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# SunSolutions **SPOTLIGHT** News Break

## **CMS Update: Obama Administration Announces Ground-Breaking Public-Private Partnership to Prevent Health Care Fraud**

On July 26, HHS Secretary Kathleen Sebelius and Attorney General Eric Holder announced the launch of a ground-breaking partnership among the federal government, State officials, several leading private health insurance organizations, and other health care anti-fraud groups to prevent health care fraud. This voluntary, collaborative arrangement uniting public and private organizations is the next step in the Obama administration's efforts to combat health care fraud and safeguard health care dollars to better protect taxpayers and consumers.

The new partnership is designed to share information and best practices in order to improve detection and prevent payment of fraudulent health care billings. Its goal is to reveal and halt scams that cut across a number of public and private payers. The partnership will enable those on the front lines of industry anti-fraud efforts to share their insights more easily with investigators, prosecutors, policymakers and other stakeholders. It will help law enforcement officials to more effectively identify and prevent suspicious activities, better protect patients' confidential information and use the



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full range of tools and authorities provided by the Affordable Care Act and other essential statutes to combat and prosecute illegal actions.

One innovative objective of the partnership is to share information on specific schemes, utilized billing codes and geographical fraud hotspots so that action can be taken to prevent losses to both government and private health plans before they occur. Another potential goal of the partnership is the ability to spot and stop payments billed to different insurers for care delivered to the same patient on the same day in two different cities. A potential long-range goal of the partnership is to use sophisticated technology and analytics on industry-wide healthcare data to predict and detect health care fraud schemes.

The Executive Board, the Data Analysis and Review Committee, and the Information Sharing Committee will hold their first meeting in September. Until then, several public-private working groups will continue to meet to finalize the operational structure of the partnership and develop its draft initial work plan.

The partnership builds on existing tools provided by the Affordable Care Act, resulting in:

- Tougher sentences for people convicted of health care fraud. Criminals will receive 20 to 50 percent longer sentences for crimes that involve more than \$1 million in losses;
- Enhanced screenings of Medicare and Medicaid providers and suppliers to keep fraudsters out of the program.
- Suspended payments to providers and suppliers engaged in suspected fraudulent activity.

The administration's efforts to date have already resulted in a record-breaking \$10.7 billion in recoveries of health care fraud over the last three years. For more information on this partnership and the Obama administration's work to combat health care fraud, please visit the [Stop Medicare Fraud](#) web page.

Full text of this excerpted [CMS press release](#) (issued July 26).

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