

114TH CONGRESS
1ST SESSION

H. R. 4077

To amend title XVIII of the Social Security Act to provide for a Medicare established provider system under which providers of services and suppliers representing a low risk for submitting fraudulent Medicare claims are provided certain claim review protections.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 18, 2015

Mr. WILLIAMS (for himself, Mr. FLORES, Ms. GRANGER, Mr. THORNBERRY, Mr. NEUGEBAUER, Mr. OLSON, and Mr. AUSTIN SCOTT of Georgia) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to provide for a Medicare established provider system under which providers of services and suppliers representing a low risk for submitting fraudulent Medicare claims are provided certain claim review protections.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Established
5 Provider Act of 2015”.

1 **SEC. 2. MEDICARE ESTABLISHED PROVIDER SYSTEM.**

2 Title XVIII of the Social Security Act is amended by
3 inserting after section 1893 of such Act (42 U.S.C.
4 1395ddd) the following new section:

5 **“SEC. 1893A. MEDICARE ESTABLISHED PROVIDER SYSTEM.**

6 “(a) IN GENERAL.—The Secretary shall develop and
7 implement a system (in this section referred to as the
8 ‘Medicare Established Provider System’) to designate pro-
9 viders of services and suppliers who represent a low risk
10 for submitting fraudulent claims for payment under this
11 title as established providers for purposes of applying the
12 protections described in subsection (c). Under such sys-
13 tem—

14 “(1) the Secretary shall establish a process, in
15 accordance with subsection (c), under which—

16 “(A) providers of services and suppliers
17 may apply for designation as established pro-
18 viders;

19 “(B) such providers and suppliers who
20 qualify, in accordance with subsection (b), as
21 established providers are so designated (includ-
22 ing through the use of entities trained by an
23 Internet training course of the Centers for
24 Medicare & Medicaid Services or through train-
25 ing provided by other specified organizations);
26 and

1 “(C) such providers and suppliers who no
2 longer qualify as established providers lose such
3 designation; and

4 “(2) the Secretary shall establish an electronic
5 system for the submission of documentation by pro-
6 viders of services, suppliers, or third parties, with re-
7 spect to a claim for payment under this title that is
8 under review, for each level of review applicable to
9 such claim.

10 “(b) QUALIFYING AS ESTABLISHED PROVIDERS.—
11 Under such system, to qualify as an established provider
12 for a period with respect to a reporting period (as specified
13 by the Secretary), a provider of services or supplier shall
14 demonstrate, as specified by the Secretary, that—

15 “(1) with respect to the reporting period begin-
16 ning after the date of the enactment of this section,
17 at least 90 percent of claims for payment under this
18 title for items and services furnished by such pro-
19 vider or supplier for which any review was conducted
20 under section 1869 were determined to be eligible
21 for payment or partial payment under this title; and

22 “(2) of all claims for payment under this title
23 for items and services furnished by such provider or
24 supplier for which an initial determination was made
25 that payment may not be made under this title, at

1 least 90 percent were appealed by such provider or
2 supplier.

3 “(c) DESIGNATION PROCESS.—The process under
4 subsection (a)(1)—

5 “(1) shall allow a provider of services or sup-
6 plier designated as an established provider under
7 this section to demonstrate that the provider or sup-
8 plier maintains compliance with the qualification re-
9 quirements under subsection (b) based on annual
10 updates on the status of claims for payment under
11 this title for items and services furnished by such
12 provider or supplier with respect to each level of re-
13 view, including the number of such claims within
14 each such level of review for which a determination
15 was made that payment should be made, should be
16 partially made, or should not be made under this
17 title;

18 “(2) shall provide a method through which it
19 may be determined whether or not the qualifying re-
20 quirements under subsection (b) have been satisfied
21 and maintained by a provider of services or supplier
22 with respect to a period;

23 “(3) provide for the identification of established
24 providers within appropriate systems of the Centers
25 of Medicare & Medicaid Services; and

1 “(4) provide for a global track record of compli-
2 ance by providers of services and suppliers with the
3 qualifying requirements under subsection (b), includ-
4 ing by identifying such providers and suppliers by
5 the management company provider number rather
6 than by each individual provider, supplier, or facility,
7 for purposes of efficiency.

8 “(d) PROTECTIONS FOR ESTABLISHED PRO-
9 VIDERS.—Notwithstanding any other provision of law, in
10 the case of a provider of services or supplier designated
11 as an established provider under this section with respect
12 to a period the following protections shall apply:

13 “(1) With respect to a claim submitted during
14 such period for payment under this title for items or
15 services furnished by such provider or supplier,
16 which is subject to review for whether or not pay-
17 ment should be made under such title and with re-
18 spect to which an additional documentation request
19 has been issued, payment under this title for such
20 claim may not be withheld unless a final determina-
21 tion has been made that such payment should not be
22 made.

23 “(2) In the case that a final determination has
24 been made that payment under this title should not
25 have been made with respect to a claim described in

1 paragraph (1), repayment of such payment shall be
2 made electronically by the provider not later than 45
3 days after notification of such decision. In applying
4 the previous sentence, if the Secretary determines
5 that repayment within such 45-day period would re-
6 sult in a significant hardship to the provider in-
7 volved, the Secretary may, on a case-by-case basis,
8 extend the 45-day period described in such sentence
9 by such number of days as the Secretary determines
10 appropriate in accordance with a specified repay-
11 ment plan.

12 “(3) The Secretary shall provide for a method
13 to apply section 1869 with respect to an initial de-
14 termination of any claim submitted during such pe-
15 riod for payment under this title for items and serv-
16 ices furnished by such provider or supplier, without
17 the application of paragraph (3) of section 1869(a)
18 (relating to redeterminations).”.

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