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# United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

RUSSELL SULLIVAN, STAFF DIRECTOR  
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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](mailto: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

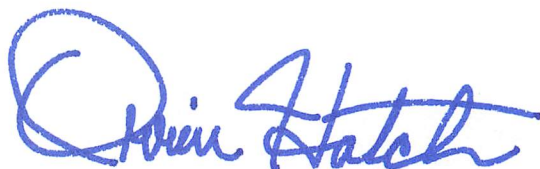
phone and email contact information. White papers should be as succinct and concrete as possible. When possible, please include cost-benefit or potential savings information. Our staff will review submissions and compile a summary document highlighting key proposals later this year.

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.

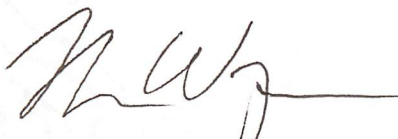
Sincerely,



Max Baucus  
Chairman



Orrin G. Hatch  
Ranking Member



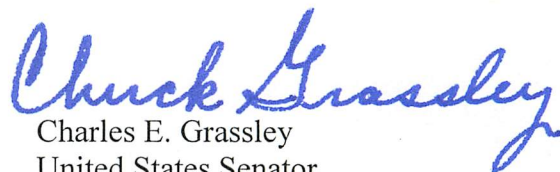
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United States Senator



Tom Coburn  
United States Senator



Tom Carper  
United States Senator



Charles E. Grassley  
United States Senator