## Congress of the United States

Washington, DC 20510

February 27, 2017

Thomas Price, MD Secretary U.S. Department of Health and Human Services 200 Independence Avenue, SW Washington, DC 20201

Dear Secretary Price,

We write to reiterate our concerns with the Centers for Medicare and Medicaid Services' (CMS) Pre-Claim Review Demonstration (PCRD) for home health services that is set to begin in Florida on April 1, 2017. We ask for the agency to replace PCRD with a more effective program integrity initiative that better targets fraud.

Home health is a critical service for our constituents and the approximately 3.5 million seniors and people with disabilities on Medicare. It plays a vital role in treating patients in a clinically-appropriate manner and in the location they most prefer – their own home. These patients are among the most vulnerable. They are typically older, of lower socioeconomic status, and more likely to be disabled, a minority, or female than all other Medicare populations.

In August 2016, CMS initiated the PCRD program in Illinois, with plans to expand to Florida, Texas, Michigan and Massachusetts. Initially the program was scheduled to be implemented in Florida on October 1, 2016, but was indefinitely delayed because of the problems experienced by beneficiaries and providers in Illinois. In December, CMS announced it was moving forward with the demonstration in Florida with an April 1, 2017 start date, without making meaningful changes to the program and without any information to suggest that the demonstration in Illinois had uncovered a single case of fraud. We believe that without meaningful changes to the program to ensure it appropriately detects fraud without jeopardizing seniors' access to home health care, it is inappropriate to implement the PCRD in Florida.

We support efforts to combat Medicare fraud and protect taxpayer funds, but we are concerned that the PCRD's current parameters are too broad to reduce fraud and improper payment rates. We encourage you to consider an alternative approach that would achieve these goals and ease the administrative burden and additional implementation costs for smaller home health agencies, and ensure timely patient access to services.

Thank you for your attention to this matter. We look forward to working with you to strengthen Medicare program integrity without disrupting patient care or access to home health services.

	Sincerely,
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Bill Nelson US Senator	Marco Rubio US Senator
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Gus M. Bilirakis	Alcee Hastings
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