United States Senate

WASHINGTON, DC 20510

July 17, 2026

Mr. Paul Joiner
Chief Executive Officer
HHAeXchange / Sandata Technologies
1180 Avenue of the Americas, 20th Floor
New York, NY 10036

Dear Mr. Joiner:

We write regarding Sandata's Electronic Visit Verification systems used in MaineCare and other state Medicaid programs.

Sandata is a major EVV vendor whose systems are relied upon by states, payers, providers, and fiscal agents to verify Medicaid-funded visits. EVV is supposed to help ensure that Medicaid pays only for services actually delivered to eligible beneficiaries by authorized workers at the correct time and location. When implemented properly, EVV should be a frontline anti-fraud control. When implemented poorly, however, it can become little more than a post hoc billing-validation tool that gives the appearance of verification while concealing whether the underlying visit record was manually changed.

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. The Task Force is seeking to understand what Sandata logs, what Sandata stores, what Sandata makes available to states and fiscal agents, and whether those audit trails are actually used to protect Medicaid dollars before claims are paid.

This inquiry does not assume that every manual correction is improper. Legitimate corrections may be necessary in an EVV system. But if "Visit Maintenance" functions allow users to modify start times, end times, locations, service codes, worker information, missing calls, exceptions, bill hours, or claim-matching fields, then the audit trail is the heart of the fraud-control system. The Senate Anti-Fraud Task Force must know whether original values, modified values, user identities, user roles, timestamps, reason codes, GPS coordinates, location exceptions, and claim impacts are preserved and made available to state Medicaid agencies before taxpayer dollars are paid.

GPS and geolocation data are central to this inquiry. A visit record that has been manually edited, cleared of exceptions, and marked "verified" may still conceal whether the caregiver was physically present at the claimed service location at clock-in or clock-out. The Task Force is therefore specifically examining whether GPS coordinates, geolocation metadata, mobile-device

metadata, location exceptions, geofence results, and location-override records are retained, accessible, audited, and reconciled against paid claims. The Task Force is also examining whether providers with high rates of missing GPS data, out-of-range coordinates, repeated coordinates, manually cleared location exceptions, or impossible travel patterns are being identified before taxpayer dollars are paid.

Accordingly, please take immediate steps to preserve all documents, communications, databases, metadata, reports, audit trails, logs, source-system records, data dictionaries, and electronically stored information from January 1, 2021, to the present relating to MaineCare EVV records, Sandata Visit Maintenance, alternate EVV aggregation, MaineCare claims matching, Gainwell, MIHMS/Health PAS, manual visit changes, exception clearing, GPS/location data, and audit-log access.

This preservation request includes, but is not limited to:

1. Internal Sandata audit logs;
2. Visit-maintenance logs;
3. Exception-resolution logs;
4. User-role permissions and permission matrices;
5. Edit reason codes and resolution codes;
6. Before-and-after visit records;
7. Claim-matching data;
8. Provider-level edit rates;
9. GPS coordinates, geolocation metadata, geofence data, service-location validation data, location-exception logs, GPS override logs, mobile-device metadata, IP address data where applicable, and before-and-after location records associated with any EVV visit;
10. State audit reports, anomaly reports, dashboard outputs, or provider-level risk reports;
11. Communications about manual visit changes, GPS/location exceptions, location overrides, or post hoc billing corrections;
12. Communications with Maine DHHS, the Office of MaineCare Services, Gainwell, CMS, HHS-OIG, providers, alternate EVV vendors, or other state Medicaid agencies concerning EVV edits, GPS/location data, claims matching, or provider anomalies.

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

1. All contracts, amendments, statements of work, technical specifications, implementation documents, and data-access agreements relating to Sandata's work for MaineCare, Maine DHHS, the Office of MaineCare Services, Gainwell, or Maine's EVV program.
2. The complete data dictionary for Sandata's EVV audit logs, Visit Maintenance records, and location/GPS records, including every field that records original values, modified values, user ID, user role, timestamp, reason code, resolution code, exception type, visit status, billing status, claim linkage, paid-claim impact, GPS latitude and longitude, location accuracy, device identifier, geofence/tolerance result, location source, location exception, and location override.
3. A written explanation of whether Sandata stores original, unedited visit values after a manual edit is made, including original start time, original end time, original service code, original worker ID, original member ID, original location data, original GPS coordinates, and original exception status.
4. A written explanation of whether Sandata stores original GPS coordinates separately from final, corrected, verified, or manually modified location values.
5. A written explanation of whether Sandata retains both clock-in and clock-out GPS coordinates, including latitude, longitude, timestamp, location-source information, accuracy radius, device metadata, and mobile-application metadata.
6. A written explanation of whether Sandata records when GPS coordinates are missing, unavailable, rejected, manually entered, manually modified, overridden, suppressed, or excluded from visit verification.
7. A written explanation of whether provider supervisors, agency administrators, state users, Sandata personnel, HHAeXchange personnel, fiscal-agent users, or system administrators can manually enter, modify, replace, suppress, override, clear, or otherwise alter location data or GPS/location exceptions.
8. A written explanation of whether Sandata audit logs show the user ID, user role, timestamp, reason code, free-text note, and before-and-after values for any location-related edit, exception resolution, geofence override, or GPS override.
9. A written explanation of whether Sandata audit logs are immutable, and whether any audit logs, original values, modified values, GPS coordinates, location metadata, exception records, or Visit Maintenance records can be purged, overwritten, masked, archived, suppressed, or modified by provider users, state users, Sandata personnel, HHAeXchange personnel, fiscal agents, or system administrators.
10. All user-role permission settings applicable to Maine, including permissions for provider supervisors, agency administrators, caregivers, state administrators, fiscal-agent users, Sandata users, HHAeXchange users, and alternate EVV users.

11. All Maine-specific reason-code lists, resolution-code lists, exception-code lists, and free-text note requirements used for visit edits, manual calls, exception clearing, verified status, processed status, claim matching, GPS/location exceptions, geofence exceptions, and location overrides.

12. A machine-readable export for MaineCare EVV records from January 1, 2021, to the present showing, for each visit:

- provider ID, provider name, NPI, and tax ID;
- caregiver or worker ID;
- MaineCare member identifier, de-identified if necessary;
- original clock-in date, time, method, and location;
- original clock-out date, time, method, and location;
- original clock-in GPS latitude, longitude, accuracy radius, timestamp, and device/source information;
- original clock-out GPS latitude, longitude, accuracy radius, timestamp, and device/source information;
- approved service address or location used for validation;
- distance between recorded coordinates and approved service location;
- final verified start and end time;
- final or modified location values, if different from the original values;
- all manual changes;
- user ID and role of the person making each change;
- reason code, resolution code, and free-text note;
- exception type, including any GPS, geofence, telephony, address, or location exception;
- all actions taken to clear, override, or resolve location exceptions;
- whether the edit increased billable time;
- whether the edit changed service, location, worker, member, authorization, or claim-matching fields;
- whether any location-related change affected claim matching, visit verification, or payment;

- whether the edit occurred before claim submission, after claim submission, or after payment;
- claim ID or claim-matching identifier where available.

13. Provider-level reports for Maine showing manual edit rates, manually created visit rates, reason-code frequency, exception-clearing rates, edits increasing billable time, edits after claim submission, edits after payment, and claims paid based on manually edited records.
14. Provider-level reports for Maine showing GPS/location anomalies, including:

- visits with missing GPS coordinates at clock-in or clock-out;
- visits with GPS coordinates outside the state's permitted location tolerance;
- visits where GPS/location exceptions were manually cleared or overridden;
- visits where GPS coordinates were changed, supplemented, replaced, suppressed, or excluded after the original clock-in or clock-out;
- visits where the same GPS coordinates were used repeatedly across multiple members, workers, providers, or service locations;
- visits where a worker's clock-in and clock-out coordinates were inconsistent with the claimed service location;
- visits where GPS coordinates suggest impossible travel times, overlapping visits, or services billed in multiple locations during the same time period;
- providers with GPS/location exception rates above 10 percent, 25 percent, 50 percent, and 75 percent;
- the dollar value of paid claims associated with visits containing GPS/location exceptions, missing GPS coordinates, repeated GPS coordinates, impossible travel patterns, or manually overridden location data.

15. All reports, dashboards, alerts, investigations, internal reviews, or communications identifying Maine providers with unusually high edit rates, repeated use of generic reason codes, high rates of manually created visits, overlapping visits, impossible caregiver hours, missing GPS data, repeated GPS coordinates, out-of-range GPS coordinates, or repeated edits that increased billable units.
16. All communications with Maine DHHS, the Office of MaineCare Services, Gainwell, CMS, HHS-OIG, or any Maine provider concerning manual visit changes, audit logs, edit histories, provider edit rates, GPS/location data, geofence exceptions, location overrides, fraud controls, exception resolution, or claim matching.

17. A written explanation of what reports Sandata makes available by default to state Medicaid agencies showing provider-level edit rates, edits increasing billable time, edits after claim submission, edits after payment, edits clearing exceptions, missing GPS data, out-of-range GPS data, repeated GPS coordinates, location-exception overrides, or location edits increasing payable claims.

18. A written explanation of whether Sandata can generate provider-level reports showing high rates of missing GPS data, out-of-range GPS coordinates, repeated GPS coordinates, location-exception overrides, location edits, impossible travel patterns, or location-related changes tied to paid claims.

19. A written explanation of whether Sandata has ever provided Maine DHHS, Gainwell, CMS, HHS-OIG, or any state Medicaid agency with reports identifying GPS/location anomalies, manual edit anomalies, post-payment edits, high-risk provider patterns, or suspected fraud, waste, or abuse.

20. A written explanation of whether Sandata's contracts require it to report suspected fraud, waste, abuse, suspicious EVV editing patterns, suspicious GPS/location patterns, or location-override anomalies to state Medicaid agencies, CMS, HHS-OIG, fiscal agents, Medicaid Fraud Control Units, or law enforcement.

21. A list of all states and jurisdictions from January 1, 2021, to the present in which Sandata served as the state EVV system, EVV aggregator, alternate EVV aggregator, claims-matching vendor, or EVV data repository for Medicaid-funded services.

The Task Force expects this inquiry to extend beyond Maine. Many states use Sandata or Sandata-linked EVV systems, and the Task Force intends to pursue whether the same audit-log vulnerabilities, access limitations, GPS/location anomalies, or oversight failures exist elsewhere. Sandata should therefore preserve responsive records not only for Maine, but for all state Medicaid EVV implementations in which Sandata has acted as a system vendor, aggregator, data repository, or claims-interface vendor.

Please provide responsive materials in native, machine-readable format. Where data contain protected health information or personally identifiable information, please contact Task Force staff immediately to discuss 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