

MEDICAID COMPLIANCE: HOME CARE CONFLICTS AND EXCEPTIONS 5/25/11

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GOALS OF THIS PROGRAM

- Focus on exception and conflict reporting for providers of in-home services
- Educate Medicaid providers and billing entities on compliance with Medicaid payment requirements
- Set compliance expectations
- Provide information on audit process and approach

PURPOSE OF OMIG WEBINARS- FULFILLING OMIG'S DUTY IN NYS PHL SECTION 32 (17)

- **§ 32 (17) " . . . to conduct educational programs for medical assistance program providers, vendors, contractors and recipients designed to limit fraud and abuse within the medical assistance program."**
- **These programs will be scheduled as needed by the provider community. Your feedback on this program, and suggestions for new topics are appreciated.**
- **Next programs: DENTAL SERVICES IN MEDICAID, OPWDD PROGRAMS IN MEDICAID (date TBA)**

2011

- GOVERNOR CUOMO'S STATE OF THE STATE
 - MEDICAID AS ONE OF THREE PRIMARY FOCUS AREAS
 - MEDICAID REDESIGN TEAM (MRT)
 - THOROUGH REVIEW OF MEDICAID PROGRAMS AND AGENCY PRACTICES
 - FOCUS ON HOME CARE-MRT #154-2
 - ON-TIME BUDGET 2011-FIRST IN MEMORY

CONFLICTS AND EXCEPTIONS

- 2011-2012-all providers

- Increased audit and investigative focus on conflicts and exceptions in home care
- Compliance guidance
- 6402(a) self-disclosures
- Match projects
- Exclusions for false billing

2012-providers over \$15 million per year

- regulations requiring automated conflict and exception reports

New Home Health Legislation Requirements

Chapter 59 of the Laws of 2011-Conflict and Exception Reports

- "Verification organization" means an entity, operating in a manner consistent with applicable federal and state confidentiality and privacy laws and regulations, which uses electronic means, including but not limited to, contemporaneous telephone verification or contemporaneous verified electronic data to verify whether a service or item was provided to an eligible Medicaid recipient.
- For each service or item the verification organization shall capture:
 - (i) the identity of the individual providing services or items to the Medicaid recipient;
 - (ii) the identity of the Medicaid recipient; and
 - (iii) the date, time, duration, location and type of service or item.

New Home Health Legislation Requirements

Chapter 59 of the Laws of 2011

- "Exception report" means an electronic report containing all the data fields (previous slide) for conflicts between services or items on the basis of the identity of the person providing the service or item to the Medicaid recipient, the identity of the Medicaid recipient, and/or time, date, duration or location of service;
- "Conflict report" means an electronic report containing all of the data fields (previous slide) detailing incongruities in services or items between scheduling and/or location of service when compared to a duty roster.
- "Participating provider" means a certified home health agency, long term home health agency or personal care provider (home attendant vendors, housekeeping vendors and Fiscal Intermediaries) with total Medicaid reimbursements exceeding \$15 million per calendar year.

New Home Health Legislation Requirements

Chapter 59 of the Laws of 2011

- Preclaim review for participating providers of medical assistance program services and items. Every service or item within a claim submitted by a participating provider shall be reviewed and verified by a verification organization prior to submission of a claim to the Department of Health. The verification organization shall declare each service or item to be verified or unverified. Each participating provider shall receive and maintain reports from the verification organization which shall contain data on:
 1. verified services or items, including whether a service appeared on a conflict or exception report before verification and how that conflict or exception was resolved; and
 2. services or items that were not verified, including conflict and exception report data for these services.

“HOME CARE” IN NY MEDICAID

- Home Health Care
 - CHHA
 - LTHHCP
- Personal Care
- Housekeeping
- Consumer-Directed Care
- Managed Long Term Care-will not be discussed during this presentation
- Home Health Care by MCOs-will not be discussed during this presentation

Medicaid Definition of LHCSA

- Home care services agency shall mean an organization primarily engaged in arranging and/or providing, directly or through contract arrangement, one or more of the following: nursing services, home health aide services, medical supplies, equipment and appliances, and other therapeutic and related services which may include, but shall not be limited to, physical and occupational therapy, speech pathology, nutritional services, medical social services, personal care services, homemaker services and housekeeper services which may be of a preventive, therapeutic, rehabilitative, health guidance and/or supportive nature to persons at home.

10 NYCRR 700.2(6)

CHHA Medicaid services

- (a) Policy, scope and definitions. (1) It is the policy of the department to pay for home health services under the medical assistance (MA) program only when:
 - (i) the services are medically necessary; and
 - (ii) the services can maintain the recipient's health and safety in his or her own home ...
- (2) Home health services mean the following services when prescribed by a physician and provided to an MA recipient in his or her home...
 - (i) nursing services provided on a part-time or intermittent basis ... the direction of a recipient's physician;
 - (ii) physical therapy, occupational therapy, or speech pathology and audiology services;and
 - (iii) home health aide services, as defined in the regulations of the Department of Health, ...

505.23(a) Home health services

PERSONAL CARE

- Personal care services means some or total assistance with
 - personal hygiene,
 - dressing and feeding,
 - nutritional and environmental support functions,
 - and health-related tasks
- Such services must be essential to the maintenance of the patient's health and safety in his or her home, as determined by the social services district, or its designee, in accordance with the regulations of the DOH.
- 18 NYCRR 505.14 Personal care services

CDPAP

- Consumer-Directed Personal Assistance Program
 - Recipients have flexibility and freedom in choosing their caregivers
 - Services can include any of the services provided by a personal care aide (home attendant), home health aide, or nurse
 - The consumer or the person acting on the consumer's behalf (such as the parent of a disabled or chronically ill child) assumes full responsibility for hiring, training, supervising, and – if need be – terminating the employment of persons providing the services
 - 18 NYCRR Section 505.28 - Consumer directed personal assistance program.

CORE MEDICAID REQUIREMENTS

18 NYCRR 504.3 FOR ALL PROVIDERS

- (a) to prepare and to maintain contemporaneous records demonstrating its right to receive payment under the medical assistance program and to keep for a period of six years from the date the care, services or supplies were furnished, all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider and to furnish such records and information, upon request
- **When an exception report shows that inconsistent records exists of a caregiver's hours, what record do you maintain showing your right to receive payment despite the exception report?**

CORE MEDICAID REQUIREMENTS

18 NYCRR 504.3 FOR ALL PROVIDERS

- “Bill for only services which are medically necessary and actually furnished”
- Permit audits. . . .of all books and records relating to services furnished and payments received, including patient histories, case files, and patient-specific data
- Provide information in relation to any claim . . . Which is true, accurate, and complete.
- Comply with the rules, regulations, and official directives of the department.”
- **When an exception report shows that inconsistent records exists of a caregiver’s hours, what record do you maintain showing that services were actually furnished?**

CORE MEDICAID REQUIREMENTS FOR ALL PROVIDERS

- ACA SECTION 6402

- Every provider must report, refund, and explain every overpayment received from the Medicaid program within 60 days of identification.
- Conflict Report = identification of overpayment
- Exception Report = prepayment identification of potential overpayment
- **When an exception report or a conflict report shows that inconsistent records exists of a caregiver's hours, do you investigate and self-disclose overpayments?**

OFFICE OF NY STATE COMPTROLLER August 2007

- \$5.7 million in inappropriate Medicaid payments made to home care providers while recipients were hospitalized. Based on our review of home care providers' records, it is likely that the home care providers billed for services that were never provided.
- **Medicaid payments to home care providers while recipients were hospitalized (Report 2006-S-77) (8/28/2007)**

DOH MEDICAID UPDATE April 2009

- **Effective May 1, 2009**, providers will receive an error message for **Edit 00760** (Suspect Duplicate, covered by Inpatient Claim) when they submit home health and personal care claims for a period when a patient is hospitalized and the services are covered under the inpatient rate.
- **Compliance issue: How often does your agency have claims denied based upon this edit? Why did this happen? Do you review the caregiver's billings and services based upon Edit 00760 denials?**

Edit 00760 (Suspect Duplicate, covered by Inpatient Claim)

- EDIT 00760 WILL BE SUBJECT OF FUTURE COMPLIANCE ALERT
- EDIT 00760
 - Important investigative and compliance tool
 - Element 6 of Mandatory Compliance-risk assessment
 - Error Reason Code – the edit result code put on a claim during an adjudication cycle. (see EMEDNY 835 Supplementary File Information Companion Guide)
- Please refer to the Edit/Error KnowledgeBase for edit descriptions with resolutions:
 - http://www.emedny.org./hipaa/edit_error/KnowledgeBase.html

DOH MEDICAID UPDATE June 2004

- The New York State Department of Health reminds all licensed home care services agencies (LHCSA) of the following agency responsibilities, pursuant to 10 NYCRR Part 766, with respect to Medicaid recipients whom such agencies have admitted for care, including the provision of private-duty nursing services:
 - b) Ensure that all staff delivering care in patient homes are adequately supervised and that the Department considers, as evidence of adequate supervision, whether staff regularly provide services at the times and frequencies specified in the patient's plan of care and in accordance with the policies and procedures of their respective services (pursuant to 10 NYCRR § 766.5(b)).

OMIG FFY 2011 WORK PLAN

- “OMIG will review home health agency (HHA) claims to determine whether the claims meet the criteria outlined in 18 NYCRR § 505.23, Article 36 Pub. Health Law, and in 10 NYCRR Article 7.
- This review will determine if the services were provided, ordered by a qualified practitioner in a timely manner, adequately documented, third-party coverage was pursued, and that the personnel met all regulatory requirements.”

HHS/OIG WORKPLAN 2011- REVIEW OF MEDICAID HOME HEALTH AGENCIES

- 42 CFR § 440.70 and 42 CFR pt. 484 set standards and conditions for HHAs' participation.
- Providers must meet criteria, such as minimum number of professional staff, proper licensing, certification, review of service plans of care, and proper authorization and documentation of provided services.
- A physician must determine that the beneficiary needs medical care at home and prepare a plan for that care. The care must include intermittent (not full-time) skilled nursing care and may include physical therapy or speech – language pathology services.
- (OAS; W-00-09-31304; W-00-10-31304; W-00-11-31304; expected issue date: FY 2011; work in progress)

HHS/OIG WORKPLAN 2010- REVIEW OF MEDICAID HOME HEALTH AGENCIES

- Medicaid payments for Medicare-covered home health services
- “We will determine in selected states the extent to which both Medicare and Medicaid have paid for the same home health services. We will also identify the controls that selected states have established to prevent duplicate payments.”
- New York’s controls-exception reports, conflict reports, Edit 00769

HHS/OIG WORKPLAN 2011- REVIEW OF MEDICAID PERSONAL CARE AGENCIES

- “We will review Medicaid payments for personal care services (PCS) to determine whether states have appropriately claimed the FFP” (Federal Financial Participation).

HHS OIG FRAUD ALERTS

- Special Fraud Alert: Home Health Fraud (June 1995)
- “The agency remains liable for all billed services provided by its subcontractors. The use of subcontracted care imposes a duty on home health agencies to monitor the care provided by the subcontractor.”
- Exception and conflict reports - how did the CHHA monitor the care provided by the subcontractor?

Home Care in NY Medicaid 2010 data

- Home health: 85,074 patients, \$1,690,143,592
- Personal care: 62,597 patients, \$1,813,152,902
- Housekeeping: 1,092 patients, \$3,102,700
- Consumer directed: 10,300 patients, \$336,445,727
- New York leads USA in expenditures per beneficiary, total number of beneficiaries
 - 2010 Avg per patient for personal care is \$28,949
 - 2010 Avg per patient for consumer-directed is \$32,661
 - 2010 Avg per patient for home health is \$19,851

EXCEPTION REPORTS

- Exception reports are generated through verification organizations and retrieved by the Provider
 - Daily summary reports lists all exceptions
 - Provider is expected to reconcile the exceptions prior to submitting the Medicaid claim
 - **What specific business practices does the agency use to resolve and document their actions in relation to exceptions?**

EXCEPTION REPORTS IN AUDIT

- Audit staff will request exception reports during field audit when a randomly selected claim is examined and an exception occurred for the sampled date of service. Examples include but are not limited to the following:
 - The aide fails to call in or out from the recipient's home
 - The calls in or out appear to have come from a phone number other than the client's telephone
 - Wrong worker ID entered
 - Aide calls late to start a scheduled shift
 - The call in and out indicate more hours than were authorized for the day
- OMIG auditors will then investigate the provider's documentation in support of the claim

CONFLICT AND EXCEPTION REPORTS IN INVESTIGATION/COMPLIANCE

- Subpoenas to specific providers
- Subpoenas to data entities
- Review of e-MEDNY voids, OMIG disclosures, hotline complaints
- Data analytics/risk assessment

Exceptions and Conflicts

- Did the home care worker show up on time and remain at the client's home for the time scheduled?
- Did the home care worker report accurately the hours worked?
- Did the home care worker report arrival and departure times as required by contract and/or regulation (usually, using client's telephone)?

Exceptions and Conflicts

- Does the home care agency provide emergency or alternative coverage when a home care worker fails to appear for a scheduled home care visit (based upon a failure to call in at the start time)?
- Did the home care worker perform the tasks required in the patient's plan of care?

EXCEPTIONS

- How does the home care agency address identified exceptions:
 - Home care worker did not call from client phone in at or near scheduled start
 - Home care worker did not call from client phone at or near scheduled end
 - Home care worker used phone other than client's phone to call in
 - Home care worker reports hours which differ from call-in hours and/or scheduled hours

EXCEPTIONS

- How does the home care agency resolve identified exceptions
 - Who has responsibility for resolving exceptions identified in exception report?
 - How are exceptions resolved (contact with client, contact with worker)?
 - What record is made of the contacts and resolutions?
 - How are employees with exceptions counseled or disciplined?

Example #1

This patient received 4 hours of HHA services

Comprehensive Assessment	Medical Orders/Plan of Care	Paraprofessional Plan of Care	Duty Sheet
Independent with meals	HHA to assist with meals	HHA to assist with meals	No documentation of this task
	HHA to measure temperature, pulse, and respirations	HHA to measure temperature, pulse, and respirations	No documentation of these tasks

- The assessment was inconsistent with the plan of care and the paraprofessional plan of care.
- The HHA failed to provide all daily services as assigned.
- Some service dates lacked both start and end times, yet tasks were entered.

Example #2

This patient received 4 hours of HHA services

Medical Orders/Plan of Care	Paraprofessional Plan of Care	Electronic Duty Sheet	Paper Duty Sheet
HHA to assist with daily: personal care, household tasks, meals, exercises, and measuring temperature	HHA to assist with daily: personal care, household tasks, meals, exercises Temperature not assigned	Only task documented: "feed patient"	Multiple tasks documented-not consistent with electronic duty sheet

- The paraprofessional plan of care did not include instructions for measuring temperatures.
- All service dates lacked both start and end times, yet "feed patient" was entered.
- The provider responded to this case by providing a paper duty sheet.
- The electronic and paper duty sheets were inconsistent regarding the services that were provided to the patient.

Example #4

12 hours of HHA service was billed, the physician ordered 24 hours of HHA service

- There was no end time for the HHA who was a live-in aide. Policy is to have HHA call in the morning for the previous day.
- The provider supplied documentation from the record to support the patient's need for 24-hour care.
- This documentation does not confirm the aide was actually with the patient.
- No exception report was provided.
- There was no record from the provider of contacts and resolutions made.
- The documentation provided by the provider did not support the hours the HHA was with the patient.
- The Office of Long Term Care response is that live-in services and the use of live-in rates is unique to the Personal Care Services Program.

Example #5

8 hours of HHA service billed to Medicaid

- The HHA call-in and call-out times reflected that more than 12 hours of service was provided to the patient. Medicaid was only billed for 8 hours. It cannot be determined how much time was actually spent with the patient.
- An exception report was provided that corrected the time to be billed as 8 hours, referencing exception code "F9."
- No record was provided on the process in which this reconciliation was made.
- The amount of time the HHA spent with the patient remained unclear.

Example #6

This patient received 24 hours of HHA services

Plan of Care	HHA Plan of Care	Duty Sheet
HHA to assist with daily: personal care and homemaking activities	Personal care tasks were ordered "as needed" Meals and toileting were ordered daily	The HHA failed to document preparing meals and toileting the patient

- The paraprofessional plan of care did not specify a frequency for the personal care tasks other than PRN
- The duty sheet lacked evidence that the HHA prepared meals and toileted the patient

Conflicts

- Conflict reports show overlapping paid hours by home care worker with two or more clients at two or more home care agencies
- Core principle: home care worker cannot be in two places at once
- Core principle: one of the payments must be an “improper payment”
- Conflict reports based on two payments

Example #3

This patient received 4 hours of HHA services

- The plan of care and the HHA plan of care included instructions for the HHA to assist with personal care, measurement of vital signs, and walking.
- The only documented task for the four-hour shift was walking.

EXCEPTION REPORT EXAMPLE

PCA

11/2 4:34 am
 Stx Acct: AGENCY NAME
 # - Non Santrax Client
 PS: 91903

Santrax - Daily Summary Exception For 11/26/2007
 Sort Order: Client Name, Assigned Time
 Page 2 of 3

Client	Client Name	Attendant	Attendant Name	ATT-SOC-SEC	Assigned			Called			Santrax Hours	Bank min In Out
					Start	End	Hours	Start	End	Hours		
4016	Last name, First	ad	Attendant 1	XX-XX-XXXX	8:00	20:00	12.00	7:38	19:39	12:01	11.75	12
3989	Last name, First	BTLC	Attendant 2	XXX-XX-XXXX	8:00	20:00	DF 11.00	7:57	8:01		0.00	*
4030	Last Lane, First	TLC	Attendant 3	XXX-XX-XXXX	8:00	18:00	DF 9.00	8:03	6:03		0.00	*
4041	Name, First	ad	Attendant 4	XX XX XXXX	8:00	18:00	10.00	8:33	18:33	10:00	9.50	10
4042	NAME, FIRST	VA	Attendant 5	XX XX XXXX	9:00	13:00	4.00	9:27	13:03	3:36	3.75	*
4038	Name, FIRST	TLC	Attendant 6	XXX XX XXXX	9:00	14:00	5.00	8:34	1:29		0.00	*
4040E	Name, First	E TLC	Attendant 7	XXX XX XXXX	9:00	13:00	4.00	8:56	1:54		0.00	*
40420	Name First	ad	Attendant 8	XXX XX XXXX	8:00	20:00	12.00	8:15	20:14	11:59	11.75	12
40435	Name First	TLC	Attendant 9	XXX-XX-XXXX	1:00	13:00	4.00	9:00	1:02		0.00	*
4016C	Name First	nl	Attendant 10	XXX-XX-XXXX	1:00	16:00	8.00	8:29	16:00	7:31	7.75	*
4040C	Name First	ad	Attendant 11	XXX-XX-XXXX	1:00	19:00	5.00	13:28	18:30	5:02	4.50	5
4044E		TLC			9:00	13:00	4.00	8:58	1:24		0.00	*
40421	Name, First		Attendant 12				0.00	15:20	20:04	4:44	0.00	*

RESOLUTION TO EXCEPTION (PCA)

Home Attendant TIME SHEET RECEIVED 03

Agency: _____ Week Ending: _____
 AGENCY NAME
 ADDRESS

Employee: _____ P.S.: _____
 EMPLOYEE NAME
 EMPLOYEE ADDRESS

Client: CLIENT INFO
 Name: Client Name
 Address: Client Address

Phone: CLIENT PHONE

Authorized Hours / Days: 84 / 7 Duty Free: No

DAY	Time In	Time Out	Hours Worked	Per Die	Signature	Annual	Sick	Holiday/Training	Car Fare	Travel	Def. Hour	No Entry
Sat	6/20/09	8:00 AM 8:00 PM	12.00		Workers Name							
Sun	6/21/09											
Mon	6/22/09											
Tue	6/23/09											
Wed	6/24/09											
Thu	6/25/09											
Fri	6/26/09											
Total			12.00									

IF THE CLIENT IS NOT AVAILABLE, (EXAMPLE: IN THE HOSPITAL) YOU MUST CONTACT YOUR PERSONNEL SPECIALIST
 FALSIFYING INFORMATION ON THIS TIME SHEET IS A VIOLATION OF THE HOME ATTENDANT AGREEMENT.
 I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Employee Signature: *[Signature]* Date: 7/9/09
 Client Signature: *[Signature]* Date: 7/9/09

CONFLICTS-EXPECTATIONS OF PROVIDERS

- Compliance program
 - Articulates home care worker duty to report time accurately
 - Identifies time reporting, conflict resolution as compliance risk area require monitoring (Element 6)
 - Identifies and locates responsibility to investigate on identified conflicts (Element 7)
 - Assesses risk of collusion between home care worker and client or client's family
 - Exclusion reporting

CONFLICTS-EXPECTATIONS OF PROVIDERS

- Each home care provider who has an identified conflict has a responsibility to reach out on a timely basis to each other provider to resolve the conflict
- Each home care provider who reaches out to another provider has obligation to follow up with non-responders, and make record of follow up
- Resolution of conflict = written explanation, shared with other provider, available to OMIG on request

CONFLICTS-EXPECTATIONS OF PROVIDERS

- Where conflict exists, timely reporting repayment, and explanation will occur to OMIG by the home care provider (timely = within 60 days)
- Where conflict exists, home care provider will promptly report to OMIG the identity of the home care worker who was the subject of the conflict
- Where home care worker submitted claims for two clients for overlapping time periods, the home care worker should be disciplined by the home care provider.

CONFLICTS

- OMIG- other targeting mechanisms
 - Home care allegedly provided during hospital stay
 - Conflict report significant hits
 - Conflict report non-responders to other providers
 - Where are they now? (home care workers disciplined or terminated by other organizations)
 - Agencies which fail to discipline or terminate
 - Agencies with no self-disclosures or repayments
 - Excluded party checks

CONFLICTS - Consumer-directed care

- Problem: programs do not use telephone call-in for consumer directed
- Significant conflicts identified in consumer-directed care

TASK ISSUES PCA AUDITS

10:45 Apr 20, '10

INDIVIDUAL CLIENT ACTIVITY REPORT
Selected Items

VEN: VENDOR'S NAME

CLIENT-NAME CLIENT NAME

ATTENDANT	ATTENDANT-NAME	STX ID	DISCIPLINE	DATE	START	END	HRS	CODE	TASK	TASK NAME	READING
CH42508	JANE DOE	xxx-xx-xxxx	HA	01/15/07	14:53	18:57	04:00	27	Transfers: slide board		
CH42508	JANE DOE	xxx-xx-xxxx	HA	01/16/07	15:05	18:59	04:00	27	Transfers: slide board		
CH42508	JANE DOE	xxx-xx-xxxx	HA	01/17/07	15:11	19:04	04:00	27	Transfers: slide board		
CH42508	JANE DOE	xxx-xx-xxxx	HA	01/18/07		18:58	00:00	27	Transfers: slide board		
CH42508	JANE DOE	xxx-xx-xxxx	HA	01/19/07	13:54	17:55	04:00	3	03 Prepare for Day Care/Special Trx		
								27	Transfers: slide board		

Total of Visits: 5
Total of Tasks: 6

TASK ISSUES SLIDE BOARD

- In this actual example from an OMIG audit, the only task documented on 1/15/07 is “transfer slide board,” indicating the patient is bed-ridden
 - The patient, in this case, is fully ambulatory
- For date of service 1/19/07, the two tasks documented are “transfer slide board” and “prepare for day care”
 - The patient does not attend day care
 - The service is being performed in the evening hours
 - Neither task documented is applicable to the patient’s plan of care

TASK ISSUES PCA AUDITS 24 HOUR

15:31 Apr 19, '10 FOR 08-29-09 - 09-04-09 Ver: 6.70 te 1

INDIVIDUAL CLIENT ACTIVITY REPORT Selected Items SORT ORDER: CLIENT,DATE

VEN: VENDOR'S NAME

CLIENT CLIENT-NAME CLIENT NAME

ATTENDANT ATTENDANT-NAME STX ID DISCIPLINE DATE START END HRS CODE TASK TASK NAME READING

ATTENDANT ID ATTENDANT NAME SSN

HA	08/29/09	08:02	24:00	11 Grooming/Deodorant 17 Sponge bath 21 Shampoo 27 Transfers: slide board
HA	08/30/09	08:30	24:00	11 Grooming/Deodorant 17 Sponge bath 21 Shampoo 27 Transfers: slide board
HA	08/31/09	07:52	07:58 24:00	11 Grooming/Deodorant 15 Tub/bath 16 Shower 19 Mouth care 21 Shampoo 25 Walking 27 Transfers: slide board 40 Errands
HA	09/01/09	07:53	24:00	11 Grooming/Deodorant 15 Tub/bath 16 Shower 21 Shampoo 25 Walking 27 Transfers: slide board 40 Errands
IA	09/02/09	07:50	24:00	11 Grooming/Deodorant 15 Tub/bath 16 Shower 19 Mouth care 21 Shampoo 25 Walking 27 Transfers: slide board 43 Clean
IA	09/03/09	14:08	00:00	15 Tub/bath 16 Shower 27 Transfers: slide board

Stamp
7

PRINT DATE RANGE: 1 SECONDARY: MONTH CLIENT LEVEL: 3 CHANGED

TASK ISSUES GROOMING

- In this example from an OMIG audit, the majority of tasks shown relate to grooming for a 24-hour period
 - Transfer slide board is not applicable to the patient. It is even listed along with walking.
 - Tub/bath is listed with showers on the same day.
 - The documented tasks do not support a 24-hour claim.
 - They do not satisfy reasonable audit tests.

CONCLUSION

- CONFLICTS AND EXCEPTIONS
 - System for identification
 - System for resolution (money, care)
 - System for reporting overpayment
 - System for reporting caregiver
 - System for assuring proper documentation and support when audited
 - Do you know when your caregiver doesn't show?
 - Whistleblower exposure

FREE STUFF FROM OMIG

- OMIG Web site - www.OMIG.ny.gov
- Over 3500 provider audit reports, detailing findings in specific industry
- 2011 FFY work plan
- Compliance tool and compliance alerts
- Listserv (put your name in, get emailed updates)
- New York excluded provider list
- Follow us on Twitter: NYSOMIG