

Area Bloggers



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PR Medicare Reward Program

APRIL 26TH 2013 BY DEE LOFLIN

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*Submitted by
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PR Medicare Reward Program and Provider Enrollment

Health and Human Services Secretary Kathleen Sebelius today announced a proposed rule that would increase rewards paid to Medicare beneficiaries and others whose tips about suspected fraud lead to the successful recovery of funds to as high as \$9.9 million. In addition, a new funding opportunity released this month supports the expansion of Senior Medicare Patrol (SMP) activities to educate Medicare beneficiaries on how to prevent, detect and report Medicare fraud, waste and abuse.

“President Obama has made the elimination of fraud, waste and abuse, particularly in health care, a top priority for the administration,” said Secretary Sebelius. “Today’s announcement is a signal to Medicare beneficiaries and caregivers, who are on the frontlines of this fight, that they are critical partners in helping protect taxpayer dollars.”

Over the last three years, the administration has recovered over \$14.9 billion in fraud, some of which resulted from fraud reporting by individuals – a proven tool in helping the government detect fraud, waste and abuse in the Medicare program. Under the proposed changes, a person that provides specific information leading to the recovery of funds may be eligible to receive a reward of 15 percent of the amount recovered, up to nearly \$10 million. HHS currently offers a reward of 10 percent up to \$1,000 under the current incentive reward program. The changes are modeled on an IRS program that has returned \$2 billion in fraud since 2003.

The proposed rule would also strengthen certain provider enrollment provisions including allowing HHS to deny enrollment of providers who are affiliated with an entity that has unpaid Medicare debt, deny or revoke billing privileges for individuals with felony convictions, and revoke privileges for providers and suppliers who are abusing their billing privileges.

The SMP is a national, volunteer-based program that empowers Medicare beneficiaries to prevent and report Medicare fraud, waste, and abuse. Since 1997, more than 3.5 million beneficiaries have learned how to recognize and fight fraud and abuse, and more than 7,000 referrals have been made to the Centers for Medicare & Medicaid Services and the Office of the Inspector General for investigation.

To expand the SMP program’s capacity to reach more Medicare beneficiaries, the Administration for Community Living issued a new funding opportunity. Each of the current 54 SMP projects is eligible for varying funding levels, up to a total of \$7.3 million

across the program.

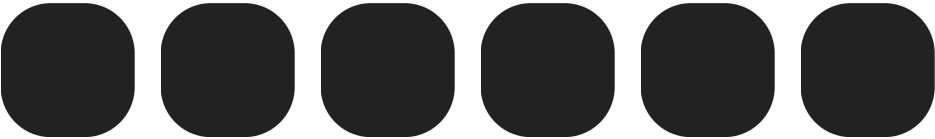
These proposed changes will support the administration’s comprehensive approach to program integrity, including the work being done with the Health Care Fraud Prevention and Enforcement Action Team, a joint effort between HHS and the Department of Justice to fight health care fraud. This joint effort recovered a record \$4.2 billion in taxpayer dollars in fiscal year 2012.

To read a fact sheet about today’s proposed rule visit: http://www.cms.gov/apps/media/fact_sheets.asp

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