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Congress of the United States

House of Representatives

Washington, DC 20515-0301

June 17, 2014

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

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WATER AND POWER

The Honorable Sylvia Burwell Secretary U.S. Department of Health & Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201

Dear Secretary Burwell:

We are writing you to express our concerns regarding the Recovery Audit Contractor (RAC) program, and how the punitive activities of these audits within the Center for Medicaid and Medicare Services (CMS) have created a significant backlog in appeals. We believe that an improved process with a focus on provider education will not only reduce instances of fraud, but also ensure that our needy and elderly population will continue to receive quality healthcare.

As you know, the Recovery Audit Contractor program has been criticized for overzealous and punitive decisions by the medical provider and hospital community since its inception in 2010. While CMS has recognized some of the shortcomings of the Medicare RAC auditing process, there are concerns that the Medicaid RAC audits, which were authorized as a result of the Affordable Care Act, will be similarly flawed.

Although many states have yet to fully implement the Medicaid RAC audits, it has come to our attention that there are already significant concerns in states that have begun these audits. Contributing to the sense of unfairness is the fact that practitioners are subject to a 3-year look back rule for overpayments based on an audit of less than 1 percent of the claims submitted, while those same practitioners are limited to a case-by-case review of underpayments that must be submitted within 120 days of remittance.

We request that CMS:

- Examine the Medicaid RAC programs that have been implemented across the states and assess the impact such audits have had on physicians and dentists enrolled in the program and subsequent patient access to services.
- Compile a list of state education and outreach efforts on Medicaid RAC audits to determine the
 depth of provider education needed to function well within the Medicaid program. Provide
 technical assistance to physicians and dentists to enable them to better understand and comply
 with RAC audit requirements.
- Issue guidelines to help ensure such education takes place consistent with the final rule on Medicaid RAC programs, published September 16, 2011, requiring states to provide education and outreach to providers.
- Issue guidelines to establish a uniformly fair, transparent process concerning how and when extrapolation should be used to determine fines and to recommend the use of an in-state practitioner with comparable education in the same field to review clinical records where appropriate.

We recognize that fraud is a problem that compromises the limited resources available for Medicaid programs across the country. We are requesting that you and your staff consider opportunities to provide guidance concerning Medicaid RAC audits to ensure that they are fair, transparent, and allow medical practitioners the opportunity to learn how to fully operate under applicable regulation rather than moving forward with a process that aims simply to penalize providers financially.

Thank you for your consideration on our request.

Sincerely,

Paul A. Gosar D.D.S. Member of Congress

Matt Salmon Member of Congress

Phil Roe M.D.

Member of Congress

Fodd Rokita Member of Congress

Mike Simpson D.D.S. Member of Congress

Keith Rothfus Member of Congress

Cynthia Lummis Member of Congress

Doug LaMalfa Member of Congress

Colleen Hanabusa
Member of Congress

Ileana Ros-Lehtinen Member of Congress

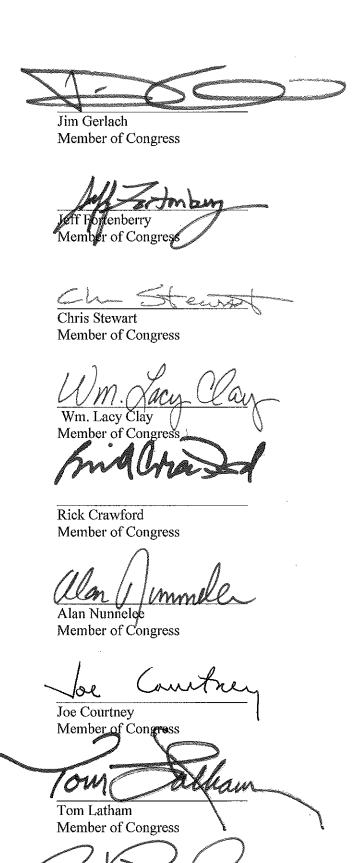
David McKinley

Member of Congress

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Kyrsten Sinema Member of Congress

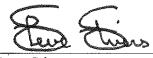
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Lynn Westmoreland Member of Congress	Albio Sires Member of Congress
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Rob Bishop

Member of Congress

Markwayne Mullin Member of Congress
Rob Woodall Member of Congress
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Steve Stivers Member of Congress

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