

OIG's Standard Initial Documentation Request Home Health Audits (2022)

OBJECTIVE

The OIG's objective is to determine whether the home health agency ("HHA") complied with Medicare requirements for billing home health services.

SAMPLE SELECTION

The OIG will forward to the HHA a list of the patients sampled and their corresponding claim information (100 claims total) through the OIG's secure HHS/OIG Delivery Server.

POTENTIAL AUDIT AREAS

- verification of homebound requirements,
- review of transfers and readmissions that could result in partial episode payments,
- review of outcome and assessment information set reporting,
- verification of therapy coverage and reassessment procedures,
- review of physician plan of care and the services billed for selected claims,
- review of outlier payments made due to excessive visits,
- review of physician reassessment after the 90-day period,
- review of consolidated billing procedures,
- verification of the Core Based Statistical Area (CBSA) rates,
- verification of skilled and home aide services, and
- review of other billing that could result in high payments.

*If a systemic problem is found in any area, the OIG may either expand on the area in question or add a new area consistent with the OIG's audit objective.

INITIAL DOCUMENTS REQUESTED

- itemized billing statements,
- OASIS validation reports,
- medical records, and
- the agency's claims processing policies and procedures.

*This list should not be considered final because additional documents may be requested as the audit progresses.

Meg Pekarske
Hospice Practice Group Leader
Partner | Madison
608.234.6014
meg.pekarske@huschblackwell.com