable. *This documentation is essential for auditing purposes.*

A provider may decide to not accept an individual who has opted for telephony/manual entry only. Please note, the requirement to provide a 30 day notice to an individual is still in effect per ODA rule [173-39-02 ODA provider certification](#), section (B)(3)(e), Last day of service:

Unless the provider is an assisted living provider, the provider shall notify the individual and ODA's designee in writing at least thirty days before the last day the provider provides services to the individual, unless one or more of the following occurs:

- (i) The individual has been hospitalized, placed in a long-term care facility, or is deceased.
- (ii) The health or safety of the individual or provider is at serious, imminent risk.
- (iii) The individual chooses to no longer receive services from the provider.”

## Unit Calculations and Billing

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Once you log in and out of your visits, you may notice some units calculate with an additional unit. There are two different unit calculation rates and they differ based on type of service

### All ODA services excluding personal care

| Units | Minutes and Seconds                            |
|-------|--|
| 1     | 00:01 - 15:59 mins = 1 unit                    |
| 2     | 16:00 - 34:59 mins = 2 units                   |
| 3     | 35:00 - 45:59 mins = 3 units                   |
| 4     | 46:00 - 60:59 mins = 4 units                   |
| 5     | 61:00 - 75:59 mins = 5 units                   |
| 6     | 76:00 - 90:59 mins = 6 units                   |
| 7     | 91:00 - 105:59 mins = 7 units                  |
| 8     | 106:00 - 120:59 mins = 8 units                 |
| 9+    | Each additional 15 minutes = 1 additional unit |

### ODA personal care minutes and seconds

| START  | END    | UNITS |
|--------|--------|-------|
| 01:00  | 14:59  | 1     |
| 15:00  | 29:59  | 2     |
| 30:00  | 44:59  | 3     |
| 45:00  | 59:59  | 4     |
| 60:00  | 74:59  | 5     |
| 75:00  | 89:59  | 6     |
| 90:00  | 104:59 | 7     |
| 105:00 | 119:59 | 8     |

ODA Rule [173-39-02.11](#), (E)(1) defines one unit of **personal care** as equal to fifteen minutes. Providers working more than 15 minutes move into the second unit of service. The rule does not establish a minimum number of minutes that must be worked to claim a subsequent unit. As a result, a provider who works more than 15 minutes and up to 30 minutes can claim and be reimbursed for two units of service. Any units of service provided in excess of the authorized service plan must be approved by the case manager prior to billing.

Providers are to be reimbursed only for time spent rendering services to individuals enrolled in programs administered by ODA. The authorization for services is based on the needs and goals of the individual as outlined in the person-centered service plan. As a result, service authorization does not account for administrative time spent by a provider performing tasks not authorized in the person-centered service plan. Administrative functions are not part of the service plan and therefore not reimbursable by the PAA.

## Fixing Claims

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Once you have submitted your claim you may find out it has denied. A separate help guide will be created when we update the remittance advice to include detailed reasons for EVV denial.

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### Additional Information and Training

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ODM has created [quick reference guides](#) that cover many basic EVV tasks. For more information, refer to the [ODM EVV Frequently Asked Questions](#).

If you need personal assistance, the EVV Provider Hotline (1-855-805-3505) is available Monday through Friday, 7 a.m. to 8 p.m., and Saturday and Sunday from 9 a.m. to 5 p.m.

For refreshers on certain EVV topics, you can watch brief instructional videos via Sandata training video libraries provided for ODM.

[Non-Agency Video Library](#)

[Agency Video Library](#)

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Ohio Department of Aging  
246 N. High St. / 1<sup>st</sup> Fl.  
Columbus, OH 43215-2406  
(614) 466-9614 | 1-800-266-4346  
[aging.ohio.gov](http://aging.ohio.gov)