



# HB 795/SB 315 FINAL OVERVIEW

6/12/2026



# AGENDA

- Timeline
- EVV
- Provider Enrollment and Oversight
- GA Oversight
- Other Provisions

# TIMELINE

- May- House Medicaid Committee holds multiple hearings on Medicaid fraud, waste, and abuse based on reporting on alleged widespread fraud in homecare and hospice
- May 27<sup>th</sup>- revised version of HB 795 introduced in the House Medicaid Committee to include sweeping changes to Medicaid oversight and various programmatic changes
- June 2<sup>nd</sup>- first hearing (proponent) on amended HB 795
- Morning of June 3<sup>rd</sup>- additional changes to HB 795 released, including total ban on paid family caregivers
- Afternoon/evening of June 3<sup>rd</sup>- second hearing (opponent) on newly amended HB 795
- Morning of June 8<sup>th</sup>- additional changes released, including removal of total ban on paid family caregivers
- Afternoon of June 8<sup>th</sup>- third hearing on even new amendments to HB 795
- June 9<sup>th</sup>- House Medicaid Committee scheduled to vote on HB 795, but went into recess and did not vote
- Afternoon of June 10<sup>th</sup>- Even more changes released, but instead of amending HB 795, changes are added to SB 315 in House Finance Committee
  - House Finance Committee does not hold testimony on the changes; unanimously votes SB 315 out of Committee
  - Both House and Senate vote to pass SB 315 and sends bill to Governor DeWine for signature

# EVV

## First Amended Version (5/27 version)

Requires that the electronic verification system be for in-home care services, which is defined to include:

- Personal care services;
- Home health services covered as part of the home health services benefit;
- Services provided under a Medicaid home- and community-based services waiver component; and
- Any other Medicaid service provided in the home or community

## Passed by House and Senate (6/10)

Maintains the definition of “in-home care services” but adds these exemptions:

- “ Exempts from the definition of “in-home care services” (to the extent permitted under federal law) services that are not personal care in nature or that satisfy any of the following:
- The services are residential services billed on a daily rate, habilitation services, or transportation services;
  - The services are provided under a home and community-based (HCBS) Medicaid waiver to an individual with developmental disabilities or to an individual who meets all criteria for a developmental disability other than that the disability manifested before age 22;
  - The services are provided in an ICF/IID or under the Assisted Living program.

# EVV

## First Amended Version (5/27 version)

Require GPS for all EVV visits

## Passed by House and Senate (6/10)

Require GPS for all EVV visits, except when the service is delivered by a paid family caregiver who lives in the same home as the person receiving services

# EVV

- Provisions pertaining to EVV that did not change between the 5/27 to 6/10 versions:
  - Permit, but not require, ODM create performance benchmarks or minimum compliance thresholds related to EVV utilization, matching accuracy, manual entry rates, modified visit rates, late visit entry rates, and unmatched claim rates
  - Require ODM to create additional validation processes for high-risk providers
    - High-risk providers- (1) Repeated mismatches in check-in data; (2) Data that indicates impossible travel times; (3) Claims data that overlaps with a Medicaid recipient's stay in a hospital for services that were not provided in accordance with an authorized ISP; (4) Unusual outliers in billing data; (5) Other data indicators that demonstrate a high risk of fraud.
    - Additional validation steps may include- utilize fingerprint scanning, facial recognition, vocal recognition, a secure personal identification number, or other approved verification method
  - ODM must publish public dashboards on EVV compliance and submit a report to the Medicaid Committees in both chambers of the General Assembly

# EVV AND NONEMERGENCY MEDICAL TRANSPORTATION

- SB 315 requires EVV, with GPS “breadcrumbing,” for all nonemergency medical transportation (NEMT)
- NEMT is not the same as NMT under DODD waivers
  - NEMT is a state plan service; NMT is a waiver service
- The EVV requirements are specific to state plan service
- DD waiver transportation was carved out of the requirement

## EVV NEXT STEPS

- ODM is drafting emergency rules to expand EVV
- We now need to use the newly passed bill as leverage with ODM to enact the exemptions included in SB 315

# PROVIDER ENROLLMENT AND OVERSIGHT

- ODM must conduct in-person or on-site review of a provider initially applying to provide HCBS waiver services with similar reviews occurring every three years
- Flags providers with shared addresses or telephone numbers
- Requires ODM to establish a standardized onboarding process for all providers
  - Unclear what this means for DODD's provider certification workgroup or OPRA's efforts to raise standards for new DD services providers
- Requires all providers to disclose any individual or entity that has a direct or indirect ownership interest of at least 5% in a provider

# PROVIDER ENROLLMENT AND OVERSIGHT

- Requires suspension of a provider who has not submitted a claim in over a year
- Requires ODM to issue a temporary moratorium on provider enrollment if the federal government issues a moratorium on similar Medicare providers
- Creates new oversight requirements for paid family caregivers:
  - Quarterly audits; enhanced check-in review; annual recertification as a Medicaid provider; independent case manager verification; caps on hours of compensated care absent documented medical necessity; forensic review triggers; background check monitoring
  - Gives ODM the authority to require a high-risk family caregiver to be associated with an agency provider after repeated violations of Medicaid rule

# PROVIDER ENROLLMENT AND OVERSIGHT

- Expands definition of credible allegation of fraud which could trigger an investigation into a Medicaid provider

## First Amended Version (5/27 version)

“includes falsified or fake check-ins, (2) forged paperwork, (3) double billing for Medicaid services, (4) identity misuse, (5) impossible travel patterns, (6) claims that overlap with a hospital stay, (7) coordinated billing rings.”

## Passed by House and Senate (6/10)

“includes falsified or fake check-ins, forged paperwork, double billing for medicaid services, identity misuse, impossible travel patterns, claims that overlap with a hospital stay that are not provided in accordance with an authorized individual service plan, and coordinated billing rings.”

- If bill HPC or shared living while someone is in the hospital in accordance with DODD rule, you must make sure it is listed in the ISP; this includes any on-behalf-of services

# GA OVERSIGHT

- Grants the standing Medicaid Committees in the General Assembly the authority to review 1/4<sup>th</sup> of the HCBS waiver programs every year
- ODM must submit reports on their on-going program integrity efforts
- ODM must submit reports on overall EVV program
- ODM must submit a report on services that increase by 50% from the previous year (either 50% of utilization or total expenditures)

## OTHER PROVISIONS

- Creation of an all-payer claims database and the requirement that ODM check to make sure claims for services are not getting paid for by other insurance options
- Requires prior authorization for all therapeutic behavioral services
- Grants subpoena powers to the AG and state auditor
- Increases penalties for Medicaid fraud
- Authorizes ODM to use AI for reviews, but requires human oversight of the review before issuing a decision
- Requirement to have prior authorization for all personal care services, but exempts personal care services under a DD HCBS waiver
- Provides managed care organizations tools to conduct and report on fraud

# WHAT WE AVOIDED

- Total ban on paid-family caregivers
- Requirement that every Medicaid provider conduct and submit a financial audit to ODM and for ODM to publish the audits
- EVV within all waiver services

## WHAT'S NEXT?

- Governor DeWine's signature or veto
- A LOT of rulemaking from ODM and sister agencies
- ODM must submit a report to the GA within 30 days of the Governor's signature about how much money it anticipates needing to complete the directives in the law
  - Possible additional legislative action to appropriate funds to ODM