

United States Senate

WASHINGTON, DC 20510

September 20, 2011

The Honorable Gene L. Dodaro
Comptroller General
U.S. Government Accountability Office
441 G Street, NW
Washington, D.C. 20548

Dear Mr. Dodaro:

We are writing to request that the Government Accountability Office (GAO) immediately undertake a review of the operation of the Centers for Medicare & Medicaid Services' (CMS) HIPAA Eligibility Transaction System (HETS). For months there have been concerns about reoccurring problems with this program. These problems have ranged from provider and beneficiary complaints over unusually long wait times while trying to affirm eligibility via HETS, to providers not being able to get through on the secondary channel of 1-800-Medicare.

Taxpayers have a right to know if CMS is managing the HETS system in an efficient and effective manner to handle the increasing transactions volumes. Unfortunately, CMS' record in transactions history is mixed. Just last month, GAO reported that CMS' deficiencies in accounting for CY 2010' transactions resulted in an estimated \$48 billion in improper Medicare payments.

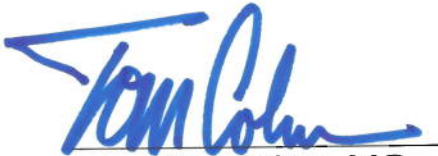
Since establishing beneficiary eligibility in a timely and efficient manner is a fundamental part of basic program integrity operations, HETS is uniquely important as part of CMS fraud prevention efforts. If HETS is failing to serve providers and seniors – whether due to increased transaction volume because of the new Medicare beneficiaries aging in to the program or to mismanagement and neglect – Congress deserves to know the facts, as soon as possible, in order to help CMS make the necessary course corrections before the problem becomes more acute. Therefore, we are requesting GAO undertake a timely review that includes, but is not limited to answering the following questions:

- For the past two years (on a monthly basis), what has the HETS incoming volume been? What does this volume translate to on a per beneficiary basis?
- For the same time period (on a monthly basis), what has the HETS 'time out' (e.g. failure to connect) rate been? What does this translate to on a per beneficiary basis?
- Does CMS log these 'time out' or 'trouble tickets'? Are these logs made publicly available to the public and providers? If not, why not?
- What steps has CMS taken to improve the operation of the program? Please describe in detail.
- What is the rationale for CMS' failure to have 'service level agreements' (SLA) with any of its eligibility verification providers that are common-place with commercial vendors/payers?

- How does the commercial sector (e.g. Medicare Advantage, and other commercial products) handle eligibility verification, and are there ways for CMS to apply 'learnings' from those systems to the federal program?
- To what degree has CMS planned for the HETS system to bear the increased transaction volume expected from increasing numbers of beneficiaries enrolling in the Medicare program?
- Would contracting with a third party to fulfill the requirements of the current HETS system result in a higher quality and more efficient system?
- What program integrity efforts does CMS employ to protect beneficiary eligibility data and/or ensure that the requestor is entitled to information they are requesting?

You and your colleagues at GAO continue to provide Congress with valuable programmatic analysis, insights, and recommendations. To help ensure the federal government is well stewarding taxpayer dollars and meeting its obligations to providers and patients under HETS, we respectfully request you give this request your timely attention.

Best regards,



Tom Coburn, M.D.
U.S. Senator



Richard Burr
U.S. Senator



Orrin Hatch
U.S. Senator