

Health Headlines

March 12, 2012

House Subcommittee Seeks Report from CMS, HHS & DOJ on Efforts to Combat Medicare Fraud

On March 7, 2012, Chair of the House Ways and Means Subcommittee on Oversight, Representative Charles W. Boustany, Jr. (R-La), issued letters to CMS, HHS and the DOJ requesting information about the entities' efforts to combat Medicare fraud.

Referencing a March 2, 2012 Subcommittee hearing on "Improving Efforts to Combat Health Care Fraud," Boustany explains that the present inquiry is a follow-up to the efforts discussed at that hearing and a request for "information about specific areas of concern for Medicare fraud."

In the letter to Marilyn Tavenner, Acting Administrator of CMS, Representative Boustany asks whether CMS: (1) has considered using the authority provided under Section 1866 of the Social Security Act (SSA) that permits imposing "temporary moratoriums on the enrollment of certain new providers when necessary to prevent or combat fraud, waste, or abuse within Medicare;" and (2) will meet a March 2013 deadline imposed by Section 1866(j) of the SSA that all Medicare providers and suppliers be screened for potential threats to Medicare integrity.

Representative Boustany also sent a joint letter to Secretary Sebelius and Attorney General Eric Holder in which he requests that they provide a briefing "regarding efforts to combat Medicare fraud generally, and identify cases of gross overutilization specifically." In addition, Boustany seeks fiscal year 2011 information on several topics, including: (1) the number of criminal healthcare fraud investigations opened, criminal cases filed, criminal defendants charged, and criminal convictions attributable to the Health Care Prevention and Enforcement Action (HEAT) program; (2) the funding levels for each HEAT task force and the return on investment for each task force; and (3) a detailed breakdown of health care fraud convictions in 2011 by the types of fraud at issue.

Finally, in both letters Boustany refers to recent articles in the *Houston Chronicle* reporting on potential Medicare fraud in Texas and in particular reports about Medicare payments for private ambulance services and home health services in Houston. Boustany requests that CMS submit: (1) the amount of suspected Medicare overpayments in the Houston area for the last five years; (2) the total amount recovered in Houston by program integrity contractors; and (3) the top ten geographic areas for Medicare reimbursement for certain services, including home health care, private ambulance services, durable medical equipment, outpatient mental health care, and outpatient substance abuse care for the last five years. Boustany instructs HHS and DOJ to submit the number of criminal investigations opened, cases filed, defendants charged and convictions attributable to efforts by the HEAT task force in Texas concerning private ambulance providers.

CMS, HHS and the DOJ must respond by March 21, 2012. Copies of the letters are available by clicking [here](#).

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