United States Senate

WASHINGTON, DC 20510

July 17, 2026

Gainwell Technologies
Chief Executive Officer, Mark Knickrehm
225 E. John Carpenter Fwy,
Suite 500
Irving, TX 75062

Dear Mr. Knickrehm,

We write regarding Gainwell Technologies' role in MaineCare claims processing, MIHMS/Health PAS, and the interaction between MaineCare claims and Electronic Visit Verification records.

MaineCare has publicly instructed providers that claims are evaluated against EVV records and that providers should ensure a verified EVV record is in Sandata or an alternate EVV system before submitting the accompanying claim. MaineCare has also described its claims-processing system as the Maine Integrated Health Management Solution, or MIHMS, and has identified Gainwell Technologies as a partner in MaineCare's claims-processing infrastructure.

The Senate Anti-Fraud Task Force has received whistleblower information indicating that, in Maine, provider-side supervisors or administrators may be able to manually alter EVV visit records after the fact, including records relevant to billing and claims processing. The whistleblower has shared this information with the Task Force. We are seeking to determine whether MaineCare claims paid through MIHMS/Health PAS were matched to original EVV records, manually edited EVV records, or both, and whether Gainwell or MaineCare possessed the audit data necessary to identify improper post hoc changes.

The key question is straightforward: if a provider manually changes an EVV record in Sandata or an alternate EVV system, does the claims-processing system see the original record, the changed record, the audit trail, or only a final "verified" status?

GPS and geolocation data are central to answering that question. A visit record may be marked "verified" after exceptions are cleared or edits are made, but the underlying location data may show that the caregiver was not physically present at the claimed service location, that GPS data were missing, that coordinates were out of range, that coordinates were repeatedly reused, or that location exceptions were manually overridden. If claims adjudication sees only a final verified flag without the underlying GPS/location audit trail, the State may be paying claims without knowing whether the visit was actually supported by contemporaneous location evidence.

Accordingly, please take immediate steps to preserve all documents, communications, databases, metadata, interface records, logs, claim files, system records, technical specifications, audit trails,

reports, and electronically stored information from January 1, 2021, to the present relating to MaineCare EVV claims matching, Sandata, alternate EVV systems, MIHMS, Health PAS, claim edits, claim recycling, claim denials, claim payments, manually changed EVV records, GPS/location data, and location-exception records.

This preservation request includes, but is not limited to:

1. Claim-matching data between EVV records and MaineCare claims;
2. Internal Sandata audit logs received, stored, accessed, or available to Gainwell;
3. Visit-maintenance logs received, stored, accessed, or available to Gainwell;
4. Exception-resolution logs;
5. User-role permissions and access permissions for Gainwell users;
6. Edit reason codes, resolution codes, and exception codes used in claims matching;
7. Before-and-after visit records where available;
8. Provider-level edit rates;
9. GPS/location data received from Sandata or alternate EVV systems;
10. Location-exception indicators, GPS override indicators, geofence/tolerance fields, mobile-device metadata, and any claim-matching records showing whether a claim was paid despite missing, out-of-range, manually edited, repeated, or manually overridden location data;
11. Claims-processing reports, recycle reports, denial reports, pend reports, and payment reports;
12. State audit reports and communications about manual visit changes, GPS/location exceptions, or claims supported by edited EVV records.

Please produce the following no later than **September 17th, 2026**:

1. All contracts, amendments, statements of work, technical specifications, interface-control documents, and data-sharing agreements between Gainwell and Maine DHHS, the Office of MaineCare Services, Sandata, alternate EVV vendors, or other entities relating to MaineCare EVV claims processing.
2. A complete technical description of how MIHMS/Health PAS receives, stores, reads, validates, or matches EVV data from Sandata or alternate EVV systems.
3. A complete list of EVV data fields available to Gainwell during claims processing, including whether Gainwell receives:

- original clock-in and clock-out values;
- final verified start and end times;
- manual edit indicators;
- user IDs and user roles;
- edit timestamps;
- reason codes;
- resolution codes;
- exception codes;
- before-and-after values;
- visit status;
- claim status;
- clock-in GPS latitude and longitude;
- clock-out GPS latitude and longitude;
- GPS accuracy radius or confidence indicator;
- location source, including mobile app, telephony, fixed device, manual entry, or web entry;
- approved service address or validated location;
- distance from approved service location;
- GPS/location exception indicators;
- indicators showing whether GPS/location exceptions were cleared manually;
- indicators showing whether GPS/location data were missing, unavailable, overridden, modified, repeated, suppressed, or excluded from claims matching;
- indicators showing whether edits occurred after claim submission or payment.

4. A written explanation of whether MIHMS/Health PAS can distinguish between an EVV record that was captured contemporaneously by a caregiver and an EVV record that was manually created or manually modified after the fact.
5. A written explanation of whether MIHMS/Health PAS can distinguish between claims supported by contemporaneously captured GPS coordinates and claims supported by

EVV records with missing, manually entered, manually overridden, out-of-range, repeated, suppressed, or post hoc modified GPS/location data.

6. A written explanation of whether MIHMS/Health PAS can identify when an EVV edit increased billable units, changed location, changed GPS/location data, changed worker, changed service code, changed member information, cleared an exception, or converted a denied, pended, or recycled claim into a payable claim.
7. A written explanation of whether MIHMS/Health PAS can identify when a claim was paid despite:
    - missing GPS coordinates;
    - out-of-range GPS coordinates;
    - manually cleared GPS/location exceptions;
    - repeated GPS coordinates across multiple visits, workers, providers, or members;
    - impossible travel patterns;
    - overlapping visits;
    - manually modified location data;
    - GPS/location edits made after claim submission;
    - GPS/location edits made after claim payment.
8. A machine-readable export from January 1, 2021, to the present of all MaineCare claims subject to EVV matching, including:
    - claim ID and claim line;
    - provider ID, provider name, NPI, and tax ID;
    - member identifier, de-identified if necessary;
    - service code, modifier, date of service, billed units, paid units, billed amount, allowed amount, paid amount;
    - claim submission date, adjudication date, payment date;
    - claim status, including denied, pended, recycled, or paid;
    - linked EVV visit ID or visit identifiers;
    - EVV match status;
    - whether the matching EVV record contained manual edits;

- whether any edit occurred before claim submission, after claim submission, or after payment;
- whether the matching EVV record contained GPS/location exceptions;
- whether GPS/location exceptions were manually cleared;
- whether the matching EVV record contained missing, out-of-range, repeated, manually entered, manually modified, or manually overridden GPS/location data.

9. Provider-level reports showing:
    - total EVV-subject claims;
    - total paid claims tied to manually edited EVV records;
    - total dollar value of claims tied to manually edited EVV records;
    - claims paid after an EVV exception was cleared;
    - claims paid after a manual edit increased billable units;
    - claims paid after GPS/location exceptions were cleared;
    - claims paid despite missing GPS coordinates;
    - claims paid despite out-of-range GPS coordinates;
    - claims paid despite manually overridden location data;
    - providers with edit-linked paid-claim rates above 25 percent, 50 percent, 75 percent, and 90 percent.
10. Provider-level reports showing the number and dollar value of MaineCare claims paid despite GPS/location anomalies, including claims tied to visits with missing GPS coordinates, out-of-range coordinates, manually cleared location exceptions, repeated identical GPS coordinates, impossible travel patterns, overlapping visits, or GPS/location edits made after claim submission or payment.
11. All reports, dashboards, alerts, audits, anomaly analyses, or communications identifying providers with high rates of EVV-linked claim recycling, EVV-linked denials later paid, repeated manual edits, unusual claims-matching patterns, missing GPS data, repeated GPS coordinates, out-of-range GPS coordinates, manually cleared location exceptions, or impossible travel patterns.
12. All communications with Maine DHHS, the Office of MaineCare Services, Sandata, CMS, HHS-OIG, providers, or alternate EVV vendors concerning EVV claims matching, manual visit changes, exception resolution, audit logs, provider edit rates, GPS/location data, geofence exceptions, location overrides, or claims paid despite location anomalies.

13. A written explanation of whether Gainwell has ever recommended that Maine DHHS audit provider-level EVV edit rates, manual changes increasing billable time, post-submission edits, post-payment edits, GPS/location anomalies, manually cleared location exceptions, repeated coordinates, impossible travel patterns, or claims paid based on manually edited EVV records.
14. A written explanation of whether Gainwell has ever produced, maintained, or had access to reports identifying MaineCare providers with unusually high rates of:

- manually edited EVV records;
- manually created visits;
- exception clearing;
- GPS/location exceptions;
- missing GPS data;
- out-of-range coordinates;
- manually cleared location exceptions;
- repeated GPS coordinates;
- overlapping visits;
- impossible caregiver travel patterns;
- claims paid after EVV records were manually changed.

15. A written explanation of whether Gainwell's claims-processing systems accept EVV verification as a binary pass/fail indicator, or whether they receive and use underlying EVV audit data, including manual edit history, GPS/location data, exception history, and before-and-after values, when adjudicating or matching MaineCare claims.

This inquiry is part of the Task Force's broader investigation into whether federal Medicaid dollars are being protected by real verification controls or merely routed through systems that produce a final "verified" status while leaving underlying audit trails unused. The Task Force expects to pursue similar questions in other states that use Sandata, Sandata aggregators, or comparable EVV-to-claims interfaces.

Please provide responsive documents and data in native, machine-readable format. Where protected health information or personally identifiable information is implicated, please contact Task Force staff immediately to arrange secure production, de-identification, or other appropriate handling.

Sincerely,

Eric S. Schmitt
United States Senator

Pete Ricketts
United States Senator

Ashley Moody
United States Senator

Roger Marshall, M.D.
United States Senator

Tommy Tuberville
United States Senator