REPORT HIGHLIGHTS

October 2025 | A-05-22-00016

Medicare Home Health Agency Provider Compliance Audit: VNA Care Network

Why OIG Did This Audit

- In calendar year 2023, Medicare paid home health agencies (HHAs) about $16 billion for home health services provided to about 2.8 million people enrolled in traditional Medicare. In that year, nearly 10,000 HHAs participated in Medicare.
- CMS determined through its Comprehensive Error Rate Testing program that the 2023 improper payment error rate for home health claims was 7.7 percent, or about $1.2 billion.
- This audit report, part of a nationwide series of home health audits, examined whether VNA Care Network complied with Medicare requirements.

What OIG Found

VNA Care Network complied with Medicare billing requirements for 85 of the 100 home health claims we reviewed. For the remaining 15 claims, VNA Care Network incorrectly billed Medicare for claims with unsupported codes, services that did not meet plan of care requirements, invalid face-to-face encounters, skilled services that did not meet medical necessity requirements, and services that did not meet comprehensive assessment requirements.

VNA Care Network received overpayments totaling $6,171 for the claims in the sample.

What OIG Recommends

We made three recommendations to VNA Care Network, including that it: refund the $6,171 in overpayments to the Medicare program, consider conducting additional audits or investigations to identify any similar overpayments and return any identified overpayments to the Medicare program, and strengthen its review processes for identification of inaccuracies in medical record documentation to improve compliance with Medicare billing requirements.

VNA Care Network concurred with our recommendations and provided detailed corrective actions it has taken to address and prevent the types of findings identified during our audit.