

## Eli's Rehab Report

### Compliance Tip: Minimize Compliance Risk With OIG Stats

In an unprecedented move, the OIG has revealed the benchmarks it's using to identify questionable billing in home health agencies. Now it's your turn to use that information to your advantage.

The **HHS Office of Inspector General** found that one in four home health agencies exceeded at least one of the thresholds the agency set for six questionable billing measures in 2010, it says in a new report.

High average number of therapy visits per beneficiary -- 24. "Beneficiaries who require a greater number of therapy services have episodes with higher payment rates," the OIG explains. Total number of therapy visits each HHA billed in 2010 relative to the number of beneficiaries for whom the HHA billed Medicare in 2010. Number of HHAs exceeding the threshold: 257. Median among all HHAs: 9.

Once you see where you stand, you must take steps to minimize your risk. If you determine that you are exceeding one or more thresholds due to legitimate reasons, then be prepared to defend yourself via the medical record and other documentation, recommends attorney **Robert Markette Jr.** with Benesch Friedlander Coplan & Aronoff in Indianapolis. Take a long hard look at your practices and determine if you need to make a course correction.

#### Therapy Caps

If you furnish therapy only under home health, you probably thought the Part B therapy cap changes wouldn't affect you, right? Wrong.

The problem: CMS "began issuing its therapy cap letter to Medicare beneficiaries who are receiving home health under Part A, resulting in patients cancelling appointments," reports the **American Physical Therapy Association**. The letters fail to explain that therapy furnished under a Part A home health plan of care aren't affected by the cap.

The solution: Providers will have to educate beneficiaries to avoid appointment cancellations and other related problems that are already occurring. "APTA has updated its patient FAQs to explicitly state that the cap does not apply to patients who receive skilled therapy at home under the Medicare home health benefit Part A, those who receive services under Part A in skilled nursing facilities, or those under a Part A inpatient hospital stay," the trade group says. APTA's letter to therapy patients is online at [www.homehealthsection.org/associations/9809/files/APTAPatientCapLetter\\_9-14-2012.pdf](http://www.homehealthsection.org/associations/9809/files/APTAPatientCapLetter_9-14-2012.pdf).