

The United States Senate Committee on Finance

For Immediate Release

May 02, 2012

Contact:

Julia Lawless, Antonia Ferrier (Hatch), (202) 224-4515

Communications Office (Baucus), (202) 224-4515

Hatch, Baucus Lead Finance Committee Members in Bipartisan Effort to Combat Waste, Fraud, and Abuse in Medicare & Medicaid Programs

In an open letter to members of the health care community Senators write, "Drawing on the collective wisdom and accumulated insights of thousands of professionals and individual experiences could offer a fresh perspective and potentially identify solutions that may have been overlooked or underutilized."

WASHINGTON – Today, six members of the Senate Finance Committee, led by Ranking Member Orrin Hatch (R-Utah) and Chairman Max Baucus (D-Mont.), announced a bipartisan effort to begin soliciting ideas from interested stakeholders in the health care community regarding effective solutions to improve federal efforts to combat waste, fraud, and abuse in the Medicare and Medicaid programs. Joining Hatch and Baucus in the effort are: Senators Tom Coburn (R-Okla.), Ron Wyden (D-Ore.), Chuck Grassley (R-Iowa), and Tom Carper (D-Del.).

In an open letter to members of the health care community, the Senators wrote, "We believe federal efforts would be strengthened by input from members across the health care community – providers, payers, health plans, contractors, non-profit entities, consumers, data analytics entities, governmental partners, and patients. Drawing on the collective wisdom and accumulated insights of thousands of professionals and individual experiences could offer a fresh perspective and potentially identify solutions that may have been overlooked or underutilized."

This week, the lawmakers invited interested stakeholders to submit white papers offering recommendations and innovative solutions to improve program integrity efforts, strengthen payment reforms, and enhance fraud and abuse enforcement efforts. Submissions are due by June 29, 2012. A summary document highlighting key proposals will be compiled and released later this year.

The Senate Finance Committee has jurisdiction over the Medicare and Medicaid programs.

Below is the full text of the letter:

May 2, 2012

To Members of the Health Care Community:

According to the Government Accountability Office (GAO), few programs are as much at risk for fraud, waste and abuse as the Medicare and Medicaid programs. Estimates of the amount of fraud

and misspending in these programs vary widely, from \$20 billion to as much as \$100 billion. Just this week, testimony before the Senate Finance Committee underscored the seriousness of this problem, as witnesses testified that while much has been accomplished in the fight against fraud and abuse, much more needs to be done. As Senators and members of the Finance Committee, we have a duty to ensure that taxpayer funds are being spent wisely.

Combating fraud in Medicare and Medicaid has long been a challenge for the Centers for Medicare & Medicaid Services (CMS), the Department of Health and Human Services Inspector General (HHS OIG) and the Department of Justice (DOJ). To date, numerous efforts have been made to reduce fraud, yielding a mixed record of successes and failures. We believe federal efforts would be strengthened by input from members across the health care community – providers, payers, health plans, contractors, non-profit entities, consumers, data analytics entities, governmental partners, and patients. Drawing on the collective wisdom and accumulated insights of thousands of professionals and individual experiences could offer a fresh perspective and potentially identify solutions that may have been overlooked or underutilized.

Today we are announcing an effort to solicit ideas from all interested stakeholders in the health care community, regarding solutions and suggestions for how to better prevent and combat the multi-billion dollar problem of waste, fraud and abuse in the Medicare and Medicaid programs. We invite you to submit white papers offering your best ideas, built on years of experience and insight. We want to know what areas you see for improvement in current program integrity efforts, as well as additional solutions that we should consider. Working together, we hope to identify innovative solutions that will provide taxpayers with a better return on the investments being made to combat the overpayments in these federal health care programs.

Below are the general categories in which we seek input, though some recommendations may include multiple categories:

- Program Integrity Reforms to Protect Beneficiaries and Prevent Fraud and Abuse
- Payment Integrity Reforms to Ensure Accuracy, Efficiency and Value
- Fraud and Abuse Enforcement Reforms to Ensure Tougher Penalties Against Those Who Commit Fraud

Entities interested in submitting white papers should email a PDF or Microsoft Word document to ProgramIntegrityWhitePapers@finance.senate.gov by June 29, 2012. Submissions should include summary information about the entity or individual submitting a white paper, as well as phone and email contact information. White papers should be as succinct and concrete as possible. When possible, please include cost-benefit or potential savings information. Our staff will review submissions and compile a summary document highlighting key proposals later this year.

We appreciate your submission of thoughtful and constructive solutions, as we work to conduct targeted oversight to improve federal efforts to reduce fraud and abuse in Medicare and Medicaid. Together, we believe we can improve program integrity and be better stewards of taxpayer dollars.

Sincerely,
BAUCUS
HATCH
COBURN
WYDEN
GRASSLEY
CARPER

###

Senate Committee on Finance | 219 Dirksen Senate Office Building | Washington, DC 20510-6200