Department of Medicaid

Ohio Tightens Medicaid Oversight: Key EVV Changes Ahead

Ohio is rolling out a new wave of Medicaid fraud prevention measures that place Electronic Visit Verification (EVV) at the center of its compliance strategy. Recent initiatives announced by Governor Mike DeWine significantly expand EVV requirements, increase data monitoring capabilities, and heighten oversight of providers who rely on EVV for claims payment. For EVV vendors, home and community based service agencies, and caregivers, these changes mark a major shift in how visits must be verified, documented, and reported to remain eligible for reimbursement. Proposed changes include the following:

1. **Mandatory GPS for All EVV Systems**

   Ohio Medicaid will move forward with rules requiring Global Positioning System (GPS) location capture for every provider using EVV.

2. **EVV Requirement Extended to Live-In Caregivers**

   Live-in and family caregivers, previously exempt from EVV, will now be required to log all homecare services through EVV as a condition for payment.

3. **Per Diem Services Subject to EVV**

   In the proposed rules, per diem services including structured family caregiving, and shared living, as well as informal respite and residential respite when delivered in a non-institutional setting, will require EVV.

4. **Increased Scrutiny Through Analytics and Red-Flag Monitoring**

   Ohio Medicaid has rolled out new data-analytic tools capable of detecting billing anomalies, unusual visit patterns, and other red flags more efficiently.

5. **More Frequent Revalidation for High-Risk Providers**

   EVV providers – particularly those with inconsistent/incomplete visit data or a high volume of manual visit entries – may experience more audits and documentation requests.

6. **Statewide Moratorium on New Home-Health and Hospice Providers**

   Effective May 14, Ohio Medicaid is pausing enrollment of new home-health and hospice agencies for six months. The moratorium applies to all enrollments for the following Provider Network Management (PNM) module provider types and remains in effect until November 14 unless an extension is authorized by the Centers for Medicare and Medicaid Services (CMS):

   - 16 – Other Accredited Home Health Agency
   - 25 – Personal Care
   - 26 – Home Care Attendants
   - 38 – Non-agency nurse (RNs and LPNs)
   - 44 – Hospice
   - 45 – Waiver organizations
   - 55 – Waiver individual provider
   - 60 – Medicare certified Home Health Agency

Proposed changes Ohio's EVV rules were posted for initial public comment and ODM is reviewing those comments.

Why These Changes Matter

Ohio's move toward tighter EVV controls is driven by its increasing reliance on home-and-community-based care, which saved the state more than $600 million in 2024 alone. Ensuring those services are legitimate, properly documented, and accurately recorded remains central to the state's fraud-prevention strategy.

You can learn more about these changes by reading the full press release on fraud initiatives. There is also a new page on the ODM website focused on updates to program integrity improvements.