

ONE HUNDRED FIFTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**

COMMITTEE ON ENERGY AND COMMERCE

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May 31, 2017

Ms. Christi Grimm  
Chief of Staff  
Office of Inspector General  
U.S. Department of Health and Human Services  
300 Independence Avenue, S.W.  
Washington, DC 20201

Dear Ms. Grimm:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Tuesday, May 2, 2017, to testify at the hearing entitled "Combating Waste, Fraud, and Abuse in Medicaid's Personal Care Services Program."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on Wednesday, June 14, 2017. Your responses should be mailed to Elena Brennan, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to [Elena.Brennan@mail.house.gov](mailto:Elena.Brennan@mail.house.gov).

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Tim Murphy  
Chairman  
Subcommittee on Oversight and Investigations

cc: The Honorable Diana DeGette, Ranking Member, Subcommittee on Oversight and Investigations

Attachment

## Attachment—Additional Questions for the Record

### The Honorable Tim Murphy

1. HHS OIG's 2012 portfolio states that the number of cases in which beneficiaries are committing fraud themselves and being charged as co-conspirators with their attendants is growing. Why do you think these cases are becoming more common?
  - a. While there are upsides of having relatives of beneficiaries be their PCS attendants, there are also potentially downsides, such as beneficiary-attendant fraud conspiracies. What are some ways in which we can prevent these fraud schemes between beneficiaries and attendants?
  - b. To what degree can Medicaid Fraud Control Unit's take action against beneficiaries who are complicit in defrauding Medicaid?
  - c. Are there any statutory limitations to investigating or taking legal action with regards to beneficiary fraud?

### The Honorable Frank Pallone

1. The Medicaid program is designed to give states flexibility to design their programs under broad federal guidelines. However, that flexibility can make it difficult to conduct effective oversight and ensure that these state programs are adequately serving beneficiaries.
  - a. What steps should the Centers for Medicare & Medicaid Services (CMS) take to address the significant variations in state PCS program requirements?
2. Your office recently noted that the Department of Health and Human Services, Office of Inspector General (HHS-OIG) has, on average, one full-time employee to oversee more than \$680 million per year in federal health care spending.
  - a. How would budget cuts affect the HHS-OIG's ability to conduct vigorous oversight of the Medicaid PCS program and of the Medicaid program more broadly?