

Electronic Visit Verification (EVV) Provider Dashboard

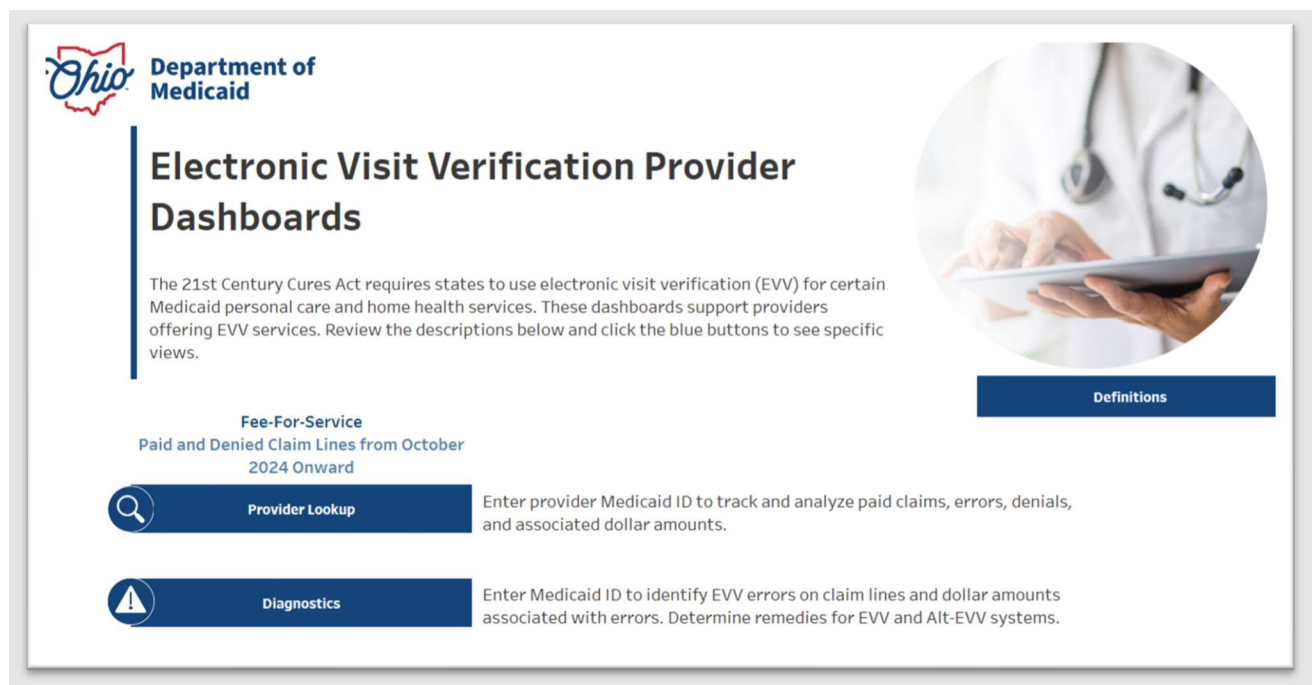
The Ohio Department of Medicaid's [EVV Provider Dashboard](#) is available to help healthcare providers better understand claim lines status and to evaluate submitted claims that cannot be validated against EVV data.

This Dashboard:

- Contains claims data with dates of service after **July 1, 2024** and is updated at least monthly to incorporate claims data as it is received from providers and processed accordingly.
- Updated to include each service subject to validation 2-3 months prior to enforcing these new claim validation requirements.
- Does not provide specific information about each invalid claim or the gap in the matched data.

EVV Provider Dashboard

- **Provider Lookup** - Reports claim lines with paid dates after 10/2024 that may be missing complete EVV data.
- **Diagnostics** - Provides information on the errors generated when claim lines are submitted for payment.
- **Definitions Page** - Information on the language and terminology used.

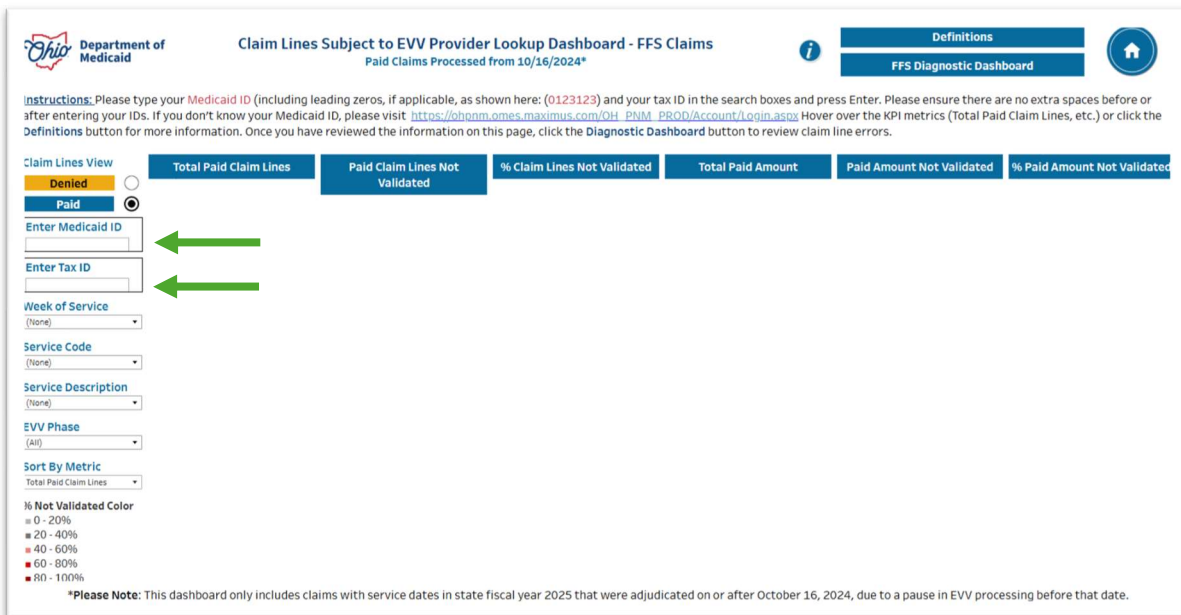


The screenshot displays the 'Electronic Visit Verification Provider Dashboards' page. At the top left is the Ohio Department of Medicaid logo. The main heading is 'Electronic Visit Verification Provider Dashboards'. Below this, a paragraph states: 'The 21st Century Cures Act requires states to use electronic visit verification (EVV) for certain Medicaid personal care and home health services. These dashboards support providers offering EVV services. Review the descriptions below and click the blue buttons to see specific views.' To the right of the text is a circular image of a healthcare provider in a white coat using a tablet. Below the text, there are two main sections. The first section is titled 'Fee-For-Service' and 'Paid and Denied Claim Lines from October 2024 Onward'. It contains a blue button with a magnifying glass icon labeled 'Provider Lookup' and a description: 'Enter provider Medicaid ID to track and analyze paid claims, errors, denials, and associated dollar amounts.' The second section is titled 'Diagnostics' and contains a blue button with a warning triangle icon labeled 'Diagnostics' and a description: 'Enter Medicaid ID to identify EVV errors on claim lines and dollar amounts associated with errors. Determine remedies for EVV and Alt-EVV systems.' A blue button labeled 'Definitions' is located to the right of the circular image.

Provider Lookup

The **Provider Lookup** dashboard aids providers in tracking and analyzing paid claims, denials, and associated dollar amounts.

Begin by typing the 7-digit **Provider Medicaid ID** number into the “**Enter Medicaid ID**” box and the **Tax ID** into the “**Enter Tax ID**” box. For independent providers, the associated **Social Security Number** may be used in place of a Tax ID. Press **Enter**.



Claim Lines Subject to EVV Provider Lookup Dashboard - FFS Claims
Paid Claims Processed from 10/16/2024*

Instructions: Please type your Medicaid ID (including leading zeros, if applicable, as shown here: (0123123) and your tax ID in the search boxes and press Enter. Please ensure there are no extra spaces before or after entering your IDs. If you don't know your Medicaid ID, please visit https://ohpnmm.ohiosmaximus.com/OH_PNM_PROD/Account/Login.aspx. Hover over the KPI metrics (Total Paid Claim Lines, etc.) or click the Definitions button for more information. Once you have reviewed the information on this page, click the Diagnostic Dashboard button to review claim line errors.

Claim Lines View: Denied ☐ Paid ☒

Enter Medicaid ID

Enter Tax ID

Week of Service (None)

Service Code (None)

Service Description (None)

EVV Phase (All)

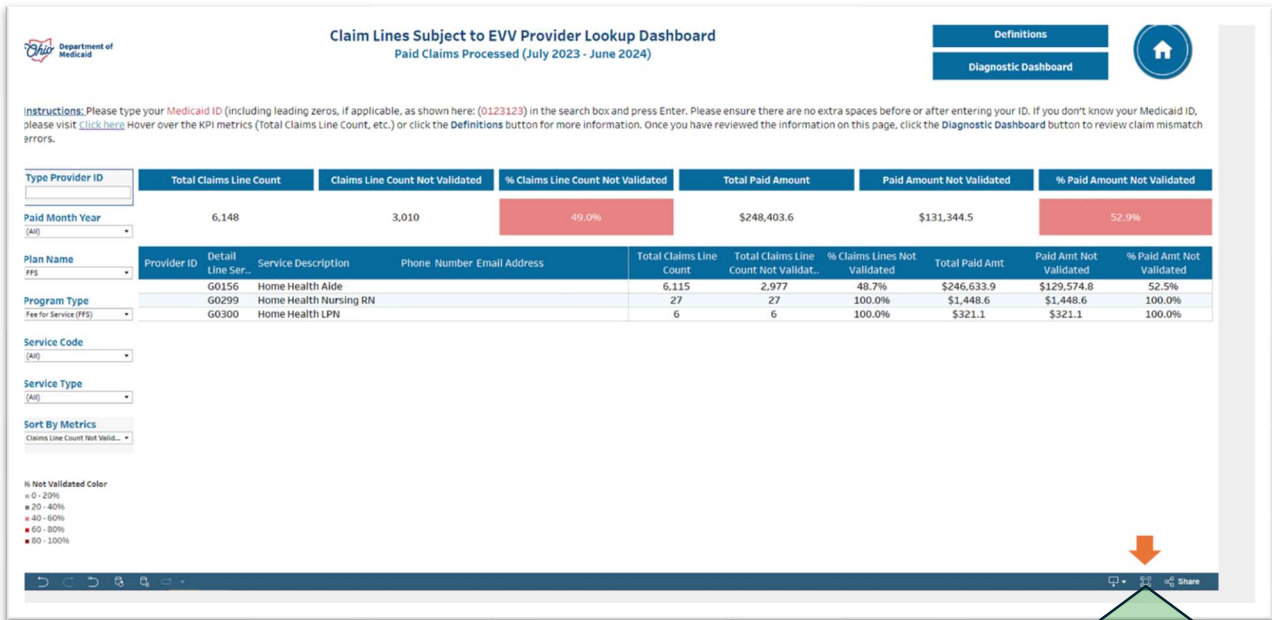
Sort By Metric Total Paid Claim Lines

% Not Validated Color
 ■ 0 - 20%
 ■ 20 - 40%
 ■ 40 - 60%
 ■ 60 - 80%
 ■ 80 - 100%

*Please Note: This dashboard only includes claims with service dates in state fiscal year 2025 that were adjudicated on or after October 16, 2024, due to a pause in EVV processing before that date.

Note: Enter values into the text fields in the image above to display associated claim lines. If the Medicaid ID number is unknown, access the [Provider Network Management \(PNM\)](#) module for more information.

The dashboard reports the claim lines submitted for payment since October 2024 that are missing complete EVV data. This can be found in the “**Percent (%) Claim Lines Not Validated**” column. Higher percentages indicate larger volumes of claim lines that are experiencing error. As a provider, your goal should be to have as low a percentage in this field as possible.

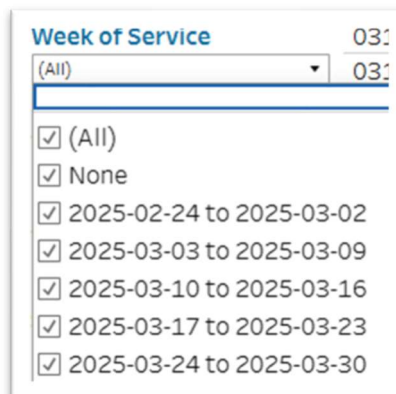


Note: The **Fullscreen** button, indicated by the **orange arrow**, can improve the viewing experience if using a small display.

Filtering and Sorting

Refine and sort the results of your report by using the filters to the right of the data.

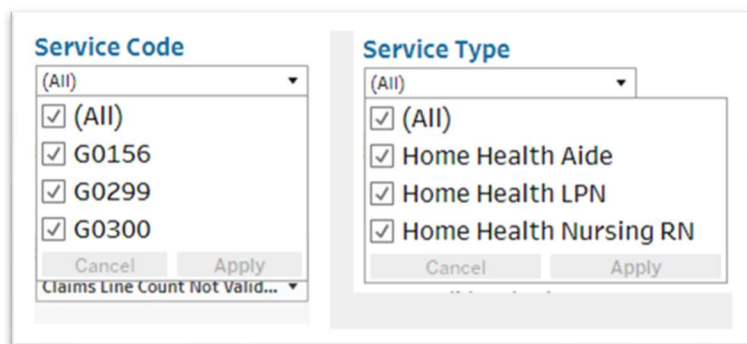
The **Week of Service** filter allows you to select and deselect specific weeks for analysis.



Week of Service 03:1

(All) 03:1

- ☒ (All)
- ☒ None
- ☒ 2025-02-24 to 2025-03-02
- ☒ 2025-03-03 to 2025-03-09
- ☒ 2025-03-10 to 2025-03-16
- ☒ 2025-03-17 to 2025-03-23
- ☒ 2025-03-24 to 2025-03-30



Service Code

(All)

- ☒ (All)
- ☒ G0156
- ☒ G0299
- ☒ G0300

Cancel Apply

Claims Line Count Not Valid...

Service Type

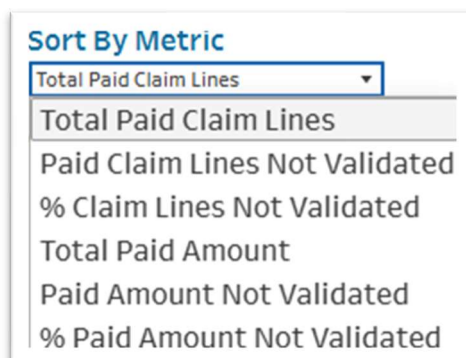
(All)

- ☒ (All)
- ☒ Home Health Aide
- ☒ Home Health LPN
- ☒ Home Health Nursing RN

Cancel Apply

The **Service Code** and **Service Type** filters allow you to search by specific services rendered in the claim line.

The **Sort By Metrics** filter will sort the results of your report by the selected KPI metrics.



Sort By Metric

Total Paid Claim Lines

- Total Paid Claim Lines
- Paid Claim Lines Not Validated
- % Claim Lines Not Validated
- Total Paid Amount
- Paid Amount Not Validated
- % Paid Amount Not Validated

Hovering over a KPI metric (**Total Claims Line Count**, etc.) displays more information about the KPI and how it's calculated.

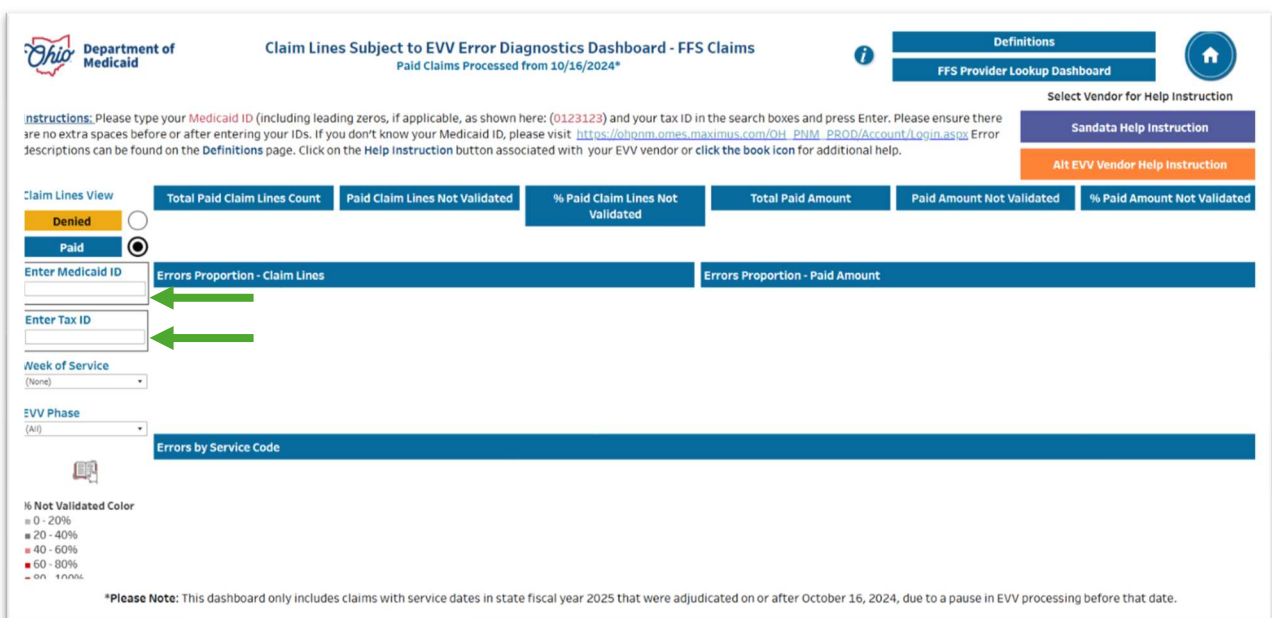
% Claims Line Count Not Validated	Total Paid Amount	Paid Amount Not Validated	%
49.0%	\$248,403.6	\$131,344.5	
<div> <div>Provider</div> <div>submitted 6,148 total claim lines subject to EVV in this period. 3,010 of the claim lines resulted in a validation error. Beginning on January 1, 2025, 49.0% of the claim lines subject to EVV submitted by provider would be subject to denial.</div> </div>			

Diagnostics

Provides users with information to identify EVV errors on claim lines and associated dollar amounts.

Begin by typing the 7-digit **Provider Medicaid ID** number into the “**Enter Provider ID**” box, and the **Tax ID** into the “**Enter Tax ID**” box, indicated by the **green arrows** in the image below, then hit “**Enter**”.

The dashboard reports the **EVV Errors** associated with claim lines submitted for payment since July 2024.



Claim Lines Subject to EVV Error Diagnostics Dashboard - FFS Claims
Paid Claims Processed from 10/16/2024*

Definitions
FFS Provider Lookup Dashboard

Select Vendor for Help Instruction
Sandata Help Instruction
Alt EVV Vendor Help Instruction

Instructions: Please type your Medicaid ID (including leading zeros, if applicable, as shown here: (0123123) and your tax ID in the search boxes and press Enter. Please ensure there are no extra spaces before or after entering your IDs. If you don't know your Medicaid ID, please visit https://ohpnpm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx. Error descriptions can be found on the Definitions page. Click on the Help instruction button associated with your EVV vendor or click the book icon for additional help.

Claim Lines View
☐ Denied
☒ Paid

Summary Statistics:

Total Paid Claim Lines Count	Paid Claim Lines Not Validated	% Paid Claim Lines Not Validated	Total Paid Amount	Paid Amount Not Validated	% Paid Amount Not Validated

Search Filters:

Enter Medicaid ID: **←** Errors Proportion - Claim Lines

Enter Tax ID: **←** Errors Proportion - Paid Amount

Week of Service: (None)

EVV Phase: (All)

Errors by Service Code

% Not Validated Color Legend:

- 0 - 20%
- 20 - 40%
- 40 - 60%
- 60 - 80%
- on error

*Please Note: This dashboard only includes claims with service dates in state fiscal year 2025 that were adjudicated on or after October 16, 2024, due to a pause in EVV processing before that date.

Note: If you do not know your Medicaid ID number, please access the [Provider Network Management \(PNM\) Module](#).

Filtering and Sorting

The **Week of Service** filter allows you to select and deselect time periods for analysis.

Week of Service

(All) ▼

<input checked="" type="checkbox"/> (All)
<input checked="" type="checkbox"/> 2025-02-24 to 2025-03-02
<input checked="" type="checkbox"/> 2025-03-03 to 2025-03-09
<input checked="" type="checkbox"/> 2025-03-10 to 2025-03-16
<input checked="" type="checkbox"/> 2025-03-17 to 2025-03-23
<input checked="" type="checkbox"/> 2025-03-24 to 2025-03-30
<input checked="" type="checkbox"/> 2025-03-31 to 2025-04-06

The **EVV Phases** filter allows you to select and deselect phases for analysis.

EVV Phase

(All) ▼

<input checked="" type="checkbox"/> (All)
<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2

The **Book Icon** navigates to helpful EVV information on the Ohio Department of Medicaid website.





Help Instructions

Information on how to correct errors can be found by selecting the corresponding EVV vendor in the upper right corner of the dashboard. Click the **“Sandata Help Instruction”** button if utilizing Sandata. For all other vendors, select **“Alt EVV Help Instruction”**.

Select Vendor for Help Instruction

Sandata Help Instruction

Alt EVV Vendor Help Instruction

Sandata Help Instructions

Sandata Error Reason and Help Instruction	
Reason	Solution
Procedure Code Does Not Match	<p>We noticed that for the account and recipient you bill, the Sandata EVV system could not identify any verified or processed visits for the service and date(s) provided. To ensure that your future claims do not get denied, please consider the following:</p> <ul style="list-style-type: none">Are you collecting visit data in Sandata EVV? If not, please start submitting data right away.Are you monitoring visits for a verified or processed status? Only visits in a Verified or Processed state will be considered for claims matching.Does the recipient record contain the correct payer, program, and service combination?
Provider ID Does Not Match	<p>We noticed that Provider ID that you use to bill does not match a Provider ID in the Sandata EVV system. To ensure that you do not get claims denied in the future, here are some steps you can take now to prepare for this change.</p> <p>Do you have a Sandata EVV login?</p> <ul style="list-style-type: none">If Yes -> Please login, create records, and manage visits in Sandata EVV.If No -> Where did you stop the onboarding process? Choose the step below where you stopped the onboarding process and navigate to the appropriate system to complete the step.<ul style="list-style-type: none">If you didn't receive Med ID then complete application in PNM. Application must include training completion certificate from SandataLearn.If you have a Med ID, but didn't register in Provider Portal, click here to register in the Provider Portal.If you registered in Provider Portal, but didn't register in eTRAC, then click to register in eTRAC.
Recipient ID Does Not Match	<p>A Recipient Medicaid ID that you used to bill does not match a Recipient ID in the Sandata EVV system. To ensure that your future claims do not get denied, please consider the following actions now.</p> <ul style="list-style-type: none">Does the recipient record exist in Sandata EVV?Is the recipient record in an active status?Is the recipient Medicaid ID number present in the recipient record?<ul style="list-style-type: none">If the recipient is a newborn, or only has a PASSPORT Information Management System (PIMS) number, the record will need to be updated with the valid recipient Medicaid ID number to resolve.
Unmatched Units	<p>We noticed that for one or more visits were found in Sandata EVV that the total units for all visits found were less than the units requested. To ensure that your future claims do not get denied, please consider the following:</p> <ul style="list-style-type: none">Have you performed Visit Maintenance to adjust the visit times to match the claimed units?AND/ORDoes the claim need to be resubmitted with the correct number of units?

Note: Use the scroll bars to the right to read the entire text field.

Alt EVV Vendor Help Instructions

Alt Vendor Error Reason and Help Instruction	
Reason	Solution
Recipient ID Does Not Match	<p>We noticed that a Recipient Medicaid ID that you use to bill does not match a Recipient Medicaid ID in the Sandata EVV system. To ensure that your future claims do not get denied, please consider the following actions now.</p> <ul style="list-style-type: none">Is your Alternate EVV system sending recipients for the provider?If the answer is yes, and the Recipient is not found:<ul style="list-style-type: none">Recipient Rejected - Recipient not matched to OMES Recipient Web Service when received (and not a newborn or having a PIMS ID).Recipient Rejected - Issues with recipient information causing a rejection.
Service Code Not Found	<p>We noticed that for the account and recipient you bill, the Sandata EVV system could not identify any verified or processed visits for the service and date(s) provided. To ensure that your future claims do not get denied, please consider the following:</p> <ul style="list-style-type: none">Is the Alternate EVV Vendor sending visits for the provider?If so, and the visit Not Found<ul style="list-style-type: none">Recipient not in system<ul style="list-style-type: none">Visit Rejected - Issues with timing (must be received prior to visit) causing the visit to reject.Recipient does not have a Medicaid ID (newborn or PIMS ID).
Unmatched Units	<p>We noticed that for one or more visits were found in Sandata EVV that the total units for all visits found were less than the units requested. To ensure that your future claims do not get denied, please consider the following:</p> <ul style="list-style-type: none">Did you check the Sandata Aggregator to ensure that your visits are in a verified status?Does the claim need to be resubmitted with the correct number of units?<ul style="list-style-type: none">If so, please follow your process for updating visit data in your Alternate EVV system and resubmit the visit data to Sandata EVV.
Provider ID Does Not Match	<p>We noticed that Provider ID that you use to bill does not match a Provider ID in the Sandata EVV system. To ensure that you do not get claims denied in the future, here are some steps you can take now to prepare for this change.</p> <ul style="list-style-type: none">Have you completed the registration for your Alternate EVV system?Have you completed your training and received credentials and using the Sandata Aggregator to ensure your visit data is correct?Are you using the Alternate EVV system to capture visit data?Do you have a process for editing and updating incorrect EVV data in your Alternate EVV system?

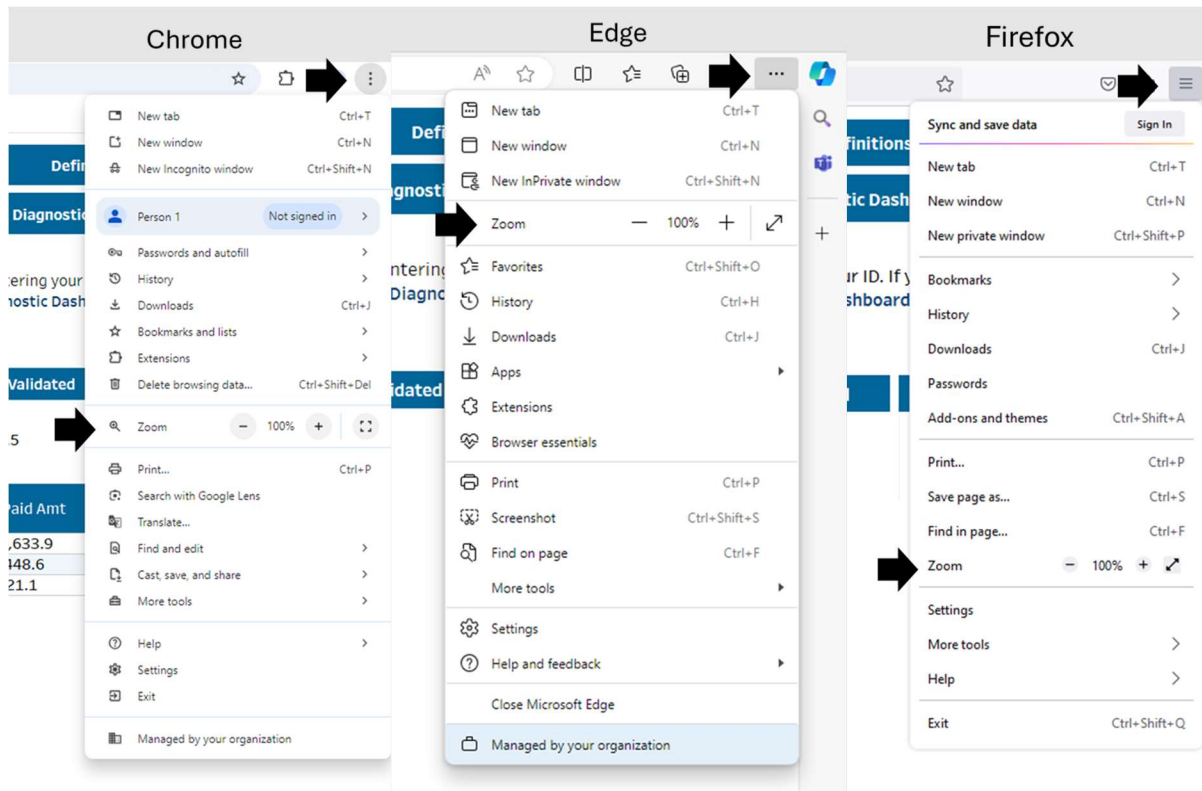
Definitions

The definitions page contains a list of terminology within the Dashboard

Ohio Department of Medicaid		Definitions	
Name	Definition		Definition Type
No Match Found	This error occurs when there is an error on a claim line but it is not one of the four expected errors.		EVV Error
Procedure Code Does Not Match	This error can trigger for one of four reasons: Incorrect Date of Service (date of service entered in Sandata EVV system or Alt EVV system does not match claim data), Incorrect Payer (occurs when the payer entered in the Sandata EVV system or Alt EVV System does not match claim data), Incorrect Procedure Code (occurs when the procedure code entered in the Sandata EVV system or Alt EVV system does not match the procedure code on the claim line), or No Visit in EVV (occurs when the service entered into the Sandata EVV system or Alt EVV system cannot be found in claim data).		EVV Error
Provider ID Does Not Match	This error occurs when the Medicaid ID on your claim line is not in the Sandata EVV system or the Sandata Aggregator. This could occur if the provider ID submitted is not registered with the Sandata Provider Portal or if the provider is not subject to EVV.		EVV Error
Recipient ID Does Not Match	This error occurs when the client/patient ID number on the claim line does not exist in the EVV account associated with the Provider Medicaid ID on the claim.		EVV Error
Unmatched Units	This error occurs when there is a matching visit in the EVV system, but the units on the visit are less than what was on the claim request.		EVV Error
% Claim Lines Denied	The percentage of claim lines post implementation that resulted in a denial.		KPI
% Claim Lines Not Validated	The percentage of total paid claim lines subject to EVV submitted by a provider in the processing timeframe that resulted in a validation error. This percentage of the provider's claim lines will be subject to denial when relevant phases are implemented.		KPI
% Paid Amount Not	The percentage of the dollar value of claim lines subject to EVV submitted by a provider that resulted in validation error. This percentage of the provider's claims will be subject to denial when		KPI

Viewing Tip

If you are having issues reading the data on the page due to your device's screen resolution, there are several ways to make the data more readable. Utilize the full screen button indicated by the orange arrow in the image above or utilize the zoom out functionality of your web browser, as shown with **black arrows** in the images below.



We recommend reviewing the dashboards at least once a month. If you have questions, please contact Sandata's EVV Provider Hotline at 855-805-3505 so we can help. Office hours are also available for you to stop in for 1:1 assistance. Office hours are available daily at SandataLearn.com. Simply login in or register at SandataLearn and then click the Events tab to access Office Hours. You can also register directly here: [Sandata Office Hours Registration](#).