

OASIS Alert

Compliance: THERAPY INVESTIGATION TOPS THE OIG'S 'TO DO' LIST

2006 Work Plan targets four home care areas.

If you haven't tightened up your therapy claims, you could be facing a major cash drain.

Agencies are soon to see the cash flow impact of the M0175 errors that drew attention from the **HHS Office of Inspector General** in 2004. And OIG-instigated audits of claims with 10 or more therapy visits--"yes" on M0825--have resulted in overpayments for three agencies in 2005 (see OASIS Alert, Vol. 6, No. 9). Now, the recently-released 2006 OIG Work Plan promises a continuing effort to plug perceived cash leaks--at your expense.

Beware High Percentages of Therapy Patients

With the extra \$2000 in reimbursement Medicare pays for episodes in which the patient needs 10 or more therapy visits, these high therapy claims are a tempting target for the feds. The OIG "will analyze the number and the duration of therapy visits provided per episode period," the latest work plan says. This is the continuation of a work in progress, the OIG adds.

Agencies that have not yet scrutinized their high therapy claims for weaknesses should do so, experts warn, especially those where the denial of only one or two claims can cost you several thousand dollars.

Focus on complying with the Medicare regulations such as dating and signing doctor's orders and thoroughly documenting the medical necessity of visits, the patient's homebound status and detailed descriptions of the therapy provided, says **Cindy Krafft**, director of rehabilitation services for **OSF Home Care** based in Peoria, IL (for more detailed tips see OASIS Alert, Vol. 6, No. 11).

Take action: Health care attorney **Elizabeth Hogue** in Burtonsville, MD suggests three steps agencies can take to decrease their risk of being the target of therapy fraud and/or abuse charges:

1) Monitor therapy use. HHAs need to develop and implement an internal policy and procedure for continuously monitoring the number and duration of therapy visits, Hogue recommends.

2) Know your percentages. "Agencies that report high percentages of patients on therapy services are likely to invite scrutiny," Hogue warns. There is no specific percentage you should not exceed, she says. But monitor your percentages to be sure they are credible, given your patient mix.

3) Grow in other ways. Too many agencies seem to be using therapy services as a growth strategy, Hogue observes. Focus on other ways to grow, such as establishing preferred provider arrangements with a variety of sources or marketing your services to assisted living facilities, she advises.

Other home health issues in the work plan include:

- **Home health outlier payments.** The OIG will continue its ongoing investigation into whether outlier payments are equitable to all HHAs and whether they cluster in certain home health resource groups or geographic areas, according to the work plan.

- **Survey and certification.** A new project in the work plan aims to determine if any HHAs show "patterns of cyclical noncompliance with certification standards." The OIG also will analyze HHA survey deficiency trends and patterns, the

work plan says.

- **Home Health Compare.** Another project new for 2006 plans to determine the accuracy and completeness of the information about Medicare-certified agencies that the **Centers for Medicare & Medicaid Services** provides on the Home Health Compare Web site.

Note: The OIG Work Plan is at www.oig.hhs.gov/publications/workplan.html.