Response re: provider performance rates:

Thank you for reaching out with your request for additional information about how Ohio's Medicaid providers are performing with claims matching their EVV data.

ODM has been working with Sandata to engage phase 1 providers with support and resources since we announced our claims validation go-live date in October 2024. Additional efforts underway to reach providers include:

- additional resources sent via email and posted to the Ohio Department of Medicaid (ODM) website
- daily office hours offered
- direct phone call outreach and text messages to phase 1 providers
- published EVV provider lookup dashboard where providers can view claim data
- virtual webinars/trainings offered, and recordings posted online

ODM has made additional efforts to ensure we provide the best customer support. Ohio Medicaid has developed a warm hand-off process from the ODM call center to Sandata. We are also developing training for local agencies to increase the number of available training and outreach opportunities. As specific provider concerns arise, ODM will address these with targeted training. ODM is also reconstructing its inclusive stakeholder advisory group to also identify and address provider concerns.

Below is the most recent quarterly report submissions ODM supplied to CMS. This report includes all provider data. It provides a historical view and reflects initial claim submission; therefore, it would not reflect any corrections submitted by the provider. ODM's next quarterly submission is scheduled for 3/31/25.

	Metric ID	Numerator		
Reporting Month	Claims and encounters counted in this calculation are those that are non-duplicative and were paid during the calendar month.	Primary Metric Value	# of paid claims and encounters that have complete visit records associated with them	Denominator # of paid claims and encounters for PCS and/or HHCA
07/01/2024	OH-EVV-1	58.69%	1,217,219	2,073,871
08/01/2024	OH-EVV-1	65.11%	1,537,360	2,361,205
09/01/2024	OH-EVV-1	71.33%	1,561,608	2,189,231

ODM has been monitoring provider payments since March 1, 2025, claims validation implementation. For initial home health claims submitted, the current response rates are below:

Phase 1 EVV Summary Cumulative Statistics as of 3/19/2025				
	Claim			
Edit Description	Lines	% of Total		
EVV - MATCH FOUND	27,651	62.33%		
EVV - APPROVED LIVE IN EXEMPTION	4,470	10.08%		
Pay Total	32,121	72.40 %		
EVV – Procedure code does not match	8,214	18.52%		
EVV - Recipient ID does not match	2,558	5.77%		
EVV – Unmatched Units	1,470	3.31%		
DENY Total	12,242	27.60 %		

The errors reflected causing denial are identified on each remittance advice. Solutions for these errors can be found on <u>ODM's EVV website</u> through Quick Links.

ODM has developed tools to assist phase 1 providers monitor their claims matching success and identify issue(s) with EVV data here: <u>EVV Provider Look-Up Dashboard</u>. We are also developing data to monitor provider progress by phase.

The Look-Up Dashboard data is based on initial claims submissions. It will not reflect corrections because of any errors or denials received. We expect to see claims resubmitted after EVV visit issues have been resolved, which will allow payment to be made.

Please let us know what other ways we can support providers as they prepare for EVV claims validation implementation.