

Electronic Visit Verification (EVV) Fact Sheet

- EVV is an electronic system that verifies when provider visits occur and documents the precise time services begin and end. The EVV system captures the date and time of the visit, the location the visit, the person who received the services, the person who provided the services, and the services provided. In most cases, a signature or voice verification from the individual receiving the services is also captured.
- ODM has contracted with [Sandata Technologies LLC](#) to provide Ohio's EVV system at no cost to providers or individuals. Sandata provides devices, an app, telephony, an online system and 24/7 customer support at no cost to providers or individuals.
- The primary methods of data collection are through a mobile device or an app installed on a device owned by the provider or the caregiver. Telephony and manual visit entry are available alternatives when the device and app cannot be used for any reason.
- Agency providers can choose to use an [alternate data collection system](#) so long as it meets ODM requirements and submits all data to the Sandata system within 24 hours of entry. Non-agency providers must use the Sandata system.
- ODM is implementing EVV in [Phases](#).

Phase 1

- The first Phase of EVV was implemented on January 8, 2018 for selected services offered directly by ODM through the fee-for-service Medicaid program.

PHASE 1 SERVICES	Implemented January 8, 2018
	EVV program for services billed directly to Medicaid for fee-for-service: <ul style="list-style-type: none">▪ State Plan Home Health Aide▪ State Plan Home Health Nursing▪ State Plan RN Assessment▪ Ohio Home Care Waiver (OHCW) Nursing▪ OHCW Personal Care Aide▪ OHCW Home Care Attendant▪ OHCW RN Assessment▪ Private Duty Nursing (PDN)

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- All providers of Phase 1 services must document all visits beginning July 8, 2018. Ohio Administrative Code Rule 5101-1-40 and MAL 620 outline provider requirements with respect to EVV.
- ODM implemented edits matching information submitted on claims to visit data for Phase 1 services for dates of service on and after August 15, 2018. Those edits will begin denying claims for dates of service on and after February 13, 2019.

Phase 2

- ODM is partnering with the Ohio Department of Developmental Disabilities, the Ohio Department of Aging and the Medicaid managed care plans to implement Phase 2 of the EVV project.
- Phase 2 of the EVV project will be implemented in the summer of 2019. All providers of Phase 2 services must document visits using EVV no later than August 5, 2019.

PHASE 2 SERVICES	To be implemented in 2019	
	EVV Program for the following payers: Managed Care Organizations billing Medicaid (Aetna, United Healthcare, Molina, Buckeye, Paramount, and CareSource). EVV implementation in managed care will apply to the following services: <ul style="list-style-type: none">▪ State Plan Home Health Aide▪ State Plan Home Health Nursing▪ State Plan RN Assessment▪ HCBS 1915c Waiver Nursing▪ HCBS 1915c Waiver Personal Care Aide▪ HCBS 1915c Waiver Home Care Attendant▪ Private Duty Nursing (PDN)	
	Ohio Department of Aging (ODA): <ul style="list-style-type: none">▪ PASSPORT- Home Care Attendant Nursing▪ PASSPORT- Home Care Attendant Personal Care▪ PASSPORT- Personal Care▪ PASSPORT- Waiver Nursing LPN▪ PASSPORT- Waiver Nursing RN **Self-directed services are not included in Phase 2	Ohio Department of Developmental Disabilities (DODD): <ul style="list-style-type: none">• Individual Options (IO) Waiver Nursing• IO/Level 1 Homemaker/Personal Care (HPC) Exceptions: <ul style="list-style-type: none">• Will not apply to participant-directed services• Will not apply to the on-site/on-call component of HPC will not apply to services billed using the daily billing unit (DBU)

- There will be no changes to the way providers submit claims for Phase 2 services. ODM and their partners will implement claims edits matching visit information to information submitted on claims for Phase 2 services. Initially those edits will not result in the denial of claims.

Phase 3

- Phase 3 will include self-directed services, home health therapies and any other services necessary to meet federal requirements. This Phase will be implemented in 2020.