

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO THE COMMITTEE PRINT OF H.R. 3716  
OFFERED BY MR. BUCSHON OF INDIANA**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Ensuring Removal of  
3 Terminated Providers from Medicaid and CHIP Act”.

**4 SEC. 2. INCREASING OVERSIGHT OF TERMINATION OF  
5 MEDICAID PROVIDERS.**

6       (a) INCREASED OVERSIGHT AND REPORTING.—

7           (1) STATE REPORTING REQUIREMENTS.—Sec-  
8 tion 1902(kk) of the Social Security Act (42 U.S.C.  
9 1396a(kk)) is amended—

10           (A) by redesignating paragraph (8) as  
11 paragraph (9); and

12           (B) by inserting after paragraph (7) the  
13 following new paragraph:

14           “(8) PROVIDER TERMINATIONS.—

15           “(A) IN GENERAL.—Beginning on January  
16 1, 2017, in the case of a notification under sub-  
17 section (a)(41) with respect to a termination for  
18 a reason specified in section 455.101 of title 42,

1 Code of Federal Regulations (as in effect on  
2 November 1, 2015) or for any other reason  
3 specified by the Secretary, of the participation  
4 of a provider of services or any other person  
5 under the State plan, the State, not later than  
6 21 business days after the effective date of such  
7 termination, submits to the Secretary with re-  
8 spect to any such provider or person, as appro-  
9 priate—

10 “(i) the name of such provider or per-  
11 son;

12 “(ii) the provider type of such pro-  
13 vider or person;

14 “(iii) the specialty of such provider’s  
15 or person’s practice;

16 “(iv) the date of birth, Social Security  
17 number, national provider identifier, Fed-  
18 eral taxpayer identification number, and  
19 the State license or certification number of  
20 such provider or person;

21 “(v) the reason for the termination;

22 “(vi) a copy of the notice of termi-  
23 nation sent to the provider or person;

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

1                   “(viii) any other information required  
2                   by the Secretary.

3                   “(B) EFFECTIVE DATE DEFINED.—For  
4                   purposes of this paragraph, the term ‘effective  
5                   date’ means, with respect to a termination de-  
6                   scribed in subparagraph (A), the later of—

7                   “(i) the date on which such termi-  
8                   nation is effective, as specified in the no-  
9                   tice of such termination; or

10                   “(ii) the date on which all appeal  
11                   rights applicable to such termination have  
12                   been exhausted or the timeline for any  
13                   such appeal has expired.”.

14                   (2) REPORTING REQUIREMENTS FOR MANAGED  
15                   CARE ENTITIES.—Section 1932(d) of the Social Se-  
16                   curity Act (42 U.S.C. 1396u–2(d)) is amended by  
17                   adding at the end the following new paragraph:

18                   “(5) STATE REPORTING REQUIREMENTS FOR  
19                   MANAGED CARE ENTITIES.—

20                   “(A) IN GENERAL.—With respect to any  
21                   contract with a managed care entity under sec-  
22                   tion 1903(m) or 1905(t)(3) (as applicable), be-  
23                   ginning on the later of the first day of the first  
24                   plan year for such managed care entity that be-  
25                   gins after the date of the enactment of this

1 paragraph or January 1, 2017, the State shall  
2 require that such contract include a provision  
3 that providers of services or persons terminated  
4 (as described in section 1902(kk)(8)) from par-  
5 ticipation under this title, title XVIII, or title  
6 XXI be terminated from participating under  
7 this title as a provider in any network of such  
8 entity that serves individuals eligible to receive  
9 medical assistance under this title.

10 “(B) NOTIFICATION OF TERMINATION.—  
11 For the period beginning on January 1, 2017,  
12 and ending on the date on which the enrollment  
13 of providers under paragraph (6) is complete  
14 for a State, the State shall provide for a system  
15 for notifying managed care entities (as defined  
16 in subsection (a)(1)) of the termination (as de-  
17 scribed in section 1902(kk)(8)) of providers of  
18 services or persons from participation under  
19 this title, title XVIII, or title XXI.”.

20 (3) TERMINATION NOTIFICATION DATABASE.—  
21 Section 1902 of the Social Security Act (42 U.S.C.  
22 1396a) is amended by adding at the end the fol-  
23 lowing new subsection:

24 “(ll) TERMINATION NOTIFICATION DATABASE.—In  
25 the case of a provider of services or any other person

1 whose participation under this title, title XVIII, or title  
2 XXI is terminated (as described in subsection (kk)(8)),  
3 the Secretary shall, not later than 21 business days after  
4 the date on which the Secretary terminates such participa-  
5 tion under title XVIII or is notified of such termination  
6 under subsection (a)(41) (as applicable), review such ter-  
7 mination and, if the Secretary determines appropriate, in-  
8 clude such termination in any database or similar system  
9 developed pursuant to section 6401(b)(2) of the Patient  
10 Protection and Affordable Care Act (42 U.S.C. 1395cc  
11 note; Public Law 111–148).”.

12 (4) NO FEDERAL FUNDS FOR ITEMS AND SERV-  
13 ICES FURNISHED BY TERMINATED PROVIDERS.—  
14 Section 1903 of the Social Security Act (42 U.S.C.  
15 1396b) is amended—

16 (A) in subsection (i)(2)—

17 (i) in subparagraph (A), by striking  
18 the comma at the end and inserting a  
19 semicolon;

20 (ii) in subparagraph (B), by striking  
21 “or” at the end; and

22 (iii) by adding at the end the fol-  
23 lowing new subparagraph:

24 “(D) beginning not later than January 1,  
25 2018, under the plan by any provider of serv-

1           ices or person whose participation in the State  
2           plan is terminated (as described in section  
3           1902(kk)(8)) after the date that is 60 days  
4           after the date on which such termination is in-  
5           cluded in the database or other system under  
6           section 1902(ll); or”; and

7                   (B) in subsection (m), by inserting after  
8           paragraph (2) the following new paragraph:

9           “(3) No payment shall be made under this title to  
10          a State with respect to expenditures incurred by the State  
11          for payment for services provided by a managed care enti-  
12          ty (as defined under section 1932(a)(1)) under the State  
13          plan under this title (or under a waiver of the plan) unless  
14          the State—

15                   “(A) beginning on the applicable date specified  
16          in subparagraph (A) of section 1932(d)(5), has a  
17          contract with such entity that complies with the re-  
18          quirement specified in such subparagraph; and

19                   “(B)(i) for the period specified in subparagraph  
20          (B) of such section, has a system in effect that  
21          meets the requirement specified in such subpara-  
22          graph; and

23                   “(ii) after such period, complies with section  
24          1932(d)(6).”.

1           (5) DEVELOPMENT OF UNIFORM TERMINOLOGY  
2           FOR REASONS FOR PROVIDER TERMINATION.—Not  
3           later than January 1, 2017, the Secretary of Health  
4           and Human Services shall, in consultation with the  
5           heads of State agencies administering State Med-  
6           icaid plans (or waivers of such plans), issue regula-  
7           tions establishing uniform terminology to be used  
8           with respect to specifying reasons under subpara-  
9           graph (A)(v) of paragraph (8) of section 1902(kk)  
10          of the Social Security Act (42 U.S.C. 1396a(kk)), as  
11          amended by paragraph (1), for the termination (as  
12          described in such paragraph) of the participation of  
13          certain providers in the Medicaid program under  
14          title XIX of such Act or the Children’s Health In-  
15          surance Program under title XXI of such Act.

16          (6) CONFORMING AMENDMENT.—Section  
17          1902(a)(41) of the Social Security Act (42 U.S.C.  
18          1396a(a)(41)) is amended by striking “provide that  
19          whenever” and inserting “provide, in accordance  
20          with subsection (kk)(8) (as applicable), that when-  
21          ever”.

22          (b) INCREASING AVAILABILITY OF MEDICAID PRO-  
23          VIDER INFORMATION.—

24          (1) FFS PROVIDER ENROLLMENT.—Section  
25          1902(a) of the Social Security Act (42 U.S.C.

1 1396a(a)) is amended by inserting after paragraph  
2 (77) the following new paragraph:

3 “(78) provide that, not later than January 1,  
4 2017, in the case of a State plan that provides med-  
5 ical assistance on a fee-for-service basis, the State  
6 shall require each provider furnishing items and  
7 services to individuals eligible to receive medical as-  
8 sistance under such plan to enroll with the State  
9 agency and provide to the State agency the pro-  
10 vider’s identifying information, including the name,  
11 specialty, date of birth, Social Security number, na-  
12 tional provider identifier, Federal taxpayer identi-  
13 fication number, and the State license or certifi-  
14 cation number of the provider;”.

15 (2) MANAGED CARE PROVIDER ENROLLMENT.—  
16 Section 1932(d) of the Social Security Act (42  
17 U.S.C. 1396u–2(d)), as amended by subsection  
18 (a)(2), is amended by adding at the end the fol-  
19 lowing new paragraph:

20 “(6) ENROLLMENT OF PARTICIPATING PRO-  
21 VIDERS.—

22 “(A) IN GENERAL.—Beginning not later  
23 than January 1, 2018, a State shall require  
24 that, in order to participate as a provider in the  
25 network of a managed care entity that provides



1 services to, or orders, prescribes, refers, or cer-  
2 tifies eligibility for services for, individuals who  
3 are eligible for medical assistance under the  
4 State plan under this title and who are enrolled  
5 with the entity, the provider is enrolled with the  
6 State agency administering the State plan  
7 under this title. Such enrollment shall include  
8 providing to the State agency the provider's  
9 identifying information, including the name,  
10 specialty, date of birth, Social Security number,  
11 national provider identifier, Federal taxpayer  
12 identification number, and the State license or  
13 certification number of the provider.

14 “(B) RULE OF CONSTRUCTION.—Nothing  
15 in subparagraph (A) shall be construed as re-  
16 quiring a provider described in such subpara-  
17 graph to provide services to individuals who are  
18 not enrolled with a managed care entity under  
19 this title.”.

20 (e) COORDINATION WITH CHIP.—

21 (1) IN GENERAL.—Section 2107(e)(1) of the  
22 Social Security Act (42 U.S.C. 1397gg(e)(1)) is  
23 amended—

24 (A) by redesignating subparagraphs (B),  
25 (C), (D), (E), (F), (G), (H), (I), (J), (K), (L),

1 (M), (N), and (O) as subparagraphs (D), (E),  
2 (F), (G), (H), (I), (J), (K), (M), (N), (O), (P),  
3 (Q), and (R), respectively;

4 (B) by inserting after subparagraph (A)  
5 the following new subparagraphs:

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

8 “(C) Section 1902(a)(78) (relating to en-  
9 rollment of providers participating in State  
10 plans providing medical assistance on a fee-for-  
11 service basis).”;

12 (C) by inserting after subparagraph (K)  
13 (as redesignated by paragraph (1)) the fol-  
14 lowing new subparagraph:

15 “(L) Section 1903(m)(3) (relating to limi-  
16 tation on payment with respect to managed  
17 care).”; and

18 (D) in subparagraph (P) (as redesignated  
19 by paragraph (1)), by striking “(a)(2)(C) and  
20 (h)” and inserting “(a)(2)(C) (relating to In-  
21 dian enrollment), (d)(5) (relating to reporting  
22 requirements for managed care entities), (d)(6)  
23 (relating to enrollment of providers partici-  
24 pating with a managed care entity), and (h)  
25 (relating to special rules with respect to Indian

1 enrollees, Indian health care providers, and In-  
2 dian managed care entities)”.  
3

4 (2) EXCLUDING FROM MEDICAID PROVIDERS  
5 EXCLUDED FROM CHIP.—Section 1902(a)(39) of the  
6 Social Security Act (42 U.S.C. 1396a(a)(39)) is  
7 amended by striking “title XVIII or any other State  
8 plan under this title” and inserting “title XVIII, any  
9 other State plan under this title, or any State child  
10 health plan under title XXI”.

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

