

Trends to Watch in Home Health Compliance

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The implementation of the Home Health Prospective Payment System (PPS) on October 1, 2001, has presented some unique compliance risks for HIM and billing managers. This article will briefly describe some of the compliance-related issues on the OIG's agenda that are of interest to HIM professionals in home care.

What the OIG Has in Store

The Department of Health and Human Services Office of Inspector General (OIG) work plan for 2001 includes several projects directly related to home health PPS.

In 2001, the OIG will determine the extent of physician involvement in approving and monitoring home care for Medicare beneficiaries. Earlier OIG work found that many physicians did not have a relationship with their home health patients and relied extensively on agencies to determine care needed. This year, the OIG will be looking at how frequently physicians examine home care patients and identifying obstacles to physician involvement.

A second study will assess how home health PPS affects Medicare beneficiaries' access to care and the adequacy of that care. Changing Medicare reimbursement from a cost-based system to prospective payment alters home health incentives to admit and treat Medicare beneficiaries.

Third, and perhaps most importantly for HIM and billing managers, the OIG plans to monitor the implementation of the new prospective payment system for home health. The OIG will evaluate the adequacy of controls intended to ensure that services are provided only to home-bound individuals and are adequately documented, properly coded, and medically necessary.

All Eyes on Audits

Conducting regular ICD-9-CM coding audits in which medical record documentation is checked against the codes is crucial to ensure compliance with the Medicare PPS. Such audits of coding data should be performed on a regular basis. In this way, errors or patterns of errors can be identified, and processes can be monitored.

Initiating coding audits in a formal way can be intimidating for some organizations. That's why HIM professionals should openly discuss issues of auditing and educate the organization from the top down. Educating administrators, key managers, and the governing board is important to achieve full support for auditing. Managers and supervisors need to understand that coding audits can improve operational efficiency, mitigate damages in the event of an investigation, protect against certain legal exposures, improve data quality overall, and assure reliable data for outcome-based quality management reporting.

An OASIS of Data

The Outcome and Assessment Information Set (OASIS), the data set that the government has mandated for outcome data collection for home care providers, will also continue to be an area of interest. This data set represents core items of a comprehensive assessment for an adult home care patient and forms the basis for measuring patient outcomes for purposes of outcome-based quality improvement. Agencies retrieve case mix and adverse event outcome reports from a secure Web site managed by their state survey agency. The agency must use this outcome data to measure, analyze, and improve care. Surveyors are preparing to use OASIS case mix and adverse event reports in the annual survey process.

The OIG will also examine how implementing OASIS has affected quality of care and reimbursement since its implementation. To do so, the OIG will examine agencies' assessment processes-in which agencies are required to conduct initial and periodic assessments of patients' functional capacity. This assessment information helps establish the case-mix adjustment used in determining the level of Medicare payment to a home health agency for a particular patient. In addition to examining the

assessment process, the OIG will study the extent to which assessments are used to develop plans of care and the case-mix accuracy.

A likely result of this work will be a renewed emphasis on data quality. Agencies must design assessment forms and assessment protocols with data quality in mind-and they can prevent unwanted scrutiny by implementing procedures to monitor data entry and data quality. A good place to learn more about identifying and responding to data quality problems and suggestions for cost-effectively maintaining data accuracy is Chapter 12 of the OASIS Implementation Manual, available at www.hcfa.gov/medicaid/oasis/oasishmp.htm.

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