Ensure Medicaid Fraud Enforcement Doesn't Reduce Access to Services

Encourage CMS to Reframe Program Integrity Away from Blanket Statewide Approaches to Targeted, Risk-Based Initiatives

THE ASK

Encourage CMS to adopt collaborative, targeted program integrity actions that are not unnecessarily punitive towards states or providers.

TOPLINE

- The National Alliance for Care at Home (the Alliance) and our members strongly support efforts to strengthen program integrity and believe that fraud is unacceptable. Money inappropriately diverted to fraudsters results in less care provided to those who truly need it.
- We are concerned that some of the actions around the country have caused damage to legitimate providers and are further weakening an already overtaxed and under-resourced program.
- We encourage the agency to adopt measures that are data-driven, operationally feasible, and take a targeted risk-based approach, consistent with CMS's statutory authorities.

RATIONALE

Personal Care and Home and community-based services remain cost-effective service options that are preferred by individuals and their families.

- Research consistently shows that home-based care improves patient satisfaction while helping control long-term care costs.[1]
- The development and expansion of HCBS over the past 50 years has been supported by every presidential administration and bipartisan majorities in Congress.
- HCBS, self-direction, and other home care supports are important services that promote beneficiary health and wellbeing and should be considered valuable and crucial components of the long-term care spectrum.

CMS Must Ensure Access Issues Are Not Exacerbated

- Even before the pandemic, states, providers, and beneficiaries reported issues with access to care.
- States across the political spectrum used pandemic-era HCBS stabilization funding to address these workforce shortages, indicating bipartisan concern about and support for addressing access shortfalls.[2]
- Providers have closed across the country due to aggressive blanket-based approaches, harming businesses, workers, and beneficiaries.
  - An aging population, more individuals living at home with complex needs, and state and federal policy to shift care out of institutions all drive growth.
- Program integrity tools should target actual fraud through a targeted risk-based approach, not state utilization trends. Treating growth itself as a problem penalizes states and providers for implementing decades-long Congressional and CMS priorities, and hurts individuals who depend on HCBS.

SOLUTION

CMS must reframe program integrity approaches towards those that are collaborative with states, that maintain access to care, and that use a risk-based approach to prioritize entities most likely to commit fraud.

BOTTOM LINE

The Alliance strongly supports efforts to root out fraud in the Medicaid program. When bad actors exploit these programs, they undermine public trust, harm individuals, and threaten the providers who are delivering care the right way.

We urge policymakers to consider recommendations from the Alliance[3] and other national organizations that focus on removing bad actors through targeted tools that do not punish our industry or individuals seeking care at home.

FOR MORE INFORMATION, CONTACT
legaffairs@allianceforcareathome.org

1. https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/mfp-rtc.pdf
2. https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-guidance-additional-resources/strengthening-and-investing-home-and-community-based-services-for-medicaid-beneficiaries-american-rescue-plan-act-of-2021-section-9817
3. https://allianceforcareathome.org/advocacy/program-integrity/