

Union Calendar No. 325

114TH CONGRESS
2^D SESSION

H. R. 3821

[Report No. 114-426]

To amend title XIX to require the publication of a provider directory in the case of States providing for medical assistance on a fee-for-service basis or through a primary care case-management system, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 23, 2015

Mr. COLLINS of New York (for himself and Mr. TONKO) introduced the following bill; which was referred to the Committee on Energy and Commerce

FEBRUARY 23, 2016

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italics]

[For text of introduced bill, see copy of bill as introduced on October 23, 2015]

A BILL

To amend title XIX to require the publication of a provider directory in the case of States providing for medical assistance on a fee-for-service basis or through a primary care case-management system, 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 “Medicaid Directory of*
5 *Caregivers Act” or the “Medicaid DOC Act”.*

6 **SEC. 2. REQUIRING PUBLICATION OF FEE-FOR-SERVICE**
7 **PROVIDER DIRECTORY.**

8 *(a) IN GENERAL.—Section 1902(a) of the Social Secu-*
9 *rity Act (42 U.S.C. 1396a(a)) is amended by inserting after*
10 *paragraph (77) the following new paragraph:*

11 *“(78) provide that, not later than 180 days after*
12 *the date of the enactment of this paragraph, in the*
13 *case of a State plan that provides medical assistance*
14 *on a fee-for-service basis or through a primary care*
15 *case-management system described in section*
16 *1915(b)(1) (other than a primary care case manage-*
17 *ment entity (as defined by the Secretary)), the State*
18 *shall publish (and update on at least an annual*
19 *basis) on the public Website of the State agency ad-*
20 *ministering the State plan, a directory of the pro-*
21 *viders (including, at a minimum, primary and spe-*
22 *cialty care physicians) described in subsection (l)*
23 *that includes—*

24 *“(A) with respect to each such provider—*

25 *“(i) the name of the provider;*

1 “(ii) the specialty of the provider;

2 “(iii) the address of the provider; and

3 “(iv) the telephone number of the pro-
4 vider; and

5 “(B) with respect to any such provider par-
6 ticipating in such a primary care case-manage-
7 ment system, information regarding—

8 “(i) whether the provider is accepting
9 as new patients individuals who receive
10 medical assistance under this title; and

11 “(ii) the provider’s cultural and lin-
12 guistic capabilities, including the languages
13 spoken by the provider or by the skilled
14 medical interpreter providing interpretation
15 services at the provider’s office;”.

16 (b) *DIRECTORY PROVIDERS DESCRIBED.*—Section
17 1902 of the Social Security Act (42 U.S.C. 1396a) is
18 amended by adding at the end the following new subsection:

19 “(ll) *DIRECTORY PROVIDERS DESCRIBED.*—A pro-
20 vider described in this subsection is—

21 “(1) in the case of a provider of a provider type
22 for which the State agency, as a condition on receiv-
23 ing payment for items and services furnished by the
24 provider to individuals eligible to receive medical as-
25 sistance under the State plan, requires the enrollment

1 of the provider with the State agency, a provider
2 that—

3 “(A) is enrolled with the agency as of the
4 date on which the directory is published or up-
5 dated (as applicable) under subsection (a)(78);
6 and

7 “(B) received payment under the State plan
8 in the 12-month period preceding such date; and

9 “(2) in the case of a provider of a provider type
10 for which the State agency does not require such en-
11 rollment, a provider that received payment under the
12 State plan in the 12-month period preceding the date
13 on which the directory is published or updated (as
14 applicable) under subsection (a)(78).”.

15 (c) *RULE OF CONSTRUCTION.*—

16 (1) *IN GENERAL.*—The amendment made by sub-
17 section (a) shall not be construed to apply in the case
18 of a State in which all the individuals enrolled in the
19 State plan under title XIX of the Social Security Act
20 (or under a waiver of such plan), other than individ-
21 uals described in paragraph (2), are enrolled with a
22 medicaid managed care organization (as defined in
23 section 1903(m)(1)(A) of such Act (42 U.S.C.
24 1396b(m)(1)(A))), including prepaid inpatient health
25 plans and prepaid ambulatory health plans (as de-

1 *fined by the Secretary of Health and Human Serv-*
2 *ices).*

3 (2) *INDIVIDUALS DESCRIBED.—An individual*
4 *described in this paragraph is an individual who is*
5 *an Indian (as defined in section 4 of the Indian*
6 *Health Care Improvement Act (25 U.S.C. 1603)) or*
7 *an Alaska Native.*

8 (d) *EXCEPTION FOR STATE LEGISLATION.—In the case*
9 *of a State plan under title XIX of the Social Security Act*
10 *(42 U.S.C. 1396 et seq.), which the Secretary determines*
11 *requires State legislation in order for the respective plan*
12 *to meet one or more additional requirements imposed by*
13 *amendments made by this section, the respective plan shall*
14 *not be regarded as failing to comply with the requirements*
15 *of such title solely on the basis of its failure to meet such*
16 *an additional requirement before the first day of the first*
17 *calendar quarter beginning after the close of the first reg-*
18 *ular session of the State legislature that begins after the*
19 *date of enactment of this section. For purposes of the pre-*
20 *vious sentence, in the case of a State that has a 2-year legis-*
21 *lative session, each year of the session shall be considered*
22 *to be a separate regular session of the State legislature.*

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