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Calendar Years 2023 - 2024
Healthcare Fraud Prevention Partnership
Biennial Report to Congress

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Biennial Report to Congress – Healthcare Fraud Prevention Partnership, 2023-2024

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Executive Summary

The Healthcare Fraud Prevention Partnership (HFPP) is a statutorily required public-private partnership of voluntary members from federal agencies, law enforcement, private health insurance plans, state Medicaid agencies, local agencies, and health care anti-fraud associations. Overseen by the Centers for Medicare & Medicaid Services (CMS), the HFPP focuses on reducing health care fraud, waste, and abuse through collaboration, data sharing, and analytics.

The HFPP's Trusted Third Party (TTP) collects and aggregates health care claims records from data-sharing Partners and ensures that individual data contributions remain confidential. The TTP applies rigorous data integrity checks to maintain reporting accuracy and ensure consistent methodology across data sets and then analyzes the records to produce actionable insights delivered to Partners through detailed reports.

Section 1128C(a)(6)(F) of the Social Security Act requires that no later than January 1, 2023, and every two years thereafter, the Secretary of Health and Human Services submit to Congress and make available on the public website of the Centers for Medicare & Medicaid Services (CMS) a report that describes the activities related to the HFPP for the prior two years. The first report to Congress covering HFPP program activities for calendar years 2021 and 2022 was submitted in September 2023. This report summarizes HFPP program activities, achievements, and outcomes that occurred in calendar years 2023 and 2024.

Section 1128C(a)(6)(F) states that the report must contain: 1) a review of activities conducted by the partnership over the two-year period ending on the date of the submission of such report, including any progress to any objectives established by the partnership; 2) any savings voluntarily reported by health plans participating in the partnership attributable to the partnership during such period; 3) any savings to the federal government attributable to the partnership during such period; 4) any other outcomes attributable to the partnership, as determined by the Secretary, during such period; and 5) a strategic plan for the two-year period beginning on the day after the date of the submission of such report, including a description of any emerging fraud and abuse schemes, trends, or practices that the partnership intends to study during such period.

Regarding HFPP program activities and outcomes, some achievements from the 2023-2024 reporting period include:

- The number of data-sharing Partners increased from 79 to 94.
- The number of claims records in the HFPP cross-payer data set increased from 67.2 billion to 89.6 billion – more than a 33 percent increase.
- The TTP conducted a total of 22 analytic studies, which included 10 new and 12 recurring studies, that resulted in 1,239 individualized reports delivered to HFPP Partners.
- The HFPP posted 287 alerts to the HFPP Portal, an increase of over 81 percent compared to the previous biennial reporting period.
- The HFPP hosted 253 events as a platform for Partners to share information among each other.
- HFPP Partners reported over $62 million in combined hard and soft savings (i.e., recoveries and avoidances).

- HFPP Partners opened 340 cases, investigating providers for potential fraud.

Based on Partner feedback and cost-benefit analyses, resource-intensive initiatives were discontinued to prioritize efforts with greater impact. Additionally, the HFPP has reevaluated existing study topics to emphasize Partner priorities and ensure resources are focused on the most actionable insights and fraud trends.

The HFPP also made enhancements during this reporting period, with the goal of improving program functionality and outcomes for Partners. These changes include:

- Improvements to the HFPP Portal for more interactive study results,
- Five new types of analytical reports, and
- Streamlined processes for Partner engagement.

Program Overview

The HFPP is a statutorily-authorized public-private partnership comprised of voluntary members from federal agencies, law enforcement, private health insurance plans (private payers), state Medicaid agencies, other state and local agencies, and health care anti-fraud associations.[1]

The HFPP was established in 2012, with a goal of using data and information sharing to move from a reactive to a preventive approach in addressing health care fraud, waste, and abuse. Given its broad membership, the HFPP is uniquely positioned to examine emerging fraud, waste, and abuse trends and develop key recommendations and strategies to address them.

The HFPP has continued to refine its strategic focus to maximize value for its Partners. Key improvements during this reporting period include prioritizing high-impact activities such as fraud alerts and information sharing meetings while eliminating lower-value efforts. By concentrating on proven methodologies and Partner-driven priorities, the HFPP ensures that program resources are directed toward actionable fraud prevention.

Executive Board

The HFPP Executive Board is responsible for providing strategic direction to the HFPP and supporting the Partnership's fraud-fighting efforts and initiatives. To address these responsibilities, there are four formal executive board meetings held per year; executive board members also communicate regularly regarding various sub-committees and projects.

The HFPP Executive Board consists of 16 board members, ensuring all categories of Partner types within the HFPP are represented. For further information on the composition of the HFPP Executive Board, see Appendix A.

Membership

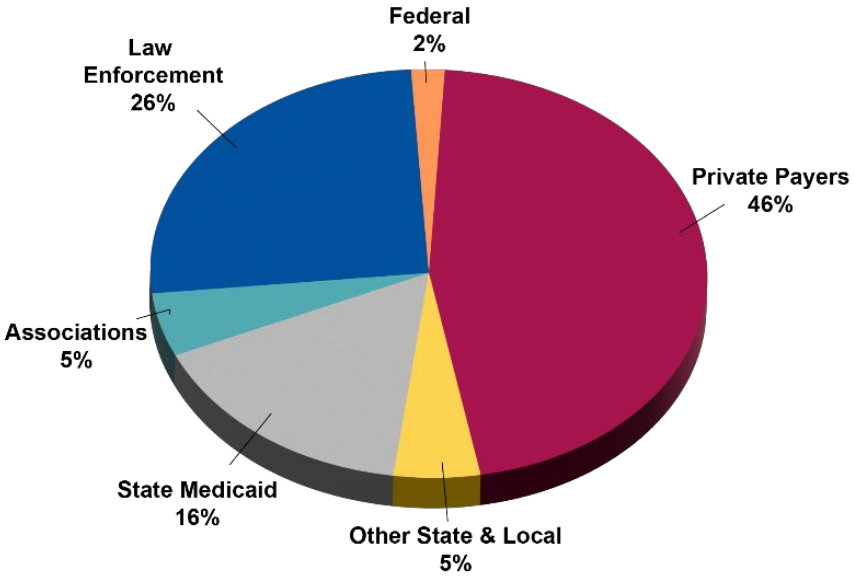
The Partnership consists of federal agencies, including federal health and law enforcement agencies, private payers, state Medicaid agencies, other state and local agencies, and health care anti-fraud associations. Figure 1, below, provides an overview of HFPP Partners by type.

At the close of calendar year 2024, the HFPP consisted of 310 Partners,[2] including six federal agencies, 81 law enforcement agencies, 144 private payers, 50 state Medicaid agencies, 14 other state and local agencies, and 15 health care anti-fraud associations. The Partnership grew from 275 Partners in January 2023 to 310 Partners in December 2024. The most growth occurred with private payer organizations, with 25 Partners added during the reporting period.

[1] Section 124 of Division CC of the Consolidated Appropriations Act, 2021 (P.L. 116-260) amended section 1128C of the Social Security Act to provide explicit statutory authority for the HFPP and established requirements for a biennial Report to Congress. (42 U.S.C. § 1320a-7c).

[2] During this reporting period, two Partners were recategorized as different Partner types due to organizational changes, and four were removed from the Partnership due to mergers or lack of participation in the HFPP.

Figure 1. HFPP Membership by Partner Type



Review of HFPP Activities

The section below provides a review of activities conducted by the Partnership across the reporting period and includes data collection and management, and deliverables that facilitate information sharing to and among Partners.

Data Collection & Management

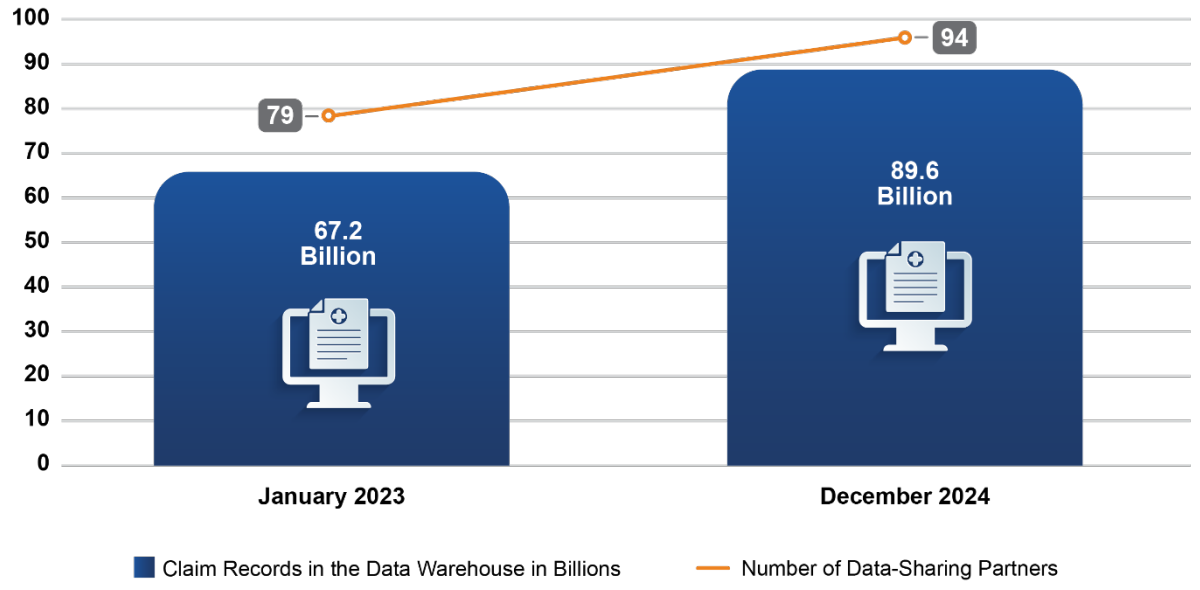
The HFPP conducts fraud, waste, and abuse analytics on professional, institutional, pharmacy, and dental claims submitted by Partners. The frequency of data submissions varies by Partner, ranging from weekly to semi-annually.

Partners can provide data to the HFPP in several ways, depending on their needs and capabilities. Data transfer methods include sharing through the HFPP Portal web interface, a Secure File Transfer Protocol server, and in a cloud environment. For each method of data submission, the TTP maintains safeguards to protect data while in transit from the Partner. Regardless of the method Partners use to share data, file uploads are secure and are not accessible by any other HFPP Partner.

Data Growth

During the 2023-2024 timeframe, 15 additional Partners began sharing health care claims data, and the number of stored records rose from 67.2 billion to 89.6 billion, more than a 33 percent increase. Although increases were observed in both data volume and the number of data-sharing Partners, the TTP continues to improve in this area by streamlining data-sharing processes and providing eligible data-sharing Partners with the means and support to do so. Figure 2, below, illustrates the growth across the reporting period in the number of Partners sharing data with the HFPP, as well as the volume of claims records in the data warehouse.

Figure 2. Data-Sharing Partners and Data Volumes, 2023-2024



Data Analytics

As the foundational purpose of the Partnership, fraud analytics is the most important service provided to HFPP Partners. Analytical reports offer Partners visibility into existing and emerging schemes that can lead to actionable outcomes. Within HFPP studies, TTP data scientists apply research methodologies to claims data from public and private sectors, analyze and compare trends across the HFPP cross-payer data set, and deliver meaningful and reliable payer-level and aggregate results.

Machine Learning

Between August 2021 and June 2024, the HFPP conducted a pilot project using machine learning to detect health care fraud, waste, and abuse. The project analyzed 4.3 billion claims records to identify abnormal billing patterns. While the project identified 35.7 million potentially high-risk records, it was discontinued due to high costs, resource demands, and limited Partner engagement.

Information Sharing

To facilitate information sharing among Partners, the HFPP provides quantitative study results and analytical reports, qualitative white papers, health care fraud alerts, and events.

Studies

Study ideas are selected for development based upon Partner prioritization, research conducted by the TTP, and data exploration of the data warehouse. Between January 2023 and December 2024, the TTP completed a total of 22 studies, of which 10 were new and 12 were recurring studies. HFPP Partners received analytic results from those studies, totaling 1,239 individualized reports.

During this reporting period, the TTP began delivering study results to Partners through HFPP Portal dashboards, as opposed to the previous process by which Partners had to download studies and view them on a reader application, which enhancement allows Partners to better and more easily analyze studies and reduces Partner and TTP burden, saving time and resources.

New studies covered a broad range of service categories based on the diversity of HFPP Partner priorities.[3]

- *Remote Monitoring:* Identified providers submitting claims for seemingly aberrant excessive billing of remote physiologic or therapeutic monitoring services.
- *Telehealth:* Identified providers whose claims displayed suspicious and potentially fraudulent patterns by billing for services in significantly higher amounts of time, days, complexity, and/or unique members than similar providers of the same taxonomy, which also identified providers billing telehealth services in conjunction with medical equipment, supplies, or labs possibly linked to known fraud schemes.
- *Prescription Medications:*
    - Spravato® – Identified providers submitting claims for Spravato® (a nasal spray used to treat depression) or related evaluation and management services that may represent billing that is misaligned with approved usages.
    - Santyl – Identified dispensing pharmacies submitting potentially excessive claims for Santyl (used to treat chronic wounds) per member.
    - Glucagon-like peptide 1 (GLP-1) agonist drugs – Identified providers prescribing these medications to patients with questionable or no claims history to support their indicated purpose as diabetic treatments. These drugs are often prescribed as off-label for weight loss purposes.[4]
- *Dental Services:* Identified providers submitting claims for the highest complexity codes that exceeded data-driven thresholds by analyzing claims data for extractions, amalgam and resin-based composite restorations, scaling, and root planing.
- *Laboratory Tests for Urinary Tract Infections:* Identified providers submitting multiple polymerase chain reaction tests per member on the same date of service for urinary tract infection indication, suggesting claims unbundling and misrepresentation of services billed.
- *Durable Medical Equipment for Out-of-State Members:* Identified providers who submitted claims for customized durable medical equipment, prosthetics, orthotics, and supplies for members residing in a geographic region far from the rendering provider's practice location(s). Since billing codes for these items typically include in-person patient fittings at

[3] In the following bullets, references to "members" means consumer members of Partner health care plans.

[4] Note – while Wegovy and Zepbound have recently been approved for the treatment of weight loss, these drugs are not covered under Medicare as payable solely for the treatment of diabetes and were not subject to this study. Key elements being analyzed in the study, which was published February 2024, included no history of:

- Type II Diabetes
- A drug trial using a non-GLP-1 drug
- Monitoring of A1C levels

As with all HFPP studies, Partners were reminded of the need to conduct their own analysis considering their organization's policies, as individual payer policies did and do vary regarding coverage for GLP-1 drugs.

the time of delivery, claims for members who are not local to the provider may indicate potential upcoding for more expensive items or services that were not provided.

- *Endovascular Interventions:* Identified suspicious claims for atherectomies and other endovascular procedures that might indicate excessive services per Partner member. This study addressed the timely concern of recent increases in Medicare payment for peripheral artery disease endovascular procedures performed in an office-based lab setting, which may incentivize fraudulent providers to render unnecessary services.
- *Substance Use Disorder Services:* Identified providers with outlier billing, ordering, or referring patterns regarding services for members diagnosed with substance use disorder. Providers that exceeded data-driven thresholds, showing the highest levels of evaluation and management services or presumptive definitive panel drug testing, were flagged as showing potential exposure.

Analytical Reports

The TTP developed in-depth investigative leads for Partners, detailing potentially fraudulent providers, to assist Partners in expediting their internal fraud investigations. Each investigative lead provided information about the identified providers, such as court cases, exclusions, and news articles. Over 250 investigative leads regarding 126 providers were sent to 96 HFPP Partners throughout the reporting period. Based both on direct Partner feedback and the HFPP's desire to expand the impact of its analytic offerings to the Partnership, this effort developed into five new types of individualized analytical reports, described below.

- *Preliminary Study Findings* are shared with data-sharing Partners with exposure to the 15 providers identified in a study as having the highest at-risk amounts across the HFPP Partnership. Findings detail the providers, their National Provider Identifier (NPI), specialty, and paid at-risk amount. The TTP distributed 105 individualized Preliminary Study Findings to affected Partners ahead of four studies.
- *Top Providers Report* includes tailored information on the total paid at-risk amount and the top five identified at-risk providers by exposure amount over the review period. The report includes the name, NPI, specialty, and paid at-risk amount for each identified at-risk provider. The TTP generated and distributed 712 Top Providers Reports to Partners.
- *At-Risk Analyses* are developed for data-sharing Partners with identified exposure to a potential fraud scheme that does not meet the criteria to be developed into a full HFPP study. The report includes a description of the analysis conducted, dates included in the review period, total paid at-risk amount, and providers identified in the analysis, ranked by paid at-risk exposure amount or ratio of at-risk claims. A full methodology document is shared, allowing and encouraging Partners to recreate the analysis on their own. The TTP delivered 246 individualized reports to Partners on nine different topics: urinary catheters ordered for members with no prior relationship, urological supplies, amniotic allografts, custom-fitted orthoses billed for out-of-state members, molecular testing for nail/skin pathogens, outlier billing of school-based evaluation and management codes, balloon sinuplasty, excessive promethazine, and outlier billing of evaluation and management services alongside psychotherapy.
- *Partner Impact Notifications* inform Partners of potential exposure related to an alert entered on the HFPP Portal. Notifications are delivered to Partners with related claims data and

include a summary of the alert, the name(s) and NPI(s) of identified providers, and the Partner's total at-risk paid amounts. The TTP delivered 253 individualized Partner Impact Notifications to Partners regarding 54 different providers.

- *Outlier Trend Notifications* provide details on the outlier analysis and identify the top five providers having potentially abnormal billing behaviors, as well as the Partner's paid amount associated with the flagged claims. The HFPP Partners received 146 individualized Outlier Trends Notifications related to durable medical equipment, continuous glucose monitoring, and wound care.

White Papers

The HFPP released white papers that provide HFPP Partners and public stakeholders with a resource that supports anti-fraud, waste, and abuse initiatives in health care. HFPP white papers are distributed internally to the Partnership and are available publicly through the CMS website.[5]

During this reporting period, the HFPP partnered with researchers at Stanford University School of Medicine and Boston University School of Business to research, draft, and publish the papers. For all HFPP white papers, the research teams conducted interviews with HFPP Partners to gain insights into their experience with the topic, as well as their suggestions for identifying and mitigating related fraud, waste, and abuse schemes. The HFPP published white papers in May 2023 and May 2024 on the following topics:

- *Exploring Fraud, Waste, and Abuse Within Telehealth* discusses concerns surrounding evolving fraud, waste, and abuse schemes associated with the delivery of care through telehealth services, as well as strategies and methods to mitigate observed vulnerabilities.
- *Measuring the Value of Healthcare Anti-Fraud Efforts* provides recommendations and strategies for measuring return on investment for anti-fraud initiatives.

To concentrate HFPP program efforts on data analysis and sharing fraud analytics, the HFPP white paper initiative was discontinued.

Alerts

The timely sharing of information to address emerging health care fraud is a cornerstone of the HFPP.[6] The HFPP shares among Partners three types of health care fraud alerts.

- *Provider Alerts* are specific to a certain provider and their billing behavior, identifying potential fraud. This type of alert includes the provider's name, NPI, and billing behavior. During this reporting period, alerts have been shared regarding chiropractors, durable medical equipment providers, laboratory and x-ray suppliers, pharmacists, medical doctors, and nurses, among others.
- *Fraud Scheme Alerts* outline a potential billing scheme that multiple providers may be utilizing and include the billing behavior and procedure codes used in the apparent scheme. These alerts have included potential fraud schemes such as billing for services not rendered, prescription fraud, unbundling, and upcoding.

[5] https://www.cms.gov/medicare/medicaid-coordination/healthcare-fraud-prevention-partnership/white-papers
[6] Provider Alerts identify potentially suspicious billing patterns and are intended for investigative follow-up; they do not represent legal determinations of fraud.

- *Drug Enforcement Agency (DEA) Alerts* are specific to the Centers for Disease Control and Prevention's Opioid Rapid Response Program and notify Partners of providers whose DEA Certificate of Registration has been revoked, surrendered, or suspended.

HFPP Partners post and share health care fraud alerts with one another through the Partner-to-Partner sharing component of the HFPP Portal website. In addition, alerts are delivered weekly to Partners in an email format. During 2023 and 2024, 287 alerts were posted to the HFPP Portal, including 197 Provider Alerts, 22 Fraud Scheme Alerts, and 68 DEA Alerts. This was an 81 percent increase in alerts provided to the Partnership over the last biennial reporting period.

Events

One of the benefits of membership in the HFPP is a platform for collaboration. The HFPP hosts events, including orientations, information sharing sessions (i.e., "Info*Shares*"), webinars, working groups, and other planned activities. During this reporting period, the HFPP hosted 253 events. All HFPP Partner types attended the events, which ranged in attendance from personalized orientations with a single Partner to 2,323 participants at an Info*Share* held in 2024.

Study Collaboration Meetings began during this reporting period as a routinely hosted event for Partners to attend post-study release. These meetings are offered approximately six weeks after the publication of a study, providing Partners with the opportunity to share outcomes and leads that others may investigate and act upon. Since June 2024, HFPP has hosted four Study Collaboration Meetings with 138 attendees.

The HFPP also participates in events hosted by other organizations, some of which are HFPP Partners, allowing for the scope of the HFPP's anti-fraud, waste, and abuse efforts to reach a broader audience. Over the course of the reporting period, the HFPP presented at 13 events hosted by other organizations (e.g., Blue Cross Blue Shield Association, the Coalition Against Insurance Fraud, the National Health Care Anti-Fraud Association, and the National Association of Medicaid Fraud Control Units). At these events, the HFPP provided a variety of information by participating in health care fraud round table events, leading data analytics trainings, and presenting HFPP study findings addition to reaching a broader audience, these events strengthen strategic partnerships and provide additional HFPP engagement opportunities.

Savings & Outcomes

The HFPP demonstrated significant outcomes, such as savings realized by members or the government, from January 2023 through December 2024, as described below.

Reported Outcomes

Partners are asked to report savings on a quarterly basis and can report outcomes metrics via the HFPP Portal, which provides an easy, secure system by which they can enter their data. Additionally, Partners may submit their metrics to the TTP via secure email. Savings for the HFPP's federal Partners[7] are required by statute to be reported, whereas all other Partners report

[7] Overall Federal savings and outcome data may not match CMS-specific data, as each reported figure may include outcomes reported by other Federal agencies.

savings voluntarily. All outcomes are submitted to the TTP, which then de-identifies the metrics before being reported to CMS, keeping all submissions anonymous.

During this reporting period, the HFPP has improved savings reporting processes by clarifying how data is anonymized and aggregated to maintain confidentiality, as well as strengthening data collection and verification processes to enhance reliability and consistency in reporting savings figures. Table 1, below, outlines the 12 outcomes that the HFPP measures[8] and the reported metrics from this reporting period for each. Hard and soft dollar savings capture monetary savings reported by Partners, whereas the remaining 10 metrics capture other outcomes attributable to the Partnership. Some outcome metrics highlights from the 2023-2024 reporting period include:

- Over $53.9 million in soft dollar savings (a 168 percent increase from the previous cycle)
- 340 cases opened (a 198 percent increase)
- 20 provider revocations
- 15 payment suspensions and terminations
- 28 notable outcomes, including submitting Medicaid Fraud Control Unit or CMS referrals and identifying at-risk financial exposure

For updated outcomes metrics for the 2021-2022 reporting period, please see Appendix C.

Table 1. Reported HFPP Outcomes, 2023-2024

HFPP Outcomes	Federal Partners[9]	Non-Federal Partners	Total
Hard Dollar Savings	$6,041,153	$2,207,052	$8,248,205
Soft Dollar Savings	$35,266,414	$18,730,966	$53,997,280
Cases Opened	77	263	340
Provider Warnings	1	8	9
Payment Suspensions and Terminations	0	15	15
Revocations	20	0	20
Indictments	0	1	1
Civil Settlements and Judgments	0	0	0
Private Settlements and Arbitrations	N/A	0	0
Convictions	0	2	2
Restitution Orders	0	1	1
Notable Outcomes	5	23	28

[8] For detailed definitions of each outcome, see Appendix B.
[9] Some of the federal savings may represent carved-out portions of savings included in other reports, such as the *Annual Report to Congress on the Medicare and Medicaid Integrity Programs.*

Strategic Plan, 2025-2026

Study Topics & Analytic Approach

Recurring studies on improbable days and allergy services are slated to begin during the 2025-2026 reporting period. These studies were selected due to their broad impact across the Partnership, consistently high Partner engagement with previous iterations of the studies, and prior levels of exposure. As the reporting period progresses, the HFPP will continue to evaluate the HFPP dataset as well as solicit the Partners for observed likely fraud schemes and areas of interest for the potential development of new study analytics. Potential topics that result in valuable and impactful Partner insights will be recommended for more in-depth analyses. This adaptive approach to study topic selection will allow the HFPP to conduct and deliver timely, relevant, and actionable results to Partners. Additionally, this approach will provide the HFPP the ability to work collaboratively with the selected TTP contractor in the study selection and execution process.

Analytic Tools & Artificial Intelligence

The HFPP is developing analytic tools that will produce Alerts and Studies quicker so that Partners are able to respond to emerging threats earlier and collaborate even more effectively. In support of this effort, the TTP is currently creating a suite of tools for data-sharing Partners that will allow them to dive deeper into their submitted data and easily compare it across the HFPP cross-payer data set. The first tool enables users to query the HFPP's procedure code data to derive trends and insights on numerous types of medical diagnosis codes. The second leverages the Partnership's data to assist users in tracking patterns and anomalies in a provider's billing behavior, as well as to develop an analytical history on a provider. A final tool for law enforcement Partners will aggregate data from all delivered HFPP studies into a central dashboard that flags providers demonstrating outlier behavior and associated exposure dollars. In tandem, these tools will provide comprehensive, in-house analytical platforms for Partners to independently answer questions about potential fraud trends and augment their investigative efforts.

In addition, the TTP is piloting the use of artificial intelligence (AI), machine learning, and large language model (LLM) capabilities to more accurately and efficiently predict potential fraud, waste, and abuse schemes. A closed, secure development environment has been set up to exercise supervised and unsupervised modeling techniques to both expand on the Partnership's understanding of current fraudulent schemes and to predict potential emerging fraud. This environment integrates Retrieval Augmented Generation-powered LLMs, agentic AI, and the existing TTP data architecture to provide data-driven answers to tackle fraud, waste, and abuse.

Closing Remarks

As the HFPP prepares for right-sizing and the future, the focus will remain on sustaining high-value initiatives while ensuring responsible budget allocation. A more targeted analytic approach will prioritize studies with the greatest impact on fraud prevention. Additionally, the HFPP will refine its Partner engagement strategies to align new initiatives with real-world fraud detection needs. Through these efforts, the HFPP is committed to optimizing resources, fostering innovation, and maintaining transparency to drive meaningful outcomes in fraud prevention.

Appendix A: HFPP Executive Board Composition

Table 2. HFPP Executive Board Composition, 2023-2024

Type	Term or Permanent	Organization
Association	Permanent	National Association for Medicaid Program Integrity
	Permanent	National Association of Medicaid Fraud Control Units
	Permanent	National Health Care Anti-Fraud Association
	Permanent	Blue Cross and Blue Shield Association
Federal	Permanent	Centers for Medicare & Medicaid Services*
Law Enforcement	Permanent	U.S. Department of Health and Human Services, Office of Inspector General
	Permanent	U.S. Department of Justice, Criminal Division
	Permanent	U.S. Department of Justice, Federal Bureau of Investigation
	Term	West Virginia Office of the Attorney General, Medicaid Fraud Control Unit
Private Payer	Term	Anthem
	Term	Humana
	Term	Kaiser Permanente*
	Term	Magellan Health
	Term	MediGold
State & Local	Term	California Department of Health Care Services
	Term	Arkansas Office of the Medicaid Inspector General

**Executive Board Co-Chair*

Appendix B: HFPP Outcomes Metrics Definitions

The definitions included below are used for HFPP purposes to measure individual Partner outcomes from the Partnership's anti-fraud initiatives.

- **Hard Dollar Savings (i.e., recoveries) -** The dollars recovered or received by a Partner.
- **Soft Dollar Savings (i.e., avoidances) -** The dollars calculated and anticipated by a Partner to be recovered or collected at a future date.
- **Cases Opened -** The number of cases, also referred to as investigations, opened by a Partner within the defined reporting period.
- **Provider Warnings -** The number of provider warnings issued by a Partner within the defined reporting period. Examples of provider warnings can include placement of a provider on a corrective action plan, cease and desist orders, or the issuance of provider-specific education.
- **Payment Suspensions and Terminations -** The number of payment suspensions and terminations – to include denial of network or program entry – implemented by a Partner within the defined reporting period. Each Partner calculates the total number of implemented payment suspensions and terminations; it is not by the unique number of cases.
- **Revocations -** The number of revocations implemented by a Partner within the defined reporting period. The intent is to count the number of providers/suppliers impacted by a revocation as opposed to the number of individual revocations.
- **Indictments -** The number of indictments filed by a law enforcement Partner within the defined reporting period. The intent is to count the number of providers/suppliers indicated as opposed to the number of cases.
- **Civil Settlements and Judgments -** The number of civil settlements and judgments achieved by a law enforcement Partner within the defined reporting period.
- **Private Settlements and Arbitrations -** The number of private settlements and arbitrations achieved by a Private Payer Partner within the defined reporting period.
- **Convictions -** The number of convictions achieved by a law enforcement Partner within the defined reporting period.
- **Restitution Orders -** The number of court-ordered restitutions received by a law enforcement Partner within the defined reporting period. The intent is to count the number of provider(s)/supplier(s) ordered to pay restitution as opposed to the number of individual restitution orders.
- **Notable Outcomes -** The number of instances within the defined reporting period where a Partner considered an associated HFPP activity to have contributed to their efforts in a notable, impactful way. Each Partner determines for themselves what was notable. In addition to indicating the number of instances of notable outcomes, each Partner will be asked to briefly state what the notable outcome(s) were (e.g., rapidly received NPI list from a federal takedown).

Appendix C: Updated Outcomes Metrics for 2021-2022 Reporting Period

The 2021-2022 HFPP RTC included outcomes metrics as reported by HFPP Partners through the time that the RTC was submitted to Congress.[10] Since that time, however, some Partners further updated outcomes metrics for the 2021-2022 reporting period; these updates are outlined in Table 3, below.

Table 3. Updated HFPP Outcomes, 2021-2022

HFPP Outcomes	Federal Partners[11] Original Metrics	Federal Partners Updated Metrics	Non-Federal Partners Original Metrics	Non-Federal Partners Updated Metrics
Hard Dollar Savings	$12,247,367	$11,473,589 (-$773,778)	$142,787	$193,890 (+$51,103)
Soft Dollar Savings	$4,010,931	$5,740,166 (+$1,729,235)	$19,963,324	$20,062,046 (+$98,722)
Cases Opened	22	22	112	114 (+2)
Provider Warnings	4	4	23	23
Payment Suspensions and Terminations	1	1	3	3
Revocations	0	0	0	0
Indictments	0	0	0	0
Civil Settlements and Judgments	0	0	0	0
Private Settlements and Arbitrations	0	0	2	2
Convictions	0	0	0	0
Restitution Orders	0	0	0	0
Notable Outcomes	1	1	8	8

[10] Original table is located on page 17 of the *Calendar Years 2021 - 2022 Healthcare Fraud Prevention Partnership Biennial Report to Congress*, https://www.cms.gov/files/document/hfpprtc92023.pdf.
[11] Some of the federal savings may represent carved-out portions of savings included in other reports, such as the *Annual Report to Congress on the Medicare and Medicaid Integrity Programs*.