REPORT HIGHLIGHTS

August 2026 | A-05-24-00007

Medicare Home Health Agency Provider Compliance Audit: Deistic Home Health Care, Inc.

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 fee-for-service 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 Deistic Home Health Care, Inc. (Deistic), complied with Medicare requirements.

What OIG Found

For the audit period (January 1, 2021, through December 31, 2022), Deistic complied with Medicare billing requirements for 63 of the 100 sampled home health claims we reviewed. For the remaining 37 claims, Deistic incorrectly billed Medicare $8,332 in net overpayments. Specifically:

- Thirty-six claims did not meet billing and coding requirements.
- Five claims did not meet face-to-face encounter requirements.

The total number of errors exceeds 37 because 4 claims had errors in both error categories.

We determined that these errors occurred because Deistic did not always review medical record documentation to prevent the incorrect billing of Medicare claims.

Based on our sample results, we estimated that, of the $15,301,644 in Medicare payments covered by our audit, Deistic received net overpayments of at least $43,074 for the audit period. Deistic's provider agreement with the Medicare program was voluntarily terminated on August 1, 2025.

What OIG Recommends

We recommended that Deistic refund to the Federal Government $43,074 in estimated net overpayments.

Deistic elected not to provide comments on the draft report.