

HR 6102

Health Care Paperwork Reduction and Fraud Prevention Act of 2008

Congress: 110 (2007–2009, Ended)

Chamber: House

Policy Area: Health

Introduced: May 20, 2008

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Jun 2, 2008)

Official Text: <https://www.congress.gov/bill/110th-congress/house-bill/6102>

Sponsor

Name: Rep. Thornberry, Mac [R-TX-13]

Party: Republican • State: TX • Chamber: House

Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Jackson-Lee, Sheila [D-TX-18]	D · TX		Jun 3, 2008
Rep. Souder, Mark E. [R-IN-3]	R · IN		Jun 3, 2008
Rep. Paul, Ron [R-TX-14]	R · TX		Jun 4, 2008

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	May 21, 2008
Ways and Means Committee	House	Referred to	Jun 2, 2008

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Health Care Paperwork Reduction and Fraud Prevention Act of 2008 - Establishes the Commission on Billing Codes and Forms Simplification which shall make recommendations regarding: (1) standardizing and simplifying credentialing and billing forms for health care claims; (2) reducing and simplifying billing codes; (3) reforming the Medicare regulatory and appeals processes to ensure that the Secretary of Health and Human Services provides appropriate guidance to providers for submitting Medicare claims and does not target inadvertent billing errors; and (4) updating electronic forms of the Centers for Medicare & Medicaid Services to ensure simplicity and privacy.

Directs the Secretary of Health and Human Services to establish a process under which a physician may request from a carrier written assistance in addressing questionable codes and procedures under the Medicare program.

Requires the Administrator of the Centers for Medicare & Medicaid Services to restore the toll-free telephone hotline so that physicians may call for information and questions about the Medicare program.

Sets forth provisions concerning: (1) physician participation and pilot program testing requirements and objectives for new evaluation and management guidelines under Medicare; and (2) notice, administrative, and penalty requirements with respect to Medicare overpayments.

Actions Timeline

- **Jun 2, 2008:** Referred to the Subcommittee on Health.
- **May 21, 2008:** Referred to the Subcommittee on Health.
- **May 20, 2008:** Introduced in House
- **May 20, 2008:** 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.