

Medicare Hospice

Oversight of Hospice Providers

We will determine to what extent CMS ensures that hospice providers meet Medicare quality of care standards. Medicare expenditures for hospice increased from \$3.5 billion in 2001 to almost \$6 billion in 2003. We will examine what hospice provider oversight activities are performed, what hospice performance information is maintained by CMS, and to what extent CMS utilizes oversight information to track hospice performance including quality of patient care.

(OEI; 06-05-00260; expected issue date: FY 2006; work in progress)

Hospice Payments to Nursing Facilities

We will determine whether hospice payments for services for dually eligible patients/residents residing in nursing facilities are accurate. OIG's previous work in this area indicated that nursing home hospice patients received nearly 46 percent fewer nursing and aide services from hospice staff than hospice patients living at home. OIG also raised concerns about the appropriateness of the arrangements hospices have with nursing facilities to provide services. We will examine what services are provided by hospice, by nursing homes, whether there are any overlaps in these services, and if so, identify any duplication in reimbursement by Medicare hospice and Medicaid.

(OEI; 00-00-0000, expected issue date: FY 2006; new start)

Medicare Physicians and Other Health Professionals

Billing Service Companies

We will identify and review the relationships between billing companies and the physicians and other Medicare providers who use their services. We will also identify the types of arrangements physicians and other Medicare providers have with billing services and determine the impact of these arrangements on physicians' billings.

(OAS; W-00-05-35162; various reviews; expected issue date: FY 2006; new start)

Medicare Payments to VA Physicians

We will assess the validity of Medicare reimbursement for services billed by physicians who receive remuneration from the Department of Veterans Affairs (VA) for the time the physicians reported being on duty at a VA hospital. Physicians employed by VA may not bill Medicare for services rendered at other hospitals during the times they were on duty at a VA hospital. Our preliminary work has identified a number of VA physicians who received Medicare reimbursements totaling approximately \$105 million for services rendered between the beginning of January 2001 and the end of June 2003. Using time reporting and payroll documentation from VA, we will identify the services rendered while the physicians were reported on duty at VA hospitals and remunerated for such duty.

(OAS; W-00-05-35155; A-00-00-0000; expected issue date: FY 2006; work in progress)

Care Plan Oversight

We will evaluate the efficacy of controls over Medicare payments for care plan oversight claims submitted by physicians. Care plan oversight exists where there is physician supervision of patients in hospice care that require complex or multidisciplinary modalities involving regular physician and/or revision of care plans. 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; various reviews; expected issue date: FY 2006; work in progress)