

113TH CONGRESS
1ST SESSION

H. R. 3168

To amend title XVIII of the Social Security Act to provide for a Medicare established provider system under which providers of services and suppliers representing a low risk for submitting fraudulent Medicare claims are provided certain claim review protections.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 20, 2013

Mr. WILLIAMS (for himself, Mr. FLORES, Ms. GRANGER, and Mr. STOCKMAN) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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

A BILL

To amend title XVIII of the Social Security Act to provide for a Medicare established provider system under which providers of services and suppliers representing a low risk for submitting fraudulent Medicare claims are provided certain claim review protections.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Established
5 Provider Act of 2013”.

1 **SEC. 2. MEDICARE ESTABLISHED PROVIDER SYSTEM.**

2 Title XVIII of the Social Security Act is amended by
3 inserting after section 1893 of such Act (42 U.S.C.
4 1395ddd) the following new section:

5 **“SEC. 1893A. MEDICARE ESTABLISHED PROVIDER SYSTEM.**

6 “(a) IN GENERAL.—The Secretary shall develop and
7 implement a system (in this section referred to as the
8 ‘Medicare Established Provider System’) to designate pro-
9 viders of services and suppliers who represent a low risk
10 for submitting fraudulent claims for payment under this
11 title as established providers for purposes of applying the
12 protections described in subsection (c). Under such sys-
13 tem—

14 “(1) the Secretary shall establish a process, in
15 accordance with subsection (c), under which—

16 “(A) providers of services and suppliers
17 may apply for designation as established pro-
18 viders;

19 “(B) such providers and suppliers who
20 qualify, in accordance with subsection (b), as
21 established providers are so designated (includ-
22 ing through the use of entities trained by an
23 Internet training course of the Centers for
24 Medicare & Medicaid Services or through train-
25 ing provided by other specified organizations);
26 and

1 “(C) such providers and suppliers who no
2 longer qualify as established providers lose such
3 designation; and

4 “(2) the Secretary shall establish an electronic
5 system for the submission of documentation by pro-
6 viders of services, suppliers, or third parties, with re-
7 spect to a claim for payment under this title that is
8 under review, for each level of review applicable to
9 such claim.

10 “(b) QUALIFYING AS ESTABLISHED PROVIDERS.—

11 Under such system, to qualify as an established provider
12 for a period with respect to a reporting period (as specified
13 by the Secretary), a provider of services or supplier shall
14 demonstrate, as specified by the Secretary, that—

15 “(1) with respect to the reporting period begin-
16 ning after the date of the enactment of this section
17 but before the date described in paragraph (2), at
18 least 75 percent of claims for payment under this
19 title for items and services furnished by such pro-
20 vider or supplier for which any review was conducted
21 under section 1869 were determined to be eligible
22 for payment under this title;

23 “(2) with respect to a reporting period begin-
24 ning after the date that is 2 years after the date of
25 enactment of this section, at least 80 percent of

1 claims for payment under this title for items and
2 services furnished by such provider or supplier for
3 which any review was conducted under section 1869
4 were determined to be eligible for payment under
5 this title; and

6 “(3) of all claims for payment under this title
7 for items and services furnished by such provider or
8 supplier for which an initial determination was made
9 that payment may not be made under this title, at
10 least 90 percent were appealed by such provider or
11 supplier.

12 “(c) DESIGNATION PROCESS.—The process under
13 subsection (a)(1)—

14 “(1) shall allow a provider of services or sup-
15 plier designated as an established provider under
16 this section to demonstrate that the provider or sup-
17 plier maintains compliance with the qualification re-
18 quirements under subsection (b) based on annual
19 updates on the status of claims for payment under
20 this title for items and services furnished by such
21 provider or supplier with respect to each level of re-
22 view, including the number of such claims within
23 each such level of review for which a determination
24 was made that payment should be made, should be

1 partially made, or should not be made under this
2 title;

3 “(2) shall provide a method through which it
4 may be determined whether or not the qualifying re-
5 quirements under subsection (b) have been satisfied
6 and maintained by a provider of services or supplier
7 with respect to a period;

8 “(3) provide for the identification of established
9 providers within appropriate systems of the Centers
10 of Medicare & Medicaid Services; and

11 “(4) provide for a global track record of compli-
12 ance by providers of services and suppliers with the
13 qualifying requirements under subsection (b), includ-
14 ing by identifying such providers and suppliers by
15 the management company provider number rather
16 than by each individual provider, supplier, or facility,
17 for purposes of efficiency.

18 “(d) PROTECTIONS FOR ESTABLISHED PRO-
19 VIDERS.—Notwithstanding any other provision of law, in
20 the case of a provider of services or supplier designated
21 as an established provider under this section with respect
22 to a period the following protections shall apply:

23 “(1) With respect to a claim submitted during
24 such period for payment under this title for items or
25 services furnished by such provider or supplier,

1 which is subject to review for whether or not pay-
2 ment should be made under such title and with re-
3 spect to which an additional documentation request
4 has been issued, payment under this title for such
5 claim may not be withheld unless a final determina-
6 tion has been made that such payment should not be
7 made.

8 “(2) In the case that a final determination has
9 been made that payment under this title should not
10 have been made with respect to a claim described in
11 paragraph (1), repayment of such payment shall be
12 made electronically by the provider not later than 45
13 days after notification of such decision. In applying
14 the previous sentence, if the Secretary determines
15 that repayment within such 45-day period would re-
16 sult in a significant hardship to the provider in-
17 volved, the Secretary may, on a case-by-case basis,
18 extend the 45-day period described in such sentence
19 by such number of days as the Secretary determines
20 appropriate in accordance with a specified repay-
21 ment plan.

22 “(3) The Secretary shall provide for a method
23 to apply section 1869 with respect to an initial de-
24 termination of any claim submitted during such pe-
25 riod for payment under this title for items and serv-

1 ices furnished by such provider or supplier, without
2 the application of paragraph (3) of section 1869(a)
3 (relating to redeterminations).”.

○