PROVIDER TRAINING GUIDE

DOH Reporting:

How to Generate Reports, Identify Compliant Claims, and Complete Your DOH Submission

Covers: Reporting Tool · EVV Compliance Detail Report · DOH Spreadsheet

PHASE 1
Build the Reporting Tool Report
Steps 1–5

PHASE 2
Run EVV Compliance Detail Report
Step 6

PHASE 3
Categorize, Cross-Reference & Complete DOH Spreadsheet
Steps 7–8

High Level Steps at a Glance

#	Step	Key action
1	Identify contracts	Confirm how your payer contracts are named in the system before building anything.
2	Review service codes	Review service codes and export codes so you can assign the correct EVV Service Type.
3	Create the report	Reporting Tool (2.0) → New Report → Data Source Category: Billing → Data Source: Billing Visits.
4	Add columns	Add all required fields: Contract, Visit Date, Patient Name, Medicaid Number, Admission ID, Primary Service Code, Discipline Code, Total Amount, Payment Status, Paid Amount, Export Code, Service Code, Remaining Amount, Invoice Number.
5	Configure filters (3 required)	Filter 1: Visit Date (operator: Between, set quarterly). Filter 2: Primary Bill To (operator: Like or Equal). Filter 3: Paid (operator: Equal, value: Yes).
6	Generate & export	Preview → View, then Export → CSV. Open in Excel. Add three columns: Managed Care Plan/Product, EVV Service Type, EVV Compliant. Apply Excel header filters.
7	Run EVV Compliance Detail Report	Reports → EVV Compliance Reports → EVV Compliance Detail Report. Use the same date range and contract filter. Click Print Excel.

8	Categorize visits & complete DOH spreadsheet	Identify MC Plan/Product, EVV Service Type, and EVV Compliance for each visit. Populate and calculate required columns in the DOH submission spreadsheet.

▶ Watch this video for the full video walkthrough.

Prerequisites

Before building any report, complete the following two preparation steps. They directly impact the accuracy of your results.

Prerequisite 1 — Identify Payer Contracts

You will need to identify the payer contracts included in your reporting. Contract naming conventions vary by agency, so it is important to understand exactly how your contracts are configured in HHAeXchange.

Navigate to: Contract > Contract Setup > Search Contracts

Important Using the wrong contract name when filtering reports may cause claims to be excluded from your results.

Prerequisite 2 — Review Service Codes & Export Codes

Review your service codes and associated export codes. If your services are not labeled using standard procedure codes (such as T1019), you will need to reference the associated export code to determine the correct EVV Service Type for your DOH submission.

Navigate to: Contract > Contract Setup > Search Contracts > Service Codes

Note You will reference the New York State EVV Billing Codes resource to map export codes to EVV Service Type values in Step 7.

▶ Watch this video for more information on this step.

PHASE 1 — Build the Reporting Tool Report

STEP 1

Identify Your Payer Contract(s)

Before you build the report

Before building any report, you need to know which payer contracts you are reporting on. Contract naming is not standardized across agencies — the same payer may appear under different names depending on how your agency has configured its system.

Navigate to: Contract > Contract Setup > Search Contracts

Important You must know exactly how your contracts are named in your system before adding filters in later steps. An incorrect or missing contract name will exclude claims from your report, making your results inaccurate.

STEP 2

Create a Custom Report

Report > Reporting Tool (2.0) > New Report

Navigate to Report > Reporting Tool (2.0) and select New Report. Before adding any columns or filters, configure the following three settings:

Setting	Value to select
Data Source Category	Billing
Data Source	Billing Visits
Office Selection	Select the applicable office(s) for your agency

Note Office selection depends on your agency's setup. Select all offices that have visits you need to report on. If your organization operates multiple offices, include all offices with visits for the reporting period. If you are unsure, check with your admin team.

Once these settings have been selected, click Save and Next.

STEP 3

Add the Required Columns

Add columns one at a time

Using the column picker, add each field one at a time by clicking Add Row and selecting from the dropdown. Add all of the following columns before continuing:

Contract	Visit Date
Patient Name	Medicaid Number
Admission ID	Primary Service Code
Discipline Code	Total Amount
Payment Status	Paid Amount
Export Code	Service Code
Remaining Amount	Invoice Number

As you add each field, your report should look similar to the example shown in the system.

Tip Add any additional claim-related columns you need for your specific DOH calculations now. It is easier to remove unused columns later than to re-run and reconfigure the report.

Once all columns have been added, click Save and Next to continue to the filters step.

STEP 4

Configure Filters

Three filters required — see below

Select the Filters/Parameters tab. You must add three filters to the report. All three are required. Configure them before running the report.

Filter 1 — Visit Date

Add a filter for Visit Date. Set the Operator to Between. This allows you to define both a start date and an end date for your reporting period. Enter the date range that corresponds to the quarter you are reporting on.

Quarter	Date Range

Q1	April 1 – June 30
Q2	July 1 – September 30
Q3	October 1 – December 31
Q4	January 1 – March 31

Note If your report contains a large volume of data and does not generate successfully, try running the report in smaller date ranges (such as monthly periods) and combine the results after exporting.

Filter 2 — Primary Bill To

Add a filter for Primary Bill To. This limits the report to the payer contract or contracts you are reporting on. For the Operator, select Like or Equal, depending on your agency's naming conventions.

Scenario	How to configure
Single contract name	Add one filter value, e.g., Village Care
Multiple naming conventions for the same payer	Add filter: Village Care OR Village Care Max OR VCM (use OR logic)
Unsure of name	Return to Step 1 and confirm with your billing team before proceeding

Important Do not skip this filter. Without a contract filter, the report will return billing visits across all payers and will not be usable for DOH reporting.

Filter 3 — Paid

Add a filter for Paid. Set the Operator to Equal and select Yes as the value. This ensures the report returns only claims that have been paid, which is the basis for DOH compliance calculations.

Note Applying this filter now eliminates unnecessary records and produces a cleaner, smaller export for analysis.

Once all three filters have been added and configured, save your report configuration and proceed to the next step.

STEP 5

Generate and Export the Report

Preview → View → Export → CSV → Open in Excel

Once your columns and filters have been configured, you are ready to generate the report.

1 Preview the report

Select Preview, then click View. Take a moment to review the results and confirm that visit dates, contract names, and all expected columns appear correctly. If anything looks off, return to the filters or columns step before exporting.

2 Export to CSV

Once results look correct, select the Export dropdown and choose CSV to save the file.

3 Open in Excel

Open the exported CSV file in Excel. From here you will be able to filter, sort, and manipulate the data as needed.

4 Add three additional columns

Add the following three columns to your spreadsheet. These columns will be used to categorize your visits in Step 7:

- Managed Care Plan/Product
- EVV Service Type
- EVV Compliant

As a best practice, apply filters to the header row in Excel before continuing. This will allow you to quickly sort and group records by contract, service code, and payment status as you complete your DOH reporting.

What this report gives you

Claim-level billing information for the reporting period: visit dates, patients, service codes, amounts, and payment status for all paid claims. This becomes Report A in Phase 3.

Watch this video for more information on this step.

PHASE 2 — Run the EVV Compliance Detail Report

STEP 6

Run the EVV Compliance Detail Report

Same date range and contract as Phase 1

A second report is required alongside the billing report. The EVV Compliance Detail Report provides EVV exception data that you will cross-reference against your paid claims in Phase 3.

1 Navigate to the EVV Compliance Detail Report

Navigate to Reports > EVV Compliance Reports > EVV Compliance Detail Report.

2 Set the reporting period and contract filter

Use the exact same date range you used in Step 4 (Filter 1). Also apply the same contract filter used in Step 4 (Filter 2). Both the date range and the contract must match precisely for the comparison in Phase 3 to be accurate.

Critical The date range and contract filter on this report must match the Reporting Tool export exactly. A mismatch will cause errors in the compliance calculation.

3 Generate and save the report

Click Print Excel to generate the report. When the file opens, save it and apply filters to the header row to make reviewing and sorting the data easier in the next phase.

Note This report only displays non-compliant visits. This is expected — it does not mean compliant visits are missing from your data. Any visit not listed here will be treated as compliant in Step 7.

You now have both data sources required for DOH reporting and are ready to categorize your visits.

Watch this video for more information on this step.

PHASE 3 — Categorize, Cross-Reference & Complete the DOH Spreadsheet

With both reports exported, the next steps are to categorize each visit in the custom report and then use that categorized data to complete the DOH submission spreadsheet.

Report A — Reporting Tool (Phase 1)	Report B — EVV Compliance Detail (Phase 2)
All paid claims for the reporting period	EVV exception data (non-compliant visits) for the same period

What you need to populate in the DOH spreadsheet

For each unique combination of Managed Care Plan and EVV Service Type in your data, the DOH spreadsheet requires the following values:

- Count of EVV-Applicable Services (Column H)
- Count of EVV-Applicable Services with a Matching EVV Record (Column I)
- EVV Compliance Rate (Column J)
- Count of Non-Compliant Services (Column K)
- Total EVV-Applicable Dollars (Column L)
- Total EVV-Applicable Dollars with a Matching EVV Record (Column M)

Steps 7 and 8 walk you through gathering and calculating each of these values.

STEP 7

Categorize and Validate Your Visits

Assign MC Plan/Product, EVV Service Type, and EVV Compliant for each visit

Before completing the DOH spreadsheet, you must categorize each visit in the custom report across three dimensions. This categorization drives all of the calculations in Step 8.

7a — Determine the MC Plan/Product

The MC Plan/Product value identifies the managed care plan type for each visit. This goes in the Managed Care Plan/Product column you added to the custom report in Step 5.

If your contracts are already separated by line of business: You may already know which plan type to assign and can move to the next section.

If multiple plan types exist under the same contract name: You will need to use the Eligibility Check Review to identify the appropriate managed care plan for each patient.

To look up the plan type using Eligibility Check Review:

- Navigate to Patient > Eligibility Check Review.

- Filter results using the same contract and date range used in your Reporting Tool report.
- Locate the patient and select View Detailed Review Results.
- Find the Plan Name field in the detailed review window (for example: Village Senior SVC Corp Partial LTC).
- Reference the Information for All Providers – Managed Care Information guide to identify the plan type abbreviation (for example: Partial LTC → MLTCP).
- Enter that abbreviation in the Managed Care Plan/Product column of your custom report.

Repeat this process for each managed care plan represented in your report until all records have been categorized.

7b — Determine the EVV Service Type

The EVV Service Type identifies the type of service provided. This goes in the EVV Service Type column you added in Step 5.

If service codes are standard procedure codes (e.g., T1019, S5125): You can use those values directly to look up the EVV Service Type.

If service codes use internal naming: Reference the Export Code column in your custom report to identify the applicable procedure code.

To assign the correct EVV Service Type:

- Locate the procedure code or export code for the visit (for example: T1019:U1).
- Navigate to the New York State EVV Billing Codes website.
- Select Expand All, then use Ctrl + F to search for the procedure code.
- Locate the matching procedure code and modifier combination (for example: T1019 with modifier U1 = Personal Care Services).
- Enter the EVV Service Type abbreviation in the EVV Service Type column of your custom report (for example: PC for Personal Care Services).

Repeat this process for each unique service code in your report until all visits have been assigned an EVV Service Type.

7c — Identify EVV-Compliant Visits

Compare the two reports to determine which visits are compliant and which are not. The result goes in the EVV Compliant column you added in Step 5.

> **Note** The EVV Compliance Detail Report only contains exceptions. Any visit listed on that report is non-compliant. Any visit not listed is compliant.

To mark compliance status in your custom report:

- Open both reports side by side in Excel.
- For each visit listed in the EVV Compliance Detail Report, locate the matching patient and visit date in the custom report.

- Mark the EVV Compliant column as No for each matching record.
- After all exception visits have been identified, mark the remaining visits in the custom report as Yes.

Once complete, you will be able to filter and group visits by Managed Care Plan/Product, EVV Service Type, and EVV Compliant status to calculate the totals required for the DOH spreadsheet in Step 8.

Watch this video for more information on this step.

STEP 8

Complete the DOH Spreadsheet

Open both the custom report and the DOH spreadsheet side by side

At this point, each visit in your custom report should have a Managed Care Plan/Product, EVV Service Type, and EVV Compliant value assigned. Open your custom report and the DOH submission spreadsheet side by side and follow the steps below.

1 Create a row for each MC Plan and EVV Service Type combination

In the DOH spreadsheet, create one row for each unique combination of Managed Care Plan and EVV Service Type that appears in your data.

Enter the contract name in the Managed Care Plan Name column, then enter the MC Plan/Product value and EVV Service Type value for that row.

2 Count of EVV-Applicable Services (Column H)

In your custom report, filter for the appropriate Managed Care Plan and EVV Service Type combination. The total number of visits returned is the Count of EVV-Applicable Services.

Enter that count in Column H of the DOH spreadsheet.

3 Count of Non-Compliant Services (Column K)

In your custom report, filter the EVV Compliant column to show only visits marked No. Count the remaining visits and enter that value in Column K of the DOH spreadsheet.

4 Count of EVV-Applicable Services with Matching EVV Record (Column I)

Calculate Column I using the formula:

Column I = Column H − Column K

This represents the number of paid visits that were supported by a matching EVV record.

5 EVV Compliance Rate (Column J)

Calculate Column J using the formula:

Column J = Column I ÷ Column H

This gives you the EVV compliance rate for this plan and service type combination.

Note Once you have entered the formulas for the first row, use Excel's fill handle to copy them down for the remaining rows.

6 Total EVV-Applicable Dollars (Column L)

Column L is calculated at the visit level. In your custom report, filter the EVV Compliant column to show only visits marked Yes. Calculate the sum of the Total Amount column for all remaining visits.

Enter this total in Column L of the DOH spreadsheet. This represents the dollars associated with EVV-applicable services that were supported by a matching EVV record.

7 Total EVV-Applicable Dollars with Matching EVV Record (Column M)

Column M must be reviewed at the claim level, not the visit level. This is where the Invoice Number and Visit Date become important.

Important If a non-compliant visit shares the same Invoice Number and Visit Date as other visits, the entire claim record is considered non-compliant. All visits belonging to that claim must be excluded from Column M — even if some of those visits are individually marked as compliant.

To calculate Column M:

- Review your custom report and locate all visits marked EVV Compliant = No.
- For each non-compliant visit, check whether other visits share the same Invoice Number and Visit Date.
- If they do, all visits with that Invoice Number and Visit Date are part of the same non-compliant claim record.
- Calculate the total dollar amount of all non-compliant claim records (using Total Amount for all visits in those claim records).
- Subtract that amount from Column L. The result is the value to enter in Column M.

Example: Two visits on 4/8/2026 share Invoice Number 13006703. One visit is marked No for EVV Compliance. Because both visits belong to the same claim record, both dollar amounts must be excluded from Column M.

Watch this video for more information on this step.

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.