

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 6753
OFFERED BY M . _____**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Strengthening the
3 Health Care Fraud Prevention Task Force Act of 2018”.

**4 SEC. 2. PUBLIC-PRIVATE PARTNERSHIP FOR HEALTH CARE
5 WASTE, FRAUD, AND ABUSE DETECTION.**

6 (a) IN GENERAL.—Section 1128C(a) of the Social
7 Security Act (42 U.S.C. 1320a–7c(a)) is amended by add-
8 ing at the end the following new paragraph:

9 “(6) PUBLIC-PRIVATE PARTNERSHIP FOR
10 WASTE, FRAUD, AND ABUSE DETECTION.—

11 “(A) IN GENERAL.—Under the program
12 described in paragraph (1), there is established
13 a public-private partnership (in this paragraph
14 referred to as the ‘partnership’) of health plans,
15 Federal and State agencies, law enforcement
16 agencies, health care anti-fraud organizations,
17 and any other entity determined appropriate by
18 the Secretary (in this paragraph referred to as

1 ‘partners’) for purposes of detecting and pre-
2 venting health care waste, fraud, and abuse.

3 “(B) CONTRACT WITH TRUSTED THIRD
4 PARTY.—In carrying out the partnership, the
5 Secretary shall enter into a contract with a
6 trusted third party for purposes of carrying out
7 the duties of the partnership described in sub-
8 paragraph (C).

9 “(C) DUTIES OF PARTNERSHIP.—The
10 partnership shall—

11 “(i) provide technical and operational
12 support to facilitate data sharing between
13 partners in the partnership;

14 “(ii) analyze data so shared to iden-
15 tify fraudulent and aberrant billing pat-
16 terns;

17 “(iii) conduct aggregate analyses of
18 health care data so shared across Federal,
19 State, and private health plans for pur-
20 poses of detecting fraud, waste, and abuse
21 schemes;

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

1 “(v) refer specific cases of potential
2 criminal conduct to appropriate law en-
3 forcement entities;

4 “(vi) convene, not less than annually,
5 meetings with partners in the partnership
6 for purposes of providing updates on the
7 partnership’s work and facilitating infor-
8 mation sharing between the partners;

9 “(vii) enter into data sharing and
10 data use agreements with partners in the
11 partnership in such a manner so as to en-
12 sure the partnership has access to data
13 necessary to identify waste, fraud, and
14 abuse while maintaining the confidentiality
15 and integrity of such data;

16 “(viii) provide partners in the partner-
17 ship with plan-specific, confidential feed-
18 back on any aberrant billing patterns or
19 potential fraud identified by the partner-
20 ship with respect to such partner;

21 “(ix) establish a process by which en-
22 tities described in subparagraph (A) may
23 enter the partnership and requirements
24 such entities must meet to enter the part-
25 nership;

1 “(x) provide appropriate training, out-
2 reach, and education to partners based on
3 the results of data analyses described in
4 clauses (ii) and (iii); and

5 “(xi) perform such other duties as the
6 Secretary determines appropriate.

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

18 “(E) EXECUTIVE BOARD.—

19 “(i) EXECUTIVE BOARD COMPOSI-
20 TION.—

21 “(I) IN GENERAL.—There shall
22 be an executive board of the partner-
23 ship comprised of representatives of
24 the Federal Government and rep-

1 representatives of the private sector se-
2 lected by the Secretary.

3 “(II) CHAIRS.—The executive
4 board shall be co-chaired by one Fed-
5 eral Government official and one rep-
6 resentative from the private sector.

7 “(ii) MEETINGS.—The executive
8 board of the partnership shall meet at
9 least twice per year.

10 “(iii) EXECUTIVE BOARD DUTIES.—
11 The duties of the executive board shall in-
12 clude the following:

13 “(I) Providing strategic direction
14 for the partnership, including mem-
15 bership criteria and a mission state-
16 ment.

17 “(II) Communicating with the
18 leadership of the Department of
19 Health and Human Services and the
20 Department of Justice and the var-
21 ious private health sector associations.

22 “(F) REPORTS.—Not later than September
23 30, 2021, and every 2 years thereafter, the Sec-
24 retary shall submit to Congress and make avail-
25 able on the public website of the Centers for

1 Medicare & Medicaid Services a report con-
2 taining—

3 “(i) a review of activities conducted by
4 the partnership over the 2-year period end-
5 ing on the date of the submission of such
6 report, including any progress to any ob-
7 jectives established by the partnership;

8 “(ii) any savings voluntarily reported
9 by health plans participating in the part-
10 nership attributable to the partnership
11 during such period;

12 “(iii) any savings to the Federal gov-
13 ernment attributable to the partnership
14 during such period;

15 “(iv) any other outcomes attributable
16 to the partnership, as determined by the
17 Secretary, during such period; and

18 “(v) a strategic plan for the 2-year
19 period beginning on the day after the date
20 of the submission of such report, including
21 a description of any emerging fraud and
22 abuse schemes, trends, or practices that
23 the partnership intends to study during
24 such period.

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

5 “(H) TRANSITIONAL PROVISIONS.—To the
6 extent consistent with this subsection, all func-
7 tions, personnel, assets, liabilities, and adminis-
8 trative actions applicable on the date before the
9 date of the enactment of this paragraph to the
10 National Fraud Prevention Partnership estab-
11 lished on September 17, 2012, by charter of the
12 Secretary shall be transferred to the partner-
13 ship established under subparagraph (A) as of
14 the date of the enactment of this paragraph.

15 “(I) NONAPPLICABILITY OF FACA.—The
16 provisions of the Federal Advisory Committee
17 Act shall not apply to the partnership estab-
18 lished by subparagraph (A).

19 “(J) IMPLEMENTATION.—Notwithstanding
20 any other provision of law, the Secretary may
21 implement the partnership established by sub-
22 paragraph (A) by program instruction or other-
23 wise.

1 “(K) DEFINITION.—For purposes of this
2 paragraph, the term ‘trusted third party’ means
3 an entity that—

4 “(i) demonstrates the capability to
5 carry out the duties of the partnership de-
6 scribed in subparagraph (C);

7 “(ii) complies with such conflict of in-
8 terest standards determined appropriate by
9 the Secretary; and

10 “(iii) meets such other requirements
11 as the Secretary may prescribe.”.

12 (b) POTENTIAL EXPANSION OF PUBLIC-PRIVATE
13 PARTNERSHIP ANALYSES.—Not later than 2 years after
14 the date of the enactment of this Act, the Secretary of
15 Health and Human Services shall conduct a study and
16 submit to Congress a report on the feasibility of the part-
17 nership (as described in section 1128C(a)(6) of the Social
18 Security Act, as added by subsection (a)) establishing a
19 system to conduct real-time data analysis to proactively
20 identify ongoing as well as emergent fraud trends for the
21 entities participating in the partnership and provide such
22 entities with real-time feedback on potentially fraudulent
23 claims. Such report shall include the estimated cost of and

- 1 any potential barriers to the partnership establishing such
- 2 a system.

