

HR 5962

Medicare Fraud Prevention and Enforcement Act of 2006

Congress: 109 (2005–2007, Ended)

Chamber: House

Policy Area: Health

Introduced: Jul 28, 2006

Current Status: Referred to the Subcommittee on Health, for a period to be subsequently determined by the Chairman .

Latest Action: Referred to the Subcommittee on Health, for a period to be subsequently determined by the Chairman .
(Aug 1, 2006)

Official Text: <https://www.congress.gov/bill/109th-congress/house-bill/5962>

Sponsor

Name: Rep. Biggert, Judy [R-IL-13]

Party: Republican • **State:** IL • **Chamber:** House

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Aug 1, 2006
Judiciary Committee	House	Referred To	Jul 28, 2006
Ways and Means Committee	House	Referred To	Jul 28, 2006

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Medicare Fraud Prevention and Enforcement Act of 2006 - Amends title XVIII (Medicare) of the Social Security Act to direct the Secretary of Health and Human Services (HHS) to conduct an additional site inspection for each applicable items or services provider that applies for a provider number.

Sets forth rules for the Secretary to conduct a background check on any individual or entity that applies for a Medicare provider number.

Directs the Secretary to establish procedures for the registration of all applicant billing agencies. Requires the Secretary to assign a unique identification number to each registered agency, which must appear on every claim for Medicare reimbursement.

Amends: (1) SSA title XI to allow the Secretary to exclude from participation in any federal health care program any billing agency that knowingly submitted or caused to be submitted a claim for Medicare reimbursement that it knows or should know is false or fraudulent; (2) SSA title XVIII with respect to reimbursements to the Secretary for amounts paid to excluded providers; (3) SSA titles XI and XVIII to deny a discharge in bankruptcy to civil monetary penalties for fraudulent activities by a health care provider or supplier, overpayments to service providers under Medicare part A and of benefits under Medicare part B (Supplementary Medical Insurance), and past-due obligations arising from breach of scholarship and loan contract; (4) SSA title XI to prescribe a criminal penalty for illegal distribution of a Medicare or Medicaid beneficiary identification or provider number; and (5) the federal criminal code to provide for the treatment of acts involving federal health care programs described under SSA title XI as federal health care offenses.

Authorizes any criminal investigator of the Office of Inspector General of HHS, upon proper designation, to: (1) obtain and execute any warrant or other process issued under the authority of the United States; (2) make an arrest without a warrant for any offense against the United States committed in the presence of such investigator, or any federal felony if such investigator has reasonable cause to believe that the person to be arrested has committed or is committing that felony; and (3) exercise any other authority necessary to carry out such authority.

Requires all claims forms developed or used by the Secretary for reimbursement under Medicare to accommodate the use of universal product numbers (UPNs, or bar codes) for a UPN covered item, and all claims for such an item to contain the UPN.

Actions Timeline

- **Aug 1, 2006:** Referred to the Subcommittee on Health, for a period to be subsequently determined by the Chairman .
- **Jul 28, 2006:** Introduced in House
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- **Jul 28, 2006:** Referred to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce, and the Judiciary, 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.
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