

Dear CMS Team,

I am writing to let you know that next Wednesday, September 11th will be the last day that Peter Budetti will be with us as the very first Deputy Administrator and Director of our Center for Program Integrity. I share this news with mixed emotions as I am happy for Peter and his future endeavors, but I will miss his camaraderie as we started together at CMS on the very same day back in February, 2010. As Peter transitions out of his role at CMS, I have asked his Deputy, Lis Handley to serve as Acting Director for CPI.

Peter was presented with a big challenge as the head of CPI. While the foundation of the Center was built on the existing work of the Medicare Program Integrity Group and the Medicaid Integrity Group, CPI was given significant new responsibilities under the ACA, the Small Business Jobs Act, and other statutes. Peter, with the support of a strong team, realigned the structure of program integrity in the agency and CPI took on the challenge of moving beyond pay-and-chase antifraud activities to preventing fraud before it has a chance to start. Under Peter's leadership, some of CPI's "first ever" accomplishments include:

- Designing and implementing the Fraud Prevention System, which screens every Medicare fee-for-service claim with sophisticated algorithms prior to payment
- Chartering the Healthcare Fraud Prevention Partnership, which has brought CMS, DOJ, States, OIG, FBI, private health plans and antifraud associations together to share data and information to fight fraud and abuse
- Initiating revalidation of the Medicare enrollments of all 1.5 million providers and suppliers, and enhancing the PECOS data system that houses the enrollment information
- Building a high-tech Command Center in which CMS components, law enforcement, and program integrity contractors collaborate to speed up and enhance antifraud activities
- Establishing the first recovery audit contractors for Medicare Part D and Medicaid
- Taking major steps toward consolidating program integrity contractors across Medicare, Medicaid, and the Medicaid-Medicare data-match program
- Launching the first federal moratorium under ACA on enrollment of new providers and supplier in high-risk fraud areas
- Implementing risk-based screening of providers and suppliers applying for Medicare billing privileges
- Establishing the framework and requirements for "Physician Sunshine," or OpenPayments reporting, along with releasing the first ever CMS mobile phone apps to assist physicians and the industry to track payments and other exchanges of value

Please join me in thanking Peter for his leadership, direction, and years of hard work to stand up the Center for Program Integrity and revamp the way we address fraud throughout our many programs

across the agency. And I also ask that we all support Lis in her new role as Acting Director so that she can continue to lead the Center and their many successful strategies to combat fraud.

Sincerely,

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