

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

OCTOBER 8, 2015

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”.

6 **SEC. 2. INCREASING OVERSIGHT OF TERMINATION OF**
7 **MEDICAID PROVIDERS.**

8 (a) INCREASED OVERSIGHT AND REPORTING.—

1 (1) STATE REPORTING REQUIREMENTS.—Sec-
2 tion 1902(kk) of the Social Security Act (42 U.S.C.
3 1396a(kk)) is amended—

4 (A) by redesignating paragraph (8) as
5 paragraph (9); and

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

8 “(8) PROVIDER TERMINATIONS.—

9 “(A) IN GENERAL.—Beginning 180 days
10 after the date of the enactment of this para-
11 graph, in the case of a notification under sub-
12 section (a)(41) with respect to a termination for
13 cause of the participation of any individual or
14 entity under the State plan under subsection
15 (a)(39), the State, not later than 14 business
16 days after the effective date of such termi-
17 nation, submits to the Secretary with respect to
18 any such individual or entity—

19 “(i) the name of such individual or
20 entity;

21 “(ii) the provider type of such indi-
22 vidual or entity;

23 “(iii) the specialty of such individual’s
24 or entity’s practice;

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

6 “(v) the reason for the termination;

7 “(vi) the effective date of such termi-
8 nation; and

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

11 “(B) MANAGED CARE ENTITIES.—

12 “(i) IN GENERAL.—With respect to
13 managed care entities (as defined in sec-
14 tion 1932(a)(1)), beginning on the later of
15 the date that is 180 days after the date of
16 the enactment of this paragraph or the
17 first day of the first plan year for such an
18 entity that begins after such date of enact-
19 ment, the State requires that any contract
20 the State plan has with any such entity in-
21 cludes a provision that individuals termi-
22 nated for cause from participation under
23 the program under title XVIII, this title,
24 or title XXI be terminated from participa-
25 tion in the provider networks of managed

1 care entities under this title that serve in-
2 dividuals eligible to receive medical assist-
3 ance under this title.

4 “(ii) NOTIFICATION OF TERMI-
5 NATION.—For the period beginning on the
6 date that is 180 days after the date of the
7 enactment of this paragraph and ending on
8 the date on which the enrollment of pro-
9 viders under section 1932(d)(5) is com-
10 plete for the State, the State provides for
11 a system for notifying managed care enti-
12 ties (as defined in section 1932(a)(1)) of
13 the termination of individuals or entities
14 from participation under the program
15 under title XVIII, this title, or title XXI.”.

16 (2) TERMINATION NOTIFICATION DATABASE.—
17 Section 1902 of the Social Security Act (42 U.S.C.
18 1396a) is amended by adding at the end the fol-
19 lowing new subsection:

20 “(1) TERMINATION NOTIFICATION DATABASE.—In
21 the case of an individual or entity whose participation in
22 the program under title XVIII, this title, or title XXI is
23 terminated for cause under subsection (a)(39), the Sec-
24 retary shall, not later than 14 business days after the date
25 on which the Secretary is notified of such termination

1 under subsection (a)(41), include such termination in any
2 database or similar system developed pursuant to section
3 6401(b)(2) of the Patient Protection and Affordable Care
4 Act (42 U.S.C. 1395cc note; Public Law 111–148).”.

5 (3) NO FEDERAL FUNDS FOR ITEMS AND SERV-
6 ICES FURNISHED BY TERMINATED PROVIDERS.—
7 Section 1903(i)(2) of the Social Security Act (42
8 U.S.C. 1396b(i)(2)) is amended—

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

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

13 (C) by adding at the end the following new
14 subparagraph:

15 “(D) beginning 2 years after the date of
16 the enactment of this subparagraph, under the
17 plan by any individual or entity whose partici-
18 pation in the State plan is terminated for cause
19 under subsection (a)(39) of section 1902 after
20 the date that is 60 days after the date on which
21 such termination is included in the database or
22 other system under subsection (ll) of such sec-
23 tion; or”.

24 (4) DEVELOPMENT OF UNIFORM TERMINOLOGY
25 FOR REASONS FOR PROVIDER TERMINATION.—Not

1 later than 180 days after the date of the enactment
2 of this Act, the Secretary of Health and Human
3 Services shall issue regulations establishing uniform
4 terminology to be used with respect to specifying
5 reasons under paragraph (8)(A) of section 1902(kk)
6 of the Social Security Act (42 U.S.C. 1396a(kk)) for
7 the termination of the participation of certain pro-
8 viders in the Medicaid program under title XIX of
9 such Act or the Children’s Health Insurance Pro-
10 gram under title XXI of such Act.

11 (5) CONFORMING AMENDMENT.—Section
12 1902(a)(41) of the Social Security Act (42 U.S.C.
13 1396a(a)(41)) is amended by striking “provide that
14 whenever” and inserting “provide, in accordance
15 with subsection (kk)(8) (as applicable), that when-
16 ever”.

17 (b) INCREASING AVAILABILITY OF MEDICAID PRO-
18 VIDER INFORMATION.—

19 (1) FFS PROVIDER ENROLLMENT.—Section
20 1902(a) of the Social Security Act (42 U.S.C.
21 1396a(a)) is amended by inserting after paragraph
22 (77) the following new paragraph:

23 “(78) provide that, not later than 180 days
24 after the date of the enactment of this paragraph,
25 in the case of a State plan that provides medical as-

1 sistance on a fee-for-service basis, the State shall re-
2 quire each provider furnishing items and services to
3 individuals eligible to receive medical assistance
4 under such plan to enroll with the State agency and
5 provide to the State agency the provider’s identifying
6 information, including the name, specialty, date of
7 birth, Social Security number, national provider
8 identifier, Federal taxpayer identification number,
9 and the State license or certification number of the
10 provider;”.

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

15 “(5) ENROLLMENT OF PARTICIPATING PRO-
16 VIDERS.—

17 “(A) IN GENERAL.—Beginning not later
18 than one year after the date of the enactment
19 of this paragraph, a State shall require that, as
20 a condition on the participation in the provider
21 network of a managed care entity of a provider
22 that provides services to, or orders or provides
23 referrals for services for, individuals who are el-
24 igible for medical assistance under the State
25 plan under this title and who are enrolled with

1 the entity, the provider enrolls with the State
2 agency administering the State plan under this
3 title. Such enrollment shall include providing to
4 the State agency the provider's identifying in-
5 formation, including the name, specialty, date
6 of birth, Social Security number, national pro-
7 vider identifier, Federal taxpayer identification
8 number, and the State license or certification
9 number of the provider.

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

16 (c) COORDINATION WITH CHIP.—

17 (1) IN GENERAL.—Section 2107(e)(1) of the
18 Social Security Act (42 U.S.C. 1397gg(e)(1)) is
19 amended—

20 (A) by redesignating subparagraphs (B)
21 through (O) as subparagraphs (D) through (Q),
22 respectively;

23 (B) by inserting after subparagraph (A)
24 the following new subparagraphs:

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

3 “(C) Section 1902(a)(78) (relating to the
4 enrollment of providers participating in State
5 plans providing medical assistance on a fee-for-
6 service basis).”; and

7 (C) in subparagraph (O) (as redesignated
8 by paragraph (1)), by striking “(a)(2)(C) and
9 (h)” and inserting “(a)(2)(C) (relating to In-
10 dian enrollment), (d)(5) (relating to enrollment
11 of providers participating with a managed care
12 entity), and (h) (relating to special rules with
13 respect to Indian enrollees, Indian health care
14 providers, and Indian managed care entities)”.

15 (2) EXCLUDING FROM MEDICAID PROVIDERS
16 EXCLUDED FROM CHIP.—Section 1902(a)(39) of the
17 Social Security Act (42 U.S.C. 1396a(a)(39)) is
18 amended by striking “title XVIII or any other State
19 plan under this title” and inserting “title XVIII, any
20 other State plan under this title, or any State child
21 health plan under title XXI”.

22 (d) RULE OF CONSTRUCTION.—Nothing in this sec-
23 tion shall be construed as changing the appeal rights of

- 1 providers or the process for appeals of States under the
- 2 Social Security Act.

