

FRAUD AND ABUSE

Sec. 1313. Financial integrity.

Sec. 1324. Level playing field.

Sec. 6401. Provider screening and other enrollment requirements under Medicare, Medicaid, and CHIP.

Sec. 6402. Enhanced Medicare and Medicaid program integrity provisions.

Sec. 6403. Elimination of duplication between the Healthcare Integrity and Protection Data Bank and the National Practitioner Data Bank.

Sec. 6406. Requirement for physicians to provide documentation on referrals to programs at high risk of waste and abuse.

Sec. 6407, 10605. Face-to-face encounter with patient required before physicians may certify eligibility for home health services or durable medical equipment under Medicare.

Sec. 6408. Enhanced penalties.

Sec. 6411. Expansion of the Recovery Audit Contractor (RAC) program.

Sec. 6501. Termination of provider participation under Medicaid if terminated under Medicare or other State plan.

Sec. 6502. Medicaid exclusion from participation relating to certain ownership, control, and management affiliations.

Sec. 6503. Billing agents, clearinghouses, or other alternate payees required to register under Medicaid.

Sec. 6504. Requirement to report expanded set of data elements under MMIS to detect fraud and abuse.

Sec. 6505. Prohibition on payments to institutions or entities located outside of the United States.

Sec. 6506. Overpayments.

Sec. 6507. Mandatory State use of national correct coding initiative.

Sec. 6508. General effective date.

Sec. 6601. Prohibition on false statements and representations.

Sec. 6602. Clarifying definition.

Sec. 6603. Development of model uniform report form.

Sec. 6604. Applicability of State law to combat fraud and abuse.

Sec. 8002. Establishment of national voluntary insurance program for purchasing community living assistance services and support (CLASS program).

Sec. 10606. Health care fraud enforcement.

Sec. 1302 of Reconciliation. Medicare prepayment medical review limitations.

Sec. 1303 of Reconciliation. Funding to fight fraud, waste and abuse.

Sec. 1304 of Reconciliation. 90-day period of enhanced oversight for initial claims of DME suppliers.