

114TH CONGRESS
2D SESSION

H. R. 6011

To require that the Centers for Medicare & Medicaid Services has in place adequate verification procedures to ensure that advance payments under the Patient Protection and Affordable Care Act are made for only enrollees under qualified health plans who have paid their premiums.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 13, 2016

Mr. BILIRAKIS introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 require that the Centers for Medicare & Medicaid Services has in place adequate verification procedures to ensure that advance payments under the Patient Protection and Affordable Care Act are made for only enrollees under qualified health plans who have paid their premiums.

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 “ACA Premium Pay-
5 ment Verification Act”.

1 **SEC. 2. REQUIRING ADEQUATE CMS VERIFICATION PROCE-**
2 **DURES TO ENSURE ADVANCE PAYMENTS**
3 **UNDER THE AFFORDABLE CARE ACT ARE**
4 **MADE FOR ONLY ENROLLEES UNDER QUALI-**
5 **FIED HEALTH PLANS WHO HAVE PAID THEIR**
6 **PREMIUMS.**

7 (a) IN GENERAL.—Notwithstanding any other provi-
8 sion of law, no advance payment under section 1412 of
9 the Patient Protection and Affordable Care Act (42
10 U.S.C. 18082) may be made before such date that the
11 Secretary of Health and Human Services certifies to Con-
12 gress that the Centers for Medicare & Medicaid Services
13 has in place an adequate process, in accordance with sub-
14 section (b), to independently verify if an individual is en-
15 rolled under a qualified health plan and has paid the pre-
16 mium under such plan.

17 (b) ADEQUATE PROCEDURES.—For purposes of sub-
18 section (a), a process, with respect to the verifications de-
19 scribed in such subsection, shall not be treated as an ade-
20 quate process—

21 (1) unless such process—

22 (A) is an automated process under which
23 such verifications are made on a policy basis
24 and not on an aggregate basis;

25 (B) has been tested by the Inspector Gen-
26 eral of the Department of Health and Human

1 Services and determined by the Inspector Gen-
2 eral pursuant to such test as being effective;
3 and

4 (C) includes the provision by the Adminis-
5 trator of the Centers for Medicare & Medicaid
6 Services to the Secretary of the Treasury of
7 such payment information as needed by the
8 Secretary for verification of eligibility of individ-
9 uals for purposes of advance payments under
10 section 1412 of the Patient Protection and Af-
11 fordable Care Act (42 U.S.C. 18082); and

12 (2) to the extent such process includes any pro-
13 cedures that rely on assurances or attestations made
14 by the issuer of the qualified health plan involved.

15 (c) REPORT ON COST-SHARING SUBSIDIES ALLOWED
16 FOR CERTAIN INDIVIDUALS ENROLLING IN QUALIFIED
17 HEALTH PLANS.—Not later than one year after the date
18 of the enactment of this Act, the Secretary of Health and
19 Human Services shall submit to Congress a report on the
20 extent to which adequate procedures are in place with re-
21 spect to cost-sharing reductions allowed under section
22 1402 of the Patient Protection and Affordable Care Act
23 (42 U.S.C. 18071).

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