S 2701

Medicaid Program Integrity Enhancement Act of 2016

Congress: 114 (2015–2017, Ended)
Chamber: Senate
Policy Area: Health
Introduced: Mar 17, 2016
Current Status: Read twice and referred to the Committee on Finance.
Latest Action: Read twice and referred to the Committee on Finance. (Mar 17, 2016)
Official Text: https://www.congress.gov/bill/114th-congress/senate-bill/2701

Sponsor

Name: Sen. Heinrich, Martin [D-NM]
Party: Democratic • **State:** NM • **Chamber:** Senate

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Udall, Tom [D-NM]	D · NM		Mar 17, 2016

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Mar 17, 2016

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 HR 4802	Identical bill	**Mar 18, 2016:** Referred to the Subcommittee on Health.

Summary (as of Mar 17, 2016)

Medicaid Program Integrity Enhancement Act of 2016

This bill amends title XIX (Medicaid) of the Social Security Act to require a state Medicaid agency to establish a process by which a provider may appeal a decision by the agency to suspend payment to the provider on the basis of credible fraud allegations.

The Centers for Medicare & Medicaid Services (CMS) must revise specified regulations related to such suspensions in order to comply with due process requirements established by the bill.

Specifically, a state Medicaid agency may not suspend payment until the agency: (1) consults with the state's Medicaid fraud control unit or, if the state has no such unit, with the state's attorney general; (2) certifies that it has considered whether the suspension will jeopardize beneficiary access and whether there is good cause not to suspend payment; and (3) furnishes the provider with the agency's reasons for finding no such good cause.

Furthermore, the agency must periodically evaluate whether there is good cause to discontinue a suspension for which an investigation is pending. With specified exceptions, such good cause shall be deemed to exist if the investigation remains unresolved after a suspension has been in effect for 18 months.

CMS must also revise specified regulations to provide that an allegation of fraud shall be considered credible only if the allegation has indications of reliability and the state Medicaid agency: (1) has reviewed all allegations, facts, and evidence carefully; (2) acts judiciously on a case-by-case basis; and (3) has considered the potential impact a payment suspension may have on beneficiary access to care.

Actions Timeline

- **Mar 17, 2016:** Introduced in Senate
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