



**IMPROVING MEDICAID  
REIMBURSEMENTS &  
STAFF ADHERENCE**

WITH

**COMMUNITY RESOURCE  
NETWORK OF FLORIDA**

# Executive Summary

Community Resource Network of Florida (*CRNF*) was losing significant Medicaid reimbursement revenue due to Electronic Visit Verification (*EVV*) non-compliance across its home health and nursing services. With a benchmark of 371 monthly deviations costing an average of \$500 per non-compliant visit, CRNF faced an estimated \$2.226 million in annual lost reimbursement.

After implementing Subflow Health's automated workflows over a six-month pilot, CRNF reduced monthly deviations by 91.5% from 371 to an average of 31.5 deviations per month.

**This improvement translated to 97.8% average compliance across the pilot period and an estimated \$2 million in annualized revenue recovery.**

The results demonstrate that workflow automation, combined with real-time compliance monitoring, can transform *EVV* management from a reactive, error-prone process into a proactive revenue protection system.

## The Challenge

Before Subflow implementation, CRNF's *EVV* compliance processes were manual, fragmented, and reactive. Visit documentation was scattered across multiple systems, and non-compliance issues were often discovered only during payer audits after revenue had been lost.

The financial impact was severe:

- **371 monthly *EVV* deviations (non-compliant visits)**
- **Average loss: \$500 per deviation**
- **Annual revenue impact: \$2,226,000 in missed reimbursement**

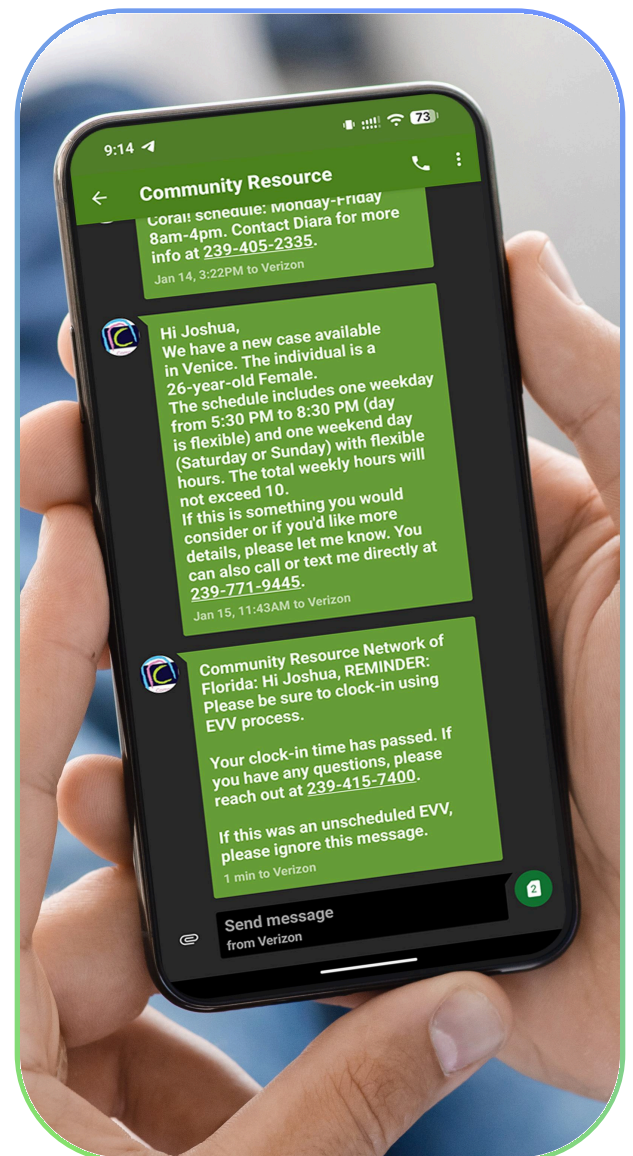
Beyond revenue loss, manual processes consumed significant staff time. Care coordinators and billing teams spent hours manually reviewing visits, tracking compliance status, and correcting errors rather than focusing on patient care and service quality.

# Pilot Objectives & Approach

Subflow Health partnered with CRNF to improve EVV compliance performance and reduce the administrative overhead associated with manual follow-up. Results were monitored from November 2025 – through April 2026 with live monitoring across all caregiver visits.

The implementation focused on six core objectives:

1. Reduce EVV deviations tied to missed clock-ins and clock-outs through automated alerts
2. Improve compliance rates with real-time visibility into trends by caregiver
3. Build a custom HHAeXchange integration to connect Subflow with CRNF's existing systems
4. Automate reminders and follow-up when documentation is incomplete or non-compliant
5. Reduce manual auditing time by replacing spreadsheets with automated adherence tracking
6. Protect Medicaid reimbursement by flagging compliance issues before billing is affected



# Pilot Results

## EVV Compliance Improvement

Before pilot implementation, CRNF's benchmark monthly benchmark was 371 EVV deviations (non-compliant visit). Each deviation was an average of \$500 loss per visit. This represented an average of \$2,226,000 in missed revenue annually.

During the 6 month pilot, **average monthly deviations dropped from 371 to just 31.5, a 91.5% reduction from the pre-pilot benchmark.**

Additionally, non-complaint visits were reduced to \$94,500, and when reflected annually is estimated to only reach \$189,000 compared to the pre-pilot estimated annual average of \$2,226,000.

**Estimated lost reimbursement is projected to reach an estimated +\$2 million improvement in revenue in one year.**

### November 2025



1,479 of 1,521 EVV compliant visits  
Estimated **\$21,000 lost** (42 deviations)

### February 2026



1,460 of 1,477 EVV compliant visits  
Estimated **\$8,500 lost** (17 deviations)

### December 2025



1,514 of 1,565 EVV compliant visits  
Estimated **\$25,500 lost** (51 deviations)

### March 2026



1,512 of 1,538 EVV compliant visits  
Estimated **\$13,000 lost** (26 deviations)

### January 2026



1,553 of 1,569 EVV compliant visits  
Estimated **\$8,000 lost** (16 deviations)

### April 2026



1,605 of 1,642 EVV compliant visits  
Estimated **\$18,500 lost** (37 deviations)

# Conclusion

CRNF's partnership with Subflow demonstrates how workflow automation and custom system integration can directly improve reimbursement protection and operational efficiency for in-home care organizations.

By connecting Subflow with HHAExchange and redesigning the caregiver compliance workflow, CRNF significantly reduced EVV deviations, improved billing readiness, and lowered the administrative effort required to maintain Medicaid compliance.

## Benchmark Month

**371 EVV deviations** (visits with lost revenue)  
Estimated **\$185,500 lost revenue per month**

## Pilot Average Month

**31.5 deviations** (visits with lost revenue)  
Estimated **\$15,750 lost revenue per month**

Although the pilot data covered a six-month period, the projected annual impact exceeds \$2 million in recovered revenue.

Through improved EVV compliance and streamlined operational processes, Community Resource Network of Florida is now able to capture a substantially greater share of revenue tied to completed services while building a more scalable and sustainable care delivery operation.



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