EVV Stakeholder Advisory Group

April 21, 2021

EVV Small Stakeholder Focus Groups

Small Group Forum Overview

- Five Small Group Forums
  - » EVV and Individuals Receiving Services
  - » Support for Providers Using EVV
  - » Alternate EVV Systems
  - » Technical Issues
  - » EVV and Home Health Therapies

- Each Group had a stakeholder co-lead and an ODM co-lead

- Participants volunteered to be group members.
  - » More than 125 volunteers
  - » Co-leads, ODM and partner state agencies selected members from volunteers to represent a variety of perspectives

EVV and Individuals Receiving Services

Participants

Maria Matzik, Access Center for Independent Living, Co-Lead	Noori Morla, ODM, Co-Lead
Susan Fredman	Lisa Marn
Alicia Hopkins	Melissa Baker
Asja Wynn	Suzanne Hopkins
Cindy Nava	Tonya Barlow
Joy Lawrence-Slater	Kim Kelly
Kelsey Grieshop	Stephanie Barber-Maynard

Recommendation

- Issue: People receiving services or their representative are not aware of their rights and do not have access to basic EVV program knowledge which limits their ability to appropriately advocate on their own behalf.

- Recommendation
  - » ODM will create a fact sheet in plan language for people receiving services or their representative which explains the EVV initiative and why Ohio had to implement EVV.
  - » The document will also contain the rights of people receiving services regarding the use of EVV, the various visit capture methods available for use in EVV with links and access to supporting documents.
  - » The fact sheet will contain specific approved language to be added to the ISP/ASP authorizing alternate visit capture methods, as needed.

- Why This is Important
  - » People receiving services or their representative need EVV information shared with them in a transparent way to ensure they are aware of the EVV program, how it works and avenues to advocate for various decisions related to their care.

Recommendation

- Issue: Case managers, SSAs, provider auditors, provider agencies, independent providers, and county boards are not receiving consistent education or guidance on EVV. People receiving services or their representative are not receiving consistent information on their rights related to visit capture methods for EVV. This results in varying interpretations and facilitation of the program among individuals.

  Protected and private health information should not need to be divulged for the reason the person receiving services or their representative is choosing an alternate visit capture method.

- Recommendation

  » ODM to provide continuous training to case managers, SSAs, provider auditors, provider agencies, independent providers, and county boards on EVV visit capture methods and provide a formal process to case managers on how to document alternate visit capture methods on the ISP/ASP.

- Why This is Important

  » Consistent information is needed for people receiving services or their representative who are experiencing push back and incorrect information on requirements related to EVV from case managers, SSAs, provider auditors, provider agencies, independent providers, and county boards.

Recommendation

- Issue: Providers are telling people receiving services or their representative that alternate visit capture methods are not the person receiving services or their representative's choice. Additionally, Sandata is also providing incorrect information to providers

- Recommendation
  - » ODM to mediate ADA reasonable accommodation requirements outlined in the Medicaid provider agreement.
  - » ODM to establish formal process for intent of requirements outlined in Ohio Administrative Code.
  - » ODM must work with Sandata to make sure providers are given correct information

- Why This is Important
  - » People receiving services or their representative are experiencing push back and incorrect information on requirements related to EVV from providers.

Recommendation

- Issue: Using GPS coordinates for visit capture is intrusive and not always accurate in capturing location.

  People receiving services or their representative and providers feel unsafe when sharing GPS locations for situations related to domestic violence. GPS can also disclose other locations, like personal engagements, which would violate the right to privacy of a person receiving services.

- Recommendation
  - » ODM to consider alternate visit capture methods that is not GPS.

- Why This is Important
  - » GPS coordinates are not always accurate for visit capture. Privacy and safety is a concern for people receiving services or their representative.

Recommendation

- Issue: It is confusing for a provider to remember the Medicaid ID number for people receiving services when capturing visits.

- Recommendation
  » Sandata application to allow search by a person's name or birth date rather than Medicaid ID number.

- Why This is Important
  » Being able to search by a person's name or birth date will be easier and quicker to log visits for providers.

Recommendation

- Issue: People receiving services or their representative are not able to view provider hours for services performed.

- Recommendation
  » People receiving services or their representative need to be given access to their provider visit information to verify the hours providers are capturing during visits and to ensure they match the services received.

- Why This is Important
  » People receiving services are authorized a limited number of hours per week for various services; thus, the person receiving services or their representative should be able to review and verify the hours providers are capturing during visits and to ensure they match the services received.

Recommendation

- Issue: Requiring social security number in EVV poses a risk for identity theft.

- Recommendation
  - » ODM to remove requirement of social security number to be captured for Direct Care Workers and people receiving EVV services.

- Why This is Important
  - » Personal information being required for EVV is intrusive and poses a risk for identity theft.

Recommendation

- Issue: Inaccurate information from Sandata when calling into the provider hotline is difficult and confusing.

- Recommendation
  - » ODM to provide training to Sandata staff members on data capture methods and the Safe at Home program.

- Why This is Important
  - » Accurate information and appropriate resources is crucial when a provider needs assistance with EVV.

Recommendation

- Issue: Training requirements are confusing for providers and they do not understand what is required and how to sign up for training.

- Recommendation
  » ODM to communicate training requirements to providers more effectively.

- Why This is Important
  » Clear directions on training will ease the process for providers.

Recommendation

- Issue: Hours of operation for the provider hotline are Monday - Friday, 7 a.m. - 8 p.m. and Saturday - Sunday, 9 a.m. - 5 p.m.

- Recommendation
  » ODM to extend live chat and/or call center hours for Sandata provider hotline.

- Why This is Important
  » Accessibility to Sandata provider hotline and live chat functionality in evening hours will assist providers who need help with EVV.

Recommendation

- Issue: Administrative burden related to EVV takes away from direct caregiver time.

- Recommendation
  » ODM to ease administrative burden to providers related to EVV.

- Why This is Important
  » Administrative burden related to EVV takes away from direct caregiver time.

Recommendation

- Issue: Visit verification from the person receiving services in some cases is not possible (e.g. minor with services ending at 3am, person who is not able to communicate verbally, person using assisted technology to communicate).

  ODM to address voice verification issues and provide accommodations for people receiving services who cannot provide a voice verification for Telephone visits.

- Recommendation
  » ODM to make consistent the requirement for visit verification, as it is not required for DODD EVV visits but is required for all other visits in EVV.
  » ODM to communicate consistent requirement in the EVV rule and provide clear direction on process for cases when a person is unable to verify a visit.
  » The requirement for voice verification should be removed, as it is an obstacle to those who have communication challenges.

- Why This is Important
  » The requirement for visit verification should apply to across all EVV programs and services and the requirement should be accessible to all.

Recommendation

- Issue: The Sandata system is not flexible.

- Recommendation
  - » The Sandata system to allow an indicator to be appended to a person's visits that allow bypass of the visit verification step if it is determined the person receiving services is unable to provide verification.

- Why This is Important
  - » This bypass of the visit verification step will reduce administrative burden to both the provider and person receiving services.

Recommendation

- Issue: It can be difficult to communicate with ODM on EVV issues/concerns without the correct platform to do so.

- Recommendation
  » ODM to continue hosting ongoing opportunities for engaged individuals to participate and provide input on people receiving services and associated processes.

- Why This is Important
  » Open dialogue and communication will help various entities and their understanding of EVV processes and updates.

Support for Providers Using EVV

Participants

Christine Touvelle, OPRA, Co-Lead	Julie Evers, ODM, Co-Lead
Brandi Boles	Cheryl Boop
Deanna Ferguson	Marianne Jahnz
Melissa Rainey	Michael Vallee
Mindy Ponder	Pennie Chappell
Tamba Tandanpolie	Theresa Sweeney

Recommendation

- Issue: Providers need immediate feedback that tells them why a visit did not match a claim.

- Recommendation
  - » Implement EOBs that explain the specific reason a visit matching a claim is not found.
  - » Communications about EVV claims matching rates should be issued quarterly for the prior quarter.

- Why This is Important
  - » Providers need to make corrections or improve processes as soon as possible
  - » Detailed EOBs would let providers use a single resource to identify why a claim was not supported by a visit.
  - » Current aggregate level reporting is a second way to streamline information so it is actionable.

Recommendation

- Issue: EVV information would benefit from clear, easy to understand language.

- Recommendation
  - » Communications, information on the website and other published information should target a 6th grade reading level. Use bullets and short snippets.
  - » Use focus groups representing a variety of perspectives to make the website and other resources easier to use.

- Why This is Important
  - » It will improve EVV success if all parties understand all aspects of the program.
  - » It will reduce the need for additional support and clarification.

Recommendation

- Issue: Information sent to plans is not being distributed to the staff who need the information (e.g., case managers).

- Recommendation
  - » Create incentives for plans to distribute EVV information to appropriate staff and contractors.

- Why This Is Important
  - » With the growing role of managed care, it is important that all all impacted staff are knowledgeable about EVV.

Recommendation

- Issue: It is difficult to find information for case managers on the EVV portion of the ODM webpage.

- Recommendation
  - » Pull out case manager resources on the website so they are easier to find.

- Why This Is Important
  - » There needs to be an easy way to point case managers to information.

Recommendation

- Issue: Technical issues make it harder for providers to be successful.

- Recommendation
  - » Improve the end-user experience so the application is easier to use.
    - Develop work arounds to speed up clock ins and clock outs
    - Reduce password length and frequency of password sets
    - Less frequent Sandata system updates
    - Automatically split DODD visits that cross midnight
    - Develop a way for users to report problems with the app within the app.

- Why This Is Important
  - » Making technical improvements will reduce provider frustration, improve provider success rates and may reduce administrative costs related to EVV.

Recommendation

- Issue: The Sandata portal can only be used on a computer and not all providers have access to computers.

- Recommendation
  - » The Sandata portal for visit maintenance and manual visit entry should be mobile friendly.

- Why This Is Important
  - » Many providers rely on cell phones or tablets.
  - » If the solution uses a browser, all major browsers, including Safari and Chrome, should be supported.

Recommendation

- Issue: Reasonable standards and/or incentives need to be implemented in a way that recognizes real world situations (e.g., unexpected impacts of system changes) so that it doesn't impact provider financial stability or access to care.

- Recommendations
  » Establish benchmarks (safe harbors) with stakeholder impact:
    - To determine when edits related to EVV will result in claims denial
    - To allow providers to assess their own success with EVV
    - To determine when EVV compliance will not be used to target program integrity efforts.

- Why This Is Important
  » It is not fair to penalize providers when 100% accuracy is not feasible.
  » Benchmark information will help providers improve their own processes and performance.

Recommendation

- Issue: The Ohio Medicaid EVV program may include services that are not required by the 21st Century Cures Act.

- Recommendation
  - » Identify opportunities to carve out services that may not be required by the 21st Century Cures Act (e.g., live-in caregivers).

- Why This Is Important
  - » ODM implemented EVV for services not required in CMS guidance that has now been issued.
  - » EVV is especially difficult for live in caregivers as they are always with the individual receiving services. Live in caregivers would continue to maintain required documentation.

Recommendation

- Issue: ODM does not have a way for stakeholders to provide ongoing feedback in a formalized setting for program improvements.

- Recommendation
  - » Hold meetings of interested stakeholders on an as needed basis to ensure the program is responsive to stakeholder needs and concerns as they impact support for providers using EVV.

- Why This is Important
  - » It is important to have a formalized, organized way for systematic feedback from stakeholders so that the provider experience with EVV improves as the program evolves.

Alternate EVV Systems

Participants

Kim King, Home Care Network, Co-Lead	Noori Morla, ODM, Co-Lead
Camille Carter	Janelle Schroeder
Jeff Swafford	Sarah Robeson
Justin McWorter	Tom Shovelton
May Alkhafaji	Yolanda Curtis
Paula Bowden	Jessica Garrett
Justin Waldron	

Recommendation

- Issue: It is difficult for agency providers to manage Alt EVV vendors and Sandata when they cannot understand Sandata's technical specifications document and business requirements.

- Recommendation *P8/V9*

  » ODM and Sandata to provide a non-technical specifications document to be provided for a non-technical individual to be able to understand and manage

  » ODM and Sandata to provide a technical resource for guidance, education, and assistance on technical application of Alt EVV business rules and technical specifications.

- Why This is Important

  » Some agency providers do not have technical resources dedicated to the Alt EVV transition.

  » Having a non-technical resource document will help the provider in managing the transition from current EVV system to Alt system.

Recommendation

- Issue: There are billing issues resulting from data integrity discrepancies.

- Recommendation *P7/V3*

  » ODM to facilitate a transparent process to trace data exchanges through the various EVV, Alt EVV and billing systems.

  » Sandata to provide information on how Sandata is manipulating data in certain instances (UTC/EST, DODD daily single line billing, visits changing from Verified to Processed without being paid or denied, ODA claims matching).

- Why This is Important

  » There is confusion on how rules are processed in the Sandata system.

  » It would be helpful to do billing tracing.

Recommendation

- Issue: The Zendesk ticketing system is provider driven and can sometimes create a bottle neck for efficient communication. Issues include delays, conflicting information from various Sandata team members and at times, inaccurate information.

- Recommendation *P11/V7*

  » ODM to provide a formal issue resolution mediation process for delays longer than 30 days using the ODM Alt EVV technical expert.

- Why This is Important

  » Current process results in delays, agency provider question to be passed between Tier 1, Tier 2 and Tier 3 support staff at Sandata which can lead to confusion and back and forth.

Recommendation

- Issue: It is redundant and time consuming for alternate vendors to complete the certification process with every provider.

- Recommendation *P8/V1*

  » ODM to consider Alt vendors only needing to pass certification once with Sandata and ODM.

- Why This is Important

  » Certification once will reduce redundancy and delays to Alt vendors bringing providers online to using their system.

Recommendation

- Issue: Providers in Ohio are inclined to defer to their Alternate vendor for system integrity related to billing, business rules, and policy.

- Recommendation *P8/V2*

  » ODM to consider a formal vetting process of Alternate vendors for vendors who choose to be formally credentialed so that providers can choose them without the need for further testing to comply with business rules and technical specifications.

- Why This is Important

  » Some providers are not able to learn the IT and technical portions of alternate vendor and billing responsibilities. Ohioans need a safety net to ensure access to care is not impacted once edits are turned on.

Recommendation

- Issue: EVV causes an administrative burden for management costs.

- Recommendation *P1/V10*
  - » ODM to consider increasing reimbursement and creating a reimbursement floor for services.

- Why This is Important
  - » Tracking additional detail takes administrative time and effort and requires process change.

Recommendation

- Issue: EVV causes an administrative burden for operating costs.

- Recommendation *P3/V11*
  » ODM to consider increasing reimbursement and creating a reimbursement floor for services.

- Why This is Important
  » System requirements include devices, software to secure devices, software to comply with data aggregation, collection and transmission.

Recommendation

- Issue: Providers are chasing 1 and 2 unit errors within various complex systems to receive their full reimbursement.

- Recommendation *P5/V6*

  » ODM to consider visits that are within a reasonable range of bill units to be acceptable for claims matching.

  » ODM to publish clarification to auditing entities for the change in claims matching approach.

- Why This is Important

  » This will provide a relief to providers. Given ODM Billing probably already has fraud detection solutions - adding a EVV Visit - Date, Time, GPS location - again that is 'close enough' (+ or - X units) would go a long way to ensuring the claim was valid.

Recommendation

- Issue: Providers in Ohio are not aware which alternate vendors are utilized in Ohio and what services they offer.

- Recommendation *P2/V9*

  » ODM to consider publishing a list of Alternate vendors that have passed the certification and demonstration. List to include vendor name, services, and contact information.

- Why This is Important

  » The transparency with the Alt vendor list will make it easier for providers to choose an alternate vendor if they choose to use an alternate.

Recommendation

- Issue: DODD visit matching is confusing and does not match Aggregator when calculating total time for the day.

- Recommendation *P3/V4*

  » Sandata Aggregator system to be updated to reflect DODD units for the entire day, rather than for each visit in the day.

- Why This is Important

  » The transparency will help providers and vendors clearly understand any billing or visit discrepancies and reduce confusion and payment impacts once edits are turned on.

Recommendation

- Issue: It can be difficult to communicate with ODM on EVV issues/concerns without the correct platform to do so.

- Recommendation *P6/V8*
  - » ODM to continue hosting ongoing opportunities for engaged providers to participate and provide input on alternate EVV and associated processes.

- Why This is Important
  - » Open dialogue and communication will help various entities and their understanding of EVV processes and updates.

Technical Issues

Participants

Debbie Jenkins, OHCA, Co-Lead	Karen Gee, Co-Lead
Angela Brinker	April Glover
Audrey Evans	Demetra Gregory
Jennifer Fisher	Jennifer Robinson
Joyce Zivsak	Leslie Zartman
Lulu Munoz	Michelle Post
Pam Krcmar	Paul Seese

Recommendation

- Panelists shared that they feel the Sandata EVV system is not user friendly. This includes both the Sandata device entry and the Sandata app entry.

- Look at overall design of application and see how it can be updated to be more user-friendly. Specific areas needing addressed and recommendations for improvement include:
    - » Client info: have system keep previous selections in a drop down menu (also see connectivity issues below). Use name instead of id numbers.
    - » Clocking in: change language to reflect, you are logged in
    - » Clocking out: change language and make the first option to continue with the abandon visit listed second when completing the visit.
    - » Add the help desk phone number, email address and hours to the login screen.
    - » Biometric option for logging in.

- Ease of use, time saver and reduce administrative burden

Recommendation

- There are a lot of places in Ohio where internet connectivity is a challenge. Unfortunately, this leads to an overly burdensome amount of administrative work to complete these visits.

- The group recommends implementing system functionality in Sandata so both the device and app will keep previous selection data in drop down menus. This would allow the ability for users to select information when not connected and then the data could be uploaded to Sandata when the device is connected.

- This would help reduce the time needed for correcting entries.

Recommendation

- Corrections are time consuming and often things that could be done by the staff person during their visit.

- Allow staff person to make some types of corrections from the site of service. Examples include updating start and end times (in cases where staff has to help person before being able to log in, the system has to update before logging in or staff forgets to log out the day before), changing client name when wrong ID is entered, correcting service selected if accidently selected incorrect services, etc.
  - » Allow staff a limited amount of time to make own corrections.

- This would greatly reduce the administrative burden on agencies when minor selection errors occur.

Recommendation

- There are several inefficiencies when providers have to do Manual Entry.

- Implement changes to the Sandata system to allow:
  - » Complete call in and call out in a single entry.
  - » Copy from a prior visit and make adjustments
  - » Reason codes more specific to issues that Ohioans face.

- These changes would reduce the amount of time it takes providers to do manual entry.

Recommendation

- There are several issues with visit maintenance and resolving exceptions that make the system difficult to work with and time consuming for providers.

- The panelists have multiple recommendations to make visit maintenance more user-friendly and less burdensome including:
  - » On-going issues: have a way in the client record to indicate any issues addressed in the service plan so it doesn't result in visit maintenance work. (duplicate phone numbers for various clients, visit verification when service plan documentation exist.)
  - » Look at exceptions and determine what actually needs to be cleared. Have the report only for those that need changes made.
  - » Add: select all and/or be able to select multiple records and update all at the same time when the same field needs updated for multiple visits
  - » In visit maintenance when the service code needs to be entered or changed, the available payer sources should only be the payer sources linked to that client.
  - » Resolution code to default to written documentation maintained.
  - » When adding a call to an existing call entry: date, service, and resolution code used in the previous call default.

- These changes would help to reduce the administrative burden for complying with EVV regulations and would increase the number of EVV records making it to the Sandata aggregator system, thus reducing the number of claims without matching EVV records

Recommendation

- There were many other recommendations from the technical issues small group. The panelists thought it would be important to point out a few that are important, but may not have made it into the top 5 already shared. These include:
  - » Allowing more stakeholder input into the EVV program.
    - Small group to look at Sandata system design to make more user-friendly
    - Small group to work with ODM and Sandata on training materials to make sure they are up to date and at a level where direct care workers can easily understand them
  - » Changing visit capture for DD services to automatically split visits at midnight
  - » Improvements to the telephony functionality
  - » Claims matching and looking at how units are rounded, specifically at shift-change and improving the shift change process to better reflect the reality of how services are provided
  - » Password reset functions and how to make access easier (ex. biometrics, changing santrax ID, etc.)
  - » Allowing Independent Providers (IPs) to utilize alternative EVV vendors

Home Health Therapies and EVV

Participants

Deb Studer, Interim Health Care, Co-Lead	Julie Evers, ODM, Co-Lead
James Chubb	Jason Roller
Lonell Childred	Nitesh Patel
Tina Pryjda	Tiffany Brown
Jared Owens	Sean Dunham

Recommendation

- Issue: Medicare certified home health agencies and therapy companies need a software solution to link the HHA and contracted therapy companies

- Recommendations
  - » Delay implementation of EVV for home health therapies until January 1, 2023.
  - » Modify the current system to accept data points for visits from multiple EVV systems and collate data to be retrievable by the home health agency.
  - » Members of the Home Health Therapies and EVV should participate in the solution design.

- Why This is Important
  - » Delaying mandatory use allows time to develop a solution while ensuring compliance with the 21st Century Cures Act.
  - » The solution developed must allow the therapy company to use a single solution across agencies to eliminate multiple log-ins.
  - » Stakeholders are most affected by the issue and the solution.

Recommendation

- Issue: Home health agencies contract with multiple therapy companies for therapists that are not employees of the home health agency.

- Recommendations
  - » Allow the therapy company to be entered as the caregiver rather than the therapist. ODM should contact CMS for clarification regarding EVV and sub-contractors.
  - » Allow therapy companies to have their own accounts/log-ins in Sandata. After logging in, the therapist could choose a home health agency to code to link the visit to the agency.

- Why This is Important
  - » Medicare conditions of participation allow home health agencies to use sub-contractors or employees.
  - » Home health agencies need to connect visits to therapy companies for billing and payment purposes.
  - » In the current implementation, home health therapists have to remember too many log-ins. Allowing the therapy company to have its own account means they only need to remember one email and password.

Recommendation

- Issue: Sandata receives data but does not send data to providers.

- Recommendations
  - » Sandata should provide data related to therapy company visits logged in the therapy company's account to the home health agency.
  - » Therapy companies should do their own visit maintenance. Verification will have to go through the home health agency with data from Sandata.

- Why This is Important
  - » The home health agency cannot bill without a verified visit and cannot pay the therapy company without documentation.
  - » The therapy company retains responsibility for visit maintenance for the visits completed by its employees.

Recommendation

- Issue: Contract therapy companies are using too many EVV systems based on what home health agencies are using.

- Recommendations
  - » Allow ODM to accept data from multiple EVV systems for a single home health agency.
  - » Allow home health agencies to have access to the therapy company's portal to review visits, resolve exceptions and complete visit maintenance.
  - » Allow alternate EVV systems to use an API to retrieve EVV data from Sandata for the individuals to whom they provide services.

- Why This is Important
  - » Using a single system helps the home health therapist be efficient.
  - » Eliminate an administrative burden for the therapy company.

Request for Information (RFI)

- ODM is seeking information from stakeholders to inform future procurement efforts.

- A Request for Information is posted on the EVV portion of the ODM webpage.
  - » https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification/EVV-Request-for-Information
  - » Answer as many questions as you like.
  - » The RFI will be posted through May 28, 2021.

- Feedback can also be sent to ODMEVVRFI@medicaid.ohio.gov.

- All comments will be considered in future procurement work and as we work to improve the EVV program in Ohio.

EVV Small Stakeholder Focus Groups – Next Steps

Next Steps

- Each group documented their recommendations in a standard template.
  - » What is the issue that is being addressed?
  - » What is the recommendation?
  - » How does the recommendation address the issue that was identified?
  - » Why is this important?
  - » Was the recommendation supported unanimously, by a majority of the group or a minority of the group?
  - » What is the priority for the recommendation on a scale of 1 (most important) to 5 (least important).

- Discussion and work related to each recommendation will be documented in a document that combines the work of all 5 groups.

- ODM will report on work related to recommendations at each quarterly stakeholder meeting.

Request For Information

INITIATIVES > Electronic Visit Verification

Electronic Visit Verification (EVV)

Please click here for an important message from ODM regarding EVV Requirements during COVID-19.
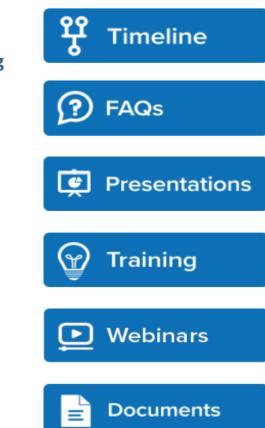
EVV REQUEST FOR INFORMATION

EVV STAKEHOLDER SMALL GROUP FORUMS

The Ohio Department of Medicaid (ODM) is implementing Electronic Visit Verification (EVV) for some home and community-based services in response to federal requirements set forth in the 21st Century Cures Act (Cures Act). EVV is an electronic system that verifies key information about the services provided. In accordance with the Cures Act, the system implemented by 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 impacted by EVV.

Please watch our Welcome to EVV video for a brief introduction to EVV.

For specific information related to the Phases of EVV project, please see the Phases Tab below.

EVV Contact Information

Timeline

FAQs

Presentations

Training

Webinars

Documents

Specific Areas For Feedback

- Communication and Training
  - » How can communication be improved for individuals?
  - » How can communication be improved for agency providers?
  - » How can communication be improved for non-agency providers?

- Visit Capture
  - » How can ODM change the EVV program to make it easier for individuals who receive services?
  - » How can ODM change the EVV program to make it easier for caregivers to use?
  - » How can ODM change the EVV program to make it easier for providers to use?
  - » Should methods for visit capture be added?
  - » Should any of the current methods for visit capture be removed?
  - » What are your thoughts about eliminating the mobile device provided by ODM and requiring providers to use the app on their own devices?

Specific Areas for Feedback

- Alternate EVV Systems
  - » How can the approach to alternate EVV systems be improved?

- Administrative Burdens
  - » How can ODM make EVV easier for providers to use?

- Other
  - » How could ODM or other payors use EVV to better ensure the health, safety and welfare of individuals who receive Medicaid services?
  - » Other feedback or suggestions

New Zendesk Ticket Portal

Overview

- The Ohio Department of Medicaid (ODM) has been hearing feedback and recommendations related to inquires sent in to both ODM and Sandata.

- We are listening and excited to announce that ODM and Sandata will be introducing a new Zendesk Ticket Portal next month for the Electronic Visit Verification (EVV) program.

- The portal will be an additional option to submit/track tickets with Sandata and ODM. Users will still be able to call into the provider help desk and reach out the Sandata support email – these options are not going away.

Zendesk Ticket Portal

- The Zendesk Ticket Portal is a single place where users can see any ticket requests made to the EVV Provider Hotline or emails into the Ohio Department of Medicaid.

- All inquiries in one location to view.

- Allows users to submit a new ticket or inquiry to Sandata and ODM directly from the portal.

- All users of the Ohio EVV Program, including Alternate EVV system vendors, will be able to access the Zendesk Ticket Portal.

- Portal includes information about Sandata solutions, including help materials.

Retiring of EVV Inbox in May

ODM will be retiring the EVV inbox (EVV@medicaid.ohio.gov)

- The new Zendesk email that will be used for questions directed to the Ohio Medicaid team will be shared next month.

- If providers email the EVV inbox, the automatic reply will communicate to providers of the process change for inquiries and to reach out directly to the Zendesk email.

Next Steps

- More information to be provided in early May.
  - » Outreach to all providers.
  - » Outreach to all payors.
  - » Outreach to all Alt EVV Vendors.
  - » Update on the EVV website.

- Sandata and ODM will be hosting webinars in May and June to share more information about the Zendesk Ticket Portal and how it is used.