

## HR 315

### Health Care Paperwork Reduction and Fraud Prevention Act

**Congress:** 112 (2011–2013, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Jan 18, 2011

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Feb 1, 2011)

**Official Text:** <https://www.congress.gov/bill/112th-congress/house-bill/315>

## Sponsor

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

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

## Cosponsors

No cosponsors are listed for this bill.

## Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Feb 1, 2011
Ways and Means Committee	House	Referred to	Jan 25, 2011

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

No related bills are listed.

Health Care Paperwork Reduction and Fraud Prevention Act - Establishes the Commission on Health Care 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.

Prohibits the Administrator from implementing any new evaluation and management (E&M) guidelines under the Medicare program unless the Administrator: (1) has provided for an assessment of the proposed guidelines by physicians; (2) has established a plan that contains specific goals, including a schedule for improving participation of physicians in such assessment; (3) has carried out a minimum of four pilot projects in at least four different regions to test E&M guidelines; and (4) finds that specified objectives will be met in the implementation of such guidelines.

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

## **Actions Timeline**

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- **Feb 1, 2011:** Referred to the Subcommittee on Health.
- **Jan 25, 2011:** Referred to the Subcommittee on Trade.
- **Jan 18, 2011:** Introduced in House
- **Jan 18, 2011:** 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.