

OASIS Alert

Compliance: Gear Up for OIG's Spotlight on OASIS Data

OIG work plan adds 5 new HHA topics to 4 existing ones.

Monitoring home health agencies will be high on the OIG's priority list next year, according to the agency's 2012 work plan.

The plan shows an extremely strong emphasis on checking data, requirements, and regulations, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas.

The **HHS Office of Inspector General** announced two OASIS-specific items in the work plan. Under "Medicare Administrative Contractors' Oversight of Home Health Agency Claims," the OIG plans to review CMS's oversight of OASIS data submitted by Medicare-certified HHAs, including CMS's process for ensuring that HHAs submit accurate and complete OASIS data. The OIG also plans to look at OASIS data to identify payments for episodes for which OASIS data were not submitted and for payments in which the billing code on the claim is inconsistent with OASIS data.

Another new item of interest for home health is "States' Survey and Certification of Home Health Agencies: Timeliness, Outcomes, Followup, and Medicare Oversight," under which the OIG promises to review the timeliness of home health agency (HHA) standard and complaint surveys conducted by State Survey Agencies and Accreditation Organizations, the outcomes of those surveys, and the nature and followup of complaints against HHAs.

In addition, 2010 home health claims will be reviewed to identify agencies with questionable home health billing characteristics -- or characteristics that may indicate potential fraud. The OIG plans to "identify and review HHAs that had a high percentage of claims that meet at least one of the questionable billing characteristics."

The OIG will continue to review Medicare claims submitted by HHAs to determine the extent to which the claims meet Medicare coverage requirements. To do so, the OIG "will assess the accuracy of resource group codes submitted for Medicare home health claims in 2008 and identify characteristics of miscoding."

In addition, the OIG will examine wage indexes used to calculate home health payments, home health prospective payment system requirements, and home health agency trends in revenues and expenses.

See more details on each topic in the work plan at

<http://oig.hhs.gov/reports-and-publications/workplan/index.asp#current>.