

COMMITTEE PRINT

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114TH CONGRESS
1ST SESSION

H. R. 3716

To amend title XIX of the Social Security Act to require States to provide to the Secretary of Health and Human Services certain information with respect to provider terminations, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. BUCSHON (for himself, Mr. WELCH, and Mr. BUTTERFIELD) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to require States to provide to the Secretary of Health and Human Services certain information with respect to provider terminations, and for other purposes.

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 “Ensuring Terminated
5 Providers are Removed from Medicaid and CHIP Act”.

1 **SEC. 2. INCREASING OVERSIGHT OF TERMINATION OF**
2 **MEDICAID PROVIDERS.**

3 (a) INCREASED OVERSIGHT AND REPORTING.—

4 (1) STATE REPORTING REQUIREMENTS.—Sec-
5 tion 1902(kk) of the Social Security Act (42 U.S.C.
6 1396a(kk)) is amended—

7 (A) by redesignating paragraph (8) as
8 paragraph (9); and

9 (B) by inserting after paragraph (7) the
10 following new paragraph:

11 “(8) PROVIDER TERMINATIONS.—

12 “(A) IN GENERAL.—Beginning on January
13 1, 2017, in the case of a notification under sub-
14 section (a)(41) with respect to a termination for
15 cause, or any other reason determined by the
16 Secretary, of the participation of a provider of
17 services or any other person under the State
18 plan, the State, not later than 21 business days
19 after the effective date of such termination,
20 submits to the Secretary with respect to any
21 such provider or person, as appropriate—

22 “(i) the name of such provider or per-
23 son;

24 “(ii) the provider type of such pro-
25 vider or person;

1 “(iii) the specialty of such provider’s
2 or person’s practice;

3 “(iv) the date of birth, Social Security
4 number, national provider identifier, Fed-
5 eral taxpayer identification number, and
6 the State license or certification number of
7 such provider or person;

8 “(v) the reason for the termination;

9 “(vi) a copy of the notice of termi-
10 nation sent to the individual or entity;

11 “(vii) the effective date of such termi-
12 nation specified in such notice; and

13 “(viii) any other information required
14 by the Secretary.

15 “(B) DEFINITIONS.—For purposes of this
16 subparagraph (A)—

17 “(i) the term ‘effective date’ means,
18 with respect to a termination, the later
19 of—

20 “(I) the date on which such ter-
21 mination is effective, as specified in
22 the notice of such termination; or

23 “(II) the date on which all appeal
24 rights applicable to such termination

1 have been exhausted or the timeline
2 for any such appeal has expired; and
3 “(ii) the phrase ‘for cause’ means
4 with respect to a termination (as defined
5 in section 455.101 of title 42, Code of
6 Federal Regulations (or any successor reg-
7 ulations)), the reasons for such a termi-
8 nation specified in paragraph (3) in the
9 definition of such term under such sec-
10 tion.”.

11 (2) REPORTING REQUIREMENTS FOR MANAGED
12 CARE ENTITIES.—Section 1903(m)(2)(A) of the So-
13 cial Security Act (42 U.S.C. 1396b(m)(2)(A)) is
14 amended—

15 (A) in clause (xii), by striking “and” at
16 the end;

17 (B) in clause (xiii), by striking the period
18 at the end and inserting “; and”; and

19 (C) by adding at the end the following new
20 clause:

21 “(xiv) STATE REPORTING REQUIREMENTS
22 FOR MANAGED CARE ENTITIES.—

23 “(I) IN GENERAL.—With respect to
24 managed care entities (as defined in sec-
25 tion 1932(a)(1)), beginning on the later of

1 or the first day of the first plan year for
2 such entity that begins after such date of
3 enactment or January 1, 2017, the State
4 requires that any contract the State agen-
5 cy has with any such entity includes a pro-
6 vision that individuals or entities termi-
7 nated for cause (as defined in section
8 1902(kk)(8)) or for any other reason de-
9 termined by the Secretary from participa-
10 tion under this title, title XVIII, or title
11 XXI, be terminated from participating as a
12 provider in the networks of managed care
13 entities under this title that serve individ-
14 uals eligible to receive medical assistance
15 under this title.

16 “(II) NOTIFICATION OF TERMI-
17 NATION.—For the period beginning on
18 January 1, 2017 and ending on the date
19 on which the enrollment of providers under
20 section 1932(d)(5) is complete for the
21 State, the State provides for a system for
22 notifying managed care entities (as defined
23 in section 1932(a)(1)) of the termination
24 of individuals or entities from participation
25 under this title, title XVIII, or title XXI.”.

1 (3) TERMINATION NOTIFICATION DATABASE.—

2 Section 1902 of the Social Security Act (42 U.S.C.
3 1396a) is amended by adding at the end the fol-
4 lowing new subsection:

5 “(1) TERMINATION NOTIFICATION DATABASE.—In
6 the case of a provider of services or any other person
7 whose participation under this title, title XVIII, or title
8 XXI is terminated, the Secretary shall, not later than 21
9 business days after the date on which the Secretary termi-
10 nates such participation under title XVIII or is notified
11 of such termination under subsection (a)(41) (as applica-
12 ble), review such termination and, if the Secretary deter-
13 mines appropriate, include such termination in any data-
14 base or similar system developed pursuant to section
15 6401(b)(2) of the Patient Protection and Affordable Care
16 Act (42 U.S.C. 1395cc note; Public Law 111–148).”.

17 (4) NO FEDERAL FUNDS FOR ITEMS AND SERV-
18 ICES FURNISHED BY TERMINATED PROVIDERS.—

19 Section 1903(i)(2) of the Social Security Act (42
20 U.S.C. 1396b(i)(2)) is amended—

21 (A) in subparagraph (A), by striking the
22 comma at the end and inserting a semicolon;

23 (B) in subparagraph (B), by striking “or”
24 at the end; and

1 (C) by adding at the end the following new
2 subparagraph:

3 “(D) beginning not later than January 1,
4 2018, under the plan by any individual or enti-
5 ty whose participation in the State plan is ter-
6 minated under subsection (a)(39) of section
7 1902 after the date that is 60 days after the
8 date on which such termination is included in
9 the database or other system under subsection
10 (ll) of such section; or”.

11 (5) DEVELOPMENT OF UNIFORM TERMINOLOGY
12 FOR REASONS FOR PROVIDER TERMINATION.—Not
13 later than January 1, 2017, the Secretary of Health
14 and Human Services shall issue regulations estab-
15 lishing uniform terminology to be used with respect
16 to specifying reasons under paragraph (8)(A)(v) of
17 section 1902(kk) of the Social Security Act (42
18 U.S.C. 1396a(kk)), as amended by paragraph (1),
19 for the termination of the participation of certain
20 providers in the Medicaid program under title XIX
21 of such Act or the Children’s Health Insurance Pro-
22 gram under title XXI of such Act.

23 (6) CONFORMING AMENDMENT.—Section
24 1902(a)(41) of the Social Security Act (42 U.S.C.
25 1396a(a)(41)) is amended by striking “provide that

1 whenever” and inserting “provide, in accordance
2 with subsection (kk)(8) (as applicable), that when-
3 ever”.

4 (b) INCREASING AVAILABILITY OF MEDICAID PRO-
5 VIDER INFORMATION.—

6 (1) FFS PROVIDER ENROLLMENT.—Section
7 1902(a) of the Social Security Act (42 U.S.C.
8 1396a(a)) is amended by inserting after paragraph
9 (77) the following new paragraph:

10 “(78) provide that, not later than January 1,
11 2017, in the case of a State plan that provides med-
12 ical assistance on a fee-for-service basis, the State
13 shall require each provider furnishing items and
14 services to individuals eligible to receive medical as-
15 sistance under such plan to enroll with the State
16 agency and provide to the State agency the pro-
17 vider’s identifying information, including the name,
18 specialty, date of birth, Social Security number, na-
19 tional provider identifier, Federal taxpayer identi-
20 fication number, and the State license or certifi-
21 cation number of the provider;”.

22 (2) MANAGED CARE PROVIDER ENROLLMENT.—
23 Section 1932(d) of the Social Security Act (42
24 U.S.C. 1396u–2(d)) is amended by adding at the
25 end the following new paragraph:

1 “(5) ENROLLMENT OF PARTICIPATING PRO-
2 VIDERS.—

3 “(A) IN GENERAL.—Beginning not later
4 than January 1, 2018, a State shall require
5 that, in order to participate as a provider in the
6 network of a managed care entity that provides
7 services to, or orders, prescribes, refers, or cer-
8 tifies eligibility for services for, individuals who
9 are eligible for medical assistance under the
10 State plan under this title and who are enrolled
11 with the entity, the provider is enrolled with the
12 State agency administering the State plan
13 under this title. Such enrollment shall include
14 providing to the State agency the provider’s
15 identifying information, including the name,
16 specialty, date of birth, Social Security number,
17 national provider identifier, Federal taxpayer
18 identification number, and the State license or
19 certification number of the provider.

20 “(B) RULE OF CONSTRUCTION.—Nothing
21 in subparagraph (A) shall be construed as re-
22 quiring a provider described in such subpara-
23 graph to provide services to individuals who are
24 not enrolled with a managed care entity under
25 this title.”.

1 (c) COORDINATION WITH CHIP.—

2 (1) IN GENERAL.—Section 2107(e)(1) of the
3 Social Security Act (42 U.S.C. 1397gg(e)(1)) is
4 amended—

5 (A) by redesignating subparagraphs (B)
6 through (O) as subparagraphs (D) through (Q),
7 respectively;

8 (B) by inserting after subparagraph (A)
9 the following new subparagraphs:

10 “(B) Section 1902(a)(39) (relating to ter-
11 mination of participation of certain providers).

12 “(C) Section 1902(a)(78) (relating to the
13 enrollment of providers participating in State
14 plans providing medical assistance on a fee-for-
15 service basis).”; and

16 (C) in subparagraph (O) (as redesignated
17 by paragraph (1)), by striking “(a)(2)(C) and
18 (h)” and inserting “(a)(2)(C) (relating to In-
19 dian enrollment), (d)(5) (relating to enrollment
20 of providers participating with a managed care
21 entity), and (h) (relating to special rules with
22 respect to Indian enrollees, Indian health care
23 providers, and Indian managed care entities)”.

24 (2) EXCLUDING FROM MEDICAID PROVIDERS
25 EXCLUDED FROM CHIP.—Section 1902(a)(39) of the

1 Social Security Act (42 U.S.C. 1396a(a)(39)) is
2 amended by striking “title XVIII or any other State
3 plan under this title” and inserting “title XVIII, any
4 other State plan under this title, or any State child
5 health plan under title XXI”.

6 (d) RULE OF CONSTRUCTION.—Nothing in this sec-
7 tion shall be construed as changing or limiting the appeal
8 rights of providers or the process for appeals of States
9 under the Social Security Act.