

## HR 418

### Medicare Fraud Enforcement and Prevention Act of 2013

**Congress:** 113 (2013–2015, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Jan 25, 2013

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

**Latest Action:** Referred to the Subcommittee on Health. (Feb 8, 2013)

**Official Text:** <https://www.congress.gov/bill/113th-congress/house-bill/418>

## Sponsor

**Name:** Rep. Ros-Lehtinen, Ileana [R-FL-27]

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

## Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Diaz-Balart, Mario [R-FL-25]	R · FL		Mar 12, 2013

## Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jan 25, 2013
Ways and Means Committee	House	Referred to	Feb 8, 2013

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

No related bills are listed.

Medicare Fraud Enforcement and Prevention Act of 2013 - 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 two or more Medicare or Medicaid beneficiary identification numbers or billing privileges.

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 XVIII (Medicare), as amended by the Patient Protection and Affordable Care Act (PPACA), to revise screening requirements.

Amends SSA title XI, as amended by PPACA, to require the access to claims and payment data granted to Inspector General of the Department of Health and Human Services (HHS) and the Attorney General to include access to real time claims and payment data.

Requires the HHS 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 provide for a study that analyzes the feasibility and benefits in reducing waste, fraud, and abuse of carrying out a program that implements biometric technology to ensure that individuals entitled to benefits under Medicare part A or enrolled under Medicare part B are physically present at the time and place of receipt of certain items and services for which payment may be made.

## **Actions Timeline**

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- **Feb 8, 2013:** Referred to the Subcommittee on Health.
- **Jan 25, 2013:** Introduced in House
- **Jan 25, 2013:** 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.
- **Jan 25, 2013:** Referred to the Subcommittee on Health.