

Report in Brief

Date: December 2018

Report No. A-02-16-01009



Why OIG Did This Review

Medicare Part B covers dialysis services for beneficiaries with end-stage renal disease. Prior OIG reviews identified inappropriate Medicare payments made for dialysis services that were medically unnecessary, not properly ordered, undocumented, or did not comply with Medicare consolidated billing requirements.

We selected Atlantis Health Care Group of Puerto Rico, Inc., for review because it ranked among the highest-paid providers of ESRD services in Puerto Rico.

Our objective was to determine whether dialysis services provided by Atlantis complied with Medicare requirements.

How OIG Did This Review

Our review covered 11,430 beneficiary-months for which Atlantis received Medicare reimbursement totaling \$20.3 million for dialysis services provided from January 2014 through October 2015. We reviewed a random sample of 100 beneficiary-months. A beneficiary-month was defined as all dialysis services provided to a beneficiary during 1 month. We evaluated the services for compliance with Medicare requirements and subjected them to medical review.

Dialysis Services Provided by Atlantis Health Care Group of Puerto Rico, Inc., Did Not Comply With Medicare Requirements Intended to Ensure the Quality of Care Provided to Medicare Beneficiaries

What OIG Found

Atlantis claimed reimbursement for dialysis services during all 100 sample beneficiary-months that did not comply with Medicare requirements. For example, Atlantis claimed reimbursement for dialysis services for which (1) beneficiaries' medical information was not adequately supported; (2) plans of care or comprehensive assessments did not comply with Medicare requirements, and (3) physicians' orders did not meet Medicare requirements.

These errors occurred because Atlantis' electronic health records system and related procedures were not adequate to ensure that certain ESRD measurements and comorbidities documented in beneficiaries' medical records were correctly reported on their associated Medicare claims. Additionally, while Atlantis had policies and procedures in place to ensure that dialysis services were properly ordered and adequately documented, and that plans of care and comprehensive assessments contained all required elements, these policies and procedures were not effective, not followed, or did not meet Medicare requirements.

We estimated that Atlantis received unallowable Medicare payments of at least \$403,000 for dialysis services that did not comply with Medicare requirements. Many of the deficiencies we identified did not affect Atlantis' Medicare reimbursement for the services since they were reimbursed on a bundled per-treatment basis or related to Medicare conditions for coverage. However, the deficiencies could have a significant impact on the quality of care provided to Medicare beneficiaries and could result in the provision of inappropriate or unnecessary dialysis services.

What OIG Recommends and Atlantis Comments

We recommend that Atlantis refund an estimated \$403,000 to the Medicare program. We also made a series of recommendations to strengthen Atlantis' policies and procedures for ensuring that dialysis services comply with Medicare requirements.

In written comments on our draft report, Atlantis concurred with our findings and recommendations and described actions it has taken or planned to take to address them.