

## S 1123

### PRIME Act of 2013

**Congress:** 113 (2013–2015, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** Jun 10, 2013

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

**Latest Action:** Read twice and referred to the Committee on Finance. (Jun 10, 2013)

**Official Text:** <https://www.congress.gov/bill/113th-congress/senate-bill/1123>

### Sponsor

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**Name:** Sen. Carper, Thomas R. [D-DE]

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

## Cosponsors (25 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Ayotte, Kelly [R-NH]	R · NH		Jun 10, 2013
Sen. Bennet, Michael F. [D-CO]	D · CO		Jun 10, 2013
Sen. Coburn, Tom [R-OK]	R · OK		Jun 10, 2013
Sen. Coons, Christopher A. [D-DE]	D · DE		Jun 10, 2013
Sen. Corker, Bob [R-TN]	R · TN		Jun 10, 2013
Sen. Enzi, Michael B. [R-WY]	R · WY		Jun 10, 2013
Sen. Isakson, Johnny [R-GA]	R · GA		Jun 10, 2013
Sen. Klobuchar, Amy [D-MN]	D · MN		Jun 10, 2013
Sen. Landrieu, Mary L. [D-LA]	D · LA		Jun 10, 2013
Sen. McCaskill, Claire [D-MO]	D · MO		Jun 10, 2013
Sen. Warner, Mark R. [D-VA]	D · VA		Jun 10, 2013
Sen. Chambliss, Saxby [R-GA]	R · GA		Jun 12, 2013
Sen. Thune, John [R-SD]	R · SD		Jun 17, 2013
Sen. Burr, Richard [R-NC]	R · NC		Jun 24, 2013
Sen. Inhofe, James M. [R-OK]	R · OK		Jun 24, 2013
Sen. Manchin, Joe, III [D-WV]	D · WV		Jul 10, 2013
Sen. Johanns, Mike [R-NE]	R · NE		Jul 11, 2013
Sen. Barrasso, John [R-WY]	R · WY		Jul 15, 2013
Sen. Tester, Jon [D-MT]	D · MT		Jul 15, 2013
Sen. Boozman, John [R-AR]	R · AR		Jul 24, 2013
Sen. Nelson, Bill [D-FL]	D · FL		Jul 31, 2013
Sen. Shaheen, Jeanne [D-NH]	D · NH		Jul 31, 2013
Sen. Collins, Susan M. [R-ME]	R · ME		Aug 1, 2013
Sen. Whitehouse, Sheldon [D-RI]	D · RI		Sep 11, 2013
Sen. Hagan, Kay R. [D-NC]	D · NC		Dec 10, 2013

## Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jun 10, 2013

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

Bill	Relationship	Last Action
113 S 2157	Related bill	<b>Mar 26, 2014:</b> Read the second time. Placed on Senate Legislative Calendar under General Orders. Calendar No. 336.
113 S 2122	Related bill	<b>Mar 13, 2014:</b> Read the second time. Placed on Senate Legislative Calendar under General Orders. Calendar No. 330.
113 S 2110	Related bill	<b>Mar 12, 2014:</b> Read the second time. Placed on Senate Legislative Calendar under General Orders. Calendar No. 327.
113 S 1871	Related bill	<b>Jan 16, 2014:</b> By Senator Baucus from Committee on Finance filed written report. Report No. 113-135.
113 HR 2305	Identical bill	<b>Jun 25, 2013:</b> Referred to the Subcommittee on Health.

Preventing and Reducing Improper Medicare and Medicaid Expenditures Act of 2013 or PRIME Act of 2013 - Amends part D (Prescription Drug Benefits) of title XVIII (Medicare) of the Social Security Act (SSA) to direct the Secretary of Health and Human Services (HHS) to prohibit sponsors of prescription drug plans (PDPs) from paying claims for prescription drugs that do not include the valid National Provider Identifier for the drug's prescriber.

Requires the Secretary's annual report to Congress on the use of recovery audit contractors under the Medicare Integrity Program to: (1) describe the types and financial cost of improper payment vulnerabilities identified by recovery audit contractors and how the Secretary is addressing them, and (2) assess the effectiveness of changes made to Medicare payment policies and procedures in order to address those vulnerabilities.

Requires the Secretary to address improper payment vulnerabilities in a timely manner, prioritized based on the risk to the Medicare program.

Authorizes the Secretary, under recovery audit contracts under both Medicare and Medicaid (SSA title XIX), to retain a certain portion of the recovered amounts for a program management account for activities addressing problems that contribute to improper payments and fraud.

Requires the Secretary, under such contracts, to retain an additional 5% of the recovered amounts to be made available to the HHS Inspector General to investigate improper payments or audit internal controls associated with Medicare or Medicaid payments.

Directs the Secretary to develop a plan to revise the incentive program under the Health Insurance Portability and Accountability Act of 1996 for the reporting of fraud and abuse to encourage greater participation by individuals reporting Medicare fraud and abuse. Requires the plan to include certain recommendations for: (1) ways to enhance rewards for individuals reporting, and (2) extention of the incentive program to the Medicaid program.

Amends SSA title XIX to cover the costs of equipment, salaries and benefits, and travel and training in appropriations for the Medicaid Integrity Program. Allows the Secretary to increase Centers for Medicare and Medicaid Services (CMS) staff whose duties consist solely of protecting the integrity of the Medicare program by a number determined necessary to carry out the Program (currently, by 100).

Directs the Secretary to provide incentives for Medicare administrative contractors to reduce the improper payment error rates in their jurisdictions.

Requires imprisonment for up to 10 years or a fine of up to \$500,000 (\$1 million in the case of a corporation), or both, for knowingly, intentionally, and with the intent to defraud purchasing, selling, distributing, or arranging for the purchase, sale, or distribution of a Medicare, Medicaid, or CHIP beneficiary identification number or billing privileges under SSA titles XVIII, title XIX, or title XXI (Children's Health Insurance Program).

Amends SSA title IV part D (Child Support and Establishment of Paternity) with respect to the Federal Parent Locator Service to give the CMS Administrator access to information in the National Directory of New Hires to determine the eligibility of an applicant for, or enrollee in, the Medicare program or an applicable state health subsidy program under the Patient Protection and Affordable Care Act (PPACA).

Requires the Secretary to disclose to the HHS Inspector General information on individuals and their employers in the

National Directory of New Hires if the HHS Inspector General gives the Secretary their names and Social Security account numbers. Restricts the use of such information to: (1) determining the eligibility of an applicant for, or enrollee in, the Medicare program or an applicable state health subsidy program; or (2) evaluating the integrity of such programs. Sets forth rules for the use and disclosure of such information by state agencies.

Directs the Secretary to establish a plan to encourage and facilitate the participation of states in the Medicare-Medicaid Data Match Program (Medi-Medi Program). Revises Medi-Medi Data Match Program purposes.

Amends SSA title XIX, as amended by PPACA, and XXI with respect to claims processing and detection of fraud within the Medicaid and CHIP programs.

## **Actions Timeline**

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- **Jun 10, 2013:** Introduced in Senate
- **Jun 10, 2013:** Read twice and referred to the Committee on Finance.