

Congress of the United States
Washington, DC 20510

June 26, 2012

The Honorable Gene L. Dodaro
Comptroller General of the United States
U.S. Government Accountability Office
441 G Street, NW, Room 7100
Washington, DC 20548

Dear Mr. Dodaro:

As Members of the Committees of jurisdiction over Medicare in the United States Congress, it is our responsibility to conduct oversight of the Centers for Medicare & Medicaid Services (CMS) and the federal health care programs administered by CMS. It is in this role that we are requesting that the Government Accountability Office (GAO) conduct a study regarding coordination of the various audits that are being conducted in the Medicare program.

The Medicare fee-for-service program is overseen by a number of different contractors, including the Medicare Administrative Contractors (MACs), the Medicare Recovery Audit Contractors (RACs), the Zone Program Integrity (ZPICs) and Program Safeguard Contractors (PSCs), and the CERT (Comprehensive Error Rate Testing Review) Contractor, each with its own particular responsibilities to ensure that Medicare pays claims accurately in accordance with Medicare law and policy. Health care providers are responsible for interacting with, and responding to, each of these contractors. In order for this contractor oversight to at once be effective at detecting improper payments and not unnecessarily burdensome to providers, it must be undertaken subject to a coherent strategic plan, consistent standards and active coordination.

To this end, we ask that you undertake a study that focuses on coordination among contractor efforts and CMS efforts to oversee these contractors to ensure that they are working efficiently and effectively while guaranteeing that beneficiaries are receiving care to which they are entitled. We ask that, at a minimum, you evaluate the following questions:

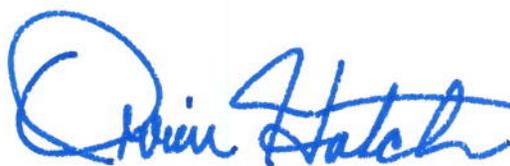
1. What process does CMS use to determine whether the contractors' audit criteria and methodologies are valid, clear and consistent?
2. How does CMS coordinate among these contractors to ensure that their interactions with providers are not duplicative? Is there any evidence of providers being subjected to multiple overlapping audits on the same topic? If so, how frequently does this occur? Is

there any justification for a single provider being audited by multiple contractors at the same time?

3. What are the reasons for requesting that similar information be submitted to multiple contractors? Are there steps CMS is taking to limit duplicative audits, while still ensuring contractors have the tools necessary to pursue program integrity efforts?
4. Does CMS have a strategic plan to coordinate and oversee all of its audit activities and, if so, how is that plan implemented and overseen?

Thank you for your prompt attention to this request. If you have any questions regarding this matter, please contact Kimberly Brandt or Matt Kazan of the Senate Finance Committee staff at 202/224-4515, John Stone or Kiren Gopal of the House Energy and Commerce Committee staff at 202/225-2927 or Chris Armstrong or Karen McAfee of the House Ways and Means Committee staff at 202/225-3625.

Sincerely,


Orrin G. Hatch
U.S. Senator


Max Baucus
U.S. Senator


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

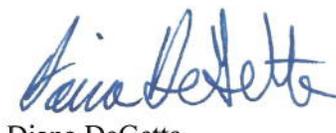

Tom Carper
U.S. Senator


Charles E. Grassley
U.S. Senator


Fred Upton
U.S. Representative


Henry Waxman
U.S. Representative


Cliff Stearns
U.S. Representative


Diana DeGette
U.S. Representative


Charles Boustany, M.D.
U.S. Representative


John Lewis
U.S. Representative