

## Enhance and modernize program integrity to combat waste, fraud, and abuse.

- CMS program integrity functions for Medicare, Medicaid, and Exchanges help us hold the healthcare system accountable, protect beneficiaries from harm and safeguard taxpayer dollars while minimizing unnecessary provider burden.
- CMS is intensifying the fight against waste, fraud and abuse with innovative strategies such as artificial intelligence and appropriate private sector best practice methods.
- CMS is focusing on results by ensuring that the right payments are made at the right time to the right beneficiary for covered, reasonable, and medically necessary services.

## Our actions have delivered results

- As a result of the President's Executive Order on Protecting and Improving Medicare for Our Nation's Seniors we are implementing program integrity changes to eliminate waste fraud, and abuse through prior authorization for five groups of procedures that can be considered cosmetic.
- The 2019 Medicare-FFS estimated improper payment rate decreased from 8.12 percent in 2018 to 7.25 percent in 2019. This is the third consecutive year the rate has been below the 10 percent threshold for compliance established in the Improper Payments Elimination and Recovery Act of 2010.
- Home health corrective actions resulted in a significant \$5.32 billion decrease in estimated improper payments from 2016 to 2019. That's a massive rate decrease over three years: 42.01 percent in 2016 to 12.15 percent in 2019.
- Part B saw a \$1.82 billion decrease in estimated improper payments in the last year due to policy clarifications under our Patients Over Paperwork initiative. This represents an improper payment rate decrease from 10.68 percent in 2018 to 8.64 percent in 2019.
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) improper payments decreased an estimated \$1.29 billion from 2016 to 2019. This represents a considerable decrease in the improper payment rate from 46.26 percent in 2016 to 30.70 percent in 2019.
- To prevent questionable providers and suppliers from entering the Medicare program, and enhance our ability to promptly identify and act on instances of improper behavior we finalized the Program Integrity Enhancements to the Provider Enrollment Process Final Rule.
- Through two Requests for Information (RFIs) we are seeking input from various

stakeholders including the clinical community and healthcare information technology industry on ways we can transform program integrity as health care modernizes, placing emphasis on reducing provider burden and using advanced technology.

- We prevented between \$5 and \$23 billion in fraud through the Medicare Card Address Validation Project.