

HR 3718

Preventing and Reducing Improper Medicare and Medicaid Expenditures to Restore Integrity to Benefits Act of 2015

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: Oct 8, 2015

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Oct 9, 2015)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/3718>

Sponsor

Name: Rep. Roskam, Peter J. [R-IL-6]

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

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Carney, John C., Jr. [D-DE-At Large]	D · DE		Oct 8, 2015

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Oct 9, 2015
Ways and Means Committee	House	Referred to	Oct 8, 2015

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 S 2425	Related bill	Dec 28, 2015: Became Public Law No: 114-115.
114 S 861	Related bill	Jul 30, 2015: Placed on Senate Legislative Calendar under General Orders. Calendar No. 183.
114 HR 818	Related bill	Feb 27, 2015: Referred to the Subcommittee on Health.

Preventing and Reducing Improper Medicare and Medicaid Expenditures to Restore Integrity to Benefits Act of 2015

This bill amends title XIX (Medicaid) of the Social Security Act to make several changes related to the prevention of Medicaid fraud.

With respect to the Medicaid Integrity Program (MIP), the bill: (1) specifies that program appropriations may cover costs of equipment, travel, training, and salaries and benefits; and (2) allows the Department of Health and Human Services (HHS) flexibility in determining the number of additional staff necessary to carry out the program. (MIP is a federal program aimed at preventing and reducing provider fraud, waste, and abuse in the Medicaid program.)

Under current law, HHS may contract with Medicare administrative contractors (MACs), which are private insurers that process Medicare claims within specified geographic jurisdictions. The bill requires HHS to provide specified incentives for MACs to reduce improper payment error rates within their jurisdictions.

The bill establishes criminal penalties of up to 10 years imprisonment and up to \$500,000 in fines for illegally purchasing or distributing Medicare, Medicaid, or Children's Health Insurance Program (CHIP) beneficiary identification or billing privileges.

The bill increases the scope of the Medicare-Medicaid Data Match Program (Medi-Medi Program), an existing program through which contractors and participating governmental agencies collaboratively analyze Medicare and Medicaid billing trends. HHS must establish a plan to encourage states to participate in the Medi-Medi Program.

HHS shall develop and implement a plan to allow states to access relevant data on improper or fraudulent payments made under the Medicare program on behalf of individuals dually eligible for both Medicare and Medicaid.

Actions Timeline

- **Oct 9, 2015:** Referred to the Subcommittee on Health.
- **Oct 8, 2015:** Introduced in House
- **Oct 8, 2015:** 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.
- **Oct 8, 2015:** Referred to the Subcommittee on Health.