

# PROVIDER BULLETIN NO. 11-12

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TO: Medicaid Home Health and Private-Duty Nursing Service Providers

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid & Long-Term Care

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RE: OIG Report on Home Health

In October 2010, the U.S. Department of Health and Human Service's Office of Inspector General (OIG) issued their final report: *Review of Nebraska Medicaid Payments for Home Health Agency Claims*, which is available at <http://oig.hhs.gov>

According to the Report, for the period of July 1, 2008 through June 30, 2009, Nebraska Medicaid paid approximately \$23.1 million in home health agency claims and claimed approximately \$14.9 million in federal Medicaid matching funds. The OIG review focused on 84 home health agencies and 100 claims to determine whether Nebraska Medicaid claimed costs in compliance with Federal and State requirements.

Based on their findings, the OIG recommended that Nebraska Medicaid "*continue to strengthen internal controls to detect and recover improper payments for home health agency services.*"

Nebraska Medicaid reminds providers they must comply with all applicable Federal and State requirements, including the following:

- 1) The client's Plan of Care document must be modified to incorporate any change in their health status or care needs, including new physician's orders.
- 2) If these changes involve a change in the previously authorized services, a new authorization request, with the revised Plan of Care, must be submitted.
- 3) The services billed must match the client's Plan of Care (e.g. if the authorized Plan of Care includes one nurse visit per day, then no additional visits should be billed to Medicaid).

- 4) The services billed must match the provider's supporting documentation (e.g. if the nurse's notes indicate services were provided for five hours, then no additional hours should be billed to Medicaid).
- 5) The services billed must be supported by the provider's documentation (i.e. any billed service must have corresponding documentation that indicates that the service was actually provided).
- 6) Nurse visits for the purpose of recertification assessment or supervision of other home health agency staff are not reimbursed by Medicaid.

Medicaid provider information can be found on the DHHS website at:

<http://www.dhhs.ne.gov/med/provhome.htm>

Home health authorization information can be found on the Qualis Health website at:

<http://www.qualishealth.org/cm/nebraska-medicaid>

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