CareSource
Health Care with Heart

Electronic Visit Verification (EVV) FAQs for Ohio Medicaid Home Health Services

Q: What is Electronic Visit Verification (EVV)?

A: EVV is part of a federal law that requires direct care workers (DCW) who provide personal care and home health care services to electronically report six data points to make sure individuals are receiving the services they need.

The six data points are:

- The type of service performed (HCPCS or CPT code)
- The individual receiving the service (Recipient Medicaid ID Number)
- The date of the service
- The location of service delivery (POS 12)
- The DCW providing the service (Rendering Provider Medicaid ID Number)
- The time the service begins and ends

Q: Who is the EVV vendor for Ohio?

A: The Ohio Department of Medicaid (ODM) has chosen Sandata as their EVV vendor/aggregator. They recommend that providers enroll with Sandata for their EVV needs, but do not require it. ODM has authorized the use of alternative EVV vendors (a.k.a. Alt EVV). To be an approved alternate EVV system, a vendor must comply with all technical specifications, adhere to all business rules, and complete a certification process with Sandata before going into production.

Q: What function does Sandata perform, regarding EVV?

A: Sandata performs two key functions for EVV, which ultimately support the compliance component of the ODM's EVV program:

- Collects, stores, and validates all visit data for services that are subject to EVV validation in their aggregator platform, including member authorization data
- Provides compliance outcomes to payers and ODM on claims, when a claim is sent for EVV visit compliance validation

Q: What services are subject to EVV validation for Ohio Medicaid?

A: Per OAC Chapter 5160-12, ODM requires that State Plan Home Health and Nursing services go through EVV validation. Specifically, the following codes are required to go through EVV, when rendered by specific providers, in the patient's home:

- Home Health Services: G0151, G0152, G0153, G0156, G0299, G0300
- Private Duty Nursing, Nurse Assessment and Consult: T1000, T1001, T1001 (U9)

Q: Are there any exemptions to these services requiring EVV validation?

A: Yes; per ODM, when the above codes are billed in the below scenarios, the claims are not subject to EVV validation:

- **Telehealth**: Home Health and Private Duty Nursing services provided through telehealth and billed with the Place of Service Code -02.
- **Live-in Caregiver**: A direct care worker who lives in the same household as individual receiving services.
    - Direct care workers can request an exemption by submitting the EVV Exemption Request.
    - This form can be located on the ODM EVV website.

Q: How long does it take to process a claim for EVV?

A: CareSource will generate a systemic call out to Sandata, to request EVV validation on the service date in question. Sandata will provide a response for each claim line present that requires EVV validation. Claims will pend for three business days, or until a response is received from Sandata. If, after three business days, no response is received, the claim will finalize and deny. You will not need to submit a corrected claim in this scenario; CareSource will perform a sweep and obtain a response from Sandata, and payment will be reconsidered upon that response.

Q: Does EVV impact claim payment?

A: For claims with a date of service prior to June 1, 2025, claims submitted for Home Health or Private Duty Nursing, which do not have a valid, matching EVV visit record on file with Sandata, will be paid. However, an informational Explanation of Benefits (EOB) EXCD is applied to the claim line, which indicates why the claim line was found to be non-compliant. Below are the informational EOB EXCD codes that are currently applied to the claim line, based on the response received from Sandata:

Facets EXCD	Remit Advice	RARC	CARC
EVG	Provider ID does not match	**N521:** Mismatch between the submitted provider information and the provider information stored in our system	**272:** Coverage/program guidelines were not met
EVC	Recipient ID does not match	**N819:** Patient not enrolled in EVV system	**272:** Coverage/program guidelines were not met
EV7	Procedure code does not match	**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
EV6	Unmatched Units	**N820:** EVV system units do not meet requirements of visit	**272:** Coverage/program guidelines were not met

- For claims with a date of service on or after **June 1, 2025**, claims submitted for Home Health Services that do not have a valid, matching EVV visit record on file with Sandata, will be denied:

- For claims with a date of service on or after **August 1, 2025**, claims submitted for Private Duty Nursing, Nurse Assessment and Consult Services that do not have a valid, matching EVV visit record on file with Sandata, will be denied:

Facets EXCD	Remit Advice	RARC	CARC

EVI	Provider ID does not match	**N521:** Mismatch between the submitted provider information and the provider information stored in our system	**272:** Coverage/program guidelines were not met
EVH	Recipient ID does not match	**N819:** Patient not enrolled in EVV system	**272:** Coverage/program guidelines were not met
EV9	Procedure code does not match	**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
EV8	Unmatched Units	**N820:** EVV system units do not meet requirements of visit	**272:** Coverage/program guidelines were not met

Q: What is the process for getting my claim adjusted, if it's denied?

A: CareSource will not be able to adjust claims that are denied for the reasons noted above. If you receive notification of a claim denial, you should follow the steps below based on the reason for denial:

Denial Reason	Solution

Provider ID does not match	The error message "Provider ID Does Not Match" means the Medicaid ID on your claim is not in the Sandata EVV system or the Sandata Aggregator.
	• First, identify what Medicaid ID is associated with the account you are using to record visits.
	• Then, compare this value to the Medicaid ID associated with the claim.
	• If additional assistance is needed, please refer to the Sandata Zendesk article Provider ID does not Match. This can be found on the Sandata website: https://sandata.zendesk.com.
	  ○ Click on Payer Programs
	  ○ Select Ohio (OH ODM)
	  ○ Select Ohio User Guides
	  ○ Select Claims Assistance
	  ○ Select Provider Identification (ID) Does Not Match

Recipient ID does not match	When a visit is recorded without a recipient name or ID, the visit will be flagged with an Unknown Recipient exception.
	• Visits with Unknown Recipient exceptions will need to have the Recipient updated to resolve the exception and make the visit billable.
	• If additional assistance is needed, please refer to the Sandata Zendesk article Updating an Unknown Recipient. This can be found on the Sandata website: https://sandata.zendesk.com.
	  ○ Click on Payer Programs
	  ○ Select Ohio (OH ODM)
	  ○ Select Ohio User Guides
	  ○ Select Visit Maintenance
	  ○ Select Updating an Unknown Recipient

Procedure code does not match	There can be several reasons why a claim line would deny for this reason, all of which are based on five data points that are required to verify a visit: Recipient, Direct Care Worker/Employee, location, call in and call out times, and date. Sometimes services and tasks are also required.
	
	When one of these things is missing, you will have Exceptions. The missing and incorrect information are flagged by a red, orange, or grey dot on the visit screen in the Sandata aggregator.
	
	For a claim submission to be successful, the visit needs to reflect a **"verified"** status in the Sandata aggregator.
	• Visits marked with a Red or Grey/Yellow dot indicate that there is an issue with the visit data, and these should be corrected before a claim is submitted to CareSource:
	  ○ **Red Dots**: These are visits with missing or incorrect info that you must provide.
	  ▪ Examples: missed call in or call out times, missing/unauthorized service, unknown recipient, and unknown DCW/Employee.
	  ○ **Grey/Yellow Dots**: These are visits with missing or incorrect info but for these dots you only need to acknowledge the exceptions.
	  ▪ Examples: missing/incorrect location, skipped Visit Verification, missing Client Signature.
	• If additional assistance is needed, please refer to the Sandata Zendesk article Managing Exceptions. This can be found on the Sandata website: https://sandata.zendesk.com.
	  ○ Click on Payer Programs
	  ○ Select Ohio (OH ODM)
	  ○ Select Ohio User Guides
	  ○ Select Visit Maintenance
	  ○ Select Managing Exceptions

Unmatched Units	This occurs when the units logged in the visit exceed the number of units available for that service. When this happens, you will have Exceptions. The missing and incorrect information are flagged by a red, orange, or grey dot on the visit screen in the Sandata aggregator. For a claim submission to be successful, the visit needs to reflect a **"verified"** status in the Sandata aggregator. • Visits marked with a Red or Grey/Yellow dot indicate that there is an issue with the visit data, and these should be corrected before a claim is submitted to CareSource: ○ **Red Dots**: These are visits with missing or incorrect info that you must provide.

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Examples: missed call in or call out times, missing/unauthorized service, unknown Recipient, and unknown DCW/Employee.

Grey/Yellow Dots: These are visits with missing or incorrect info but for these dots you only need to acknowledge the exceptions.

Examples: missing/incorrect location, skipped Visit Verification, missing Client Signature.

If additional assistance is needed, please refer to the Sandata Zendesk article Managing Exceptions. This can be found on the Sandata website: https://sandata.zendesk.com.

Click on Payer Programs
Select Ohio (OH ODM)
Select Ohio User Guides
Select Visit Maintenance
Select Adjusting Call Times and Dates

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If you have further questions or concerns regarding this process, please call the Sandata Integrated Help Desk at 1-800-686-1516.

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Once the issue is corrected within the Sandata aggregator, and the visit reflects a "verified" status, you will have to submit a corrected claim so that the services can be reconsidered.

Q: Can I bill multiple dates of service/date spans on a single claim line?

A: No, each visit/service date should be billed on a separate claim line in order for EVV validation to work correctly. Claim with lines billed with date of service spans will be rejected or denied for improper billing.

Q: Will MyCare waiver services be impacted by denials?

A: Currently, there is no impact to MyCare waiver services that require EVV validation. Effective March 1, 2026, those services will be denied when a valid EVV visit is not found on the Sandata aggregator portal.