

**America's Health
Insurance Plans**

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December 20, 2013

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Form Number CMS-10501/OMB Control Number: 0938-New
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Submitted to: www.regulations.gov

Re: Agency Information Collection Activities: Submission for OMB Review; Comment Request

Dear Madam or Sir:

I write on behalf of America's Health Insurance Plans (AHIP) to offer comments in response to the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) Agency Information Collection Activities: Submission for OMB Review; Comment Request notice published in the *Federal Register* on October 23, 2013. These comments pertain only to the new collection request on behalf of the Healthcare Fraud Prevention Partnership (Partnership). AHIP appreciates the opportunity to comment and your consideration of our comments.

As stated in the notice, the collection request is in furtherance of the central goal of the Partnership to identify the optimal way to coordinate nationwide sharing of health care claims information to identify and prevent fraud, waste, and abuse. We support these efforts. AHIP is a founding member of the Partnership and is committed to helping it realize the great potential of enhanced cooperation between the public and private sectors in finding and fighting health care fraud. More generally, recognizing that fraud, waste and abuse have far-reaching implications both for health care costs and quality, our members have demonstrated strong leadership in continually developing new and innovative strategies to address these challenges. Further, even prior to the establishment of the Partnership, and during its operation, our members have served as valuable partners for federal and state law enforcement officials in the fight against fraud.

While the Partnership is off to a strong start, it will bring even greater benefits to the public as it is able to share data and information across a larger group of payers. Examining and analyzing

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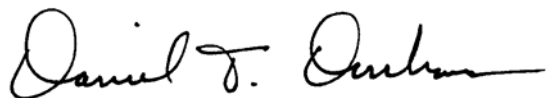
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data across a broader range of payers means that more fraud will be identified and addressed in a more timely and effective fashion. Similarly, the deterrence effect of the Partnership will increase as those who would commit fraud realize that the silos are being removed, leaving their misconduct exposed. Thus, AHIP is eager to see the Partnership expanded to include more private health plans as part of the broad range of participating entities.

Moving forward, AHIP will continue to work with the Partnership to achieve its overarching goal of effectively and efficiently improving the fight against fraud, waste, and abuse. For example, we have worked to ensure that the Partnership pursues an approach that is study- and purpose-driven, rather than one that relies upon a data warehouse. The effectiveness, nimbleness, and efficiency of distributed data models are well suited to the Partnership's work, and we will continue to bring expertise on this issue to the Partnership. As the Partnership grows to include more payers – both public and private – with differing approaches to handling their own data, such nimbleness and efficiency will be an important part of the Partnership's success.

AHIP welcomes and supports this next step for the Partnership, which allows it to move toward the effective and efficient collection and use of nationwide data for identifying and preventing fraud, waste and abuse.

Sincerely,

A handwritten signature in black ink, reading "Daniel T. Durham". The signature is fluid and cursive, with a long horizontal stroke at the end.

Daniel T. Durham
Executive Vice President
Policy and Regulatory Affairs