

ESRD Monthly Capitation Payment Relative-Value Units

Our review will determine whether the physician work component of the fee schedule for monthly capitation payments accurately reflects the number of physician services provided to end stage renal disease (ESRD) beneficiaries. The monthly capitation payment covers all physician services associated with the continuing medical management of a beneficiary receiving maintenance dialysis. The payment is the same for each beneficiary, regardless of whether dialysis is provided at home or at an outpatient ESRD facility. It includes evaluation and management services for examinations, treatments, and similar services.

(OAS; W-00-04-35112; various reviews; expected issue date: FY 2005)

Place-of-Service Errors

This review will determine whether physicians properly coded the place of service on claims for services provided in ambulatory surgical centers and hospital outpatient departments. Medicare regulations provide for different levels of payments to physicians depending on where the service is performed. Higher payments are made for physician office services.

(OAS; W-00-04-35113; various reviews; expected issue date: FY 2004)

“Long Distance” Physician Claims

We will review Medicare claims for face-to-face physician encounters where the practice setting and the beneficiary’s location were separated by a significant distance. While all beneficiaries may seek professional services for specialized consultation during leisure travel, those with ongoing illnesses requiring skilled care would be unlikely to travel long distances from home. We will examine these claims to confirm that services were provided and accurately reported. If warranted, we will recommend enhancements to existing program integrity controls.

(OEI; 00-00-00000; expected issue date: FY 2005)

Care Plan Oversight

We will evaluate the efficiency of controls over Medicare payments for care plan oversight claims submitted by physicians. Under the Medicare home health and hospice benefits, care plan oversight is physician supervision of beneficiaries who need complex or multidisciplinary care requiring ongoing physician involvement. Reimbursement for care plan oversight increased from \$15 million in 2000 to \$41 million in 2001. We will assess whether these services were provided in accordance with Medicare regulations.

(OAS; W-00-04-35114; A-02-04-00000; expected issue date: FY 2004)