

PROVIDER TRAINING GUIDE

DOH Reporting: Using the NY DOH Agency Report

Overview

Use this guide to generate the NY DOH Agency Report, summarize compliant and non-compliant claim data, and prepare the report for submission to your payer. This guide is intended for provider staff responsible for preparing and submitting NY DOH EVV compliance data to payers for internal contracts.

PHASE 1

Generate the NY DOH Agency Report

Steps 1–2

PHASE 2

Prepare Your Data for DOH Reporting

Step 3

PHASE 3

Complete the DOH Reporting Spreadsheet

Step 4

PHASE 1 — Generate & Prepare the Report

STEP 1

Generate the NY DOH Agency Report

Navigate to Reports > EVV Compliance Reports > NY DOH Agency Report

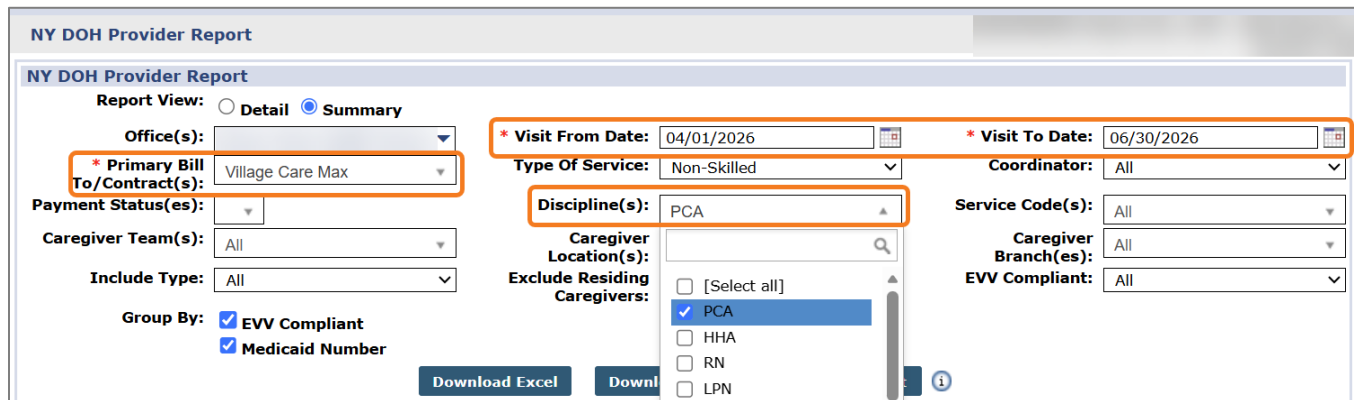
Overview: The NY DOH Agency Report summarizes EVV compliance data for a single **Contract + Discipline** combination. You'll use the information in this report to complete the required DOH reporting spreadsheet.

1. Navigate to: **Reports > EVV Compliance Reports > NY DOH Agency Report**
2. Configure the report using the following filters:

Filter	Selection
Report View	Summary

Filter	Selection
Office	Select applicable office(s)
Visit From / To	Select the reporting period
Primary Bill To	Select one contract
Discipline(s)	Select one discipline

Note The **Summary** view provides the totals required for DOH reporting.
The **Detail** view displays the individual paid claim records included in the Summary totals.



⚠ Important

Each report represents a unique Contract + Discipline combination and must be summarized separately before completing the DOH reporting spreadsheet. If your agency reports on multiple contracts or disciplines, repeat this step for each unique Contract + Discipline combination.

Example:

Contract	Discipline
Village Care Max	PCA
Village Care Max	HHA
Village Care Max	PCA

This example would require three separate reports. Save each report before moving to the next.

3. Click **Download Excel** and open the workbook.

STEP 2

Determine Whether Additional Categorization is Needed

Decide whether additional categorization is required

Before calculating your totals, determine whether each contract represents a single line of business. This will determine whether additional categorization is required.

✓ **Option A — Contracts ARE Separated by Line of Business** If each contract represents a single line of business, proceed directly to **Step 3**. No additional categorization is required.

⚠ **Option B — Contracts are NOT Separated by Line of Business** If multiple lines of business exist under the same contract, you'll first need to identify the correct **MC Plan/Product** for each patient. You can determine the line of business in one of two ways.

Option 1 — Review the Payer Authorization

Review the authorization received from your payer to identify the patient's line of business.

Option 2 — Run Eligibility Check Review

1. Navigate to: **Patient > Eligibility Check Review**
2. Configure the following filters:

Filter	Selection
Contract	Same contract selected in the NY DOH Agency Report
Date Range	Same reporting period
Review Status	All

3. Click **Search**.
 - a. Sort the results by **Patient Name**.
 - b. Locate the patient.
 - c. Select **View Detailed Review Results**.
 - d. Locate the **Plan Name** field.
 - e. Reference the [Information for All Providers – Managed Care Information guide](#) to identify the appropriate MC Plan/Product.

Example:

Plan Name	MC Plan/Product
Village Senior SVC Corp Partial LTC	MLTCP

4. Repeat until all patients have been assigned the correct MC Plan/Product.
5. **Organize the Workbook.** Once you've identified the correct MC Plan/Product for each patient, organize your workbook by creating a separate worksheet tab for each line of business. This allows you to summarize and calculate totals independently before completing the DOH reporting spreadsheet. Examples can include:
 - a. MLTCP
 - b. MAP
 - c. MMC
 - d. HARP
 - e. HIV SNP
6. Filter or copy the applicable claim records into the corresponding worksheet. Each worksheet should contain only one line of business.

Once complete, continue to **Step 3**.

PHASE 2 — Calculate Your DOH Reporting Totals

STEP 3

Calculate Your DOH Reporting Totals

Calculate compliant and non-compliant totals

At this point, your report has been organized by **Contract, Discipline**, and, if needed, **MC Plan/Product**.

The next step is to use the **NY DOH Agency Report** to calculate the values that will be entered into the DOH reporting spreadsheet.

Complete the following steps twice:

- **First**, filter the report to display **Non-Compliant** records.
- **Then**, repeat the same process for **Compliant** records.

For each filter, calculate the following totals:

DOH Spreadsheet Field	How to Get the Value
Total Non-Compliant Claim Lines	Filter EVV Compliant = No , then count the visible rows. Each visible row represents one claim line.
Distinct Count of Visit Dates	Add together the Distinct Count of Visit Date values for all visible rows.
Total Paid Amount	Add together the Paid Amount values for all visible rows.

After recording the Non-Compliant totals, repeat the same steps with **EVV Compliant = Yes** to calculate the Compliant totals.

If you created multiple worksheet tabs, repeat this process for each line of business.

Your completed summary should resemble the example below.

Admission ID	EVV Compliant	Medicaid Number	Distinct Count of Visit Date	Paid Amount
100	Yes	XXXXXX	2	\$250.00
200	No	XXXXXX	2	\$200.00
200	Yes	XXXXXX	1	\$100.00
300	Yes	XXXXXX	3	\$500.00
400	Yes	XXXXXX	7	\$1000.00
500	Yes	XXXXXX	2	\$100.00
600	Yes	XXXXXX	5	\$700.00
700	Yes	XXXXXX	2	\$100.00
800	Yes	XXXXXX	4	\$300.00
Grand Total:				\$3250.00

EVV Compliance	Total Claim Lines	Distinct Count of Visit	Total Paid Amount
Yes	8	26	\$ 3,050.00
No	1	2	\$ 200.00

Once you've calculated the compliant and non-compliant totals, you're ready to transfer the information into the DOH reporting spreadsheet.

PHASE 3 — Complete the DOH Reporting Spreadsheet

STEP 4 Complete DOH Reporting Spreadsheet

Now that you've calculated the required totals, transfer the information into the DOH reporting spreadsheet. Complete one row for each Contract, Discipline, and, if applicable, MC Plan/Product combination.

Use the totals from the **NY DOH Agency Report** to complete the required fields in the DOH reporting spreadsheet.

Complete one row for each **Contract, Discipline, and MC Plan/Product**.

DOH Column	What to Enter	Where to Find It
Managed Care Plan Name	Enter the contract Name	Select when running the NY DOH Agency Report.
MC Plan/Product	Enter the line of business (for example, MLTCP or MAP).	Eligibility Check Review or payer authorization (if applicable).
EVV Service Type	Enter the applicable EVV Service Type.	Service Code / Export Code mapping.
Count of EVV-Applicable Services	Enter the total number of claim lines for both Compliant and Non-Compliant records combined.	Count the visible rows after summarizing both compliance statuses.
Count of Non-Compliant Services	Enter the total number of Non-Compliant claim lines.	Filter EVV Compliant = No , then count the visible rows.
Count of EVV-Applicable Services with Matching EVV Record	Enter the total number of Compliant claim lines.	Filter EVV Compliant = Yes , then count the visible rows, or subtract Column K from Column H.
EVV Compliance Rate	Divide the count of matching EVV records by the total EVV-applicable services.	Formula: Column I ÷ Column H
Total EVV-Applicable Dollars	Enter the total paid amount for both Compliant and Non-Compliant records combined.	Add the Paid Amount totals for both compliance statuses.
Total EVV-Applicable Dollars with Matching EVV Record	Enter the total paid amount for Compliant records only.	Filter EVV Compliant = Yes , then sum the Paid Amount column.

Remember Before submitting, review your totals, confirm all required fields have been completed, and save a copy of your report for your records. Double-check that the claim identifiers you are matching on are consistent between both reports.