

110TH CONGRESS
1ST SESSION

H. R. 4105

To impose a moratorium on the use of recovery audit contractors under the Medicare Integrity Program.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 7, 2007

Mrs. CAPPS 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 impose a moratorium on the use of recovery audit contractors under the Medicare Integrity Program.

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 Recovery
5 Audit Contractor Program Moratorium Act of 2007”.

6 SEC. 2 MEDICARE RECOVERY AUDIT CONTRACTOR PRO-

7 GRAM MORATORIUM

8 (a) IN GENERAL.—Except as provided in subsection
9 (c), the Secretary of Health and Human Services—

6 (A) to identify any additional underpay-
7 ments or overpayments; or

8 (B) to effect any additional recoupments;

9 and

10 (3) shall not enter into any new contracts under
11 the program.

12 (b) TERMINATION.—The moratorium effected under
13 subsection (a) shall end one year after the date of the en-
14 actment of this Act.

15 (c) APPLICABILITY.—

19 (2) MEDICARE SECONDARY PAYER ACTIVI-
20 TIES.—Subsection (a) shall not affect Medicare sec-
21 ondary payer activities performed by recovery audit
22 contractors.

23 (d) REPORTS.—

24 (1) CMS REPORT EVALUATING THE PRO-
25 GRAM.—

7 (B) CONTENTS OF REPORT.—Such report
8 shall include the following information, with re-
9 spect to the Medicare recovery audit contractor
10 program:

11 (i) The number of claims provided by
12 the Centers for Medicare & Medicaid Serv-
13 ices to recovery audit contractors.

14 (ii) The number of claims requested
15 by recovery audit contractors.

16 (iii) The number of claims reviewed by
17 recovery audit contractors.

18 (iv) The number of claims described
19 in clause (iii) reviewed through an auto-
20 mated process and the number of such
21 claims otherwise reviewed by recovery
22 audit contractors.

23 (v) The number and dollar amount of
24 claims that recovery audit contractors

3 (vi) The number of appeals made by
4 providers and suppliers in response to
5 recoupment of payments by a recovery
6 audit contractor.

7 (vii) The outcome of such appeals.

8 (C) FORM OF DATA.—

9 (i) The information described in sub-
10 paragraph (B) shall be reported—

11 (I) for activities under the Medi-
12 care recovery audit contractor pro-
13 gram in each calendar quarter; and

14 (II) on a national, State, and
15 county basis and according to provider
16 group.

17 (ii) Information described in subparagraph (B) concerning appeals shall be re-
18 graphed by appeal level
19

20 (2) GAO REPORT —

21 (A) IN GENERAL.—Not later than 60 days
22 after the date the report is submitted to the
23 Congress under paragraph (1), the Comptroller
24 General of the United States shall submit a re-
25 port to the Congress regarding the use of recov-

1 ery audit contractors in the Medicare Integrity
2 program.

3 (B) CONTENTS OF REPORT.—Such report
4 shall include the following:

5 (i) An examination of the information
6 described in each of clauses (i) through
7 (vi) of paragraph (1)(B).

8 (ii) An examination of the role of re-
9 covery audit contractors in the Medicare
10 oversight process.

11 (iii) A comparison of the roles of re-
12 covey audit contractors with the roles of
13 quality improvement organizations and
14 Medicare administrative contractors.

15 (iv) An examination of the extent to
16 which the process used by recovery audit
17 contractors is consistent with Medicare
18 policy regarding claims denials and ap-
19 peals.

20 (C) RECOMMENDATIONS.—Such report
21 shall include recommendations—

22 (i) to improve the accuracy and efficiency of recovery audit contractors; and
23

(ii) to ensure compliance of recovery audit contractors with Medicare policy concerning denials and appeals.

4 (3) QUARTERLY REPORTS.—

5 (A) IN GENERAL.—Not later than 60 days
6 after the end of each calendar quarter begin-
7 ning after the end of the moratorium under
8 subsection (a), the Administrator of the Centers
9 for Medicare & Medicaid Services shall submit
10 to the Congress a report on the conduct of the
11 Medicare recovery audit contractor program
12 during the quarter.

13 (B) CONTENTS OF REPORT.—Each report
14 under subparagraph (A) shall include, with re-
15 spect to a quarter, the information described in
16 each of clauses (i) through (vi) of paragraph
17 (1)(B) for such quarter.

18 (C) FORM OF DATA.—The information re-
19 quired under subparagraph (B) shall be re-
20 ported on a national, State, and county basis
21 and according to provider group.

22 (e) DEFINITIONS.—For the purposes of this section:

23 (1) MEDICARE ADMINISTRATIVE CON-
24 TRACTOR.—The term “Medicare administrative con-
25 tractor” has the meaning given such term in section

1 1874A of the Social Security Act (42 U.S.C.
2 1395kk-1).

(B) activities under section 1893(h) of the Social Security Act (42 U.S.C. 1395ddd(h)).

12 (3) MEDICARE SECONDARY PAYER ACTIVI-
13 TIES.—The term “Medicare secondary payer activi-
14 ties” means an activity undertaken to obtain compli-
15 ance with, and enforce, section 1862(b) of the Social
16 Security Act.

17 (4) PROVIDER.—The term “provider” means a
18 provider of services as defined in section 1861(n) of
19 the Social Security Act (42 U.S.C. 1395x(n)).

8 (f) CONFORMING AMENDMENTS.—

24 (g) TECHNICAL AMENDMENT.—Section 306(f) of the
25 Medicare Prescription Drug, Improvement, and Mod-

1 ernalization Act of 2003 (Public Law 108–173) is amended
2 by striking “information” means information” and all that
3 follows.

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