

114TH CONGRESS
2D SESSION

H. R. 6226

To delay the Medicare demonstration for pre-claim review of home health services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 28, 2016

Mr. TOM PRICE of Georgia (for himself, Mr. MCGOVERN, Mr. MARCHANT, Mr. THORNBERRY, and Mr. GOHMERT) 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 delay the Medicare demonstration for pre-claim review of home health services, and for other purposes.

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 “Pre-Claims Undermine
5 Seniors’ Health Act of 2016” or the “PUSH Act of
6 2016”.

1 **SEC. 2. DELAY IN THE MEDICARE DEMONSTRATION FOR**
2 **PRE-CLAIM REVIEW OF HOME HEALTH SERV-**
3 **ICES.**

4 (a) IN GENERAL.—In the case of the demonstration
5 for pre-claim review for home health services furnished
6 under title XVIII of the Social Security Act for operation
7 in 5 States under section 402(a)(1)(J) of the Social Secu-
8 rity Amendments of 1967 (42 U.S.C. 1395b–1(a)(1)(J)),
9 as announced in the Federal Register on June 10, 2016
10 (81 Fed. Reg. 37598)—

11 (1) in the case of any of such 5 States in which
12 the demonstration began operation before the date
13 of the enactment of this section, the Secretary of
14 Health and Human Services shall suspend the oper-
15 ation of the demonstration in such State so it does
16 not apply to episodes of care beginning earlier than
17 the later of—

18 (A) 1 year after such date of enactment; or

19 (B) 6 months after the date that the Con-
20 gress receives the report submitted under sub-
21 section (b);

22 (2) in the case of any of such 5 States not de-
23 scribed in paragraph (1), the Secretary shall delay
24 any operation of the demonstration in each State so
25 it does not apply to episodes of care beginning ear-
26 lier than the later of—

1 (A) 1 year after the earliest date that such
2 demonstration was scheduled to begin operation
3 in the State as so announced; or

4 (B) 6 months after the date the Congress
5 receives such report; and

6 (3) in the case of a State not described in para-
7 graph (1) or (2), the Secretary shall not begin oper-
8 ation of such a demonstration in the State until at
9 least the later of—

10 (A) 1 year after such date of enactment; or

11 (B) 6 months after the date that the Con-
12 gress receives such report.

13 (b) REPORT.—Not later than 1 year after the date
14 of the enactment of this Act, the Secretary shall submit
15 a report to Congress on Medicare pre-claim review of home
16 health services. The report shall include at least the fol-
17 lowing:

18 (1) A comprehensive analysis and description of
19 the impact of Medicare pre-claim review of home
20 health services in any State in which it had been im-
21 plemented before the date of the enactment of this
22 Act, including its impact on Medicare beneficiaries,
23 home health agencies, physicians, and Medicare ad-
24 ministrative costs and the data described in para-
25 graph (5).

1 (2) A detailed description of the resources used
2 by home health agencies, physicians, and the De-
3 partment of Health and Human Services and its
4 contractors in conducting such pre-claim review.

5 (3) A description of alternative measures that
6 can be taken to identify the nature of improper pay-
7 ments in Medicare home health services, the root
8 cause for such improper payments, and possible cor-
9 rective actions (other than the use of pre-claim re-
10 view) that can be taken.

11 (4) Detailed data on the claims subject to, and
12 the result of, Medicare pre-claim review conducted
13 before the date of the enactment of this Act, includ-
14 ing the following:

15 (A) The number of pre-claim submissions
16 and resubmissions.

17 (B) The percentage of responses to such
18 submissions and resubmissions that—

19 (i) fully approve (or affirm) such serv-
20 ices;

21 (ii) fully disapprove (or non-affirm)
22 such services; or

23 (iii) do not fully approve (or affirm),
24 or fully disapprove (or non-affirm), such
25 services.

1 (C) Changes in utilization of and spending
2 on Medicare-covered home health services, inpa-
3 tient hospital care, and skilled nursing facility
4 services.

5 (D) The number of home health agencies
6 in States where such pre-claim review occurred.

7 (E) The average dollar amount per claim
8 and aggregate amount involved in such reviews,
9 based on the types of responses described in
10 subparagraph (B).

11 (F) The 50 diagnosis codes that were most
12 frequently subject to review.

13 (G) The proportion of cases subject to re-
14 view that were post-acute care.

15 (H) The impact of the review on patient
16 access to home health services.

17 (I) The impact of the review on the con-
18 tinuity of care, including the proportion of cases
19 that result in a disruption or delay in patient
20 care.

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