

1 ners’) for purposes of detecting and preventing
2 health care waste, fraud, and abuse.

3 “(B) CONTRACT WITH TRUSTED THIRD
4 PARTY.—

5 “(i) IN GENERAL.—In carrying out
6 the partnership, the Secretary shall enter
7 into a contract with a trusted third party
8 for purposes of carrying out the duties of
9 the partnership described in subparagraph
10 (C).

11 “(ii) LENGTH OF CONTRACT.—A con-
12 tract with a trusted third party described
13 in clause (i) shall be for a period of 5
14 years. Such contract with such party may
15 be renewed as determined appropriate by
16 the Secretary.

17 “(C) DUTIES OF PARTNERSHIP.—The
18 partnership shall—

19 “(i) provide technical and operational
20 support to facilitate data sharing between
21 partners in the partnership;

22 “(ii) analyze data so shared to iden-
23 tify fraudulent and aberrant billing pat-
24 terns;

1 “(iii) conduct aggregate analyses of
2 health care data so shared across Federal,
3 State, and private health plans for pur-
4 poses of detecting fraud, waste, and abuse
5 schemes;

6 “(iv) identify outlier trends and poten-
7 tial vulnerabilities of partners in the part-
8 nership with respect to such schemes;

9 “(v) refer specific cases of potential
10 criminal conduct to appropriate law en-
11 forcement entities;

12 “(vi) convene, not less than annually,
13 meetings with partners in the partnership
14 for purposes of providing updates on the
15 partnership’s work and facilitating infor-
16 mation sharing between the partners;

17 “(vii) enter into data sharing and
18 data use agreements with partners in the
19 partnership in such a manner so as to en-
20 sure the partnership has access to data
21 necessary to identify waste, fraud, and
22 abuse while maintaining the confidentiality
23 and integrity of such data;

24 “(viii) provide partners in the partner-
25 ship with plan-specific, confidential feed-

1 back on any aberrant billing patterns or
2 potential fraud identified by the partner-
3 ship with respect to such partner;

4 “(ix) establish a process by which en-
5 tities described in subparagraph (A) may
6 enter the partnership and requirements
7 such entities must meet to enter the part-
8 nership;

9 “(x) provide appropriate training, out-
10 reach, and education to partners based on
11 the results of data analyses described in
12 clauses (ii) and (iii); and

13 “(xi) perform such other duties as the
14 Secretary determines appropriate.

15 “(D) SUBSTANCE USE DISORDER TREAT-
16 MENT ANALYSIS.—Not later than 2 years after
17 the date of the enactment of the Strengthening
18 the Health Care Fraud Prevention Task Force
19 Act of 2018, the trusted third party with a con-
20 tract in effect under subparagraph (B) shall
21 perform an analysis of aberrant or fraudulent
22 billing patterns and trends with respect to pro-
23 viders and suppliers of substance use disorder
24 treatments from data shared with the partner-
25 ship.

1 “(E) EXECUTIVE BOARD.—

2 “ (i) EXECUTIVE BOARD COMPOSI-
3 TION.—

4 “(I) IN GENERAL.—There shall
5 be an executive board of the partner-
6 ship comprised of representatives of
7 the Federal Government described in
8 subclause (III) and representatives of
9 the private sector described in sub-
10 clause (IV).

11 “(II) CHAIRS.—The executive
12 board shall be co-chaired by one Fed-
13 eral Government official and one rep-
14 resentative from the private sector.

15 “(III) FEDERAL GOVERNMENT
16 REPRESENTATIVES.—

17 “(aa) REQUIRED MEM-
18 BERS.—The executive board shall
19 consist of the following members
20 (or designees of the following)
21 from the Federal Government:

22 “(AA) The Adminis-
23 trator of the Centers for
24 Medicare & Medicaid Serv-
25 ices.

1 “(BB) The Deputy At-
2 torney General for the De-
3 partment of Justice.

4 “(CC) The Deputy Sec-
5 retary of the Department of
6 Health and Human Services.

7 “(DD) The Inspector
8 General for the Department
9 of Health and Human Serv-
10 ices.

11 “(EE) The Director of
12 the Federal Bureau of In-
13 vestigation.

14 “(bb) PERMISSIVE ADDI-
15 TIONAL MEMBERS.—If deter-
16 mined by unanimous consent of
17 the members of the executive
18 board, the board may include
19 other Federal or State Govern-
20 ment representation as appro-
21 priate, including senior-level rep-
22 resentation from the TRICARE
23 Management Activity, the De-
24 partment of Veterans Affairs, the
25 Office of Personnel Management,

1 State Medicaid agencies, and
2 State Medicaid fraud control
3 units.

4 “(IV) PRIVATE SECTOR MEMBER-
5 SHIP.—

6 “(aa) IN GENERAL.—The
7 executive board shall consist of at
8 least three senior-level represent-
9 atives from various private sector
10 health care related associations,
11 including any national association
12 focusing on Medicaid fraud at
13 the State level. The private
14 health sector associations shall be
15 national professional associations
16 or trade groups that are focused
17 on health care insurance, anti-
18 fraud, or both.

19 “(bb) SELECTION.—The
20 members of the board from pri-
21 vate sector health care related as-
22 sociations shall be jointly selected
23 by the Federal Government mem-
24 bers described in subclause
25 (III)(aa), after outreach to

1 known relevant private sector
2 health care related associations
3 with a national scope. After con-
4 sidering any appropriate indi-
5 vidual input from private-sector
6 partners, the Secretary and At-
7 torney General (or their des-
8 ignees) shall make all final execu-
9 tive decisions. In the case that
10 the executive board expands the
11 number of members from the
12 Federal Government pursuant to
13 subclause (III)(bb), the number
14 of members of the executive
15 board from the private health
16 sector may also increase by the
17 same number of representatives,
18 through the same process as de-
19 scribed in this item for purposes
20 of selection of members from the
21 private sector.

22 “(ii) MEETINGS.—The executive
23 board of the partnership shall meet at
24 least twice per year.

1 “(iii) EXECUTIVE BOARD DUTIES.—

2 The duties of the executive board shall in-
3 clude the following:

4 “(I) Providing strategic direction
5 for the partnership, including mem-
6 bership criteria and a mission state-
7 ment.

8 “(II) Communicating with the
9 leadership of the Department of
10 Health and Human Services and the
11 Department of Justice and the var-
12 ious private health sector associations.

13 “(III) Sharing with partners top-
14 ics for studies and analysis.

15 “(F) REPORTS.—Not later than September
16 30, 2021, and every 2 years thereafter, the Sec-
17 retary shall submit to Congress and make avail-
18 able on the public website of the Centers for
19 Medicare & Medicaid Services a report con-
20 taining—

21 “(i) a review of activities conducted by
22 the partnership over the 2-year period end-
23 ing on the date of the submission of such
24 report, including any progress to any ob-
25 jectives established by the partnership;

1 “(ii) any savings voluntarily reported
2 by health plans participating in the part-
3 nership attributable to the partnership
4 during such period;

5 “(iii) any savings to the Federal gov-
6 ernment attributable to the partnership
7 during such period;

8 “(iv) any other savings attributable to
9 the partnership, as determined by the Sec-
10 retary, during such period; and

11 “(v) a strategic plan for the 2-year
12 period beginning on the day after the date
13 of the submission of such report, including
14 a description of any emerging fraud and
15 abuse schemes, trends, or practices that
16 the partnership intends to study during
17 such period.

18 “(G) FUNDING.—The partnership shall be
19 funded by amounts otherwise made available to
20 the Secretary for carrying out the program de-
21 scribed in paragraph (1).

22 “(H) TRANSITIONAL PROVISIONS.—To the
23 extent consistent with this subsection, all func-
24 tions, personnel, assets, liabilities, and adminis-
25 trative actions applicable on the date before the

1 date of the enactment of this paragraph to the
2 National Fraud Prevention Partnership estab-
3 lished on September 10, 2012 by charter of the
4 Secretary shall be transferred to the partner-
5 ship established under subparagraph (A) as of
6 the date of the enactment of this paragraph.

7 “(I) DEFINITION.—For purposes of this
8 paragraph, the term ‘trusted third party’ means
9 an entity that—

10 “(i) demonstrates the capability to
11 carry out the duties of the partnership de-
12 scribed in subparagraph (C);

13 “(ii) complies with such conflict of in-
14 terest standards determined appropriate by
15 the Secretary; and

16 “(iii) meets such other requirements
17 as the Secretary may prescribe.”.

18 (b) POTENTIAL EXPANSION OF PUBLIC-PRIVATE
19 PARTNERSHIP ANALYSES.—Not later than 1 year after
20 the date of the enactment of this Act, the Secretary of
21 Health and Human Services shall conduct a study and
22 submit to Congress a report on the feasibility of the part-
23 nership (as described in section 1128C(a)(6) of the Social
24 Security Act, as added by subsection (a)) establishing a
25 system to conduct real-time data analysis to proactively

1 identify ongoing as well as emergent fraud trends for the
2 entities participating in the partnership and provide such
3 entities with real-time feedback on potentially fraudulent
4 claims. Such report shall include the estimated cost of and
5 any potential barriers to the partnership establishing such
6 a system.

