

## **Greater Efforts Needed by Medicare to Combat Fraud**

The American Association for Homecare, which represents home medical equipment providers and manufacturers, for years has been a staunch proponent of more stringent standards for participation in the Medicare Part B program for Durable Medical Equipment, Prosthetics, Orthotics and Supplies.

While our call for tighter controls over the years has gone largely unheeded, we applaud the federal government's recent efforts to crack down on Medicare fraud. Ending improper Medicare billing and other fraudulent activity is a win all the way around. It's good for taxpayers, it's good for Medicare beneficiaries, and it's good for the members of the American Association for Homecare – honest, law-abiding, and well-meaning companies in a critical health care sector.

The Association has urged the Centers for Medicare and Medicaid Services (CMS) to require mandatory accreditation for all providers, which has been considered a minimum standard by private insurers since the 1980s. Congress finally enacted accreditation and quality standards in the Medicare Modernization Act of 2003 (MMA), and those provisions are being implemented beginning this year. For the record, the Association recommended to CMS a higher set of quality standards than what the agency finally adopted.

The federal government must still do a better job of stemming fraud and abuse. Medicare and its private contractors have failed to shoulder the proper responsibility to effectively exercise their already-existing authority to combat fraudulent activity. They must insist on standards and other up-front controls that will deny illegitimate operators any chance of taking advantage of Medicare. Facility accreditation and tightened restrictions on entities that are allowed to obtain billing privileges will go a long way toward establishing an environment where unscrupulous companies cannot operate.

Congress must review Medicare's existing processes for approving new durable medical equipment providers and auditing them after their supplier numbers are granted by CMS. Medicare's Program Integrity Unit and Program Safeguard Contractors already have tools at their disposal to inspect, monitor, and audit such providers. It is clear that such systems failed in Miami, where a number of fraudulent operations were recently shut down.

Homecare providers need clear, up-to-date, and fair federal regulations that effectively target fraud and abuse but at the same time do not unduly burden those companies that make every effort to follow the rules. The homecare industry will continue its 30-year history of working with CMS and Congress to prevent fraudulent activity by criminals posing as legitimate homecare providers.

Homecare is cost-effective, clinically sound, and preferred by patients. It is part of the solution to the challenge of vexing growth in healthcare expenditures. Let's work together to make sure that homecare companies can continue to deliver value to taxpayers as they provide medical equipment and therapies to the millions of older and disabled Americans who depend on them.

Sincerely,

  
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*The American Association for Homecare represents providers in about 3,000 locations who serve the medical needs of millions of Americans who require oxygen equipment and therapy, assistive technologies for mobility, medical supplies, inhalation drug therapy, bome infusion, and other medical equipment and services in their homes. Collectively, our members serve more than one million Medicare beneficiaries who rely on home oxygen therapy to survive, and millions more who use home medical equipment and related services from our providers in order to remain independent at home rather than face institutional or inpatient care. Visit [www.aahomecare.org](http://www.aahomecare.org).*