

HR 5340

Fighting Medicare Fraud Act of 2014

Congress: 113 (2013–2015, Ended)

Chamber: House

Policy Area: Health

Introduced: Jul 31, 2014

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Aug 1, 2014)

Official Text: <https://www.congress.gov/bill/113th-congress/house-bill/5340>

Sponsor

Name: Rep. Frankel, Lois [D-FL-22]

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

Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Keating, William R. [D-MA-9]	D · MA		Jul 31, 2014
Rep. Brown, Corrine [D-FL-5]	D · FL		Sep 18, 2014
Rep. Ruiz, Raul [D-CA-36]	D · CA		Sep 18, 2014

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Aug 1, 2014
Ways and Means Committee	House	Referred To	Jul 31, 2014

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Fighting Medicare Fraud Act of 2014 - Amends title XI of the Social Security Act (SSA) with respect to the authority of the Secretary of Health and Human Services (HHS) to exclude from federal health programs certain individuals, including officers or managing employees, with an ownership or control interest in entities sanctioned for a criminal conviction relating to fraud, obstruction of an investigation or audit, or a misdemeanor related to a controlled substance.

Extends the permissive exclusion from federal health programs to persons, including officers or managing employees, with an ownership or control interest in entities affiliated with a sanctioned entity. Includes individuals with such connections at the time of the conduct that formed a basis for the conviction or exclusion of the sanctioned entity or the affiliated entity.

Establishes criminal penalties for anyone who knowingly and with intent to defraud purchases, sells, or distributes, or arranges for the purchase, sale, or distribution of two or more beneficiary identification or provider numbers under SSA titles XVIII (Medicare), XIX (Medicaid), or XXI (Children's Health Insurance Program [CHIP]).

Amends SSA title XVIII part C (Medicare+Choice) to require a contract with a Medicare Advantage (MA) organization offering an MA plan to require that the MA organization report to the Secretary any instances of probable fraud or abuse related to the payment or delivery of health benefits within 60 days after the organization identifies that instance.

Actions Timeline

- **Aug 1, 2014:** Referred to the Subcommittee on Health.
- **Jul 31, 2014:** Introduced in House
- **Jul 31, 2014:** 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.