Mental Health Services in Nursing Facilities: A Follow Up

We will determine the continued existence of vulnerabilities to Medicare resulting from the expanded provision of mental health services to nursing facility residents. In a 1996 OIG study, we found medically unnecessary or questionable Medicare mental health services in nursing facilities in addition to a number of other vulnerabilities. We recommended that HCFA take steps to prevent inappropriate payments for these services, such as developing guidelines for carriers, developing screens to implement these guidelines, and conducting focused medical review and providing physician educational activities. This study will determine whether mental health services in nursing facilities continue to be inappropriately billed. Our work will be coordinated with that on outpatient mental health care.

OEI; 00-00-00000
Expected Issue Date: FY 1999

HOSPICE

Hospice and Hospital/Skilled Nursing Facility Overpayments

This follow-up review will update and expand a recent nationwide review which disclosed a significant number of improper payments to hospitals and skilled nursing facilities for hospice patients. The review will include an evaluation of whether controls implemented by HCFA in response to the prior review are effective in preventing overpayments.

OAS; W-00-96-30015; A-02-96-01047
Expected Issue Date: FY 1998

Part B Payments

We will determine the appropriateness of payments made to physicians, durable medical equipment suppliers and other providers of Part B services on behalf of hospice patients. Separate Part B payments for hospice beneficiaries are appropriate only for conditions unrelated to the patient's terminal illness. A recent nationwide review disclosed significant problems in Part A payments to hospitals and skilled

nursing facilities for hospice patients; a similar situation appears to be occurring on the Part B side.

OAS; W-00-96-30015
Expected Issue Date: FY 1998

Hospice Reimbursement Rates

This review will examine the basis for periodic adjustments to hospice rates. Hospices are reimbursed by Medicare using a capitated daily reimbursement rate, with geographical variations. The rates were set by HCFA in the 1980s and they are adjusted upward periodically. We will determine the basis for the rates and their reasonableness.

OAS; W-00-98-30014; A-05-98-00000
Expected Issue Date: FY 1998

PHYSICIANS

Physicians at Teaching Hospitals (PATH)

This initiative is designed to verify compliance with the Medicare rules governing payment for physician services provided in the teaching setting, and to ensure that claims accurately reflect the level of service provided to the patient. The PATH initiative has been undertaken as a result of the OIG's audit work in this area which suggested that many providers were not in compliance with the applicable Medicare reimbursement policies.

OAS; W-00-96-30021; A-03-96-00006
Expected Issue Date: FY 1998 and FY 1999

Physician Perspectives on Medicare HMOs

This study will determine the experiences and perspectives of physicians who work with Medicare health maintenance organizations (HMOs). The OIG has issued numerous reports on Medicare HMOs over the past several years. Some of these reports have raised concerns with the impact of HMOs on the access and quality of

profitability. This review will identify both systemic problems and individual HMOs for an indepth audit of their enrollment/disenrollment practices.

OAS; W-00-97-30012; A-07-97-01200
Expected Issue Date: FY 1998

Medicare Beneficiary Experiences in HMOs

This study will update prior OIG work which obtained information directly from current Medicare enrollees and recent disenrollees from risk-based health maintenance organizations. We will ask beneficiaries about their experiences in obtaining appointments, access to specialist care, and other such experiences.

OEI; 06-95-00430
Expected Issue Date: FY 1998

Medicare HMO Beneficiaries Who Enroll in Hospice Care

We will determine whether Medicare HMOs hospice beneficiary eligibility determinations are proper and HMO payments are suspended timely. Health maintenance organizations participating in risk based Medicare contracts receive capitated rates for each enrollee. Only terminally ill patients are eligible to be enrolled in hospice care. Payments to the HMO on behalf of a Medicare enrollee who has elected hospice care are to be suspended, except for the portion of the payment applicable to additional benefits provided by the HMO contractor. By shifting non-terminally ill patients to hospice care or failing to suspend hospice enrollees timely, the HMO could overbill the Medicare program.

OAS; W-00-98-30012
Expected Issue Date: FY 1998

Medicare Payments to HMOs for Medicaid-Eligible Beneficiaries

This review will determine if any HMOs have submitted data to HCFA to increase their captation payments by claiming that Medicare beneficiaries were also eligible for Medicaid when they knew the information was not correct. The amount that Medicare pays HMOs for Medicare beneficiaries who are also eligible for Medicaid is higher than the amount it pays for beneficiaries in general. In November 1996, we