



Department of  
Medicaid

## Common Questions

### What steps should I take when switching a member's insurance or payer information to avoid issues with service IDs or authorizations?

When changing a recipient's payer or insurance, ensure you update authorizations on file to reflect the new coverage. Existing authorizations will need to be end dated, and new ones must be created under the correct insurance and payer.

### Do I need to take any action in Sandata EVV if my staff has received a live-in exemption?

No further action is required in Sandata EVV after a staff member is approved for a live-in exemption. The state will update the system with exemption approval in the XREF module, and no additional steps are needed.

As a precaution, please verify that the XREF is in place in your account by reviewing the XREF module.

### Where can I access training resources or get help with technical questions?

Training and technical support is available on [SandataLearn/Ohio](#) and includes:

- [Daily Office Hours for live support and assistance.](#)
- [Training Replays for Claims Adjudication Phases.](#)

### How do I find the current Sandata EVV application to log my EVV visits with my phone or tablet?

In your device's App store, search for "Sandata Mobile Connect" and select this app.



### As a private duty nurse how do I account for services provided when there is a break in a full-day work shift?

Taking breaks for lunch or when a recipient is otherwise engaged happens when the visit is scheduled for all day or overnight care. Because private duty nursing (PDN) services are visit-based that "begins with the provision of a covered service and ends when the in-person or telehealth encounter ends" as stated in OAC 5160-12-04 the claim needs to reflect the billable units per visit on one claim line. To meet this requirement there are two options:

- Bill one line with 32 units for that visit. In the EVV system, the direct care worker would not need to clock out or in for the time that is not billable because it is one billed visit.
- Bill on two lines entering 16 units for the first four hours and 16 units for the second set. For this option the direct care worker would clock out or in for each 4-hour block of billable time. REMINDER: the second block requires a U2 modifier.

### I provide overnight services, and my claims are being denied. What do I do?

Only services billed directly to the Ohio Department of Developmental Disabilities should be split and billed as two claim lines based on the date of service. All other EVV services should be billed as one claim line using the date in which the service began.