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2011 OMIG Audits Target Home Health & Personal Care Services

Reviews to Cover Multiple Areas

The [2010-2011 work plan](#) for New York's Office of the Medicaid Inspector General (OMIG) reveals that home health and personal care providers will be heavily scrutinized. OMIG cites previous audits as containing evidence of frequent billing either for services not actually provided to patients, or in other cases for services beyond what the patient's physician or treatment plan recommended.

Home health agencies may have their claims audited by OMIG to determine whether or not they (1) provided the services billed for; (2) supported their claims with proper documentation and by a qualified medical professional's recommendation that the patient receive such services; and (3) pursued third-party coverage before seeking reimbursement from Medicaid.

For licensed home care agencies (LHCSAs), OMIG audits will focus on personal care aide (PCA) services. LHCSAs selected for audits will need to demonstrate that they provided services matching each patient's treatment plan, billed for the correct number of hours on each date of service, and allowed only properly licensed and supervised PCAs to deliver billed services. Because OMIG's data indicates that Medicaid expenditures are highest in and around New York City, LHCSAs there are especially likely to face claim audits in 2011.

Certified home health agency (CHHA) audits could be especially comprehensive. Bills, payroll, cost reports, and cost-allocated statistics may all be audited. OMIG intends to validate patient costs and other costs that underpin a Medicaid claim. In counties where CHHAs are required to bill patients for surplus income liabilities before the patients can become eligible for Medicaid, OMIG may audit such bills to ensure compliance with the rules.

These audits are in addition to any compliance plan reviews that health care providers in New York may face in 2011.

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