

Medicaid program integrity is essential to ensuring taxpayer dollars are used appropriately and that beneficiaries receive high-quality care. Policymakers are right to focus on preventing fraud, waste, and abuse, and the home care community shares that commitment.

But effective oversight must be targeted and data-driven. Not all improper payments are fraud, and risk is not evenly distributed across provider types. In home care, where services are delivered in the least restrictive setting and supported by strong accountability systems, broad, one-size-fits-all policies risk missing bad actors while limiting access to care for those who need it most.

## What the Data Shows

\$37.39B in Medicaid improper payments

6.12% improper payment rate

77%+ due to documentation issues

## Built-In Safeguards for Home Care

The W-2 agency model includes built-in safeguards that help prevent improper payments, reduce documentation errors, and ensure authorized services are delivered.



**Employer Accountability**  
Caregivers are W-2 employees—not contractors—creating clear payroll, tax, and hour records that can be audited.

**Record Keeping & Documentation**  
Authorized services, visit notes, payroll, and claims data can be cross-referenced—creating a transparent, auditable record.



**Electronic Visit Verification**  
Captures who, when, where, and how long services are delivered—providing real-time verification.

**Multi-Layered Oversight**  
State licensure, Medicaid enrollment screening, managed care oversight, and agency supervision reinforce accountability.



## A Better Approach: Targeted Program Integrity

- Target high-risk billing patterns and outliers
- Leverage existing tools like EVV and data analytics
- Improve federal-state data sharing
- Strengthen managed care oversight
- Support provider education to reduce documentation errors