WATCH OUR OWN

PARTNERSHIP PROPOSAL

Watch Our Own for Medicaid

A family-side record of home care that strengthens program integrity and keeps beneficiaries healthier at home.



$37.4B
Medicaid improper payments in fiscal year 2025[1]

77%
of them due to missing or insufficient documentation[1]

63M
Americans are family caregivers, the people closest to the care[5]

Be there when it matters, even if you can't be there.

watchourown.com

EXECUTIVE SUMMARY

A second record of home care, written by the people who are there

Watch Our Own gives Medicaid programs a family-side record of home care: who completed each task, when and where. It helps close the documentation gaps behind most improper payments, while helping families follow discharge plans at home.

Watch Our Own is a patented, HIPAA-compliant care coordination platform. Each care event is location-tagged, timestamped and visible to the beneficiary's care group, so it can be checked against what was billed. We propose a 90-day pilot with one home health or personal care cohort to measure the value.

THE PROBLEM

Care that is billed but hard to document

$37.39B

Estimated Medicaid improper payments in fiscal year 2025, a rate of 6.12%.[1]

77.17%

of those improper payments were attributed to missing or insufficient documentation.[1]

> CMS stresses that improper payments are not a measure of fraud. They show where a program cannot prove a billed service was delivered as billed, which is the gap a better record of care closes.

In-home care is the hardest to document

Section 12006 of the 21st Century Cures Act requires Electronic Visit Verification (EVV) for Medicaid in-home services.[2] EVV check-ins are made by the provider, so programs still see visits mainly from the provider's side.

Jan 1, 2020
EVV required for personal care services

Jan 1, 2023
EVV required for home health services

Today
Watch Our Own adds the family's view alongside EVV

THE SOLUTION

Location-tagged records of every care event

When a caregiver or provider marks a task complete in Watch Our Own, the app captures four things. The beneficiary's care group sees the event as it happens, so family members can confirm or question it.

- **Location**
- **Server-side timestamp**
- **Verified user**
- **Care group view**

Location-tagged task completion

Home visits billed but not made

Records where the provider was when the task was signed off.

Appointment management and alerts

Billing for missed appointments

Alerts the care group if the beneficiary does not arrive on time.

Location tracking during events

Rides billed but not provided

Family can confirm a ride actually took place.

Medication history log

Medication services billed but not given

A timestamped record of each dose.

Watch Me Now live video

In-home supervision claims

Beneficiary-started video lets the care group see who is present.

Care group corroboration

Disputes over whether care happened

Several family members see and log the same event.

Shared health record

Duplicate billing or upcoding

Vitals, appointment and medication history that reviewers can compare with claims.

> These records make billing problems easier to spot. They are evidence to review, not proof on their own.

HOW IT COMPLEMENTS EVV

Works alongside your EVV system, not instead of it

EVV captures the provider's check-in. Watch Our Own adds what the family sees.

EVV alone

- WHO RECORDS THE VISIT
  The provider
- FAMILY VISIBILITY
  None
- MISSED VISITS
  Found later, if at all
- EVIDENCE OF PRESENCE
  Provider check-in
- SCOPE
  Personal care and home health visits

EVV plus Watch Our Own

- ✓ WHO RECORDS THE VISIT
  The provider, plus the beneficiary's care group
- ✓ FAMILY VISIBILITY
  Real-time view of visits, tasks and alerts
- ✓ MISSED VISITS
  Care group alerted when a provider or appointment is missed
- ✓ EVIDENCE OF PRESENCE
  Location-tagged task records and optional live video
- ✓ SCOPE
  Visits, medications, appointments and transportation in one record

DUAL VALUE

Program integrity and better care at home

The same records that document care also help families carry out care after a hospital stay.

$16,500

Average Medicaid payment per 30-day hospital readmission (2020)[3]

$11.4B

Total Medicaid spending on 30-day readmissions in one year (2020)[3]

Program integrity
A second record to compare with claims.

Discharge follow-through
Instructions become assigned, trackable tasks.

Appointment follow-through
Alerts and escalation when one is missed.

Long-term care oversight
An ongoing view of in-home care for those who need it most.

Rural care
Set vital thresholds and respond remotely, wherever family lives.

$50B
RURAL HEALTH TRANSFORMATION

CMS is funding every state from **2026 through 2030** to expand remote patient monitoring and digital tools that bring care closer to home.[4] Family caregivers are central to that care: **63 million** Americans provide it, but only **22%** are trained for medical tasks.[5]

PRIVACY, CONSENT AND SECURITY

Beneficiaries and families stay in control

Care records are shared with a Medicaid program only when the admin of the beneficiary's care group grants permission. Nothing is shared without that permission.

- **HIPAA-compliant, encrypted storage**
- **Never sold, never shared without consent**
- **Patented Event Engine technology**
- **iOS and Android apps**
- **Scales from one beneficiary to a full deployment**
- **Works alongside EVV and care management systems**

PROPOSED PILOT

A 90-day proof of value

One Medicaid managed care organization or state program, one home health or personal care cohort.

1

MONTH 1

Launch

Enroll 200 to 500 consenting beneficiaries and set up their family care groups.

2

MONTH 2

Compare

With the program, compare care records with billed visits and flag differences for review.

3

MONTH 3

Measure

- Billed visits matched by a record
- Change in 30-day readmissions
- Missed appointments vs. services billed

4

DAY 90

Report

Documentation gaps found, readmission results and projected annual value.

Let's talk about a pilot

Be there when it matters, even if you can't be there.

watchourown.com/contact

1. CMS, Fiscal Year 2025 Improper Payments Fact Sheet (January 2026)
2. Medicaid.gov, Electronic Visit Verification (EVV)
3. AHRQ HCUP Statistical Brief #307, Clinical Conditions With Frequent, Costly Hospital Readmissions by Payer, 2020
4. CMS, $50 Billion in Awards to Strengthen Rural Health in All 50 States (December 2025)
5. AARP and National Alliance for Caregiving, Caregiving in the U.S. 2025

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