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Baucus: Health Care Reform Working to Prevent Medicare Fraud

Finance Chair Releases GAO Report Showing Health Reform Is Helping Stop Fraud Before it Happens

Washington, DC – Senate Finance Committee Chairman Max Baucus (D-Mont.) released a report today showing health reform is making progress preventing fraud and abuse in Medicare. The Government Accountability Office (GAO) [report](#) outlines new enrollment screening procedures for Medicare service providers that are helping to stop fraud before it happens, rather than relying on the old method of retroactively tracing fraud and attempting to recollect lost money. Baucus requested the GAO report as part of his ongoing efforts to fight fraud and abuse within Medicare and save taxpayer dollars.

“This report shows that health care reform is working to prevent fraud and abuse in Medicare and save taxpayer dollars. When criminals cheat Medicare, they’re stealing from taxpayers and hurting seniors,” Baucus said. **“We need to keep strengthening our prevention efforts to make sure that criminals never get into the system and that fraudulent money doesn’t go out the door to cheats and scammers.”**

The report found that CMS has strengthened the existing enrollment screening process through the addition of new provider and supplier screening procedures. These new screening procedures include an automated screening system that will ensure the provider enrollment system is up-to-date and accurate as well as defined conditions for the level of screening according to the risk of fraud, waste and abuse. The report also notes screening procedures that still remain in progress and are continuing to be worked on by CMS.

These new procedures, as well as the new tools and resources health reform provided for law enforcement, helped make last year the most successful ever in terms of fraud crackdowns. The federal government recollected a record \$4.1 billion as a result of its efforts.

The full GAO report, “Medicare Program Integrity: CMS Continues Efforts to Strengthen the Screening of Providers and Suppliers,” can be found [here](#).

Baucus will also hold a hearing on Tuesday to learn from the successes of a recent sting involving what the Justice Department called “the highest amount of false Medicare billings in a single takedown in [Medicare Fraud] Strike Force history.” The sting resulted in charges brought against 91 people accused of defrauding Medicare for nearly \$300 million. The hearing will take place at **10:00 a.m. on Tuesday, April 24** in **Room 215** of the **Dirksen Senate Office Building**. Media are encouraged to attend the hearing or to view the webcast and witness testimony [online](#).

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