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United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

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October 22, 2012

The Honorable Daniel R. Levinson
Inspector General
U.S. Department of Health and Human Services
Room 5541 Cohen Building
330 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Inspector General Levinson:

As Members of the Senate Finance Committee, it is our responsibility to conduct oversight over the Medicare program including implementation of new tools to help eradicate waste, fraud and abuse in Medicare. Accordingly, we support the predictive analytics provision of the Small Business Jobs Act of 2010 (Act), which was enacted to enable and accelerate the Center for Medicare & Medicaid Services (CMS) development of a Fraud Prevention System (FPS) as part of the National Fraud Prevention Program (NFPP). The FPS system holds significant potential if CMS is timely, transparent, and targeted in its implementation of the system.

Section 4241(e) of the Act requires CMS to report, no later than 3 months after the completion of the first implementation year, on the use of predictive analytics in the first year, and to obtain certification from the Department of Health and Human Services' Office of Inspector General (HHS-OIG) on the actual and projected savings to the Medicare fee-for-service program from use of this technology. We have already been in frequent contact with CMS regarding submission of the report, but are now writing to obtain more information from your office regarding your review of the report. Given the high level of interest in this report and the importance of the results as an indicator of future use and reliance of these efforts, we are very interested in obtaining more information concerning HHS-OIG's review of the report and validation of its findings.

The true test of the effectiveness of this tool can only be ascertained if there are valid, reliable results. We share your goal of protecting the Medicare program and want to ensure that taxpayer funds are being well utilized as CMS continues to enhance its program integrity efforts. Therefore, in the interest of being transparent to taxpayers and stakeholders, and accountable to Congress, we request you provide us with the following information to help us better understand the process HHS-OIG utilized to review the report and validate its findings:

- 1) A detailed explanation of the process used by HHS-OIG to review the report including qualifications of staff involved (e.g., auditors, evaluators, counsel) and methods used to validate the numbers contained in the report.

- 2) All documents, including memoranda and e-mails, regarding any requests for additional information or clarification of submitted information sent to CMS and copies of all responses to such requests.
- 3) All internal analysis and documents created by HHS-OIG as part of the review process, including any and all recommendations to CMS to modify the report or its contents as well as any other recommendations made by HHS-OIG to CMS about the FPS system, the report process or the underlying data.
- 4) Timetable of the review process including when initial report received from CMS and when the review was completed by HHS-OIG.
- 5) Any recommendations for improvements to this overall review process that Congress should consider as looking at the utility of this provision of the Act.

We respectfully request your office's response to this request by November 2, 2012. If you have any questions about this request please contact Kimberly Brandt at 202/224-4515 or Josh Trent at 202/224-5754. Thank you for your attention to this matter and we are committed to working with you and others interested in reducing waste, fraud, and abuse in Medicare.

Sincerely,



Orrin G. Hatch



Tom Coburn, M.D.