

115TH CONGRESS
2D SESSION

S. 2415

To amend title XIX of the Social Security Act to streamline enrollment of certain Medicaid providers and suppliers across State lines, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 12, 2018

Mr. GRASSLEY (for himself and Mr. BENNET) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To amend title XIX of the Social Security Act to streamline enrollment of certain Medicaid providers and suppliers across State lines, 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 “Accelerating Kids’ Ac-
5 cess to Care Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) Thankfully, most children are well. How-
9 ever, there is a small subset of children with medi-

1 cally complex needs. Many of these medically com-
2 plex needs are congenital, but some are acquired
3 during childhood. Examples of children with medi-
4 cally complex needs include children with Down syn-
5 drome, cancer, cystic fibrosis, or Duchene muscular
6 dystrophy.

7 (2) Children with medically complex needs often
8 require health care from multiple specialty providers
9 that are not always located within their home State.

10 (3) Children with medically complex needs and
11 families on Medicaid who require care from pro-
12 viders outside of their home State must navigate a
13 number of paperwork challenges that can impede
14 timely access to care.

15 (4) Health care providers treating children from
16 out-of-State face significant burdens in being
17 screened and enrolled to participate in the Medicaid
18 program of the child being treated.

19 (5) Current Federal regulation and guidance
20 from the Center for Medicaid and CHIP Services
21 allow States to rely on provider screenings done by
22 Medicaid contractors or by other State Medicaid or
23 CHIP programs.

24 (6) The Provider Enrollment, Chain and Own-
25 ership System (PECOS) is an existing national en-

1 rollment system for Medicare providers and sup-
 2 pliers that is being expanded to support better align-
 3 ment between Medicare, Medicaid and the CHIP
 4 program and that system could serve as a nation-
 5 wide platform for provider enrollment in Medicaid.

6 (7) Congress recognizes the need for thorough
 7 screening of providers and suppliers in the Medicare,
 8 Medicaid and CHIP programs to prevent waste,
 9 fraud, and abuse.

10 (8) A nationwide streamlined screening and en-
 11 rollment process for limited risk providers who care
 12 for children (and the adults who have medically com-
 13 plex needs which began in childhood) under the
 14 Medicaid and CHIP programs will accelerate access
 15 to appropriate care. In addition, such a process has
 16 the potential to strengthen program integrity efforts
 17 by requiring thorough screening and vetting of pro-
 18 viders.

19 **SEC. 3. STREAMLINED SCREENING AND ENROLLMENT**
 20 **PROCESS FOR ELIGIBLE OUT-OF-STATE MED-**
 21 **ICAID PROVIDERS AND SUPPLIERS.**

22 (a) IN GENERAL.—Section 1902(kk) of the Social Se-
 23 curity Act (42 U.S.C. 1396a(kk)) is amended by adding
 24 at the end the following new paragraph:

1 “(10) STREAMLINED SCREENING AND ENROLL-
2 MENT PROCESS FOR ELIGIBLE OUT-OF-STATE PRO-
3 VIDERS AND SUPPLIERS.—

4 “(A) IN GENERAL.—Subject to subsection
5 (a)(65), the State adopts a streamlined screen-
6 ing and enrollment process for eligible out-of-
7 State providers and suppliers.

8 “(B) STREAMLINED SCREENING AND EN-
9 ROLLMENT PROCESS.—For purposes of sub-
10 paragraph (A), the term ‘streamlined screening
11 and enrollment process’ means a process that
12 enables an eligible out-of-State provider or sup-
13 plier to enroll as a provider or supplier in the
14 State plan on a simplified and streamlined basis
15 in accordance with the requirements of sub-
16 paragraph (D).

17 “(C) ELIGIBLE OUT-OF-STATE PROVIDER
18 OR SUPPLIER.—For purposes of subparagraph
19 (A), the term ‘eligible out-of-State provider or
20 supplier’ means a provider or supplier of med-
21 ical or other items or services furnished to a
22 child for which payment is available under the
23 State plan under this title that is located in an-
24 other State and with respect to which the Sec-
25 retary has determined there is a limited risk of

1 fraud, waste, or abuse for purposes of deter-
2 mining the level of screening to be conducted
3 under section 1866(j)(2)(B).

4 “(D) REQUIREMENTS.—For purposes of
5 subparagraph (B), the requirements of this sub-
6 paragraph are the following:

7 “(i) An eligible out-of-State provider
8 or supplier that elects to be and is enrolled
9 in the program established under this title
10 in accordance with the process established
11 by the Secretary under section 2(b) of the
12 Accelerating Kids’ Access to Care Act is
13 enrolled in the State plan under this title
14 without being subject to any additional
15 screening and enrollment activities re-
16 quired by the State.

17 “(ii) An eligible out-of-State provider
18 or supplier that is enrolled in the State
19 plan through the streamlined screening
20 and enrollment process shall be enrolled
21 for a period of 5 years before being re-
22 quired to obtain revalidation.

23 “(iii) An eligible out-of-State provider
24 or supplier that is enrolled in the State
25 plan through the streamlined screening

1 and enrollment process shall be permitted
 2 to order all clinically necessary follow-up
 3 care, including with respect to the pre-
 4 scribing of medications.”.

5 (b) COORDINATION WITH MEDICARE.—The Sec-
 6 retary shall establish a process for permitting a provider
 7 or a supplier, as the case may be, the option when enroll-
 8 ing in the program established under the Medicare pro-
 9 gram under title XVIII of the Social Security Act pursu-
 10 ant to subpart P of part 424 of title 42, Code of Federal
 11 Regulations (or any successor regulation), to elect, at the
 12 same time, to enroll in the Medicaid program under title
 13 XIX of such Act for purposes of all State plans under
 14 such title XIX. The Secretary may utilize the Medicare
 15 Provider Enrollment, Chain and Ownership System (re-
 16 ferred to as “PECOS”), or another national, standard-
 17 ized, and widely accessible platform to establish such proc-
 18 ess.

19 (c) CONFORMING AMENDMENTS.—

20 (1) Section 1902(a)(77) of such Act (42 U.S.C.
 21 1396a(a)(77)), is amended by inserting “enroll-
 22 ment,” after “screening,”.

23 (2) Section 1902(kk) of such Act (42 U.S.C.
 24 1396a(kk)), as amended by subsection (a), is further
 25 amended—

1 (A) in the subsection heading, by inserting
 2 “ENROLLMENT,” after “SCREENING,”; and

3 (B) in paragraph (9), by striking “Noth-
 4 ing” and inserting “Except as provided in para-
 5 graph (10)(D)(i), nothing”.

6 (3) Section 2107(e)(1)(F) of such Act (42
 7 U.S.C. 1397gg(e)(1)(F)) is amended by inserting
 8 “enrollment,” after “screening,”.

9 (d) EFFECTIVE DATE.—

10 (1) IN GENERAL.—Except as provided in para-
 11 graph (2), the amendments made by this section
 12 take effect on January 1, 2019.

13 (2) EXCEPTION FOR STATE LEGISLATION.—In
 14 the case of a State plan for medical assistance under
 15 title XIX of the Social Security Act or a State child
 16 health plan under title XXI of such Act which the
 17 Secretary of Health and Human Services determines
 18 requires State legislation (other than legislation ap-
 19 propriating funds) in order for the plan to meet the
 20 additional requirements imposed by the amendments
 21 made by this section, such State plan shall not be
 22 regarded as failing to comply with the requirements
 23 of such title solely on the basis of its failure to meet
 24 these additional requirements before the first day of
 25 the first calendar quarter beginning after the close

1 of the first regular session of the State legislature
2 that begins after the date of the enactment of this
3 Act. For purposes of the previous sentence, in the
4 case of a State that has a 2-year legislative session,
5 each year of such session shall be deemed to be a
6 separate regular session of the State legislature.

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