

Our Webinar Will Begin Shortly

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Meet the Trainer!



Alejandra Cordova



- **Role: Sponsored Provider Training Specialist**
- **Tenure at HHAeXchange: 3 years**
- **Areas of Expertise: Sponsored Training**

Sandata Aggregator for Alternate EVV Providers

March 2026

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Sandata Aggregator



This training offers an overview of the Sandata Aggregator for providers using an Alternate (Alt) EVV system. We'll focus on how to view visit data, view visit exceptions, and ensure visits are properly verified for successful claims matching. The Sandata Aggregator serves as the source of truth for claims validation and payment determination. Visits must be in a verified status within the Aggregator before claims are submitted to avoid payment delays.

Who should take this training?

Providers using an Alternate (Alt) EVV system who need to:

- Understand how the Sandata Aggregator displays EVV data.
- Monitor and resolve visit exceptions that impact claims.

Sandata Standard System Terminology

Corresponding Terminology

CONTRACT / PAYER	<ul style="list-style-type: none"> - FFS - HHS 	<ul style="list-style-type: none"> - MCO - State 	<ul style="list-style-type: none"> - Plan
Recipient	<ul style="list-style-type: none"> - CDS Employer - Consumer 	<ul style="list-style-type: none"> - Patient - Client 	<ul style="list-style-type: none"> - Participant - Beneficiary - Individual - Attendant - Caregiver
DCW/Employee	<ul style="list-style-type: none"> - Aide - Homecare Aid - Homecare Worker 	<ul style="list-style-type: none"> - Worker - Direct Support Professionals (DSP) - Service Provider - Participant-directed provider 	<ul style="list-style-type: none"> - Non-Agency (Independent) Provider (IP) - Direct care worker (DCW)
AGENCY / PROVIDER	<ul style="list-style-type: none"> - FMSA - Vendor 	<ul style="list-style-type: none"> - Program Provider - Non-Agency (Independent) Provider (IP) - Participant-directed Providers 	<ul style="list-style-type: none"> - AGE-certified provider - Agency provider
COORDINATOR	<ul style="list-style-type: none"> - Care Coordinator - Case Coordinator 	<ul style="list-style-type: none"> - Service Coordinator - Care Types 	<ul style="list-style-type: none"> - Case manager
UNITY NUMBER	<ul style="list-style-type: none"> - EMPI - Master Patient Number 	<ul style="list-style-type: none"> - Shared Patient Number 	
SECONDARY IDENTIFIER	<ul style="list-style-type: none"> - MPI - Promise Code 		

Training Objectives

At the end of this training, you will be able to:

- Identify the Claims Validation Process.
- Review visit data within Sandata Aggregator.
- Run reports in Sandata Aggregator.



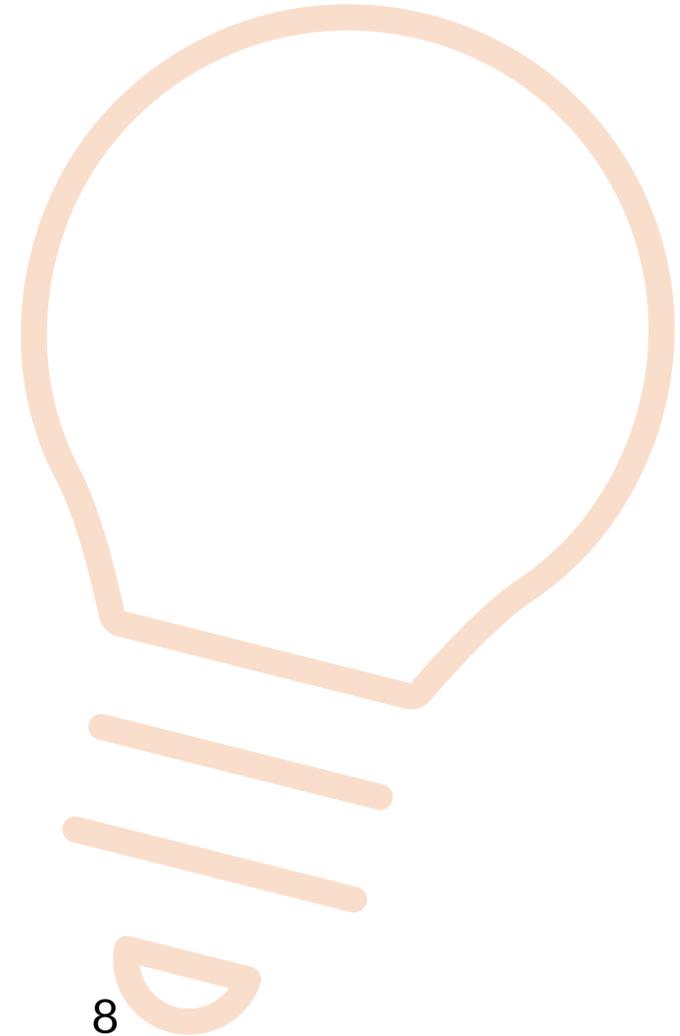
Knowledge Checks

You'll see these throughout the presentation!



What's the name of the presenter of this webinar?

- A. Bill
- B. Alejandra
- C. Janny
- D. Ashley



Claims Validation Implementation Phases



		EVV Claims Adjudication Phases				
PHASE 1	PHASE 2	PHASE 3	PHASE 4	PHASE 5	PHASE 6	PHASE 7
March 1, 2025	June 1, 2025	June 1, 2025	August 1, 2025	October 1, 2025	January 1, 2026	March 1, 2026
Billed to ODM FFS		Billed to Next Gen MCEs		Billed to DODD	Billed to ODM or AGE	Billed to MyCare
HOME HEALTH SERVICES	PRIVATE DUTY NURSING, NURSE ASSESSMENT AND CONSULT	HOME HEALTH SERVICES	PRIVATE DUTY NURSING NURSE ASSESSMENT AND CONSULT	10, Level 1, SELF WAIVER PROGRAM SERVICES	OHIO HOME CARE, PASSPORT WAIVER SERVICES	HOME HEALTH PDN, NURSE ASSESSMENT AND CONSULT, WAIVER SERVICES
						

**Based on claim line date of service.*

List of Services MyCare Ohio Plans



- G0151
- G0152
- G0153
- G0156
- G0299
- G0300
- T1000
- T1001
- T1001_U9
- S5125
- T1002
- T1003
- T1019
- T2025
- ECL

Link to list of Services: [ODM EVV Covered Programs and Services.pdf](#)



EVV Tracker



Recipient Setup and Management in Alt EVV system

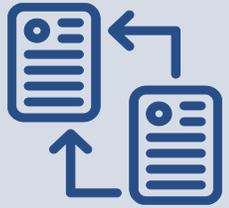
Direct Care Worker or Employee Setup and Management in Alt EVV system

Visit Capture in Alt EVV system

Visit Verification and Maintenance in Alt EVV system

Data transfer to Sandata Aggregator

Claims Validation and Payment





Agenda

➤ Overview of Claims Validation Process

➤ EVV Claim Errors and Resolutions

➤ Aggregator Reports

➤ Key Takeaways

➤ Support Resources

➤ Questions

Claims Validation Process

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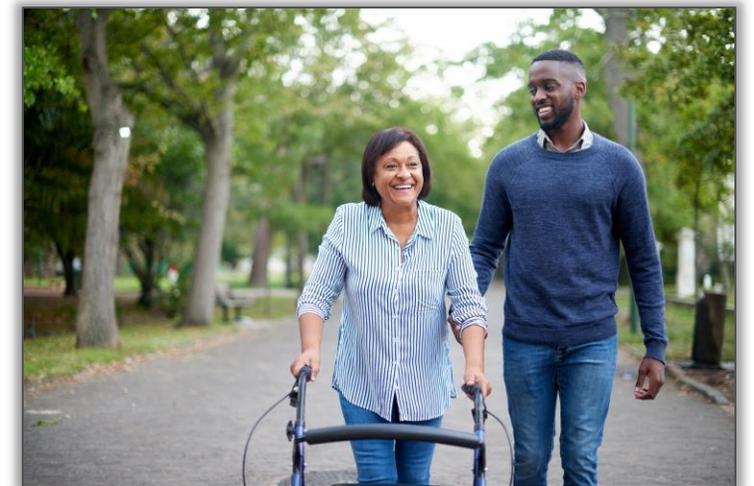
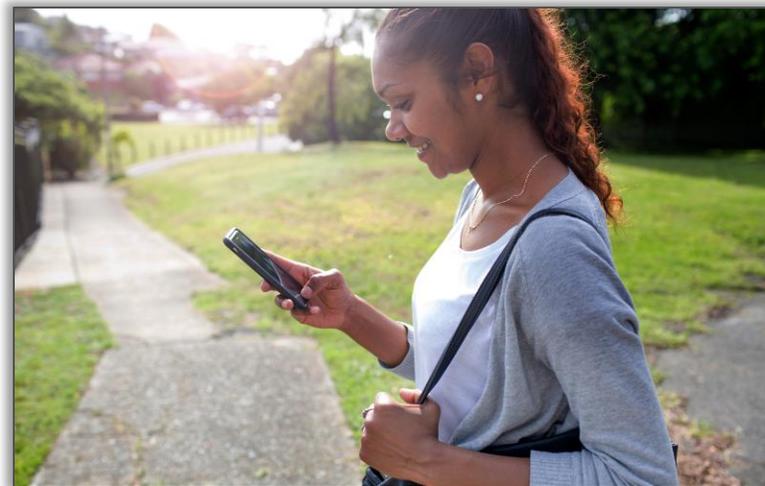
> What is Claims Validation?



Definition: The process of ensuring every claim subject to electronic visit verification (EVV) requirements has a matching EVV visit record.

Who is impacted by claims validation:

- Your agency, Direct Care Workers (DCW) or Employee, recipients, administrators.



List of Services MyCare Ohio Plans



- G0151
- G0152
- G0153
- G0156
- G0299
- G0300
- T1000
- T1001
- T1001_U9
- S5125
- T1002
- T1003
- T1019
- T2025
- ECL

Link to list of Services: [ODM EVV Covered Programs and Services.pdf](#)



What Happens During the Claims Validation Process?



Step 1: Direct Care Worker or Employee captures the visit, or the provider manually creates the visit in the Alt EVV system.



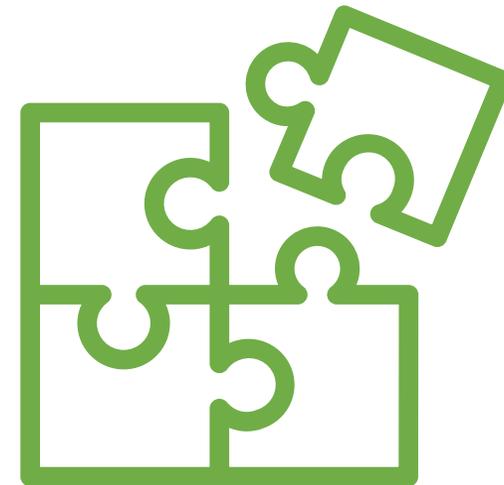
> What Happens During the Claims Validation Process?



Step 2: Provider performs visit maintenance and resolves any exceptions in their ALT EVV Vendor system. Provider logs in to Sandata Aggregator to confirm visits are in a verified status prior to submitting claims.



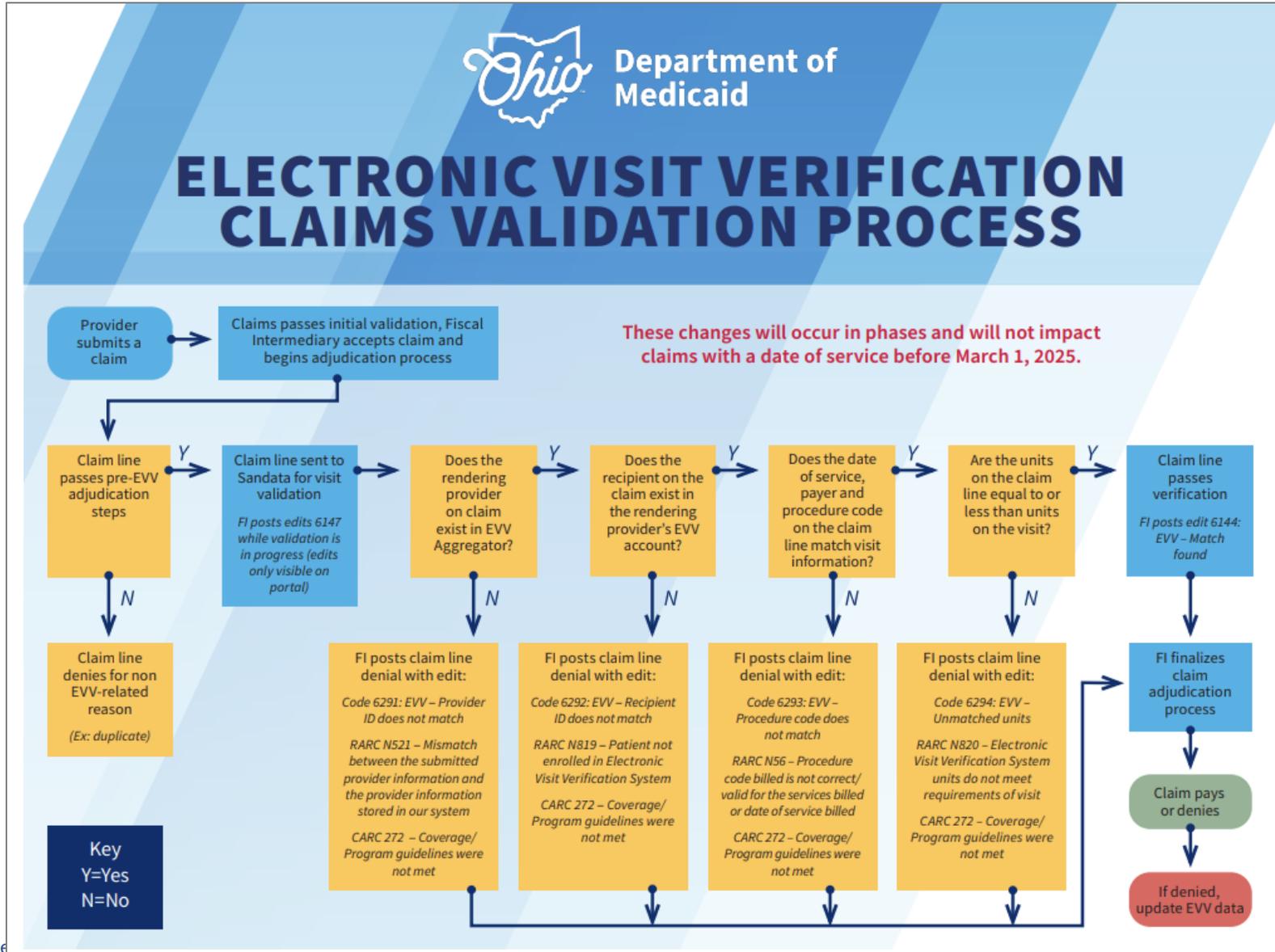
Step 3: Payer can now match claims to EVV visits.



Electronic Visit Verification Claims Validation Process



ELECTRONIC VISIT VERIFICATION CLAIMS VALIDATION PROCESS

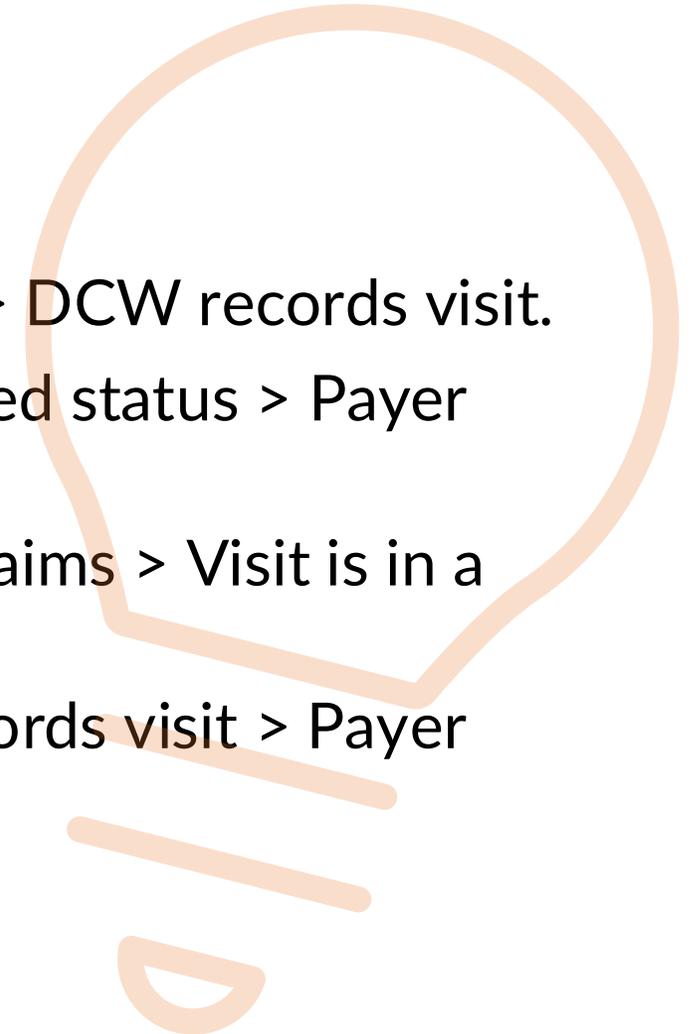


Knowledge Check: Claims Validation



What are the steps for Claims Validation?

- A. Payer matches claims > Visit is in a Verified status > DCW records visit.
- B. DCW or Employee records visit > Visit is in a Verified status > Payer matches claims.
- C. DCW or Employee records visit > Payer matches claims > Visit is in a Verified status.
- D. Visit is in a Verified status > DCW or Employee records visit > Payer matches claims.





Electronic Visit Verification Claim Errors and Resolutions

EVV Claim Errors



This comparison table outlines the differences between the error messages displayed in Sandata Aggregator and those found in the Claims Lines Subject to the EVV Diagnostics Dashboard, and Remittance Advice (RA).

EVV RA Message	Sandata Visit Exception
Provider ID does not match	Note: No exception appears; please review Provider Medicaid ID associated with your Sandata Aggregator account.
Recipient ID does not match	Unknown Recipient, Missing Medicaid ID
Procedure code does not match	Incorrect Service Code (unauthorized service exceptions)
Units do not match	Note: no exceptions appears, please review number of units on visit to claim



What if I'm an Alternate EVV Provider?



Question: I am a provider who uses an Alternate EVV system (third-party system to capture EVV visits). Do I need to log in to the Aggregator to view my visits?

Answer: Yes! If you are a provider using an Alternate EVV (Alt EVV) system, you **must log in to the Sandata Aggregator account** to view your visit data. The Aggregator is the **source of truth** used by payers to validate claims. It's important to ensure that the data sent from your Alt EVV system is showing correctly in the Aggregator and that visits are in a **verified status** before billing.

Question: If I am using an Alt EVV system and need to update visits in the Aggregator, where do I make these changes?

Answer: Make updates to your visits in your Alt EVV system. The Aggregator is read-only; therefore, any changes must be updated in your Alt EVV system and then resent to the Aggregator.



Provider ID Does Not Match

Provider ID Does Not Match



EVV RA Message	Sandata Visit Exception
Provider ID does not match	Note: No exception appears; please review Provider Medicaid ID associated with your Sandata Aggregator account.

Cause: “Provider ID Does Not Match” means the Provider Medicaid ID on your claim is not in the Sandata Electronic Visit Verification (EVV) system or the Sandata Aggregator.

Example: The provider agency has an Alt EVV account with a Provider Medicaid ID number that does not match the provider Medicaid ID number on the claim.

Alt EVV Resolution: Ensure that the provider has completed the [EVV Self-Registration Portal](#). Their active Medicaid ID must be associated with the Alt EVV account. Please note, if the provider has multiple provider Medicaid IDs, they must be registered with each Medicaid ID in the EVV Self-Registration Portal.

For detailed steps, review article: [Provider Identification \(ID\) Does Not Match](#)



Run Full Visit Export Report



Navigate to **Reports > Date Range Reports > Full Visit Export**

1. This report is in Excel format. Scroll all the way to the right of the spreadsheet until you reach the Provider ID column. This will contain the Providers Medicaid ID associated with the visit.

BH	BI	BJ	BK	BL	BM
CLIENT_S	SERVICE_V	TOTAL_OR	TOTAL_CU	PROVIDER_ID	
		0	0	123456	
		1	1	123456	
		0	0	123456	
		0	0	123456	
		0	0	123456	
		0	0	123456	
		0	0	123456	
		0	0	123456	
		0	0	123456	
		0	0	123456	
		2	2	123456	
		0	0	123456	
		0	0	123456	
		0	0	123456	
		0	0	123456	
		3	3	123456	
		0	0	123456	
		4	4	123456	

Note: This is mock data that is used only for training purposes.



Recipient ID Does Not Match



Unknown Recipient



EVV RA Message	Sandata Visit Exception
Recipient ID does not match	Unknown Recipient, Missing Medicaid ID

Cause: The Recipient Medicaid ID billed on the claim cannot find a matched recipient record, with the matching Recipient Medicaid ID, in the Sandata Aggregator.

Example: The claim has a different Medicaid ID for the recipient than what is in Sandata Aggregator.

Alt EVV Resolution: Update the recipient's Medicaid ID in the 3rd party system and have the Alt EVV vendor send the information to Sandata.

Run Active Recipients Report

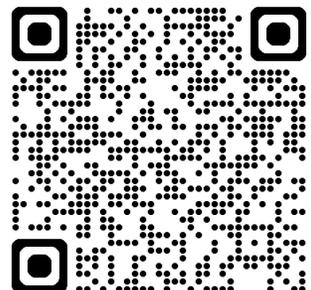


Navigate to **Reports > Daily Reports > Active Recipient Report**

1. Review Recipient Medicaid ID that's associated to Recipient Profile to confirm if it matches with the claim in question.
2. Make updates to Medicaid ID in your Alt EVV system; wait 24 hours prior to resubmit claim.

ACTIVE RECIPIENT											
RECIPIENT ID	RECIPIENT MEDICAID ID	RECIPIENT NAME	RECIPIENT SSN	PHONE #	ADDRESS	CITY	ST	ZIP	LATITUDE	LONGITUDE	RECIPIENT ALTERNATE ID
						Columbus	OH				
						Columbus	OH				
						Columbus	OH				
						Columbus	OH				
						Columbus	OH				
						Dublin	OH				
						Galloway	OH				
						Columbus	OH				
						Columbus	OH				
						Bridgeport	CT				
						Columbus	OH				
						Columbus	OH				
						Columbus	OH				
						Columbus	OH				
						Bridgeport	CT				
						Columbus	OH				
						Columbus	OH				
						Hilliard	OH				
						Columbus	OH				

Note: This is mock data that is used only for training purposes.



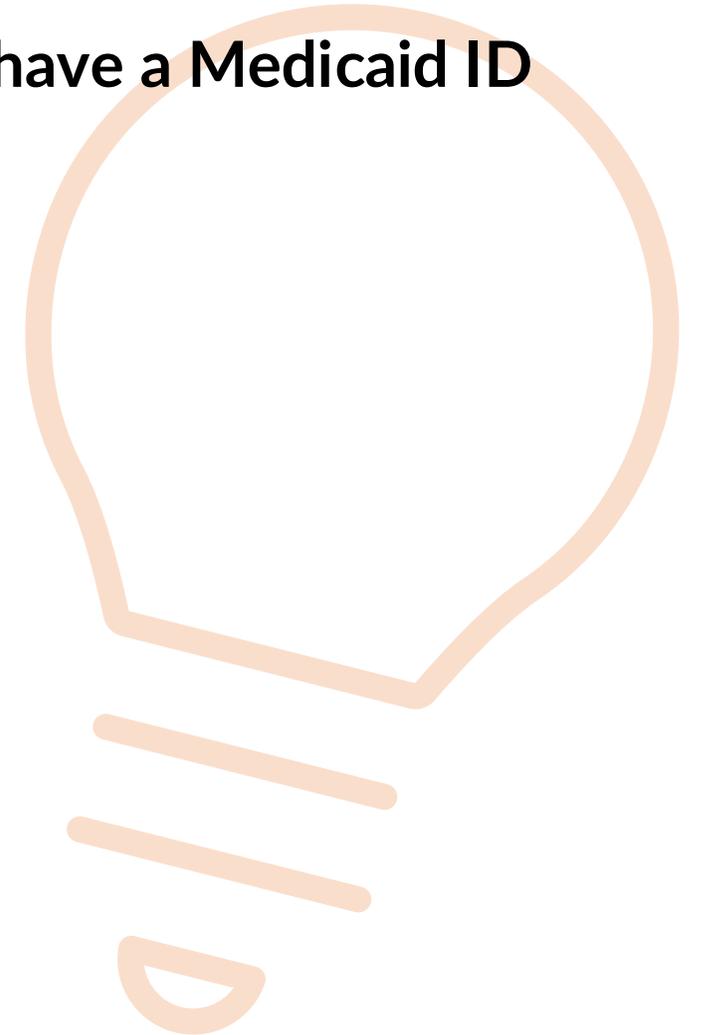


Knowledge Check: Reports



Which report should you run to see if your Recipients have a Medicaid ID number in the Sandata Aggregator?

- A. Active DCW Report
- B. Authorizations Report
- C. Active Recipient Report
- D. Recipient Visit Summary Report





Procedure Code Does Not Match

(Incomplete Visit or Incorrect Service Code)



Incorrect Service Code



EVV RA Message	Sandata Visit Exception
Procedure code does not match	Incorrect Service Code (unauthorized service exceptions)

Causes:

1. Visit does not appear in Sandata
2. The Visit is in the incomplete status in Sandata Aggregator
3. The Visit is in the Verified status but has incorrect Payer and /or Service
4. Visit does not have a EVV auth or the EVV Auth is expired or incorrect for service

Alt EVV Resolution: The visit did not cross over to the Aggregator as expected or the visit was not in verified status; provider must identify what may cause the

exception and work with their vendor to resolve.



Run Authorizations Report



Navigate to Reports > Authorizations > Authorizations Report

1. Review recipient name; is there an active authorization associated with this recipient that matches the claim?
2. If not, make updates to EVV authorizations in your Alt EVV system; wait 24 hours prior to resubmitting claim.

Account: Test p1 to p2 Agency (25090)													
RECIPIENT													
NAME	ID TYPE	MEDICAID/ PAYER ID	ALTERNATE MEDICAID ID	PAYER	PROGRAM	SERVICE	AUTH ID	START DATE	END DATE	UNIT TYPE	AUTHORIZED UNITS	LIMIT	JURISDICTION ID
Client, JT				DODD	PDHPC	Participant-Directed Homemaker-Personal Care		09/01/2021	12/31/2999	Hourly		None	
Client, JT				DODD	DD	HPC		01/01/2019	12/31/2999	Hourly		None	
Client, JT				ODA	PP	Passport - PCA (T1019)		02/01/2021	12/31/2999	Hourly		None	
Client, JT				ODA	PP	Passport HCA (S5125)		04/01/2022	12/31/2999	Hourly		None	
Client, JT				ODA	PP	Passport HCA Personal Care (S5125)		01/01/2022	12/31/2999	Hourly		None	
Client, Test				DODD	PDHPC	Participant-Directed Homemaker-Personal Care		01/01/2021	12/31/2999	Hourly		None	
Client, Test				CareSource	MyC	MyCare - HCA (S5125)		10/01/2022	12/31/2050	Hourly		None	
Client, Test				Molina	MyC	MyCare - HCA (S5125)		10/01/2022	12/31/2050	Hourly		None	
Client, Test				ODM	SP	SPHH Aide (G0156)		07/26/2022	12/31/2050	Hourly		None	
Client, Test				CareSource	SP	PDN (T1000)		10/01/2022	12/31/2050	Hourly		None	
Client, Testingtwo				Aethna	MyC	MyCare - LPN (T1003)		01/01/2022	12/31/2050	Hourly	0	None	
Client, Testingtwo				Aethna	MyC	MyCare - LPN (T1003)		01/01/2022	12/31/2999	Hourly		None	
Client, Testingtwo				Molina	MyC	MyCare - LPN (T1003)		01/01/2022	12/31/2999	Hourly		None	

Review Visit Data – All Visits



Navigate to Visit Review

1. Filter Visits by All Visits

- Is the visit associated with the claim present? If not, ensure that you add the visit in your Alt EVV system; wait 24 hours prior to resubmitting claim.
- Is the visit in a **Verified** status? If it is **Incomplete**, there is another exception that needs to be resolved in your Alt EVV system.

The screenshot shows the Sandata Visit Review interface. The left sidebar contains navigation options: Visit Review, Reports, XREF, Authorizations, Messaging, Security, and Online Manual. The main area has search filters for Agency, Recipient, Medicaid ID #, DCW/Employee, and DCW/Employee SSN. It also includes a Date Range filter (03/01/2025 to 03/27/2025) and a Visit Status filter (All). A 'FILTER VISITS BY' dropdown is highlighted with a blue box and set to 'All Visits'. Below the filters are buttons for SEARCH, CLEAR, and EXPORT. The table below shows two entries:

Recipient Name	DCW/Employee Name	Service	Visit Date	Scheduled Time In	Scheduled Time Out	Scheduled Hrs	Call In	Call Out	Call Hours	Adjusted In	Adjusted Out	Adjusted Hours	Bill Hours	Visit Status	Do Not Bill	Units	Actions
-	-	HPC	03/18/2025				12:01 AM	01:00 AM	00:59	12:01 AM	12:56 AM	00:55	00:55	Incomplete	<input type="checkbox"/>	4	
-	-	Passport HCA (S5125)	03/15/2025				08:41 AM	10:59 AM	02:18	08:41 AM	10:59 AM		02:18	Verified	<input type="checkbox"/>	10	



Units Do Not Match

Adjusting Time Calls or Dates



EVV RA Message	Sandata Visit Exception
Units Do Not Match	Note: no exceptions appears, please review number of units on visit to claim

Cause: Visit units in the Aggregator are less than what was billed.

Alt EVV Resolution: Log into Aggregator and ensure the visit is accurate prior to submitting the claim. Determine whether the issue is the number of units on the visit or the claim. Any adjustments to the visit should occur in the Alt EVV system and updated in Sandata Aggregator prior to resubmitting the claim.

For more information on billing units, review article: [Ohio Units Conversion Table](#)

Review Visit Data – Bill Hours and Units



Navigate to Visit Review

1. Filter Visits by **All Visits**.
 - Review **Bill Hours** and **Units** column.
 - Do the units match the claim? If not, adjust hours in your Alt EVV system to reflect proper billable hours; wait 24 hours prior to resubmitting claim.

Visit Review LOG OUT

* Indicates required field

AGENCY: Test p1 to p2 Agency - 25090
RECIPIENT: Enter Recipient
MEDICAID ID #: Enter Medicaid ID #
DCW/EMPLOYEE: Enter DCW/Employee
DCW/EMPLOYEE SSN: 000-00-0000: Enter DCW/Employee SSN

DATE RANGE * MM/DD/YYYY: 03/01/2025 to 03/27/2025
VISIT STATUS: All
FILTER VISITS BY: All Visits

Show Advanced Filter Options

Q SEARCH CLEAR
EXPORT

ROWS PER PAGE: 50 Show Display Options

Showing 1 to 2 of 2 entries

Recipient Name	DCW/Employee Name	Service	Visit Date	Scheduled Time In	Scheduled Time Out	Scheduled Hrs	Call In	Call Out	Call Hours	Adjusted In	Adjusted Out	Adjusted Hours	Bill Hours	Visit Status	Do Not Bill	Units	Actions
Dowdrick, Eric	Dowdrick, Erric	HPC	03/18/2025				12:01 AM	01:00 AM	00:59	12:01 AM	12:56 AM	00:55	00:55	Incomplete	<input type="checkbox"/>	4	
Anvesh, Test	Pamukuntla, Anvesh	Passport HCA (S5125)	03/15/2025				08:41 AM	10:59 AM	02:18	08:41 AM	10:59 AM		02:18	Verified	<input type="checkbox"/>	10	

Note: This is mock data that is used only for training purposes.

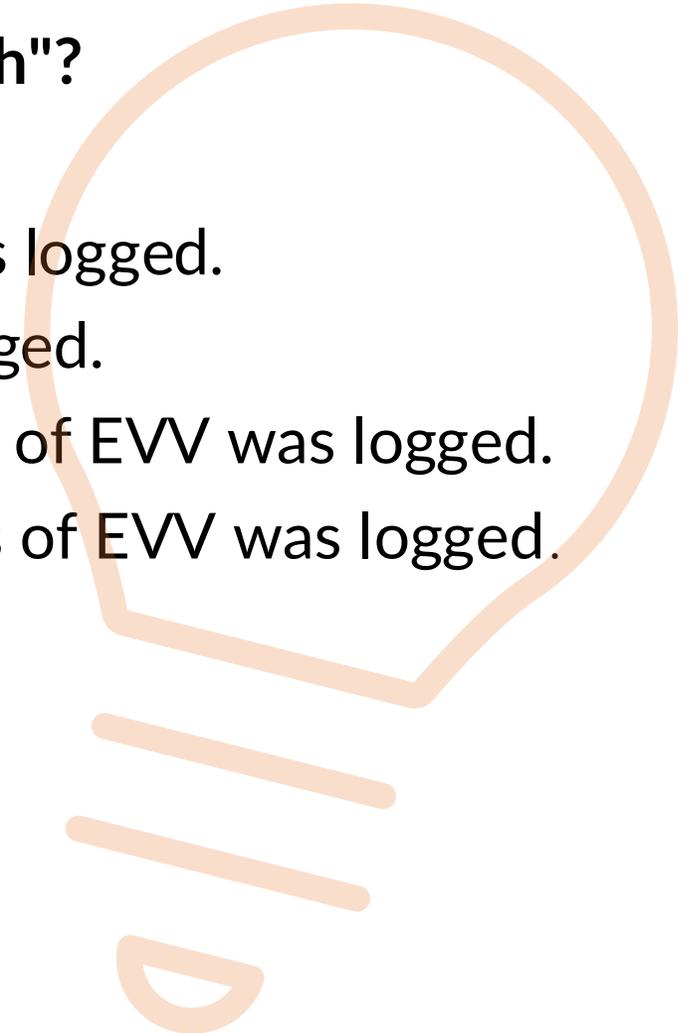


Knowledge Check – Units Do Not Match



What could lead to the claim error "Units do not match"?

- A. Billing 1 hour of service but 30 minutes of EVV was logged.
- B. Billing 1 hour of service but 1 hour of EVV was logged.
- C. Billing 1 hour of service but 1 hour and 15 minutes of EVV was logged.
- D. Billing 1 hour of service but 1 hour and 30 minutes of EVV was logged.





Aggregator Reports



Claims Validation Rejection Report



Need to further research reason for rejections? Providers can use this report to identify rejected claims, review the visits in Sandata Aggregator, and make the required updates prior to resubmission.

Navigate to **Reports > Reports-Billing > Claims Validation Rejection**

1 of 1 Find | Next

Report Parameters
Account: [REDACTED]
For: 2/18/2025 - 2/18/2025 11:59:59 PM

CLAIMS VALIDATION REJECTION

Account:	Provider:	RECEIVED	BATCH ID	TRANS ID	INVOICE CONTROL NO	LINE NO	RECIPIENT ID	VISIT RANGE	PAYER	PROGRAM	SERVICE	BILL UNITS	PROVIDER MEDICAID ID	RECIPIENT MEDICAID ID	RECIPIENT NAME	UNITS FOUND	VISITS	ERROR MESSAGE	ERROR REASON
[REDACTED]	[REDACTED]	2/18/2025 12:01:23 PM	[REDACTED]	[REDACTED]	[REDACTED]	33	01	02/10/2025 02/10/2025	[REDACTED]	[REDACTED]	T1019	20	[REDACTED]	[REDACTED]	[REDACTED]	0	0	Procedure code does not match	
[REDACTED]	[REDACTED]	2/18/2025 12:01:24 PM	[REDACTED]	[REDACTED]	[REDACTED]	33	02	02/12/2025 02/12/2025	[REDACTED]	[REDACTED]	T1019	20	[REDACTED]	[REDACTED]	[REDACTED]	0	0	Procedure code does not match	
[REDACTED]	[REDACTED]	2/18/2025 12:01:25 PM	[REDACTED]	[REDACTED]	[REDACTED]	33	03	02/14/2025 02/14/2025	[REDACTED]	[REDACTED]	T1019	20	[REDACTED]	[REDACTED]	[REDACTED]	0	0	Procedure code does not match	
[REDACTED]	[REDACTED]	2/18/2025 12:01:25 PM	[REDACTED]	[REDACTED]	[REDACTED]	33	04	02/15/2025 02/15/2025	[REDACTED]	[REDACTED]	T1019	20	[REDACTED]	[REDACTED]	[REDACTED]	0	0	Procedure code does not match	



Visits Claims Verification Status



Would you like to see which visits have a match to a claims request? Use this report to find the details; visits that have a match will have a status labeled **Processed**.

Navigate to **Reports > Reports-Billing> Visits Claims Verification Status**

VISITS CLAIMS VERIFICATION STATUS													
Payer	Program	Service	HCPCS	Recipient Name	Recipient Medicaid Id	Visit			Group Visit Code	Status	Batch ID	Transaction ID	Visit Verified Date
						Date	Start	End					
ODA	PP	OHCW PCA (T1019)	T1019			03/20/2025	09:04 AM	10:00 AM		Verified			
Aetna	SP	G0299	G0299			03/20/2025	10:01 AM	10:37 AM		Verified			
ODA	PP	OHCW PCA (T1019)	T1019			03/20/2025	07:00 AM	08:00 AM		Verified			
Aetna	SP	G0299	G0299			03/20/2025	10:34 AM	11:31 AM		Verified			
ODM	SP	G0299	G0299			03/20/2025	11:20 AM	12:03 PM		Processed			03/27/2025 04:49 AM
ODA	PP	OHCW PCA (T1019)	T1019			03/20/2025	09:40 AM	12:40 PM		Verified			
ODM	SP	G0156	G0156			03/20/2025	09:24 AM	01:24 PM		Verified			
Buckeye	SP	G0156	G0156			03/20/2025	09:30 AM	01:29 PM		Verified			
ODA	PP	OHCW PCA (T1019)	T1019			03/20/2025	09:55 AM	01:55 PM		Verified			
Aetna	MyC	OHCW Nsg - RN (T1002)	T1002			03/20/2025	01:31 PM	02:05 PM		Verified			
ODM	SP	G0156	G0156			03/20/2025	01:05 PM	03:09 PM		Verified			
ODM	SP	G0156	G0156			03/20/2025	12:28 PM	03:27 PM		Processed			03/26/2025 03:19 PM
Anthem	SP	G0156	G0156			03/20/2025	01:53 PM	03:53 PM		Verified			
ODM	SP	G0300	G0300			03/20/2025	04:09 PM	05:08 PM		Verified			
ODM	SP	G0300	G0300			03/20/2025	05:08 PM	05:45 PM		Processed			03/26/2025 03:32 AM
Medina	SP	G0300	G0300			03/20/2025	05:45 PM	06:00 PM		Verified			



Key Takeaways

Key Takeaways for Alternate EVV Providers



- Complete registration via Sandata EVV Self-Registration Portal.
- Ensure that all visits are in a verified status prior to submitting claims.
- Use the Sandata Aggregator to review visit exceptions; perform Visit Maintenance regularly in your Alt EVV system.
- Run reports in Sandata Aggregator to facilitate troubleshooting EVV claim errors.



Resources

Provider Resources



Ohio Department of Medicaid Resources

- [Ohio Department of Medicaid Website](#)
- [EVV Error Message Resource](#)
- [Electronic Visit Verification](#)
 - Navigate to tile > Information for Providers > Setting Up Electronic Visit Verification: Providers Using an Alternate Vendor System

Sandata Resources

- [Managing Exceptions](#)
- [Ohio Claims Validation: Handling Claims Denials- Sandata Technologies](#)
- [Sandata Aggregator Documentation](#)
- [EVV Vendor Solutions Documentation](#)

DODD Resources:

- [DODD Workflow](#)
- [Recorded Webinars](#)
- [DODD Webpage](#)

Need Assistance?

- Contact the EVV Provider Hotline at 855-805-3505 [Submit a Zendesk Ticket](#)
 - **Ensure that you have your STX (account #) when calling hotline or submitting ticket!**
- Attend Daily Office Hours – [Register for ODM EVV Office Hours!](#)

Alt EVV Providers – need help?

For additional support, please contact the Technical Support Alternate EVV team at either options below:

- Phone: 1-844-289-4246
- Email: OHAltEVV@Sandata.com
- Include the following in the email:
 - ✓ Provider Medicaid ID
 - ✓ Alt EVV Vendor
 - ✓ Include Examples (Universal Unique Identifier, copy of payloads) - **ensure this is sent securely via Zendesk portal if there is PHI data.**

Ohio Department of Medicaid

- [Electronic Visit Verification](#)
- [Ohio Department of Medicaid - Home Care Waiver](#)
- PASSPORT page – updates coming soon



Questions?

**THANKS FOR
ATTENDING!**



*Please provide us your feedback
after exiting the webinar.*