



HHS Inspector General Work Plan **Home Health Agencies to be Closely Monitored in 2013**

This month, the Department of Health and Human Services' Office of the Inspector General ([OIG](#)) issued its [2013 work plan](#). In it, OIG plans to conduct several activities relevant to home health agencies.

Under the Medicare home health program, for example, OIG will review efforts to stop improper and fraudulent payments to agencies. It plans to assess compliance with the Affordable Care Act's requirement that physicians have face-to-face encounters with patients within 90 days before or 30 days after starting Medicare-eligible home health services. Agencies should be prepared to demonstrate that they are actively adhering to any applicable state or local laws and regulations pertaining to criminal background checks and/or not employing persons with certain types of criminal convictions. OIG will also study how timely states handle home health aide recertification and complaint surveys (agencies are supposed to be surveyed at least once every 36 months). Depending on OIG's findings regarding agency revenues and expenses under the home health prospective payment system (PPS), the PPS payment methodology could be changed.

In the Medicaid home health program, OIG will review states' payments to identify potential duplication where Medicare may have paid for the same service. It will also check whether any states have incorrectly restricted services to homebound recipients or claimed Federal Financial Participation (FFP). Workers' health records could be checked to determine whether they have been properly screened. Similarly, providers' compliance with all criteria for providing Medicaid home health services will be reviewed, such as proper licensing and staffing, and providing only authorized and properly documented services, as will beneficiaries' eligibility for services.

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