

AMENDMENT TO COMMITTEE PRINT OF H.R. 1063
OFFERED BY MR. MURPHY OF PENNSYLVANIA

[As Reported by the Subcommittee on Health]

Page 4, line 7, insert “and payments” after “claims”.

Page 4, beginning on line 10, strike “such claims. Such information” and insert the following: “such claims or the making of such payments, respectively. Information related to claims and payments subject to the notice under subclause (I)”.

Page 4, line 15, insert before the period the following: “and shall include provider or supplier name, diagnosis codes (if any), dates of service, and conditional payment amounts”.

Page 5, line 15, strike “claims and payments” and insert “payments for claims”.

Page 5, line 18, insert “TIMELY” after “USE OF”.

Page 5, line 25, strike “described in subclause (IV)” and insert “as defined in subclause (V)”.

Page 6, beginning on line 5, strike “downloaded during such period” and all that follows through line 9 and

insert “that is downloaded during such period and within 3 business days before the date of the settlement, judgment, award, or other payment shall constitute the final conditional amount subject to recovery under clause (ii) related to such settlement, judgment, award, or other payment.”.

Page 6, amend lines 10 through 18 to read as follows:

1 “(IV) RESOLUTION OF DISCREP-
2 ANCIES.—If the individual (or author-
3 ized representative) believes there is a
4 discrepancy with the statement of re-
5 imbursement amount, the Secretary
6 shall provide a timely process to re-
7 solve the discrepancy. Under such
8 process the individual (or representa-
9 tive) must provide an alternate final
10 conditional payment amount and doc-
11 umentation of the basis for such alter-
12 nate amount. Within 15 days after
13 the date of receipt of such documenta-
14 tion, the Secretary shall determine
15 whether there is a reasonable basis for
16 such alternate final conditional pay-
17 ment amount. If the Secretary does

1 not make such determination within
2 the 15-day period, then the alternate
3 final conditional payment amount
4 shall become the final conditional pay-
5 ment amount. If the Secretary deter-
6 mines within such period that there is
7 not a reasonable basis for the alter-
8 nate amount, the original final condi-
9 tional payment amount is recon-
10 firmed. If the Secretary determines
11 within such period that there is a rea-
12 sonable basis for an alternate final
13 conditional payment amount, the Sec-
14 retary must respond in a timely man-
15 ner by agreeing to the alternative
16 final conditional payment amount or
17 by providing documentation showing
18 with good cause why the Secretary is
19 not agreeing to such amount and ei-
20 ther reconfirming the original final
21 conditional payment amount or estab-
22 lishing another alternative final condi-
23 tional payment amount. In no case
24 shall the process under this subclause
25 be treated as an appeals process or as

1 establishing a right of appeal for a
2 statement of reimbursement amount
3 and there shall be no administrative
4 or judicial review of the Secretary's
5 determinations under this subclause.

Page 6, beginning on line 24, strike "120-day".

Page 7, line 4, strike "the 65-day period" and insert
"a Secretarial response period".

Page 7, at the end of line 6, add the following:
"Such Secretarial response period shall be a period of 65
days, except that such period may be extended by the
Secretary for a period of an additional 30 days if the
Secretary determines that additional time is required to
address claims for which payment has been made. Such
Secretarial response period shall be extended and shall
not include any days for any part of which the Secretary
determines (in accordance with regulations) that there
was a failure in the claims and payment posting system
and the failure was justified due to exceptional cir-
cumstances (as defined in such regulations). Such regula-
tions shall define exceptional circumstances in a manner
so that not more than 1 percent of the repayment obliga-
tions under this subclause would qualify as exceptional
circumstances."

Page 7, strike line 16 and all that follows through page 8, line 7, and insert the following:

1 “(viii) RIGHT OF APPEAL FOR SEC-
2 ONDARY PAYER DETERMINATIONS RELAT-
3 ING TO LIABILITY INSURANCE (INCLUDING
4 SELF-INSURANCE), NO FAULT INSURANCE,
5 AND WORKERS’ COMPENSATION LAWS AND
6 PLANS.—The Secretary shall promulgate
7 regulations establishing a right of appeal
8 and appeals process, with respect to any
9 determination under this subsection for a
10 payment made under this title for an item
11 or service for which the Secretary is seek-
12 ing to recover funds from an applicable
13 plan (as defined in paragraph (8)(F)) that
14 is a primary plan under subsection (A)(ii),
15 under which the applicable plan involved,
16 or an attorney, agent, or third party ad-
17 ministrator on behalf of such plan, may
18 appeal such determination. The individual
19 furnished such an item or service shall be
20 notified of the plan’s intent to appeal such
21 determination.

Page 13, beginning on line 24, strike “a period” and all that follows through “under this subsection” on page

14, line 5, and insert “one or more periods (specified by the Secretary) of up to 1 year each if the Secretary notifies the committees of jurisdiction of the House of Representatives and of the Senate that the prior deadline for such modification, without such extension, threatens patient privacy or the integrity of the secondary payer program under this subsection. Any such deadline extension notice shall include information on the progress being made in implementing such modification and the anticipated implementation date for such modification.”.

