

S 3632

Medicare and Medicaid Fraud Enforcement and Prevention Act of 2010

Congress: 111 (2009–2011, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jul 22, 2010

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Jul 22, 2010)

Official Text: <https://www.congress.gov/bill/111th-congress/senate-bill/3632>

Sponsor

Name: Sen. Gillibrand, Kirsten E. [D-NY]

Party: Democratic • **State:** NY • **Chamber:** Senate

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jul 22, 2010

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
111 HR 5044	Related bill	May 3, 2010: Referred to the Subcommittee on Health.

Medicare and Medicaid Fraud Enforcement and Prevention Act of 2010 - Amends title XI of the Social Security Act (SSA) to increase criminal penalties for both felony and misdemeanor fraud under SSA titles XVIII (Medicare) and XIX (Medicaid).

Adds a new offense of distribution of one or more Medicare or Medicaid beneficiary identification numbers or billing privileges with the intent to defraud.

Applies civil monetary penalties to: (1) conspiracy to make false statements or commit other specified offenses with respect to Medicare or Medicaid claims; and (2) knowing creation or use of false records or statements with respect to the transmission of money or property to a federal health care program. Extends the statute of limitations from six to 10 years after presentation of a claim.

Amends SSA title XI, as amended by the Patient Protection and Affordable Care Act, with respect to the access to claims and payment data granted to the Inspector General of the Department of Health and Human Services (HHS). Requires the Inspector General to implement mechanisms for the sharing of information about suspected fraud relating to the federal health care programs under Medicare, Medicaid, and SSA title XXI (Children's Health Insurance Program) (CHIP) with other appropriate law enforcement officials.

Directs the HHS Secretary to implement a five-year Beneficiary Verification Pilot Program to verify, with respect to Medicare claims, that the beneficiary for which the claim was made was actually furnished the claimed item or service.

Requires the Comptroller General to study and report to Congress on Medicare administrative contractors, including Recovery Audit Contractors.

Actions Timeline

- **Jul 22, 2010:** Introduced in Senate
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