



## LCBDD News & Updates!

Hello to our Provider Partners! Hope you're getting a chance to enjoy our fine Fall weather. Sending you some items of interest. Please let me know if you have questions about any of it or need info. on other topics.  
Thanks for all that you do.

David

### **Electronic Visit Verification- it's coming!**

Electronic Visit Verification (EVV) for covered Medicaid services is currently scheduled to begin for certain D.D. waiver services on **May 6th, 2019**. Attached are slides from a recent presentation that gives a good EVV overview, a letter that lists what services will be covered as of 5/2019, and a provider readiness checklist.

Per the Ohio Dept. of Medicaid- "Some providers have realized their EVV Portal was set up with an email they no longer use. The email address provided to Sandata comes from ODM, so it's important to ensure all your information in MITS is current. Please also make sure that the email address in MITS is one that you check frequently. Changing your email address in the MyOhio system will not update your information in MITS.

For further instructions on how to do this, please refer to the June 2018 newsletter on the ODM Website at <http://medicaid.ohio.gov/EVV>.

We look forward to working with you on a successful EVV implementation. More information regarding training will be coming in the following months. If you have questions about EVV, please contact the ODM EVV Unit at [EVV@medicaid.ohio.gov](mailto:EVV@medicaid.ohio.gov). For more information, you can view our website at <http://medicaid.ohio.gov/EVV>."

### **Trauma Informed Care training- FREE**

On Nov. 8<sup>th</sup> there will be two introductory sessions to Trauma Informed Care. The sessions will be at 9am -11am and 5pm-7pm at 565 Industrial Parkway (LCBDD Service Coordination building). This is a great local opportunity for DSPs to learn more about this important topic. Please contact David to register. [david.mcmanus@lcountydd.org](mailto:david.mcmanus@lcountydd.org) or (740) 349-6588



LCBDD News & Updates!

### **Provider Guide Plus tips**

From our friends at OPRA

As many of you are aware, the Provider Guide Plus website (<https://providerguideplus.com/>) is a searchable tool for customers to rate agency's performance. OPRA recently shared the attached guide for Providers. "Shining a Spotlight on Your Agency Through Online Reviews" is a comprehensive guide that offers how-to's and tips on setting up your agency profile, along with suggestions on how to respond to on-line reviews.

### **Billing & Documentation course in MyLearning**

DODD requires new supervisory employees of Agency Providers to complete an online course in MyLearning that covers billing and documentation. This course satisfies requirements located in [OAC 5123:2-2-01](#) (D) for agency providers for service documentation and billing for services. In response to Provider questions about what the online course covers compared to their own internal training, Teresa put together the attached outline. Please let me know if you have any questions on this requirement.

### **Licking County Events listing now available**

A new website and email list-serve provides information on events happening in Licking County. You can also post your events that are open to the community. Check it out here: <https://www.lickingcountyevents.com/>

### **Service Coordination asks for our patience**

In case you haven't noticed, the Board's Service Coordination unit has been running short-staffed for the last several months. If you are having significant difficulties, please contact David for help.

# Billing for Medicaid Services

## 5123:2-2-01 (C) Independent and (D) Agencies

### ISP states services to provide

#### Make sure services are authorized by the county Board of DD before providing services

- Check PAWS

  - Current

  - Types of services authorized

- Login in, support 800-617-6733 option 4

  - Use Applications, MSS

    - On the PAWS look for the service code, effective dates total cost and total units

#### Documentation

- Accurately record the service provided

  - Documentation should show tasks related to the ISP goals for the person

  - A provider can do more than the ISP states, must follow the ISP

- Keep this information on file for reviews and audits

  - There are requirements regarding documentation

    - Find the rule on the service being provided to see what information to record

    - DoDD's sample forms for HPC services can be found by [clicking here](#)

      - These particular forms are not required

*Providers are required to be familiar with requirement and changes to requirements*

#### Learning logs are used to track the person's progress toward goals

#### Submitting Claims

- Choose eMBS from the applications menu

- User guides are available in eMBS to answer most questions about billing

- Fill out the online form

  - Enter a claim for each service provided to a person on a given day

#### Lifecycle of a Claim

- Typically claims are paid within sixteen to twenty-one days

- Claims are pulled Wednesdays at noon

- Check error reports that are posted to eMBS the following Friday

- Claims with no errors are forwarded to Medicaid for approval

- Denials or payments are returned within 2 weeks

- DODD pays non-denied claims by the following Friday

# **Electronic Visit Verification(EVV) for Developmental Disability-Related Services**

September 19, 2018

# Overview

- Background of the 21<sup>st</sup> Century Cures Act
- Applicable DD waiver services
- Options for EVV entry
- Using EVV
- EVV and claims
- Timelines for implementation
- Training opportunities

# 21<sup>st</sup> Century Cures Act

- Section 12006(a) of the Cures Act requires EVV for all in-home Medicaid-funded personal care services and home health services
- Elements that must be captured by EVV include
  - Type of service;
  - Individual receiving the service;
  - Date of service;
  - Location of service delivery;
  - Individual providing the service; and
  - The times the service begins and ends.

# Ohio's Approach

- The Ohio Department of Medicaid (ODM) has adopted a statewide EVV solution for all applicable services.
- The Ohio Department of Developmental Disabilities (DODD) has been collaborating with ODM on how this solution will be applied to applicable services within waivers administered by DODD.

# Applicable Services

- EVV will be required for the following services available under the Level One, SELF, and Individual Options (IO) Waivers:
  - Homemaker/Personal Care (HPC) delivered in 15-minute units, including “on behalf of” HPC
  - IO Waiver Nursing
  - Participant-Directed HPC will be added in phase 3

# Applicable Services

- EVV does not apply to the following services, even when personal care is a component of the service delivery:
  - HPC services that are billed using the daily billing unit (DBU)
  - On-site/On-call (OSOC)
  - Shared Living
  - Residential/Community Respite
  - Adult day and employment services

# EVV and ISPs

- EVV is not required to be addressed within the body of a person-centered plan.
- However, certain EVV choices must be identified in the person's "record."
- A "record" may include assessment documents, meeting minutes, or the plan, if appropriate.

# EVV and ISPs

- The record should contain
  - The name of the person responsible for verifying state plan home health and/or private duty nursing (PDN) visits for individuals enrolled in waivers administered by DODD;
  - The method by which the individual/designee will verify (voice, signature, etc.); and
  - Any objections an individual/guardian has to using the device supplied by Sandata.

# Data Entry Options

- EVV device supplied to the individual by Sandata
- Sandata EVV app installed on a mobile device owned by the DSP or the provider agency
- Call-in option using a telephone at the location of service delivery (telephony)\*
- Manual visit entry via the website\*

\*Back-up options for use when device/application is not used.

# Employer Set-Up

- Create users
  - Username/email
  - First, Last name
  - Roles
- Create clients
  - First, Last name
  - Medicaid number
  - Payer(s)
  - Address

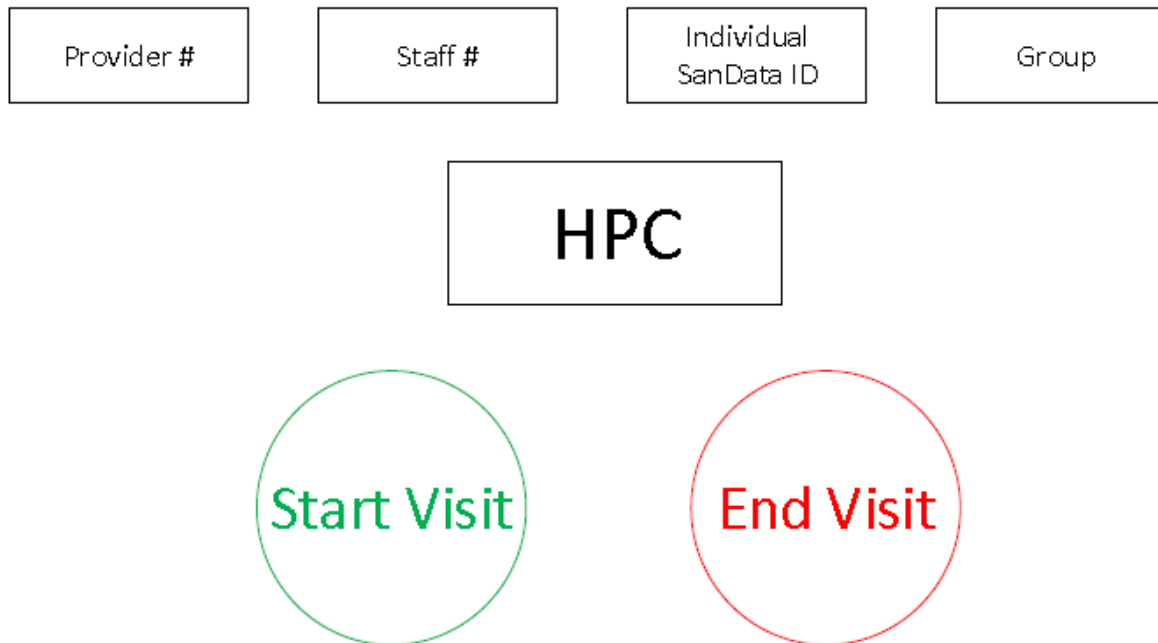
# Starting a visit

Upon starting a shift, a worker will start a visit by:

- Searching for the individual by entering Medicaid number in device
- Selecting one of the DD waiver services below:
  - HPC
  - IO Waiver Nursing
- Hitting “start visit”

# DODD EVV Phone/Telephony Entry Approach

## Validation Done at the Aggregate Level



# HPC services

- When delivering services that fall under any of the procedure codes below, the DSP will select “HPC” as the EVV service.

APC	APV	AMW	AMX	AMY	AMZ
AQC	AQV	AQW	AQX	AQY	AQZ
EPC	EPV	EMW	EMX	EMY	EMZ
EQC	EQV	EQW	EQX	EQY	EQZ
FPC	FPV	FMW	FMX	FMY	FMZ
FQC	FQV	FQW	FQX	FQY	FQZ

# Group visits

- A group visit is one that involves multiple individuals receiving services.
- When starting a visit that is expected to include more than one individual, the DSP must select “group visit” on the device, in addition to completing the steps mentioned above

# Group visits

- When providing group visits, each DSP must:
  - Start a visit, as specified above, to include all individuals present at that time.
  - Be sure to indicate at the start of the visit that it is a group visit.
  - As individuals join or leave the group, the DSP will clock them in/out of the visit
    - “Start” a visit with the new individual.

# Ending a visit

- To end a visit, the worker will select “complete” on the device
- The DSP must end a visit when
  - Transitioning from HPC to on-site/on-call (OSOC); or
  - Whenever one or more individuals leaves the visit and is no longer receiving HPC.
- There will be no requirement for the individual/designee to provide verification via voice, signature, etc. at the conclusion of an HPC or IO Waiver Nursing visit.

**\*IMPORTANT: PDN does still require verification, even when the service is provided to someone enrolled in a DD waiver!**

# EVV Records and Claims

- The Medicaid Billing System (MBS) will send a claims file for EVV-eligible services to Sandata by 10pm Wednesday
  - One file for each individual/provider combination per service date
  - Includes all claims submitted by 4pm Wednesday

# EVV Records and Claims

- Sandata will send back one of two responses
  - No = No EVV records exist for that individual/provider combination for that date
  - Yes = An EVV record does exist
    - Sandata will send detail for that combination, including the number of units for each DSP

# EVV Records and Claims

- DODD will initiate its typical pre-processing of claims
  - Individual eligibility
  - Provider eligibility
  - Units/dollars authorized on PAWS
  - No other claims errors
- Prior to sending claims to MITS for adjudication, MBS will send EVV-eligible claims to Sandata one last time to see if any new/different EVV records are available for comparison

# EVV Records and Claims

- DODD will compare EVV records with claims to see if the total number of HPC units on the claim is less than or equal to the total number of HPC units on the EVV record.
  - Are there historical EVV units available for that service date that have not yet been matched to a claim?
  - Do the net EVV units x number of DSPs delivering service match the new claim?
  - Are the number of HPC units resulting from a claims adjustment less than or equal to the net EVV units for that individual/provider combination on that service date?

# EVV Records and Claims

- All claims with HPC units that are equal to or less than the net EVV units for that date will be sent to MITS for adjudication.
- Claims for which the number of HPC units exceed the net EVV units for the service date will
  - Be passed to MITS with a warning prior from May 2019 until the denial edit is turned on.
  - Deny once the edit is turned on, likely in the fall.

# Timelines

- May 2019
  - EVV will be required for routine HPC services delivered in 15-minute units and IO Waiver Nursing
  - EVV records will be matched to claims, but will not deny
    - Valid claims with units equal to or less than the total EVV units for that service date will pay with no errors.
    - Valid claims with units greater than the total EVV units for that service date will pay with an error posted.
- Fall 2019
  - Claims with units greater than the total EVV units for that service date will deny.

# Training Opportunities

- Training registration will open on January 7, 2019.
- Three methods of training will be available: Classroom, Webinar, and Self-Paced.
  - Classroom and Webinar Training will run February 11, 2019 through May 4, 2019.
  - Classroom training locations will be in each geographic region of the state.

# Training Opportunities

- Existing Phase 1 EVV providers will only need to take a self-paced training on what's changing in Phase 2.
- Alternate EVV providers must take self-paced training on the Sandata Aggregator.

Questions?



July 26, 2018

Dear Provider:

Electronic Visit Verification (EVV) is an electronic-based system that verifies when provider visits occur and documents the precise time services begin and end. It ensures that individuals receive their medically necessary services and that Medicaid is being accurately billed. On January 8, 2018, the Ohio Department of Medicaid (ODM) implemented Phase 1. In May 2019, ODM will require Medicaid providers billing for Phase 2 services to use EVV which will comply with the 21<sup>st</sup> Century Cures Act. Please review chart of services in both phases below.

<b>PHASE 1 SERVICES</b>	Implemented January 8, 2018
	<p>EVV program for services billed directly to Medicaid for fee-for-service:</p> <ul style="list-style-type: none"> <li>▪ State Plan Home Health Aide</li> <li>▪ State Plan Home Health Nursing</li> <li>▪ State Plan RN Assessment</li> <li>▪ Ohio Home Care Waiver (OHCW) Nursing</li> <li>▪ OHCW Personal Care Aide</li> <li>▪ OHCW Home Care Attendant</li> <li>▪ OHCW RN Assessment</li> <li>▪ Private Duty Nursing (PDN)</li> </ul>

<b>PHASE 2 SERVICES</b>	All providers must be entering EVV visits beginning May 6, 2019.	
	<p>EVV Program for the following payers:</p> <p><b>Managed Care Organizations</b> billing Medicaid (Aetna, United Healthcare, Molina, Buckeye, Paramount, and CareSource). EVV implementation in <b>managed care</b> will apply to the following services:</p> <ul style="list-style-type: none"> <li>▪ State Plan Home Health Aide</li> <li>▪ State Plan Home Health Nursing</li> <li>▪ State Plan RN Assessment</li> <li>▪ HCBS 1915c Waiver Nursing</li> <li>▪ HCBS 1915c Waiver Personal Care Aide</li> <li>▪ HCBS 1915c Waiver Home Care Attendant</li> <li>▪ Private Duty Nursing (PDN)</li> </ul>	
	<p><b>Ohio Department of Aging (ODA):</b></p> <ul style="list-style-type: none"> <li>▪ PASSPORT- Home Care Attendant Nursing</li> <li>▪ PASSPORT- Home Care Attendant Personal Care</li> <li>▪ PASSPORT- Personal Care</li> <li>▪ PASSPORT- Waiver Nursing LPN</li> <li>▪ PASSPORT- Waiver Nursing RN</li> </ul> <p>**Self-directed services are not included in Phase 2</p>	<p><b>Ohio Department of Developmental Disabilities (DODD):</b></p> <ul style="list-style-type: none"> <li>• Individual Options (IO) Waiver Nursing</li> <li>• Homemaker/Personal Care (HPC)</li> </ul> <p><b>Exceptions:</b></p> <ul style="list-style-type: none"> <li>• Will not apply to participant-directed services</li> <li>• Will not apply to the on-site/on-call component of HPC</li> <li>• Will not apply to services billed using the daily billing unit (DBU)</li> </ul>

Please note, if you have been providing services in the Phase 1 column of the chart since January 8, 2018 then you will have already been receiving communication about EVV. If you **also** provide services that are in the Phase 2 column, you will be receiving communication about the Phase 2 Implementation since it also applies to you. If you do not currently provide Phase 2 services, please disregard Phase 2 communication.

ODM has contracted with [Sandata Technologies LLC](#) to deliver the EVV system, as well as to provide system orientation and training to providers. Although you are required to participate, there is no cost for the Sandata EVV system to you or the individuals receiving services. Any costs incurred by agency providers choosing to use an Alternative EVV system are not the responsibility of the State. In addition, there may be minimal changes in the claims submittal process. A grace period for Phase 2 services will be offered to providers after go-live before payment of claims will be impacted.

Benefits of the EVV system include:

- Helps providers log individual worker's activity, reducing the likelihood of errors or fraud;
- Improves quality of care by making workers' activities transparent and measurable.

Some providers have realized their EVV Portal was set up with an email they no longer use. The email address provided to Sandata comes from ODM, so it's important to ensure all your information in MITS is current. Please also make sure that the email address in MITS is one that you check frequently. Changing your email address in the MyOhio system will not update your information in MITS. For further instructions on how to do this, please refer to the June 2018 newsletter on the ODM Website at <http://medicaid.ohio.gov/EVV>.

We look forward to working with you on a successful EVV implementation. More information regarding training will be coming in the following months. If you have questions about EVV, please contact the ODM EVV Unit at [EVV@medicaid.ohio.gov](mailto:EVV@medicaid.ohio.gov). For more information, you can view our website at <http://medicaid.ohio.gov/EVV>.

Sincerely,

Ohio Department of Medicaid



# **Shining a Spotlight on Your Agency Through Online Reviews**



## ***About ProviderGuidePlus***

In response to many requests from parents, guardians, and individuals over the years, a collaborative work group has developed an online tool to be used to search for and review providers of services to people with developmental disabilities in Ohio. This easy to use website is called ***ProviderGuidePlus*** and can be found at <https://providerguideplus.com/>

***ProviderGuidePlus*** lists all agency providers certified by the Ohio Department of Developmental Disabilities (DODD) in the state that provide the following services:

Adaptive and Assistive Equipment	Money Management
Adult Day Support	Nonmedical Transportation - Mileage
Shared Living	Nonmedical Transportation - Trip
Career Planning	Nutritional Services
Career Planning - Assistive Technology Assessment	Participant - Directed Goods and Services
Career Planning - Benefits Education and Analysis	Participant/Family Stability Assistance - Counseling
Career Planning - Worksite Accessibility	Participant/Family Stability Assistance - Training
Community Respite	Personal Emergency Response System
County Board CTI -	Remote Monitoring Equipment
Clinical/Therapeutic Interventionist	Remote Monitoring Service
CTI - Senior-Level Clinical/Therapeutic Interventionist	Residential Respite
CTI - Specialized Clinical/Therapeutic Interventionist	Social Work
Environmental Accessibility Adaptions	Specialized Medical Equipment and Supplies
Licensed Residential Facility	Support Brokerage (Paid)
Functional Behavioral Assessment	Supported Living
Group Employment Support	Vocational Habilitation
Home Delivered Meals	Waiver Nursing Services (DD)
Homemaker Personal Care	Non-Medical Transportation - Commercial Mileage
HPC Transportation	Non-Medical Transportation - Commercial Trip
Individual Employment Support	Participant Directed
Informal Respite (Family Only)	Homemaker/Personal Care
Informal Respite (Non-Family)	Support Brokerage - Unpaid
Intermediate Care Facility ICF/IDD	Waiver Nursing Delegation
Interpreter	

The list of agencies is imported every night into the ***ProviderGuidePlus*** website from DODD's Provider Certification Wizard, so the list is current at all times.

When an agency applies for DODD Certification, they list the counties in which they conduct business and many say that they conduct business in all 88 counties in Ohio. Therefore, many agencies will be found in counties in which an agency actually has no presence. It is recommended that agencies update their information in DODD's Provider Certification Wizard to more accurately reflect those counties in which they currently do (or plan to) provide services. This will allow for a more accurate search parameter in *ProviderGuidePlus*.

Once providers begin receiving reviews, the search automatically lists those agencies with the highest star ratings first. For this reason, to make your agency come to the top of the list, providers are highly encouraged to complete your agency's Profile Page and begin asking people to review your agency.

## **Your Agency's Profile in *ProviderGuidePlus***

One of the best ways to shine a spotlight on your agency is to create a well-presented Profile Page in *ProviderGuidePlus*. You can do this by adding:

- A picture of your agency's primary contact person
- Your agency's logo
- A short, tag-line type of description that will catch a user's attention
- A longer description that makes your agency stand out
- Your hours of operation
- Links to your agency's website and social media platforms
- Which services you provide
- Photos of your facilities, services, staff, etc.
- A video that tells about your agency and/or services
- Links to agency brochures, flyers, or other documents you may want to share.

Details on how to create this Profile Page are listed below.

**Login** – To begin, providers must login to the *ProviderGuidePlus* site. Your login credentials should have been emailed to the person designated in DODD's Provider Certification Wizard as the contact person for your agency. If you have not received your login information, please verify that the information in Provider Certification Wizard is correct. Also, check your Spam email box to see if it may be there. If you need additional help, [click here](#) or go to the "Support for Providers" tab on the *ProviderGuidePlus* website and click "I never received my login credentials." To submit a support ticket, click on "Submit a request" in the upper right hand corner of that page.

**Updating your Agency's Profile Page** – The best way to see how you can personalize your agency's Profile Page is to [watch this video](#) which can also be found by clicking “Help for Providers” and then “How do I update my listing?” on the *ProviderGuidePlus* website.

Some important things to remember:

The primary contact person listed on your profile page came from information supplied by DODD's Provider Certification Wizard. To change it, you need to go to Provider Certification Wizard and change your information there. The information is then updated overnight, so you will see the change the next business day.

The short, or tag-line type description is limited to 100 characters and will appear on the search page, along with your logo and address. Use this brief description to say something unique about your services that will catch the searcher's eye.

The main description is limited to 1000 characters. (The video says there is a 500 character limit, but that has been increased.) To use this space to your advantage, describe what makes your agency unique and why it stands out from the others (i.e. use your elevator speech!) Be creative! In order to be effective, it is recommended that you not use this limited space to describe that your staff are certified in CPR, First Aid, etc. or that you use service descriptions to describe what your agency does. When adding links for your agency's website and social media platforms, be sure to include [https://](#) before the web address.

For instructions on how to embed a video, click [here](#) or see “Can I add a video to my listing?” under “Support for Providers”.

Under “Services and Funding Types”, all of the services that you are certified to provide are selected by default. You can deselect the services that you do not provide or those for which you are no longer accepting referrals. Please be sure to do this in order to make search results more accurate for those who are using the site to find willing providers. To update the list of services for which you are certified, you must go to DODD's Provider Certification Wizard. The updated information will then be transferred to *ProviderGuidePlus* overnight and you will see the change the next business day.

If you have multiple sites, you should see them listed. This information is provided by DODD's Provider Certification Wizard. To change it, you must go to Provider Certification Wizard. It will then update *ProviderGuidePlus* overnight and you will see the changes the next business day. You can update the profile for each of these locations by repeating the steps that you completed for your main listing.

If you have questions about set-up issues that have no “help” articles listed under “Support for Providers”, you can ask for assistance by clicking "[Submit a request](#)" in the upper right hand corner or by sending an email to: [support@providersearch.com](mailto:support@providersearch.com)

Once you have completed your Profile Page, you are ready to ask people who use your services, as well as their guardians and family members, to rate and review your agency.

## Encouraging Users of Services to Provide Reviews

People look to others to help inform their choices; they want to make the right choice so they tend to look at what others are doing because it gives them confidence that they are making the best decisions. That is one reason online consumer reviews has become so popular.

Data from a BrightLocal consumer review survey agrees with the claim that customer reviews impact peoples’ decisions:

- 84% of people trust online reviews as much as a personal recommendation
- 54% of people visit a company’s website after reading positive reviews
- 74% of people trust local businesses more after reading positive reviews
- 58% of people believe the “star rating” is the most important metric to them

Providers are encouraged to ask the people who use their services, as well as their guardians and families, to post reviews on ***ProviderGuidePlus***. Creative ways to send this message are:

- Include a link to ***ProviderGuidePlus*** on your website
- Display testimonials from ***ProviderGuidePlus*** on your website
- Include a link to ***ProviderGuidePlus*** on social media accounts: Facebook, Instagram, etc.
- Give “post cards” at ISP meetings
- Send “post cards” in direct mailings
- Personally ask people to submit a review
- Provide a link to ***ProviderGuidePlus*** on emails
- Include a link to ***ProviderGuidePlus*** on promotional materials and newsletters
- Display the ***ProviderGuidePlus*** information in your office and/or facility (on the door, a placard at the reception desk, on a bulletin board, etc.)

Once you decide on the methods you wish to use to encourage reviews, be sure to incorporate them into your average routine so they’re a matter of course when dealing with everyone you come into contact with. Don’t be afraid to try a few methods and go with the ones that gain you

the best response. Research shows that about 70% of people will follow through with a review when asked.

Once you begin getting reviews, don't forget to respond to them!

## **Responding to Reviews**

Responding to reviews assists you in building relationships with those you provide services to, but they are also public. Your responses will be out there for everyone to see. Handling reviews with grace, gratitude, and a little bit of wit can have a huge impact on the way people perceive your agency. When replying, keep these guidelines in mind:

- Agency leaders need to be the ones to respond to online reviews. When responses come straight from the top, it sends a message to the reviewer and the public that you care about what others think and say about your agency.
- You need to respond to reviews as quickly as you can. This lets people know that you are attentive and considerate of their thoughts. You should try to set aside some time each day to respond to reviews.
- You should respond to all reviews.
- In general, you should try to keep all of your replies short and succinct – three sentences for your whole reply is a good rule of thumb.
- Be specific in response to reviews. Here is a real opportunity to stand out, since most responses to online reviews are generic and repetitive. The more effort someone put into a review, the more personalized and specific your response should be.
- Address the reviewer by name (if you have it) when you respond.
- Express your gratitude for their review.
- Never copy and paste the same message for your response. Always adapt your reply to the specifics of the review.
- Be mindful of HIPPA! Never disclose personal information. Even if a reviewer provides a specific name, do not acknowledge it in your response.
- Always sign your response with your name and title. Add your contact information if you think it is appropriate to the response.
- As a rule of thumb, you will want to mention your agency's name in responses to positive reviews, but try to avoid it in responses to negative reviews. (This is just in case Google Search may pick it up.)

## **Positive Reviews**

Agencies should always respond to positive reviews. Just as you would thank someone in person for a positive comment, you also want to thank an online reviewer. People notice the extra effort. Acting as graciously online as you would face-to-face builds trust and relationships.

When responding to positive reviews, match the tone of the reviewer. If they are enthusiastic, let them know that you are enthusiastic, too!

Thank a reviewer for their kind words. Be specific in your wording. Include your agency name in your reply. Here is an example:

*Hi (Reviewer's Name), We are so pleased that you (something specific that they mentioned). Everyone at (Agency Name) was so proud to hear such wonderful comments! Thank you for taking the time to let others know about your experience.  
(Name, Title)*

If a reviewer leaves a glowing five-star review, it can't get any better, correct? Actually, it can. Responding to positive reviews is an easy way to show the public that you take pride in your agency and are happy that others think you're wonderful, too!

Here are more reasons why you should always respond to positive reviews:

- 
- It's the polite thing to do.
- Everyone is looking.
- Actively creating and engaging in positive online conversations about your agency can encourage others to participate in the conversation, too.
- It affects search rankings.

Here are a few more examples of responses to positive reviews:

*Hi (Reviewer's Name), Thank you for leaving us such a wonderful review. We are glad that you are pleased with our services. Our staff work very hard to provide caring support to everyone at (Agency Name). Your kind words will be shared with all of them.  
(Name, Title)*

*(Reviewer's Name), Thank you for leaving such a nice review. Our dedicated staff will be pleased to learn of your high praise. They work very diligently and your kind words will provide them with great encouragement to keep doing what they do!  
(Name, Title, Agency Name)*

*(Reviewer's Name), We are incredibly grateful that you took the time to leave us this note. (Agency Name) strives to maintain the highest quality of service and your acknowledgement of our efforts has made our day!*

*(Name, Title)*

## **Marginal Reviews**

Research by Brandify has found that, on average, marginal or neutral reviews make up half of all reviews, but only a fraction of these actually receive a reply. These three-star ratings will include a mixture of positive and negative comments. These reviews, too, should always receive a response.

## **Negative Reviews**

When people share negative feedback, they are also giving you the opportunity to transfer that criticism into new customers. By facing negative reviews head-on and graciously resolving outstanding issues, you are showing them and others just how you run your agency. No one is perfect. It's what you do with imperfection that counts and has the potential to make your agency shine!

Your agency is really an extension of you, personally. Therefore, negative reviews can be very difficult. Try not to take the review personally and be sure that your response is calm and non-confrontational. By responding correctly, you maintain your integrity and the integrity of your agency.

Choosing to not reply to a negative review and hoping that the issue will blow over is not recommended. Responding correctly can be a way to heal the hurt feelings of an upset person and will help them, and others, see you in a positive light. If someone brought you a complaint in person, you would try to make it right. The same goes with online reviews.

Picking up on individual keywords in a negative review is a really good way to think about formulating a personalized reply and encouraging a positive outcome. To do that, keep these guidelines in mind:

- Write a short, non-confrontational reply that shows that you've read and understand the issue that was raised, even if it is unfounded.
- Be specific and acknowledge the reviewer's concern. Show sympathy that they have had a bad experience.
- Sincerely apologize for the upset and offer to make things right.

- Thank the reviewer for taking the time to provide feedback.
- Offer to talk to them offline. Provide your phone and email information.
- Sign your response with your name and title.

Here is an example of how to respond to a negative review:

*(Reviewer's Name), Thank you for your comments. I'm very sorry to hear about your experience. This is definitely not the standard that people have come to expect from us. (Share what normally happens.) Please contact me as I would like to make up for your disappointment.*

*(Name, Title, Phone, Email Address)*

The worst thing you can do with a negative review is to ignore it. Once a negative review is published, it's important to respond quickly. If there is an actual problem that should be addressed, take care of it promptly. However, be sure to reply to the reviewer as soon as possible – while they are still thinking about it. Once you have resolved the matter, it may be possible to ask the reviewer to edit their review or provide an updated one.

Here are a few more examples of how to respond to negative reviews:

*Dear (Reviewer's Name), We want to sincerely apologize for your negative experience with our agency. However, we'd like to learn more about what happened. We want to make things right. Please give me a call at (Phone Number). You can also email me at (Email Address) and I will get back to you promptly. I look forward to hearing from you soon.*

*(Name, Title)*

*(Reviewer's Name), We apologize that our service did not satisfy your expectation. We set a high standard for our agency and are truly sorry to hear that standard was not met in your interaction with us. Your satisfaction is our number one priority. Please contact me at (Phone Number) or (Email Address) so we can discuss this in further detail. I look forward to hearing from you soon.*

*(Name, Title)*

*Dear (Reviewer's Name), We want to extend our apologies concerning the issue you have faced. We pride ourselves in maintaining the highest quality standards and I hope you will give us an opportunity to discuss this further with you. You can reach me by calling (Phone Number) or by emailing me at (Email Address). I will take care of this personally and hope we can find a resolution that makes you smile.*

*Sincerely, (Name, Title)*

*Hi (Reviewer's Name), I am extremely sorry to hear that your experience with our agency did not meet your expectation. I would like to hear more, so I hope you will call me at (Phone Number) or email me at (Email Address). I promise I will get back with you promptly.*

*(Name, Title)*

## **Conclusion**

By setting up a an accurate and compelling Profile Page, asking the people who use your services to submit reviews, and taking the time every day to monitor and respond to reviews, you have an opportunity to set your agency apart from the others and shine a spotlight on it for others to see. Those who are searching for services in your area will be grateful!

