



March 20, 2019

Sample Home Health Provider
123 Main Street
Columbus, Ohio 43215
Attn: Jane Doe, Owner

RE: POST PAYMENT ELECTRONIC VISIT VERIFICATION REVIEW: Sample Home Health Provider
Provider No.: 123456789
Review Period: February 10, 2019 through February 16, 2019

Dear Ms. Doe:

The Bureau of Program Integrity of the Ohio Department of Medicaid (ODM) has conducted a review of your Electronic Visit Verification (EVV) usage during the week of February 10, 2019 through February 16, 2019. As you may be aware, Ohio Administrative Code (OAC) § 5160-1-40(B) has required the use of EVV for these home health services since July 8, 2018. Attached, you will find a claims detail report which identifies paid claims for which EVV was not used.

The total amount associated with these claims is \$1,844.02. Please correct the EVV data associated with these claims within 30 days of receipt of this letter. Failure to correct the EVV data may result in ODM determining this amount is an overpayment and subject to recovery.

In the future, when the EVV pre-payment edits are turned on, claims submitted without corresponding EVV data will be denied prior to payment.

This review is limited to your paid claims for the review period noted above and is not a full review of your practice. Additionally, this current review does not bar ODM from conducting a new review, a final fiscal audit, or initiating collections for other incorrect or improper payments for the review period of this identified overpayment.

Please email us at EVV@medicaid.ohio.gov or 614-705-1082 if you have any questions, including questions about how to correct your EVV data.

Sincerely,