

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

February 26, 2014

The Honorable Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Washington, DC

Dear Administrator Tavenner,

Pursuant to Rules X and XI of the U.S. House of Representatives, the committee is investigating the adequacy of CMS screening of providers receiving Medicare payments or other kinds of federal funds administered by CMS.

Recent articles have reported on a chain of Texas hospitals that received nearly \$18 million in economic stimulus funds from CMS for moving to electronic medical records. These facilities continued to receive funding despite warnings that reached several agencies for more than four years of patient-care threats and allegations of fraud. This month, a federal grand jury indicted a top administrator of this hospital chain for allegedly defrauding the federal government of economic stimulus funds. The indictment alleged that the administrator falsely certified that the medical center met requirements to receive \$800,000 in stimulus money by switching from paper medical records to an electronic system. However, the indictment stated that an electronic platform was used only "minimally" and that the hospital continued to use paper and "uncertified" technology.

The case in Texas raises broader questions about CMS' ability to detect fraud in its programs. To assist the committee, please provide a briefing to Members and staff by March 12, 2014 to respond to the following:

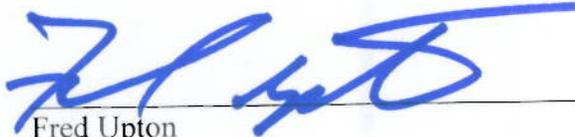
1. What is the status of CMS efforts on predictive modeling used to develop provider characteristics?
2. What have been the accomplishments by Zone Program Integrity Contractors to improve provider screening over the last year?
3. What actions has CMS taken to screen providers using the General Systems Administration database on contract debarments, the Inspector General exclusions, and Social Security Administration master death file?

Letter to the Honorable Marilyn Tavenner

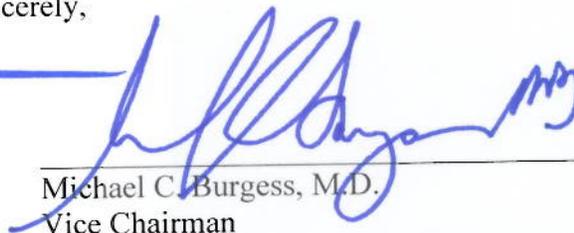
4. Has CMS coordinated with the FDA on that agency's debarment and disqualification lists?
5. What other federal databases could CMS use to screen providers or fund recipients?
6. How does CMS assure that the agency is alerted to credible fraud allegations concerning providers or fund recipients? What is CMS authority for stopping payments to a provider or recipient under investigation for fraud?
7. How many revocations of Medicare providers have occurred since January 1, 2004?

If you have any questions, please contact Alan Slobodin of the committee staff at (202) 225-2927.

Sincerely,



Fred Upton
Chairman



Michael C. Burgess, M.D.
Vice Chairman
Subcommittee on Oversight & Investigations



Joe Barton
Chairman Emeritus