



Department of
Medicaid

April 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:

On March 20, 2019, the Bureau of Program Integrity of the Ohio Department of Medicaid (ODM) sent you a letter concerning a review of your Electronic Visit Verification (EVV) usage during the week of February 10, 2019 through February 16, 2019.

That letter informed you that ODM found Sample Home Health Provider was overpaid by Medicaid because Sample Home Health Provider was reimbursed for services that for which EVV was not used. This is in violation of Ohio Administrative Code (OAC) §§5160-1-40(B) and 5160-44-31(C), which require providers to use EVV to verify services delivery. Sample Home Health Provider was asked to correct the EVV data associated with these claims within 30 days of receipt of the March 20, 2019 letter. As of the today, the EVV data has not been corrected and the amount associated with these claims is deemed an overpayment.

The total amount associated with these claims is \$1,844.02.

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.

Pursuant to OAC § 5160-1-19(F)(2)(a), overpayments are recoverable by ODM at the time of identification. Therefore, the amount is due and owing upon receipt of this letter. However, under OAC § 5160-70-02(D), you may request reconsideration of this review if you believe the overpayment was identified in error.

If you would like to request reconsideration, please mail your written request along with a detailed explanation of why you believe the review is in error to:

EVV Post Payment Review Coordinator
ODM/BPI
Box 182709
Columbus, Ohio 43218-2709

Be sure to include any documentation that supports your position. The request must be received by ODM within **thirty (30) days** of the date of this certified letter.

If you agree with the overpayment identified, please submit a check for the total overpayment. **TO ENSURE YOUR ACCOUNT IS PROPERLY CREDITED, PLEASE INCLUDE YOUR MEDICAID PROVIDER NUMBER ON YOUR CHECK AND**

50 W. Town Street, Suite 400
Columbus, Ohio 43215
medicaid.ohio.gov

ENCLOSE A COPY OF THIS LETTER. The check should be made payable to the Treasurer, State of Ohio – ODM and sent to the following address:

Ohio Department of Medicaid
Fiscal Operations/SURS
L-3683
Columbus, Ohio 43260-3683

In the event you do not respond to this letter either by payment, or by the department receiving your request for reconsideration within **thirty (30) days** of the date of this certified letter, the overpayment will be referred to the Ohio Attorney General's Office, Collections Enforcement Section, for immediate collection. Upon certification, the Attorney General's Office will assess a greater than 10% collection fee and interest charges in accordance with Ohio Revised Code 131.02. Please note that if Special Counsel is assigned, additional costs will be incurred.

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,