

## Eli's Rehab Report

### HHAs: Control Your Destiny With Billing Controls

#### Look for HIPPS codes that don't jibe

Don't rest easy just because your Medicare margins are stellar. If you are billing without self-auditing, your profits may not be yours to keep.

The HHS Office of Inspector General continues to prowl for billing and documentation oversights that can quickly drain home health agencies' Medicare coffers, says consultant **Melinda Gaboury** of Healthcare Provider Solutions in Nashville, Tenn.

**Case in point:** Pacific Home Health Care Inc. of Chicago found out late in September that it may have to return hundreds of thousands of dollars to Medicare, following a review of claims from 2002 and 2003. (See the related story in news briefs.)

#### Get Staff Talking

The first rule of audit-proof billing is "communicate, communicate, communicate," says **M. Aaron Little** of BKD in Springfield, Mo. "The more communication and coordination that occur, the more likely the documentation will reflect the necessity of the services provided by the various disciplines."

**Spotlight:** Look closely, for example, at how OASIS scoring matches up with therapists' documentation. To keep nurses and therapists talking, implement routine case conferencing and involve therapists in the comprehensive assessment, Little says.

#### Check for Accuracy in Advance

The second key to accurate billing is conducting a pre-billing audit on all patients, Little says. To streamline this process, set up controls to limit the time needed for audits. That way, the process of ensuring accuracy won't slow down the billing process, Little says.

**Note:** One source of trouble for Pacific was inadvertently billing for visits that had been cancelled. To prevent this from happening to you, post only visits into software based on the actual completed visit note.

Once such basic controls are in place, train clerical staff to review each claim for the following:

1. Accurate dates and codes
2. Staff followed visit frequencies
3. Physician signature and date on the plan of care
4. No outstanding orders for services provided during the episode
5. All visits appear on the claim -- particularly therapy visits.

#### Catch Common Coding Errors

Remember, the HIPPS code you use must jibe with the number of therapy visits.

**Red flag:** A HIPPS code containing a "J" or "K" is incorrect if you are billing for 10 or more therapy visits.

Periodic staff training is vital, Gaboury says. Too many agencies have billing staff with little or no formal training.

**Training tip:** Don't forget your RHHI as a source of cost-effective training. Palmetto GBA, for example, recently announced a new series of Medicare workshops for home health agencies. The series, Your Ticket to Medicare, kicked off Nov. 2. For more information, go to [www.palmettogba.com](http://www.palmettogba.com).

To make sure your efforts don't derail, conduct a quarterly compliance audit and a quality audit based on CMS' outcome-based quality improvement (OBQI) initiative, Little says.