

113TH CONGRESS
1ST SESSION

H. R. 3616

To amend title XVIII of the Social Security Act to distribute additional information to Medicare beneficiaries to prevent health care fraud, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 21, 2013

Mr. RUIZ (for himself, Mr. ROONEY, Mr. MULLIN, Mr. HANNA, Mr. NOLAN, Mr. MURPHY of Florida, Mrs. NEGRETE MCLEOD, Mr. CARTWRIGHT, Mr. PETERS of California, and Mr. GARCIA) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 amend title XVIII of the Social Security Act to distribute additional information to Medicare beneficiaries to prevent health care fraud, 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; FINDINGS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Protecting Seniors from Health Care Fraud Act of
6 2013”.

7 (b) FINDINGS.—Congress finds the following:

1 (1) Seniors are more vulnerable to fraud than
2 the general population.

3 (2) Because seniors require more health care
4 services than the general population, they need more
5 information on health care schemes so they can pro-
6 tect themselves.

7 (3) The Department of Health and Human
8 Services should provide more up-to-date information
9 in order to educate seniors on health care scams.

10 **SEC. 2. DISTRIBUTION OF ADDITIONAL INFORMATION TO**
11 **SENIORS TO PREVENT HEALTH CARE FRAUD.**

12 Section 1804 of the Social Security Act (42 U.S.C.
13 1395b–2) is amended by adding at the end the following
14 new subsection:

15 “(d) DISTRIBUTION OF ADDITIONAL INFORMATION
16 ON HEALTH CARE FRAUD.—

17 “(1) ANNUAL REPORTS ON HEALTH CARE
18 FRAUD SCHEMES.—

19 “(A) IN GENERAL.—In connection with the
20 Health Care Fraud and Abuse Control Program
21 established under section 1128C, the Secretary,
22 acting through the Office of the Inspector Gen-
23 eral of the Department of Health and Human
24 Services, and the Attorney General, shall trans-
25 mit to Congress, and make available to the pub-

1 lie, an annual report on health care fraud
2 schemes that are targeted to seniors and steps
3 that are being taken to combat such schemes
4 and to educate seniors concerning such
5 schemes. The first such report shall be trans-
6 mitted and made available not later than 2
7 years after the date of the enactment of this
8 subsection.

9 “(B) CONTENTS OF REPORTS.—

10 “(i) IN GENERAL.—Subject to clause
11 (ii), each annual report under subpara-
12 graph (A) shall include the following infor-
13 mation:

14 “(I) IDENTIFICATION OF MOST
15 PREVALENT FRAUD SCHEMES.—The
16 identification of the 10 most prevalent
17 health care fraud schemes that are
18 targeted to seniors and the prevalence
19 and trends in such schemes.

20 “(II) PROTECTION OF SEN-
21 IORS.—Actions that seniors and law
22 enforcement and government agencies
23 are taking and can take to combat
24 such schemes and to protect seniors
25 against health care fraud schemes.

1 “(III) ADDITIONAL SUGGES-
2 TIONS.—Policy suggestions to improve
3 protections for seniors, including
4 whether the additional information
5 provided under this subsection is help-
6 ing seniors in protecting them against
7 fraud.

8 “(ii) LIMITATIONS.—The Secretary
9 may—

10 “(I) omit information from an
11 annual report on fraud schemes tar-
12 geting seniors if public disclosure of
13 the information would compromise an
14 ongoing investigation; and

15 “(II) report information on fraud
16 schemes by categories in an annual
17 report if a more detailed disclosure of
18 such a scheme would educate crimi-
19 nals rather than seniors.

20 “(iii) PRIVATE-PUBLIC PARTNER-
21 SHIP.—The Secretary, acting through the
22 Office of the Inspector General of the De-
23 partment of Health and Human Services
24 and the Attorney General, may enter into
25 an arrangement between public and private

1 partners to develop the report that identi-
2 fies the top 10 most prevalent health care
3 fraud schemes and the associated report
4 information.

5 “(C) QUARTERLY UPDATING.—The infor-
6 mation described in clauses (i) and (ii) of sub-
7 paragraph (B) shall be updated quarterly to re-
8 flect changes in fraud schemes and methods to
9 combat and educate seniors concerning such
10 schemes.

11 “(D) LANGUAGES.—Such reports, as up-
12 dated, shall be available in English and Span-
13 ish.

14 “(2) DISSEMINATION OF REPORTS AND TOP 10
15 LIST.—

16 “(A) IN GENERAL.—The Secretary shall—

17 “(i) disseminate the reports under
18 paragraph (1) to Medicare beneficiaries
19 through mechanisms that reach the most
20 Medicare beneficiaries; and

21 “(ii) provide for the mailing to each
22 Medicare beneficiary of a list of the top 10
23 most prevalent health care fraud schemes.

24 “(B) QUARTERLY UPDATES OF TOP 10
25 LIST INCLUDED WITH MEDICARE SUMMARY NO-

1 TICES.—The Secretary shall include an updated
2 list of the top 10 most prevalent health care
3 fraud schemes under paragraph (1)(C) with the
4 quarterly Medicare summary notices mailed to
5 Medicare beneficiaries.

6 “(C) POSTING OF REPORTS AND QUAR-
7 TERLY UPDATES ON WEBSITES.—The annual
8 reports, and quarterly updates, under this sub-
9 section shall be posted on the website of the
10 Health Care Fraud and Abuse Control Program
11 and on other websites maintained or supported
12 by the Secretary relating to the Medicare pro-
13 gram, the State Health Insurance Assistance
14 Program, and Senior Medicare Patrol of the
15 Administration on Aging.

16 “(3) SOURCES OF INFORMATION FOR RE-
17 PORTS.—Information for the reports and updates
18 under paragraph (1) shall be gathered from at least
19 the following sources:

20 “(A) DEPARTMENT OF HEALTH AND
21 HUMAN SERVICES.—The following sources with-
22 in the Department of Health and Human Serv-
23 ices:

24 “(i) Medicare hotlines, including 1–
25 800–MEDICARE, 1–800–HHSTIPS, and

1 Medicare fraud toll-free hotlines and
2 websites (such as
3 www.stopmedicarefraud.gov) established by
4 the Office of the Inspector General of the
5 Department of Health and Human Serv-
6 ices and the Centers for Medicare & Med-
7 icaid Services.

8 “(ii) State Health Insurance Assist-
9 ance Programs (SHIPs).

10 “(iii) The Administration on Commu-
11 nity Living, including—

12 “(I) the Senior Medicare Patrol
13 (SMP) of the Administration on
14 Aging; and

15 “(II) Aging and Disability Re-
16 source Centers.

17 “(iv) Medicare administrative contrac-
18 tors, fiscal intermediaries, and other con-
19 tractors with the Centers for Medicare &
20 Medicaid Services performing functions
21 which may relate to fraud and abuse under
22 the Medicare program.

23 “(v) The Indian Health Service.

1 “(B) DEPARTMENT OF JUSTICE.—The De-
2 partment of Justice, including the Federal Bu-
3 reau of Investigation.

4 “(C) SSA.—The Social Security Adminis-
5 tration.

6 “(D) FTC.—The Federal Trade Commis-
7 sion.

8 “(E) OPTIONAL ADDITIONAL SOURCES.—
9 At the option of the Secretary—

10 “(i) State agencies that deal with
11 elder abuse; and

12 “(ii) other governmental and non-
13 governmental entities with expertise in the
14 protection of seniors from health care
15 fraud as deemed appropriate.”.

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