



The Q3-2026 Accuracy Report

Scaling chart volume and customers. Maintaining industry-leading accuracy.

97.5%

overall accuracy

2,522

retrospective reviews



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A Quick Intro

Every quarter, we share what our quality team found when they checked our own work. This quarter's report has a different shape than the last one, because the amount of checking changed a lot.

We invest heavily in QA and continuous monitoring and improvement because maintaining a high bar for accuracy and compliance requires rigor. That's the standard we hold ourselves to and the standard our customers deserve. In Q3, our QA team completed 2,522 retrospective reviews across the tens of thousands of charts we processed during the quarter. These reviews involve an expert coder independently reviewing a completed chart and scoring its accuracy, giving us a reliable measure of our work quality.

We think a bigger sample makes the numbers more useful. A score based on a handful of cherry-picked charts can look great but is not representative of accuracy across 100s of customers at full scale production. A retro QA accuracy score based on thousands of reviews is much harder to move, so it tells you more about how the work actually goes day to day.

This report covers the accuracy results, the mix of charts we handled, and something we haven't shared before: what our query data says about the most common reasons a chart needs a second look before it goes out the door.

2,522

**retrospective reviews completed
in Q3**

How We Measure Accuracy

Each quarter, our QA team re-reviews a random sample of charts that our own coders and reviewers have already completed. The reviewers check every item against the source documentation, including the referral, the visit notes, and the clinical record, and then compare it to what was submitted.

An item counts as accurate when it matches what the documentation supports. That's a higher bar than asking whether a code could be defended, and it's the reason we think the number means something.

Olli is also CHAP Verified, which means the same organization that accredits home health and hospice agencies has reviewed our quality review process. We publish these numbers every quarter because we're comfortable with the process behind them. We're all about transparency, so we'd rather show you the numbers than ask you to take our word for it.



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We felt like Olli had a good business model with not only utilizing AI but also utilizing a human factor as well.

Jaimi Ostergar

COO, Community Nursing Services

Q3-2026 at a Glance

**Tens of
thousands**

charts completed

2,522

retrospective reviews

97.5%

overall accuracy

96.5%

coding accuracy

99.5%

OASIS accuracy

99.4%

Plan of Care accuracy

All of these come from reviews of our own team's work, so the scores describe how well our coders and reviewers performed, not how well any one agency documents.

Coding Accuracy Even Better from Q2 to Q3, Even as We Scale Rapidly

Our overall accuracy score was 97.5% in Q2 and 97.5% again in Q3. The number stayed the same while the number of reviews went from nearly 1,000 to 2,522.

	Q2 2026	Q3 2026
Retrospective reviews	Nearly 1,000	2,522
Overall accuracy	97.5%	97.5%
Coding	95.0%	96.5%
OASIS	99.1%	99.5%
Plan of Care	99.8%	99.4%

A few things stand out:

Coding went up 1.5 points. Coding is usually the hardest of the three to get right, because it depends on how complete the documents are when they come in. Moving from 95.0% to 96.5% is the biggest gain on the board.

OASIS went up 0.4 points to 99.5%. OASIS items take a lot of judgment, so a score this high across this many reviews is a result we're proud of.

Plan of Care came in at 99.4%. That's a small step from 99.8% in Q2 and still one of the strongest numbers in the report. With more than twice as many reviews behind it, it reflects a wider look at our Plan of Care work than last quarter's did.

The main takeaway is that the quality of the work held steady (and our Coding accuracy even improved) as we rapidly grew the total number of charts we were processing for our 100+ customers.

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I wasn't happy with my coding situation before, but Olli has made coding much more manageable.

Jana Roe, RN, COS-C

Director of Health Care Services, Interim HealthCare of Topeka

The Questions We Ask Agencies

Sometimes a chart can't be finalized until we confirm something with the agency. When that happens, our team sends a query, which is a question about something in the chart that needs to be confirmed or clarified before we complete it.

A query does more than fix one chart. Better documentation leads to a better case mix index (CMI), because the chart ends up showing the full clinical picture of the patient, including the diagnoses and conditions that affect payment. When something is missing or unclear, the chart can understate what the patient actually needs, and that can mean missed revenue.

This is why we treat each query as a chance to coach. Every one points to a specific spot where documentation could be clearer, which gives agency leaders something concrete to work on with their clinicians:

Leaders see where to focus.

Patterns in the queries show which parts of the documentation need the most attention, so coaching can target those areas instead of relying on general refresher training.

Clinicians get specific feedback.

Instead of hearing “document more clearly,” a clinician learns exactly what was missing, such as a wound measurement or a diagnosis detail.

Everyone can see the improvement.

As documentation gets clearer, the same questions come up less often, and the charts reflect better results.

Some of our most common query reasons ranked by frequency:

1 Wound confirmation

2 Diagnosis verification

3 Primary diagnosis clarification

4 Frequency of care clarification

5 Missing referrals

6 Missing face-to-face documentation

7 Missing medication lists

8 Surgical verification

9 Discharge review

Most of these have something in common. They’re about information that exists somewhere but hadn’t made it into the chart yet when we looked at it. That’s what makes them so coachable, since the fix is usually a small habit rather than a big change.

Five Ways to Get Fewer Queries

You don't need a new system to reduce your own query volume. These five habits cover a lot of the list above.

1

Get the therapy evaluation into the chart within 5 days of the OASIS going out.

If it's still on the way, tell the reviewer so the question doesn't have to be asked.

2

Describe wounds fully the first time.

Include the type, location, stage, and measurements so there's nothing left to confirm.

3

Attach the referral and face-to-face documentation with the chart.

These are two of the most common missing pieces.

4

Include the full medication list.

A chart with a partial list almost always gets a question.

5

Check that the primary diagnosis in the referral matches the visit notes.

When the two tell different stories, someone has to ask which one is right.

Questions to Ask Any Vendor About Their Accuracy Number

Accuracy scores show up in a lot of sales conversations. These questions help you tell the difference between a number you can lean on and one you can't.



How many reviews is the number based on?

A score from 20 charts and a score from 2,500 charts are very different things.



Who does the checking?

Look for a separate review team made up of 10+ year coding/reviewer experts that re-checks completed work, not the same person grading their own.



What is it measured against?

The strongest standard is the source documentation, not just whether a code was defensible.



Is it shared on a regular schedule?

A number reported every quarter says more than one shared once.



Has the process been verified by anyone outside the company?

Here's how we answer those: 2,522 reviews in Q3, completed by our QA team on work our coders and reviewers had already finished, measured against the source documentation, reported every quarter, with a review process verified by CHAP. If your current vendor can't answer these questions, it's fair to ask what they're hiding.

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You have to find ways to control costs, and this is an area where you can do that without giving up quality.

Jaimi Ostergar

COO, Community Nursing Services

Looking Ahead to Q4

We'll publish the same measures next quarter so you can follow the trend over time. We'll also keep sharing what we learn from the query data, since it shows where small changes in documentation save the most time for everyone involved.

If there's a topic you'd like us to dig into for the next report, we'd like to hear about it. Our customers deserve the best, and we think showing our work every quarter is part of earning it.

About This Report

This report comes from Olli Health's QA and coding team and is based on retrospective reviews of work completed between July 1 and September 30, 2026. Olli combines purpose-built AI with certified coders and QA specialists to review home health and hospice documentation, coding, and OASIS and Plan of Care accuracy before it becomes a claim, a Star Rating, or an audit finding. Olli is CHAP Verified.

If you'd like to see what a chart-level review would find at your agency, we offer a low risk pilot. Reach out to Jay Banks at Jay@OlliHomeHealth.ai to get started.