WEEKLY PULSE · ISSUE 7

Monday, July 27, 2026

Medicaid Home Care Weekly Operator Pulse

INDIANA · VIRGINIA · OHIO · NORTH CAROLINA · MISSOURI · FLORIDA · GEORGIA · TEXAS

Medicaid home-care operator intelligence: eligibility, EVV, MCO, billing, and denial risk.

THE LEAD

The deadline passed. The suspensions started.

Five weeks ago this newsletter said July 1 was not a warning, it was an implementation date. Here is what implementation looks like.

Press coverage citing a June state report puts the number at nearly **8,000 Georgia providers facing suspension** starting this month for failing to revalidate — with more than 60,000 others who could follow as revalidation cycles continue. Suspended providers are not being paid for dates of service on or after July 1, and there is no retroactive fix — the suspension lifts from the date the revalidation application goes in, not before.

Ohio didn't wait for a deadline. ODM **suspended payments to 49 home health providers** flagged as high-risk under the Governor's anti-fraud executive orders, then eight more newly identified high-risk providers. A statewide revalidation of every Medicaid provider is now underway on a 24-month cycle. And a six-month enrollment moratorium is running right now — no new applications accepted for home health agencies, hospices, waiver individuals and organizations, private duty nurses, personal care aides, or home care attendants through November 14.

North Carolina just scheduled its turn. A July 16 bulletin announced off-cycle, expedited reverification this fall, focused on high-risk and atypical providers, with notification letters expected by the end of September.

In June, Minnesota was the cautionary tale. In July, Georgia and Ohio are the proof — and North Carolina is on the schedule.

CASE STUDY

What Ohio Is Showing Us

Ohio is now the most aggressive enforcement environment of the eight states this newsletter covers, and every operator should understand what happened there, because pieces of it are already showing up elsewhere.

The sequence: the Governor signed executive orders in May allowing emergency rules. Those rules let ODM terminate provider agreements for anyone who hasn't billed Medicaid in over a year, require high-risk providers to revalidate more frequently, suspend payments on fraud red flags, and accelerate GPS-based EVV monitoring of in-home services. Then ODM used them. **Forty-nine home health providers had payments suspended in the first action, per ODM's own**

announcement. Eight more high-risk providers followed in a second round. These are payment suspensions on red flags — not convictions, not completed investigations.

The moratorium is the piece that catches operators off guard. Applications for the affected provider types that were submitted before May 14 but not yet processed were **denied outright**. If you were mid-expansion in Ohio — a new service location, a new entity, a change of ownership — that application is dead until at least mid-November, and you'd have to reapply.

One more Ohio date that has nothing to do with fraud: the Next Generation MyCare Phase 2 rollout continues across the state through August 1. If you serve MyCare members, confirm your prior authorizations, claims routing, and credentialing carried over cleanly.

CMS has named six states as elevated-risk environments warranting heightened oversight of newly enrolled hospice providers — Arizona, California, Georgia, Nevada, Ohio, and Texas. Three of the six are in this newsletter's eight. This is not slowing down.

EIGHT-STATE OPERATOR PULSE

GEORGIA — The suspension wave is live. Check GAMMIS even if you think you're fine.

The July 1 revalidation deadline passed, and DCH is enforcing exactly as announced. The state report cited in press coverage this month put the number at nearly 8,000 providers facing suspension, with over 60,000 more who could follow as revalidation cycles come due. Some pediatric therapy providers are reportedly threatening to leave the CareSource and Peach State networks voluntarily. Member-facing provider directories are already going stale.

Remember the mechanics, because they are unforgiving: claims with dates of service on or after July 1 will not be paid to suspended providers. Completing revalidation lifts the suspension effective the date the application was submitted — not retroactively to July 1. And a provider who hasn't revalidated within 30 days of the suspension letter gets a termination notice. **Those 30-day clocks are ticking right now.**

OPERATOR ACTION

- Log into GAMMIS today and confirm your revalidation status shows complete — not pending, not submitted. Complete.
- If you are suspended, submit the revalidation application immediately. Every day of delay is a day of unpaid claims you cannot recover.
- If you received a suspension letter, calendar the 30-day termination date and treat it as the drop-dead deadline it is.
- Verify your CMO credentialing separately — CareSource ran its own July 1 revalidation requirement, and DCH revalidation does not automatically fix plan-level credentialing.

OHIO — Suspensions, moratorium, statewide revalidation. See the case study above.

OPERATOR ACTION

- Watch your PNM portal and mail for the statewide revalidation notice. Every provider gets one within the 24-month cycle. Do not let it sit.
- If you had an enrollment or new-location application pending when the moratorium hit May 14, assume it was denied and plan to reapply after November 14.
- If you bill for anyone who hasn't submitted a Medicaid claim in over a year, understand that agreement can now be terminated for inactivity.
- Confirm MyCare Next Generation claims and prior auths are flowing correctly as Phase 2 completes August 1.
- Expect GPS-level scrutiny of EVV data. Clean up manual entry rates and location capture now, before someone else reviews them.

NORTH CAROLINA — Your reverification notice is coming in September.

The July 16 Medicaid bulletin confirmed it: per an April 23 CMS directive, NC Medicaid will run off-cycle, expedited provider reverification this fall, focused on high-risk providers including NPI and atypical providers. Impacted providers will be listed on a "CMS_HighRisk_Atypical" tab in the Active Provider Reverification Report on the Provider Enrollment Recredentialing webpage. Notifications with specific deadlines are expected by the end of September, delivered through the NCTracks secure Provider Message Inbox and email.

That inbox detail matters. Operators miss NCTracks messages all the time. A missed reverification notice in this environment is how a Georgia-style suspension happens to you.

Separate item: organizational providers enrolled under taxonomy 251S00000X now have until October 1 to have at least one active Service Type and Service on their record, or face termination of the taxonomy and potentially the provider record. New service options that don't require national accreditation are expected in early August — if you don't currently qualify, wait for those before filing a Manage Change Request.

OPERATOR ACTION

- Pull the Active Provider Reverification Report and check whether you appear on the high-risk/atypical tab.
- Confirm who in your organization actually monitors the NCTracks secure Provider Message Inbox. Assign it by name.
- Verify your NCTracks demographic and affiliation data now — the July 10 provider directory reports are built from it.

TEXAS — Three August dates. Put all three on the calendar this week.

AUG 1 HHSC added three new Personal Care Services bill codes to the EVV system for LTC fee-for-service claims — Primary Home Care PAS Level 1 (G0718), Family Care Agency Admin PAS (G0747),

and Community Attendant Services PAS (G0750). All three carry an EVV effective match date of August 1. If your billing system's code tables aren't updated, those claims won't match and won't pay. Same date, smaller item: TMHP drops the "SOF" notation requirement in block 12 of paper CMS-1500 claims.

AUG 22–24 The cutover weekend. Two things collide. First, TMHP has a scheduled system outage from 2 p.m. Saturday, August 22 to 2 p.m. Sunday, August 23 Central — all web-based functions down, including claim submission and eligibility verification. Second, the final phase of the IAMOnline transition lands the same weekend: the LTC Online Portal, LTC Dashboard, EVV Portal, and Care Forms move behind the IAMOnline single login (TMHP's release notice says August 24; its access guide dates the same release August 22). This is a phased rollout that started June 12 — earlier releases already moved other applications — and this is the phase that hits home care billing directly. New activation emails went out July 7, with another round coming August 18, each carrying a seven-day activation window.

One more rule arrives with that release: TMHP begins enforcing a **90-day inactivity deactivation policy** on all accounts. A backup billing login that nobody has touched since spring will stop working.

> **OPERATOR ACTION**
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> - Audit every staff login against IAMOnline activation before the August 18 email round. Confirm backup coverage — and log into backup accounts so the 90-day inactivity rule doesn't kill them.
> - Update EVV bill code tables for the three new PCS codes before the August 1 match date.
> - Treat August 22–24 as a no-claims weekend. Submit Friday, verify access Monday.

FLORIDA — Molina transition communications start this summer. Contracts do not transfer.

AHCA has confirmed the Children's Medical Services Plan moves from Sunshine Health to Molina on October 1, members transition automatically, and existing authorizations will be honored during a continuity-of-care period. But the provider side is the part that bites: **Sunshine contracts do not carry over.** To serve CMS Plan members past the continuity period, you need a new contract directly with Molina, plus credentialing. AHCA says transition communications to providers and members begin this summer — meaning now.

The ICMC expansion milestone for the developmental disabilities population also hit in July. If you serve APD or iBudget clients, confirm whether your clients moved and whether Florida Community Care credentialing applies to you.

October 1 also brings the noncitizen eligibility restrictions. If your census includes affected communities, start verifying eligibility more frequently now rather than discovering it in denials later.

> **OPERATOR ACTION**
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> - If you serve CMS Plan children, contact Molina provider contracting this month. Don't wait for the packet to find you.
> - Watch for the AHCA transition communications and route them to whoever owns payer contracting.
> - Confirm your enrollment profile is current in AHCA's provider enrollment system.

INDIANA — The mandate is in effect. Documentation is your survival kit.

July 1 came and went, which means the home health Medicare enrollment requirement is no longer approaching — it's the law you're operating under. Agencies that documented timely action before April 1 (a PECOS tracking ID or MAC receipt for the CMS-855A, or initiation with an approved accrediting organization) can keep billing Medicaid while the Medicare application is pending, with a completion deadline of June 30, 2027. Agencies that couldn't document timely action face deactivation from the IHCP.

Medicare enrollment and accreditation run six to nine months. If your application is pending, that 2027 completion deadline is closer than it looks — keep the process moving and keep every receipt.

The broader Indiana enforcement picture hasn't softened: the moratorium on new ABA group enrollments and changes of ownership runs through early December, the attendant care audit continues, and FSSA's eligibility-checker hiring for work requirement implementation continues.

> **OPERATOR ACTION**
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> - If Medicare enrollment is pending, check application status monthly and document every touchpoint.
> - Keep the proof-of-action file (tracking IDs, receipts, correspondence) somewhere a surveyor could see it in five minutes.

VIRGINIA — The delayed payment landed. Now confirm the quiet rules.

The fiscal-year-end remittance delay resolved as announced — the payment normally due June 26 went out July 3. If your books show that remittance missing, chase it now, not at month-end close.

No major new home care bulletin this cycle, but two standing Virginia rules deserve a re-read in this enforcement climate. First, DMAS eliminated the old 90-day grace period after license expiration — **a lapsed license now means immediate termination of the provider agreement.** In a Georgia-style environment, that's the kind of administrative slip that ends revenue overnight. Second, MCOs and DMAS are federally prohibited from paying network providers not enrolled in PRSS, so your PRSS profile being current is a payment condition, not paperwork.

The October 1 noncitizen eligibility changes and the December 31 six-month redetermination requirement are still coming. Keep building the verification workflow.

> **OPERATOR ACTION**
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> - Reconcile the July 3 remittance.
> - Calendar every license expiration in your organization with a 90-day advance warning. There is no grace period anymore.

MISSOURI — Hard edits grinding on. Phase II expansion still pending.

EVV Phase I hard edits remain active for provider types 26 and 28 — DSDS-authorized personal care, advanced personal care, consumer-directed services, homemaker, chore, and respite claims without a matching EAS visit continue to deny. The state has been explicit that full implementation means claims without a matching visit will be denied, period.

No Phase II timeline announcement yet for provider types 58 and 85. When it comes, it will likely come with a short runway — the operators who are already reconciling EAS before every claim run won't notice the transition. The ones who aren't will.

OPERATOR ACTION

- Run EAS reconciliation before every claims submission. Make it a standing step, not a monthly cleanup.
- Watch MMAC communications for the Phase II date.

THE BOTTOM LINE THIS WEEK

The pattern now has three chapters. Minnesota ran the pilot in the spring — 3,411 of 5,583 reviewed providers marked for disenrollment. Georgia and Ohio are running it live right now — nearly 8,000 facing suspension in one state per press reports, payment suspensions and an enrollment moratorium in the other. North Carolina just put its version on the calendar for September.

Which means the question from five weeks ago has a sequel. It's no longer "would my enrollment file survive a review?" It's this:

If the suspension letter is already in your mailbox — or sitting unread in a portal inbox nobody checks — how many days of unpaid claims pile up before you find it?

The operators getting hurt in Georgia right now aren't all fraudsters. A missed portal notice earns the same suspension letter fraud does.

QUESTION FOR OPERATORS

Drop your state below. Tell me what you're seeing — especially if you've received a revalidation or reverification notice in the last 30 days.

— JB
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SOURCE NOTES

Northwest Georgia News — Georgia Medicaid faces provider loss, outdated lists (citing June state report), July 2026 · Georgia DCH Provider Revalidation Deadline announcement, June 1, 2026 · Ohio Governor's Office — Executive Order 2026-01D, May 18, 2026 · Epstein Becker Green — Ohio Toughens Medicaid Fraud Prevention (CMS elevated-risk state list), May 2026 · ODM press releases — first enforcement actions suspending payments to 49 high-risk home health providers; payment suspensions of eight newly identified high-risk providers (Executive Order 2026-02D) · ODM — Statewide New Provider Moratorium notice (effective May 14 – November 14, 2026) · ODM PNM portal — Statewide Provider Revalidation Initiative notice · NC Medicaid bulletin — Off-cycle Provider Reverification Taking Place This Fall, July 16, 2026 · NC Medicaid bulletin — Deadline Extended to Oct. 1, 2026 for 251S00000X Providers, July 10, 2026 · TMHP — Updates to the EVV Personal Care Services Bill Codes Table, July 6, 2026 · TMHP — IAMOnline Transition Release 4 notice, July 3, 2026 (effective August 24, 2026) · TMHP — How to Access TMHP Applications Using IAMOnline guide, v2026_0720 (Release dated August 22, 2026; 90-day inactivity policy) · TMHP/HHSC — system maintenance outage notice (August 22–23, 2026) · Virginia DMAS — MES provider notices, June–July 2026 · AHCA — CMS Plan Transition page and Health Care Alerts, 2026 · Home Care Association of Florida provider updates, March–May 2026 · Missouri MMAC — EVV Phase II Claims Validation notice · IHCP Bulletin BT202647; ACHC Indiana Home Health Medicare Enrollment Mandate guidance