



Daily News

Sens. Carper, Coburn Drafting Medicare Anti-Fraud Bill To Expand Access To Data

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Two senators are crafting a bipartisan proposal to ease data sharing among agencies during investigations of Medicare fraud, in the wake of several congressional hearings including one where Office of Inspector General officials expressed interest in being able to view more data from CMS. Increased access to medical malpractice information is expected to be part of the bill.

Sen. Carper (D-DE) and Tom Coburn (R-OK) are crafting legislation, and congressional staff told *Inside Health Policy* that the bill is expected to be introduced this summer. Anti-fraud advocates, along with relevant federal agencies, have been contacted concerning the proposal, a source says.

Although the bill is still being drafted, Senate staff have said it would be similar to the FAST Act, a bill Coburn introduced last September that, among other things, expands access to the National Practitioner Data Bank, a repository of information on malpractice payments and license revocations of providers. That bill, which did not reach a vote in committee, authorized access to the NPDB by federal agencies or "other entities," which included fiscal intermediaries and carriers that are acting under contract on the behalf of such agencies, while also creating an appeals process under which providers or suppliers could have their names removed from the data bank.

Physician advocates have sparred with consumer groups about public access to the NPDB, with the American Medical Association saying that a majority of the data focuses on medical liability claims against physicians, which is a poor indicator of quality. Other groups, such as Public Citizen, have argued that Congress needs to open the data bank to allow patients to make an informed choice about which doctors to choose, and for state medical boards to better discipline doctors.

The FAST Act also proposed new methods to track banned providers across state lines, improved information systems to allow better integration among Medicare databases, let HHS provide immediate access to information identifying banned providers and suppliers, build on the One Program Integrity System Integrator, and ensure data is uploaded to the Integrated Data Repository daily.

Officials in the HHS Office of the Inspector General have said at congressional hearings that they want increased access to CMS data to fight fraud. At a House Energy and Commerce oversight & investigations subcommittee hearing in early March, Omar Perez, an assistant special agent for OIG who leads investigations in Florida, said that the OIG would welcome additional capabilities to review real-time data from CMS for investigations, and see profiles of providers.

At a recent Center for American Progress event, Marsha Simon, the president of consulting firm M.J. Simon and Company, proposed other reforms to slow Medicare and Medicaid fraud: eliminating conflicts of interest, checking beneficiaries and providers against death records and other public databases, comparing drug prices paid by government programs, making Medicare Advisory Contractors pay for errors, and aggressively defending payment error findings. -- Brian Everstine (beverstine@iwppnews.com)

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