The Affordable Care Act: Strengthening Medicare in 2011

In 2011, millions of seniors and people with disabilities enjoyed lower costs and improved benefits thanks to the Affordable Care Act. This report details how over 25.7 million Americans in traditional Medicare received free preventive services in 2011. In Medicare Advantage, last year 9.3 million Americans – 97 percent of those in individual Medicare Advantage plans – were enrolled in a plan that offers free preventive services.

Assuming that Medicare Advantage beneficiaries utilized preventive services at the same rate as beneficiaries in traditional Medicare, an estimated 32.5 million beneficiaries benefited from Medicare's coverage of prevention with no cost sharing. Last year 3.6 million Americans also saved $2.1 billion on their prescription drugs as a result of provisions in the Affordable Care Act.

In addition, seniors are benefitting as the Affordable Care Act is fully implemented:

- By 2020, the "donut hole" coverage gap will be closed;
- Part B premiums have remained low for seniors and people with disabilities;
- Medicare will have stronger tools to fight fraud;
- Those enrolled in Medicare Advantage and Medicare Part D plans continue to enjoy stable premiums and improved plan quality;
- Quality improvements will help prevent medical errors and promote coordination of care across Medicare and the health care system.

OVER 25 MILLION IN TRADITIONAL MEDICARE USED ONE OR MORE FREE PREVENTIVE SERVICE IN 2011

One of the major goals of the Affordable Care Act is to help people stay healthy by giving them the tools they need to take charge of their own health, fostering a culture of prevention that encourages patients to partner with their physicians and other caregivers.

Beginning January 1, 2011, the Affordable Care Act eliminated coinsurance and the Part B deductible for recommended preventive services, including many cancer screenings and key immunizations. The law also added an important new service — an Annual Wellness Visit with a health professional — at no cost to beneficiaries.

According to preliminary numbers, at least 25,720,996 million Americans took advantage of at least one free preventive benefit in Medicare in 2011, including the new Annual Wellness Visit. This represents 73.3% of Medicare fee-for-service (FFS) beneficiaries, including 2,373,810 African-American beneficiaries, 531,911 Hispanic beneficiaries, 103,349 American Indian beneficiaries, and 506,380 Asian-American beneficiaries.

In addition, Americans in Medicare Advantage plans had access to free preventive services, as most private insurance plans matched Medicare in offering many preventive services without charge. Last year 9.3 million Americans – 97 percent of those in non-employer Medicare Advantage plans – were enrolled in a plan that waives cost-sharing for recommended preventive services.* In 2012, all Medicare Advantage plans are required to cover the same free preventive services.

The free preventive services include the following, along with the number of Medicare FFS beneficiaries that used the service in 2011:

Previously subject to both the Part B deductible and coinsurance/copayment:

- Bone Mass Measurement: 2,750,966
- Hepatitis B (HBV) Vaccine: 156,077
- Tobacco Cessation Counseling: 48,806
- Medical Nutrition Therapy: 185,212

Previously exempt from the Part B deductible, but subject to coinsurance/copayment:

- Pap Tests (that require physician interpretation): 1,204,446
- Pelvic Examination: 1,413,706
- Screening Mammography: 6,045,754
- Most screening procedures for colorectal cancer: 1,167,358
- Ultrasound Screening for Abdominal Aortic Aneurysm: 59,573

Previously exempt from both the Part B deductible and coinsurance/copayment:

- Pap Tests (that do not require physician interpretation): 1,508,962

- Fecal Occult Blood Test for colorectal cancer screening: 1,089,026
- Prostate-specific Antigen (PSA) Test: 2,627,254
- Diabetes Screening Test: 2,383,445
- Cardiovascular Disease Screening Blood Tests: 20,060,998
- Seasonal Influenza Virus Vaccine: 14,551,349
- Pneumococcal Vaccine: 1,838,442
- Human Immunodeficiency Virus (HIV) Screening: 30,289

New services added during 2011, exempt from both the Part B deductible and coinsurance/copayment:

- Annual Wellness Visit
- Alcohol Misuse Screening and Behavioral Counseling in Primary Care
- Obesity Screening and Intensive Behavioral Therapy in Primary Care
- Annual Depression Screening in Primary Care
- Intensive Behavioral Therapy in Primary Care for Cardiovascular Disease Risk Reduction
- STI Screening and Counseling in Primary Care

STATE-BY-STATE – FREE PREVENTIVE SERVICES

	Original Medicare: Utilization of Benefit				Medicare Advantage (Non-Employer): Enrollees with Benefit		
	Part B Enrollees Utilizing Free Services	Part B Enrollees - Total		Annual Wellness Visit	MA enrollees with access to free preventive care	Total MA enrollees	
Nation	**25,720,996**	**35,106,598**	**73.3%**	**2,278,216**	**9,326,762**	**9,573,059**	**97.4%**
Alabama	501,123	688,391	72.8%	17,183	174,856	174,877	100.0%
Alaska	38,589	66,816	57.8%	2,784	130	134	97.0%
Arizona	421,348	603,067	69.9%	57,011	307,052	311,736	98.5%
Arkansas	325,637	466,243	69.8%	15,468	79,096	79,105	100.0%
California	2,080,682	3,010,372	69.1%	165,174	1,307,853	1,337,665	97.8%
Colorado	281,803	421,313	66.9%	37,375	149,165	149,180	100.0%
Connecticut	343,882	446,825	77.0%	64,967	101,750	102,656	99.1%
Delaware	114,396	148,194	77.2%	8,809	4,582	4,591	99.8%

	Original Medicare: Utilization of Benefit				Medicare Advantage (Non-Employer): Enrollees with Benefit		
	Part B Enrollees Utilizing Free Services	Part B Enrollees - Total		Annual Wellness Visit	MA enrollees with access to free preventive care	Total MA enrollees	
District of Columbia	43,886	65,231	67.3%	3,114	2,423	2,428	99.8%
Florida	1,824,665	2,408,698	75.8%	197,989	999,452	1,054,740	94.8%
Georgia	722,824	1,000,032	72.3%	66,290	177,056	192,912	91.8%
Hawaii	77,117	111,976	68.9%	1,850	58,519	58,524	100.0%
Idaho	110,179	169,202	65.1%	10,982	65,523	65,535	100.0%
Illinois	1,244,971	1,673,760	74.4%	89,630	145,325	145,353	100.0%
Indiana	619,735	847,752	73.1%	51,282	159,027	159,744	99.6%
Iowa	348,370	456,206	76.4%	24,272	52,860	52,864	100.0%
Kansas	281,630	388,902	72.4%	19,237	43,445	43,451	100.0%
Kentucky	470,483	647,347	72.7%	25,865	93,841	93,853	100.0%
Louisiana	375,977	530,611	70.9%	13,643	157,151	158,004	99.5%
Maine	167,461	231,303	72.4%	29,265	27,449	27,455	100.0%
Maryland	528,204	705,635	74.9%	42,440	34,225	35,677	95.9%
Massachusetts	656,146	845,861	77.6%	128,634	159,320	159,341	100.0%
Michigan	983,279	1,309,925	75.1%	127,887	186,640	213,392	87.5%
Minnesota	306,865	434,556	70.6%	22,333	164,820	164,846	100.0%
Mississippi	325,317	465,486	69.9%	14,560	46,100	47,984	96.1%
Missouri	582,585	796,068	73.2%	34,872	200,712	200,727	100.0%
Montana	98,711	148,590	66.4%	9,888	24,565	24,575	100.0%
Nebraska	176,824	247,901	71.3%	10,667	29,245	29,248	100.0%
Nevada	161,039	249,340	64.6%	10,723	107,279	107,815	99.5%

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	Part B Enrollees Utilizing Free Services	Part B Enrollees - Total		Annual Wellness Visit	MA enrollees with access to free preventive care	Total MA enrollees	
New Hampshire	155,032	208,562	74.3%	20,542	11,741	11,752	99.9%
New Jersey	876,150	1,148,208	76.3%	88,118	144,062	144,136	99.9%
New Mexico	149,263	233,129	64.0%	11,455	69,761	69,767	100.0%
New York	1,490,742	2,013,557	74.0%	150,720	702,929	759,329	92.6%
North Carolina	980,876	1,280,705	76.6%	104,139	236,513	245,898	96.2%
North Dakota	71,444	99,120	72.1%	5,044	5,241	5,243	100.0%
Ohio	922,374	1,269,286	72.7%	60,050	385,326	385,372	100.0%
Oklahoma	361,692	521,014	69.4%	13,544	84,066	84,073	100.0%
Oregon	248,422	370,499	67.1%	19,824	207,377	214,266	96.8%
Pennsylvania	1,014,420	1,378,840	73.6%	58,799	670,870	690,171	97.2%
Rhode Island	85,385	111,999	76.2%	19,036	56,184	56,190	100.0%
South Carolina	509,306	681,906	74.7%	37,222	124,882	124,944	100.0%
South Dakota	89,068	125,244	71.1%	5,264	10,281	10,282	100.0%
Tennessee	603,012	820,253	73.5%	49,865	264,119	264,149	100.0%
Texas	1,790,859	2,463,200	72.7%	157,246	574,697	580,242	99.0%
Utah	124,809	183,641	68.0%	10,673	89,364	89,382	100.0%
Vermont	77,874	107,731	72.3%	10,078	5,244	5,246	100.0%
Virginia	736,957	981,839	75.1%	53,197	134,169	139,287	96.3%
Washington	499,166	728,222	68.5%	48,627	224,589	224,629	100.0%
West Virginia	212,905	302,640	70.3%	7,554	33,592	33,601	100.0%
Wisconsin	477,789	645,345	74.0%	39,062	229,363	233,755	98.1%

	Original Medicare: Utilization of Benefit				Medicare Advantage (Non-Employer): Enrollees with Benefit		
	Part B Enrollees Utilizing Free Services	**Part B Enrollees - Total**		**Annual Wellness Visit**	**MA enrollees with access to free preventive care**	**Total MA enrollees**	
Wyoming	46,907	78,141	60.0%	2,943	2,931	2,933	99.9%

3.6 MILLION IN MEDICARE SAVED MORE THAN $2.1 BILLION ON PRESCRIPTION DRUGS IN THE DONUT HOLE IN 2011

The Affordable Care Act includes benefits to make your Medicare prescription drug coverage (Part D) more affordable. When the Part D program was created, there was a gap in coverage, where most beneficiaries would pay 100 percent of their drug costs while still paying their premiums. This gap – which occurs after the plan and beneficiaries pay a certain amount, but before beneficiaries hit catastrophic coverage and they only are responsible for a small percent of their drug costs, usually around 5 percent – is called the "donut hole."

The Affordable Care Act is closing the donut hole over time, and has already saved seniors and people with disabilities over $3 billion on prescription drugs since the law was enacted in March 2010. In 2011, seniors and people with disabilities who reached the coverage gap in Medicare Part D coverage automatically received a 50% discount on covered brand-name drugs and a 7 percent discount on generic drugs. Coverage in the gap will continue to grow over time until the donut hole is closed. To receive the discount, no special action is required. Seniors simply purchase drugs at the pharmacy and receive the discount automatically.

In 2011, about 3.6 million Medicare beneficiaries benefited from discounts on prescription drugs in the donut hole coverage gap. These seniors and people with disabilities received more than $2.1 billion in discounts, or an average of $604 per beneficiary.

Women who hit the donut hole benefitted from this provision in the Affordable Care Act, with 2.05 million women saving a total of $1.2 billion on their prescription drugs. Beneficiaries also received 7 percent savings on generic drugs in the donut hole in 2011, with 2,814,646 beneficiaries receiving $32.1 million in savings on generic drugs.

The HHS Assistant Secretary for Planning and Evaluation released a brief recently projecting that the average Medicare beneficiary will save approximately $4,200 from 2011 to 2021, while those with high prescription drug spending will save much more – nearly $16,000 over the same period. These findings, along with prescription drug plan data from 2011, show that while all individuals will benefit from lower costs thanks to the Affordable Care Act, those with high drug costs are seeing considerable savings which will continue to grow.

In 2011, seniors and people with disabilities saved money on a wide variety of drugs, including:

- Blood sugar lowering drugs- $300,259,057
- Triglyceride and Cholesterol lowering drugs- $263,182,711
- Asthma and Other Lung Related (non-cancer) Disease drugs- $228,522,896
- Drugs used to lower Blood pressure - $120,214,657
- Psychiatric drugs- $101,511,953
- Drugs Used to Prevent Platelets from Clotting Blood - $195,230,876
- Anti-dementia drugs- $108,868,359

- Anti-depression drugs- $72,917,239
- Cancer drugs- $71,854,747
- Drugs Used to Treat Ulcers- $70,007,664
- All Other Drug Therapeutic Uses- $626,822,848

Most of these drugs are for chronic conditions, suggesting that the discounts are helping people pay for expensive medications that they must take on an ongoing basis. Making such prescriptions more affordable also helps prevent more costly care that often results from conditions like high blood pressure and high cholesterol. About 13 percent of the savings were for drugs to help manage mental illness which also helps keep beneficiaries active and living at home.

Last year's progress builds on the savings in 2010, when nearly 4 million beneficiaries who hit the donut hole received a $250 rebate under the Affordable Care Act to help them afford prescription drugs in the coverage gap.

Seniors and people with disabilities will receive additional savings on covered brand-name and generic drugs while in the coverage gap until the gap is closed in 2020. See the schedule below for information on what Part D beneficiaries will pay for drugs while in the coverage gap:

- 2012: Medicare Part D beneficiaries will save 50% on brand-name drugs and 14% on generic drugs
- 2013: Medicare Part D beneficiaries will save 52.5% on brand-names and 21% on generics
- 2014: Medicare Part D beneficiaries will save 52.5% on brand-names and 28% on generics
- 2015: Medicare Part D beneficiaries will save 55% on brand-names and 35% on generics
- 2016: Medicare Part D beneficiaries will save 55% on brand-names and 42% on generics
- 2017: Medicare Part D beneficiaries will save 60% on brand-names and 49% on generics
- 2018: Medicare Part D beneficiaries will save 65% on brand-names and 56% on generics
- 2019: Medicare Part D beneficiaries will save 70% on brand-names and 63% on generics
- 2020: Medicare Part D beneficiaries will save 75% on brand-names and 75% on generics

STATE-BY-STATE – DISCOUNTS IN THE DONUT HOLE

	Number Who Received Discounts	Total Savings	Average Savings Per Beneficiary	Women Who Received Discounts	Total Savings for Women	Average Savings For Women
Nation*	**3,576,640**	**$2,159,393,008**	**$604**	**2,049,480**	**$1,228,349,965**	**$599**
Alabama	50,119	$29,827,543	$595	28,463	$16,806,367	$590
Alaska	2,277	$1,598,748	$702	1,284	$885,359	$690

	Number Who Received Discounts	Total Savings	Average Savings Per Beneficiary	Women Who Received Discounts	Total Savings for Women	Average Savings For Women
Arizona	65,729	$36,977,657	$563	37,199	$20,692,193	$556
Arkansas	34,083	$19,967,083	$586	19,766	$11,511,600	$582
California	319,429	$171,983,735	$538	176,317	$92,628,030	$525
Colorado	39,476	$22,846,993	$579	22,102	$12,743,777	$577
Connecticut	37,701	$24,661,193	$654	21,746	$14,185,071	$652
Delaware	12,356	$9,358,894	$757	6,948	$5,101,129	$734
District of Columbia	2,551	$1,583,039	$621	1,388	$796,285	$574
Florida	238,362	$141,948,339	$596	132,889	$78,367,670	$590
Georgia	102,366	$58,632,728	$573	58,637	$33,460,293	$571
Hawaii	21,278	$6,891,558	$324	11,980	$3,988,123	$333
Idaho	14,963	$8,665,605	$579	8,616	$4,918,878	$571
Illinois	144,226	$96,216,548	$667	86,352	$56,680,828	$656
Indiana	89,096	$57,735,983	$648	52,368	$33,353,558	$637
Iowa	42,015	$25,876,475	$616	25,051	$15,219,683	$608
Kansas	38,692	$23,437,243	$606	23,380	$14,069,218	$602
Kentucky	74,913	$40,147,823	$536	42,940	$22,279,692	$519
Louisiana	52,932	$30,247,275	$571	29,174	$16,596,023	$569
Maine	11,892	$6,306,962	$530	6,566	$3,471,146	$529
Maryland	52,243	$30,770,301	$589	30,618	$17,738,165	$579
Massachusetts	62,831	$36,897,940	$587	36,289	$21,432,454	$591
Michigan	84,168	$48,999,065	$582	47,716	$27,728,366	$581
Minnesota	57,610	$33,963,871	$590	33,424	$19,694,476	$589
Mississippi	33,510	$20,190,640	$603	19,523	$11,616,523	$595
Missouri	78,585	$46,763,813	$595	45,949	$27,465,119	$598
Montana	10,415	$6,409,940	$615	6,048	$3,654,010	$604
Nebraska	24,070	$15,175,406	$630	14,400	$9,020,777	$626
Nevada	22,193	$12,274,764	$553	11,758	$6,476,529	$551
New Hampshire	13,187	$8,187,145	$621	7,732	$4,846,318	$627
New Jersey	125,968	$95,200,406	$756	74,860	$56,502,356	$755

	Number Who Received Discounts	Total Savings	Average Savings Per Beneficiary	Women Who Received Discounts	Total Savings for Women	Average Savings For Women
New Mexico	18,755	$9,199,904	$491	10,522	$5,095,403	$484
New York	230,115	$159,916,221	$695	132,646	$92,847,473	$700
North Carolina	108,198	$65,161,683	$602	59,894	$35,643,119	$595
North Dakota	9,983	$5,915,547	$593	5,881	$3,402,023	$578
Ohio	185,014	$94,798,047	$512	106,303	$53,539,473	$504
Oklahoma	54,173	$28,461,930	$525	31,467	$16,153,788	$513
Oregon	44,877	$23,505,132	$524	26,085	$13,379,579	$513
Pennsylvania	235,820	$156,108,903	$662	141,093	$94,913,023	$673
Puerto Rico	85,981	$47,170,502	$549	51,445	$28,011,325	$544
Rhode Island	14,822	$8,217,475	$554	8,673	$4,765,790	$549
South Carolina	53,081	$32,646,527	$615	30,230	$18,555,300	$614
South Dakota	10,923	$6,732,077	$616	6,527	$3,933,361	$603
Tennessee	82,841	$48,901,634	$590	46,809	$27,573,712	$589
Texas	210,763	$134,754,191	$639	118,197	$74,159,582	$627
Utah	21,016	$12,371,267	$589	12,074	$6,984,966	$579
Vermont	6,795	$4,849,624	$714	3,750	$2,650,927	$707
Virginia	81,535	$48,949,685	$600	46,298	$27,344,943	$591
Washington	60,209	$35,999,334	$598	33,619	$19,815,210	$589
West Virginia	36,036	$23,543,921	$653	19,913	$12,291,103	$617
Wisconsin	59,345	$37,919,307	$639	32,670	$20,943,773	$641
Wyoming	5,540	$3,550,375	$641	3,262	$2,019,085	$619

MEDICARE BENEFICIARIES ENJOYING LOWER PREMIUMS

Many seniors and people with disabilities continue to see low premiums in Medicare. The standard Medicare Part B premium will be $99.90 a month in 2012, $6.70 lower than the amount projected earlier this year. Part B enrollees who paid the higher standard Part B premium in 2011 of $115.40 will see their premiums decrease by $15.50.

The majority of people with Medicare have paid $96.40 per month for Part B since 2008, due to a law that prevents their Social Security check from decreasing as a result of an increase in the Part B premium. In 2012, these people will pay the standard Part B premium of $99.90, which amounts to a monthly increase of $3.50, or 3.6%. The Social Security cost-of-living adjustment for 2012 is also 3.6 %, meaning that Medicare Part B premiums for these beneficiaries will be the same percent of their Social Security check in 2012 as they were in the last three years, and Social Security benefits net of Medicare premiums will be increasing again.

In 2012, the Part B deductible fell by $22 to $144 – the first time in Medicare's history when the deductible was lower.

HHS announced that average Medicare Advantage premiums for 2012 have decreased by 7% and enrollment has risen by 10%. Almost all (99.7%) of seniors and people with disabilities continue to enjoy access to a Medicare Advantage plan, and benefits remain consistent with those offered in 2011.

CMS used authority provided by the Affordable Care Act to protect people with Medicare Advantage from significant increases in costs or cuts in benefits in 2012, contributing to average premium declines for the second year in a row: 2012 premiums are 16% below 2010 premiums.

Average prescription drug plan premiums will remain virtually unchanged in 2012. Based on plans' projections, the cost of the average Medicare prescription drug plan premium in 2012 will be about $30 – the average premium in 2011 was $30.76. New tools from health reform and slow growth in Medicare drug spending have kept the cost of prescription drug coverage from growing.

IMPLEMENTING PROVISIONS TO IMPROVE HEALTH CARE QUALITY IN MEDICARE

Medicare is continually improving. The Affordable Care Act provides new incentives and programs that will reward doctors and hospitals that coordinate care better and will improve the program for all seniors and people with disabilities. Some of these programs include:

Partnership for Patients: A public-private partnership that aims to improve the quality, safety, and affordability of health care for all Americans by keeping patients from getting injured or sicker, and helping them heal without complication. The Partnership for Patients brings together leaders of major hospitals, employers, physicians, nurses, and patient advocates along with state and federal governments in a shared effort to make hospital care safer, more reliable, and less costly. More than 7,000 organizations, including over 3,200 hospitals as well as physicians and nurses groups, consumer groups, and employers, have pledged their commitment to the Partnership for Patients.

Achieving these goals could save Medicare and patients as much as $35 billion in health care costs, including up to $10 billion in savings to Medicare, and save tens of thousands of lives. Hospitals and doctors are now beginning to communicate through the Partnership for Patients on best practices to reduce harm and improve patient safety.

Accountable Care Organizations: People with Medicare are starting to benefit from new initiatives designed to encourage primary care doctors, specialists, hospitals, and other care providers to work together to coordinate care through Accountable Care Organizations (ACOs). If a Medicare beneficiary's doctor is enrolled in an ACO, he or she will still have the option to see all participating doctors in Medicare. In addition to ACOs, doctors and hospitals have started to participate in testing new ways to provide health care, such as emphasizing care coordination centered and bundling payments to providers for episodes of care when patients are treated by several different providers.

Value-Based Purchasing: The Affordable Care Act puts into place Medicare payment incentives for doctors, hospitals, health plans, and other providers who deliver better quality care – rewarding how well they do for patients, instead of how much they do for patients.

Seniors in Medicare Advantage plans will also see better quality thanks to incentives in the Affordable Care Act. Medicare Advantage plans that achieve "three-star" or better quality ratings will receive bonus payments, giving an incentive for all plans to improve care for patients. The best Medicare Advantage plans that achieve a five-star rating will be able to market to and enroll seniors all year round, not just in the open enrollment period – giving seniors the ability to move to the best plans any time.

PROTECTING SENIORS AND TAXPAYERS FROM MEDICARE FRAUD

Seniors and people with disabilities in Medicare are benefitting from a more secure program. The Affordable Care Act contains new steps and enhanced authority to crack down on criminals who are looking to defraud Medicare. These provisions, many of which have already gone into effect, will protect seniors from fraudsters and protect taxpayers.

The Affordable Care Act takes several critical steps to help fight fraud, including:

- Increasing the federal sentencing guidelines for health care fraud offenses by 20-50% for crimes that involve more than $1 million in losses. The law establishes penalties for obstructing a fraud investigation and makes it easier for the government to recapture any funds acquired through fraudulent practices;

- Stopping bad actors from entering the system, by making providers and suppliers who have historically posed a higher risk of fraud or abuse undergo a higher level of scrutiny than others before enrolling or re-enrolling in the Medicare, Medicaid, or CHIP;

- Fostering better coordination among states, CMS, and law enforcement partners at the Office of the Inspector General and Department of Justice. New rules authorize CMS to suspend Medicare payments to providers or suppliers during the investigation of a credible allegation of fraud;

- Requiring certain claims data from Medicare, Medicaid and CHIP, the Veterans Administration, the Department of Defense, the Social Security Disability Insurance program, and the Indian Health Service to be centralized, making it easier for agency and law enforcement officials to identify criminals and prevent fraud on a system-wide basis;

- Providing an additional $350 million over 10 years to ramp up anti-fraud efforts, including increasing scrutiny of claims before they've been paid, investments in sophisticated data analytics, and more "feet on the street" law enforcement agents and others to fight fraud in the health care system.

In concert with the new Affordable Care Act authorities, the Obama Administration has expanded funding for Senior Medicare Patrols – groups of senior citizen volunteers to educate and empower their peers to identify, prevent and report health care fraud. The Obama Administration has also increased government collaboration through the Health Care Fraud Prevention and Enforcement Action Team (HEAT). This is a joint cabinet-wide effort between HHS and DOJ to fight health care fraud by increasing coordination, intelligence sharing, and training among investigators, agents, prosecutors, analysts, and policymakers. A key component of HEAT is the Medicare Strike Force teams which are comprised of interagency

teams of analysts, investigators, and prosecutors who can target emerging or migrating fraud schemes, including fraud by criminals masquerading as health care providers or suppliers.

In 2011, HEAT coordinated the largest-ever federal health care fraud takedown, measured by number of defendants and measured by fraudulent billings. In one action, Strike Force teams charged 115 defendants in nine cities, including doctors, nurses, health care company owners and executives, for their alleged participation in Medicare fraud schemes involving more than $240 million in false billing. In a similar takedown, Strike Force prosecution teams charged 91 defendants in eight cities for their alleged participation in a Medicare fraud scheme involving more than $290 million in false billings.

The Administration's overall efforts have led to record recoveries of health care fraud, with $4.1 billion recovered in Fiscal Year 2011 alone, the highest amount to date.