

S 2128

Prevent Health Care Fraud Act of 2009

Congress: 111 (2009–2011, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Oct 29, 2009

Current Status: Sponsor introductory remarks on measure. (CR S10949-10951)

Latest Action: Sponsor introductory remarks on measure. (CR S10949-10951) (Oct 30, 2009)

Official Text: <https://www.congress.gov/bill/111th-congress/senate-bill/2128>

Sponsor

Name: Sen. LeMieux, George S. [R-FL]

Party: Republican • State: FL • Chamber: Senate

Cosponsors (15 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Alexander, Lamar [R-TN]	R · TN		Nov 4, 2009
Sen. Graham, Lindsey [R-SC]	R · SC		Nov 4, 2009
Sen. Coburn, Tom [R-OK]	R · OK		Nov 9, 2009
Sen. Corker, Bob [R-TN]	R · TN		Nov 9, 2009
Sen. Barrasso, John [R-WY]	R · WY		Nov 17, 2009
Sen. Hutchison, Kay Bailey [R-TX]	R · TX		Nov 17, 2009
Sen. Isakson, Johnny [R-GA]	R · GA		Nov 17, 2009
Sen. Chambliss, Saxby [R-GA]	R · GA		Nov 19, 2009
Sen. Risch, James E. [R-ID]	R · ID		Nov 19, 2009
Sen. Johanns, Mike [R-NE]	R · NE		Dec 2, 2009
Sen. Nelson, Bill [D-FL]	D · FL		Dec 8, 2009
Sen. Inhofe, James M. [R-OK]	R · OK		Jan 20, 2010
Sen. Cochran, Thad [R-MS]	R · MS		Jan 22, 2010
Sen. Voinovich, George V. [R-OH]	R · OH		Feb 22, 2010
Sen. Whitehouse, Sheldon [D-RI]	D · RI		Jul 26, 2010

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Referred To	Oct 29, 2009

Subjects & Policy Tags

Policy Area:

Health

## Related Bills

Bill	Relationship	Last Action
111 HR 4222	Related bill	<b>Dec 9, 2009:</b> Referred to the Subcommittee on Health.

## Summary (as of Oct 29, 2009)

Prevent Health Care Fraud Act of 2009 - Establishes in the Department of Health and Human Services (HHS) the Office of the Deputy Secretary for Health Care Fraud Prevention. Requires the Office to: (1) direct the implementation within HHS of health care fraud prevention and detection recommendations made by federal and private sector antifraud and oversight entities; (2) routinely consult with HHS's Office of the Inspector General, the Attorney General, and private sector health care antifraud entities to identify emerging fraud issues requiring immediate action; (3) provide for the design, development, and operation of a predictive model antifraud system to analyze health care claims data in real-time to identify high risk claims activity and develop a comprehensive antifraud database for federal health agency activities; (4) promulgate and enforce regulations relating to the reporting of data claims to such system by federal health agencies; (5) establish thresholds for fraudulent, wasteful, or abusive claims for excluding providers or suppliers from participation in federal health programs and for the referral of claims to law enforcement entities; and (6) share antifraud information and best practices.

Sets forth requirements for the fraud prevention system, including that it shall: (1) allow viewing of all provider and patient activities across all federal health program payers; (2) provide for a centralized file for data from all government health insurance claims data sources; (3) provide real-time ability to identify high-risk behavior patterns across markets, geographies, and specialty group providers; (4) involve the implementation of a predictive modeling technology that is designed to prevent waste, fraud, and abuse; (5) systematically present scores, reason codes, and treatment actions for high-risk scored transactions; (6) monitor consumer transactions in real-time and monitor provider behavior at different stages within the transaction flow based upon provider, transaction, and consumer trends; and (7) not be designed to deny health care services or to negatively impact prompt-pay laws because assessments are late.

Directs the Deputy Secretary to: (1) prohibit the payment of any health care claim identified as potentially fraudulent, wasteful, or abusive until the claim has been verified as valid; and (2) provide maximum protection of personal privacy consistent with carrying out the Office's responsibilities.

Directs the Secretary to establish procedures for the implementation of fraud and abuse detection methods under all federal health programs.

## Actions Timeline

- **Oct 30, 2009:** Sponsor introductory remarks on measure. (CR S10949-10951)
- **Oct 29, 2009:** Introduced in Senate
- **Oct 29, 2009:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.