



CHHA Medicaid Audit
\$31.5 Million Improperly Claimed for CHHA Services

Based on a [recently-concluded audit](#) of Medicaid claims for services rendered by some certified home health agencies (CHHAs), the U.S. Department of Health and Human Services Office of the Inspector General ([OIG](#)) estimated that the New York State Department of Health (DOH) improperly claimed approximately \$31.5 million in Federal Medicaid reimbursements from January 1, 2007 through December 31, 2009.

OIG reviewed a random sample of 100 claims (out of approximately 5.72 million total claims) for services that included home health aide services, physical therapy services, speech therapy services, nursing services, and occupational therapy services. Of those 100 claims, OIG found that 15 claims did not meet Federal and State requirements for reimbursement. Ten claims were deficient because a physician did not review a Medicaid beneficiary's plan of care within the required 60-day period. Other claims were flagged for not having a plan of care that covered the service date, not documenting all of the service hours being billed for, services not being provided at the Medicaid beneficiary's place of residence, and a home health aide providing services without having completed a home health aide services training program.

OIG extrapolated its findings and determined that \$31.5 million should be returned to the Federal government. In addition, it recommended that DOH issue guidance to CHHAs about Federal and State requirements for physicians' orders and plans of care. In lieu of repayment, DOH has proposed corrective actions and has stated that it will determine whether DOH needs to provide CHHAs with additional guidance beyond what it currently provides.

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