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Ohio Revised Code

Section 5164.42 Electronic visit verification requirements.

Effective: October 06, 2026
Legislation: Senate Bill 315 - 136th General Assembly

(A) As used in this section and section 5164.421 of the Revised Code:

(1) "Electronic visit verification" has the same meaning as in section 1903(l) of the "Social Security Act," 42 U.S.C. 1396b(l).

(2) "GPS-based verification" means real-time satellite location data that can be used to confirm the physical presence of a person or device in a specified location.

(3)(a) "In-home care services" include all of the following:

(i) Personal care services as defined in 42 C.F.R. 440.167;

(ii) Home health services covered by the medicaid program as part of the home health services benefit pursuant to 42 C.F.R. 440.70;

(iii) Services provided under a medicaid home and community-based services medicaid waiver component as defined in section 5166.01 of the Revised Code;

(iv) Any other medicaid services that are provided to a medicaid recipient in either a residential or community setting.

(b) To the extent permitted under federal law, "in-home care services" does not include waiver services that are not personal care in nature or services that satisfy any of the following:

(i) The services are residential services billed on a daily rate, habilitation services, or transportation services.

(ii) The services are provided under a home and community-based services medicaid waiver component to an individual with developmental disabilities or to an individual who has a severe, chronic disability that is characterized by all of the following:

(I) It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness, as defined in division (A) of section 5122.01 of the Revised Code.

(II) It is likely to continue indefinitely.

(III) It results in one of the following: in the case of a person under three years of age, at least one developmental delay, as defined in rules adopted under section 5123.011 of the Revised Code, or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, as defined in those rules; in the case of a person at least three years of age but under six years of age, at least two developmental delays, as defined in rules adopted under section 5123.011 of the Revised Code; in the case of a person six years of age or older, a substantial functional limitation in at least three of the following areas of major life activity, as appropriate for the person's age: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and, if the person is at least sixteen years of age, capacity for economic self-sufficiency.

(IV) It causes the person to need a combination and sequence of special, interdisciplinary, or other type of care, treatment, or provision of services for an extended period of time that is individually planned and coordinated for the person.

(iii) The services are provided in an ICF/IID or provided under the assisted living program as defined in section 173.51 of the Revised Code.

(B)(1) The department of medicaid shall require each claim for a service that is subject to electronic visit verification requirements under state or federal law, including claims submitted by in-home care service providers, to be supported by a validated electronic visit verification record as a condition of payment.

(2) The department shall establish standards and procedures for matching claims for medicaid payment to electronic visit verification records. The standards and procedures shall identify the data elements necessary to validate that the service billed was delivered to a medicaid recipient, including the type of service performed, the individual receiving the service, the date of service, the location of service delivery, the individual providing the service, and the time the service began and ended.

(3) The standards described in division (B)(2) of this section shall do all of the following:

(a) Require in-home care service providers to clock in and clock out when physically present at the location where services are being provided;

(b) Except for in-home care services provided by a family caregiver that resides at the same residence as the individual receiving services, utilize GPS-based verification to track when a provider clocks in and clocks out;

(c) Record timestamps and the total duration of delivered services;

(d) Be capable of transmitting data directly to the department for integration with other claims submissions.

(4) In addition to the standards described in divisions (B)(2) and (3) of this section, all services provided under the self-direction service model shall require a provider to clock in and clock out when physically present at the location where services are being provided.

(C)(1) The department may deny, suspend, defer, or recoup payment for a claim that is not supported by a validated electronic visit verification record.

(2) Prior to taking an action described in division (C)(1) of this section, the department shall provide affected providers with notice, training, technical assistance, and compliance education regarding claim validation requirements established under this section.

(D) The department may establish performance benchmarks or minimum compliance thresholds related to electronic visit verification utilization, matching accuracy, manual entry rates, modified visit rates, late visit entry rates, and unmatched claim rates.

(E) The medicaid director shall adopt rules under section 5164.02 of the Revised Code to implement this section. The rules shall establish all of the following:

(1) Claim validation procedures;

(2) Standards for verified electronic visit verification records;

(3) Good-cause exemptions;

(4) Corrective action processes;

(5) Procedures for technical assistance and provider remediation;

(6) Phased implementation schedules by provider type or service category;

(7) Standards for denying, suspending, deferring, or recouping payment for claims not supported by validated electronic visit verification records.

(F) Nothing in this section prohibits the department, the auditor of state, the attorney general, or any other authorized state or federal entity from conducting a post-payment review, audit, investigation, enforcement action, or recovery action related to a claim subject to electronic visit verification requirements.