

110TH CONGRESS
1ST SESSION

H. R. 3370

To amend title XVIII of the Social Security Act to improve the quality and efficiency of health care, to provide the public with information on provider and supplier performance, and to enhance the education and awareness of consumers for evaluating health care services through the development and release of reports based on Medicare enrollment, claims, survey, and assessment data.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 3, 2007

Mr. RYAN of Wisconsin (for himself and Mr. DAVIS of Alabama) 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 improve the quality and efficiency of health care, to provide the public with information on provider and supplier performance, and to enhance the education and awareness of consumers for evaluating health care services through the development and release of reports based on Medicare enrollment, claims, survey, and assessment data.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Medicare Quality En-
3 hancement Act of 2007”.

4 **SEC. 2. QUALITY AND EFFICIENCY REPORTS BASED ON**
5 **MEDICARE ENROLLMENT, CLAIMS, SURVEY,**
6 **AND ASSESSMENT DATA.**

7 Title XVIII of the Social Security Act is amended by
8 adding at the end the following new section:

9 “QUALITY AND EFFICIENCY REPORTS BASED ON
10 MEDICARE DATA

11 “SEC. 1898. (a) PURPOSE.—The purpose of this sec-
12 tion is to provide for the development of reports based on
13 Medicare data and private data that is publicly available
14 or is provided by the entity making the request for the
15 report in order to—

16 “(1) improve the quality and efficiency of
17 health care;

18 “(2) enhance the education and awareness of
19 consumers for evaluating health care services; and

20 “(3) provide the public with reports on national,
21 regional, and provider- and supplier-specific per-
22 formance, which may be in a provider- or supplier-
23 identifiable format.

24 “(b) PROCEDURES FOR THE DEVELOPMENT OF RE-
25 PORTS.—

1 “(1) IN GENERAL.—Notwithstanding section
2 552(b)(6) or 552a(b) of title 5, United States Code,
3 not later than 12 months after the date of enact-
4 ment of this section, the Secretary, in accordance
5 with the purpose described in subsection (a), shall
6 establish and implement procedures under which an
7 entity may submit a request to a Medicare Quality
8 Reporting Organization for the Organization to de-
9 velop a report based on—

10 “(A) Medicare data disclosed to the Orga-
11 nization under subsection (c); and

12 “(B) private data that is publicly available
13 or is provided to the Organization by the entity
14 making the request for the report.

15 “(2) DEFINITIONS.—In this section:

16 “(A) MEDICARE DATA.—The term ‘Medi-
17 care data’ means—

18 “(i) enrollment data under this title,
19 including de-identified beneficiary enroll-
20 ment data;

21 “(ii) all claims for reimbursement for
22 all items and services furnished by a pro-
23 vider of services (as defined in section
24 1861(u)) or a supplier (as defined in sec-

1 tion 1861(d)) under part A or B in a re-
2 search identifiable format;

3 “(iii) on and after January 1, 2008,
4 all data relating to enrollment in, and cov-
5 erage for, qualified prescription drug cov-
6 erage under part D; and

7 “(iv) additional data files relating to
8 the program under this title collected by
9 the Secretary for the purpose of nation-
10 wide quality measurement and reporting
11 based on surveys and assessment data de-
12 termined appropriate by the Secretary.

13 “(B) MEDICARE QUALITY REPORTING OR-
14 GANIZATION.—The term ‘Medicare Quality Re-
15 porting Organization’ means an entity with a
16 contract under subsection (d).

17 “(c) ACCESS TO MEDICARE DATA.—

18 “(1) IN GENERAL.—The procedures established
19 under subsection (b)(1) shall provide for the secure
20 disclosure of Medicare data to each Medicare Quality
21 Reporting Organization.

22 “(2) ALL DATA.—The Secretary shall ensure
23 that all Medicare data files (beginning with files
24 from January 1, 1998) are disclosed under para-
25 graph (1), including the most recent data files avail-

1 able to the Secretary. Not less than every 6 months,
2 the Secretary shall update the information disclosed
3 under paragraph (1) to Medicare Quality Reporting
4 Organizations.

5 “(d) MEDICARE QUALITY REPORTING ORGANIZA-
6 TIONS.—

7 “(1) IN GENERAL.—

8 “(A) THREE CONTRACTS.—Subject to sub-
9 paragraph (B), the Secretary shall enter into a
10 contract with 3 private entities to serve as
11 Medicare Quality Reporting Organizations
12 under which an entity shall—

13 “(i) store the Medicare data that is to
14 be disclosed under subsection (c); and

15 “(ii) develop and release reports pur-
16 suant to subsection (e).

17 “(B) ADDITIONAL CONTRACTS.—If the
18 Secretary determines that reports are not being
19 developed and released within 6 months of the
20 receipt of the request for the report, the Sec-
21 retary shall enter into contracts with additional
22 private entities in order to ensure that such re-
23 ports are developed and released in a timely
24 manner.

1 “(2) QUALIFICATIONS.—The Secretary shall
2 enter into a contract with an entity under paragraph
3 (1) only if the Secretary determines that the enti-
4 ty—

5 “(A) has the research capability to conduct
6 and complete reports under this section;

7 “(B) has in place—

8 “(i) an information technology infra-
9 structure to support the entire database of
10 Medicare data; and

11 “(ii) operational standards to provide
12 security for such database;

13 “(C) has experience with, and expertise on,
14 the development of reports on health care qual-
15 ity and efficiency based on Medicare or private
16 sector claims data; and

17 “(D) has a significant business presence in
18 the United States.

19 “(3) CONTRACT REQUIREMENTS.—Each con-
20 tract with an entity under paragraph (1) shall con-
21 tain the following requirements:

22 “(A) ENSURING BENEFICIARY PRIVACY.—

23 “(i) HIPAA.—The entity shall meet
24 the requirements imposed on a covered en-
25 tity for purposes of applying part C of title

1 XI and all regulatory provisions promul-
2 gated thereunder, including regulations
3 (relating to privacy) adopted pursuant to
4 the authority of the Secretary under sec-
5 tion 264(c) of the Health Insurance Port-
6 ability and Accountability Act of 1996 (42
7 U.S.C. 1320d–2 note).

8 “(ii) PRIVACY.—The entity shall pro-
9 vide assurances that the entity will not use
10 the Medicare data disclosed under sub-
11 section (c) in a manner that violates sec-
12 tions 552 or 552a of title 5, United States
13 Code, with regard to the privacy of individ-
14 ually identifiable beneficiary health infor-
15 mation.

16 “(B) PROPRIETARY INFORMATION.—The
17 entity shall provide assurances that the entity
18 will not, with respect to data relating to part D,
19 disclose any negotiated price concessions, such
20 as discounts, direct or indirect subsidies, re-
21 bates, and direct or indirect remunerations, ob-
22 tained by prescription drug plans and MA–PD
23 plans for covered part D drugs, or any other
24 proprietary cost information.

1 “(C) DISCLOSURE.—The entity shall dis-
2 close—

3 “(i) any financial, reporting, or con-
4 tractual relationship between the entity
5 and any provider of services (as defined in
6 section 1861(u)) or supplier (as defined in
7 section 1861(d)); and

8 “(ii) if applicable, the fact that the
9 entity is managed, controlled, or operated
10 by any such provider of services or sup-
11 plier.

12 “(D) COMPONENT OF ANOTHER ORGANIZA-
13 TION.—If the entity is a component of another
14 organization—

15 “(i) the entity shall maintain Medi-
16 care data and reports separately from the
17 rest of the organization and establish ap-
18 propriate security measures to maintain
19 the confidentiality and privacy of the Medi-
20 care data and reports; and

21 “(ii) the entity shall not make an un-
22 authorized disclosure to the rest of the or-
23 ganization of Medicare data or reports in
24 breach of such confidentiality and privacy
25 requirement.

1 “(E) TERMINATION OR NONRENEWAL.—If
2 a contract under this section is terminated or
3 not renewed, the following requirements shall
4 apply:

5 “(i) CONFIDENTIALITY AND PRIVACY
6 PROTECTIONS.—The entity shall continue
7 to comply with the confidentiality and pri-
8 vacy requirements under this section with
9 respect to all Medicare data disclosed to
10 the entity and each report developed by the
11 entity.

12 “(ii) DISPOSITION OF DATA AND RE-
13 PORTS.—The entity shall—

14 “(I) return to the Secretary all
15 Medicare data disclosed to the entity
16 and each report developed by the enti-
17 ty; or

18 “(II) if returning the Medicare
19 data and reports is not practicable,
20 destroy the reports and Medicare
21 data.

22 “(4) COMPETITIVE PROCEDURES.—Competitive
23 procedures (as defined in section 4(5) of the Federal
24 Procurement Policy Act) shall be used to enter into
25 contracts under paragraph (1).

1 “(5) REVIEW OF CONTRACT IN THE EVENT OF
2 A MERGER OR ACQUISITION.—The Secretary shall
3 review the contract with a Medicare Quality Report-
4 ing Organization under this section in the event of
5 a merger or acquisition of the Organization in order
6 to ensure that the requirements under this section
7 will continue to be met.

8 “(e) DEVELOPMENT AND RELEASE OF REPORTS
9 BASED ON REQUESTS.—

10 “(1) REQUEST FOR A REPORT.—

11 “(A) REQUEST.—

12 “(i) IN GENERAL.—The procedures
13 established under subsection (b)(1) shall
14 include a process for an entity to submit a
15 request to a Medicare Quality Reporting
16 Organization for a report based on Medi-
17 care data and private data that is publicly
18 available or is provided by the entity mak-
19 ing the request for the report. Such re-
20 quest shall comply with the purpose de-
21 scribed in subsection (a).

22 “(ii) REQUEST FOR SPECIFIC METH-
23 ODOLOGY.—The process described in
24 clause (i) shall permit an entity making a
25 request for a report to request that a spe-

1 cific methodology be used by the Medicare
2 Quality Reporting Organization in devel-
3 oping the report. The Organization shall
4 work with the entity making the request to
5 finalize the methodology to be used.

6 “(iii) REQUEST FOR A SPECIFIC
7 MQRO.—The process described in clause (i)
8 shall permit an entity to submit the re-
9 quest for a report to any Medicare Quality
10 Reporting Organization.

11 “(B) RELEASE TO PUBLIC.—The proce-
12 dures established under subsection (b)(1) shall
13 provide that at the time a request for a report
14 is finalized under subparagraph (A) by a Medi-
15 care Quality Reporting Organization, the Orga-
16 nization shall make available to the public,
17 through the Internet website of the Centers for
18 Medicare & Medicaid Services and other appro-
19 priate means, a brief description of both the re-
20 quested report and the methodology to be used
21 to develop such report.

22 “(2) DEVELOPMENT AND RELEASE OF RE-
23 PORT.—

24 “(A) DEVELOPMENT.—

1 “(i) IN GENERAL.—If the request for
2 a report complies with the purpose de-
3 scribed in subsection (a), the Medicare
4 Quality Reporting Organization may de-
5 velop the report based on the request.

6 “(ii) REQUIREMENT.—A report devel-
7 oped under clause (i) shall include a de-
8 tailed description of the standards, meth-
9 odologies, and measures of quality used in
10 developing the report.

11 “(B) REVIEW OF REPORT BY SECRETARY
12 TO ENSURE COMPLIANCE WITH PRIVACY RE-
13 QUIREMENT.—Prior to a Medicare Quality Re-
14 porting Organization releasing a report under
15 subparagraph (C), the Secretary shall review
16 the report to ensure that the report complies
17 with the Federal regulations (concerning the
18 privacy of individually identifiable beneficiary
19 health information) promulgated under section
20 264(c) of the Health Insurance Portability and
21 Accountability Act of 1996 and sections 552 or
22 552a of title 5, United States Code, with regard
23 to the privacy of individually identifiable bene-
24 ficiary health information. The Secretary shall

1 act within 30 business days of receiving such
2 report.

3 “(C) RELEASE OF REPORT.—

4 “(i) RELEASE TO ENTITY MAKING RE-
5 QUEST.—If the Secretary finds that the re-
6 port complies with the provisions described
7 in subparagraph (B), the Medicare Quality
8 Reporting Organization shall release the
9 report to the entity that made the request
10 for the report.

11 “(ii) RELEASE TO PUBLIC.—The pro-
12 cedures established under subsection (b)(1)
13 shall provide for the following:

14 “(I) UPDATED DESCRIPTION.—

15 At the time of the release of a report
16 by a Medicare Quality Reporting Or-
17 ganization under clause (i), the entity
18 shall make available to the public,
19 through the Internet website of the
20 Centers for Medicare & Medicaid
21 Services and other appropriate means,
22 an updated brief description of both
23 the requested report and the method-
24 ology used to develop such report.

1 “(II) COMPLETE REPORT.—Not
2 later than 1 year after the date of the
3 release of a report under clause (i),
4 the report shall be made available to
5 the public through the Internet
6 website of the Centers for Medicare &
7 Medicaid Services and other appro-
8 priate means.

9 “(f) ANNUAL REVIEW OF REPORTS AND TERMI-
10 NATION OF CONTRACTS.—

11 “(1) ANNUAL REVIEW OF REPORTS.—The
12 Comptroller General of the United States shall re-
13 view reports released under subsection (e)(2)(C) to
14 ensure that such reports comply with the purpose
15 described in subsection (a) and annually submit a
16 report to the Secretary on such review.

17 “(2) TERMINATION OF CONTRACTS.—The Sec-
18 retary may terminate a contract with a Medicare
19 Quality Reporting Organization if the Secretary de-
20 termines that there is a pattern of reports being re-
21 leased by the Organization that do not comply with
22 the purpose described in subsection (a).

23 “(g) FEES.—

1 “(1) FEES FOR SECRETARY.—The Secretary
2 shall charge a Medicare Quality Reporting Organiza-
3 tion a fee for—

4 “(A) disclosing the data under subsection
5 (e); and

6 “(B) conducting the review under sub-
7 section (e)(2)(B).

8 The Secretary shall ensure that such fees are suffi-
9 cient to cover the costs of the activities described in
10 subparagraph (A) and (B).

11 “(2) FEES FOR MQRO.—

12 “(A) IN GENERAL.—Subject to subpara-
13 graphs (A) and (B), a Medicare Quality Report-
14 ing Organization may charge an entity making
15 a request for a report a reasonable fee for the
16 development and release of the report.

17 “(B) DISCOUNT FOR SMALL ENTITIES.—In
18 the case of an entity making a request for a re-
19 port (including a not-for-profit) that has annual
20 revenue that does not exceed \$10,000,000, the
21 Medicare Quality Reporting Organization shall
22 reduce the reasonable fee charged to such entity
23 under subparagraph (A) by an amount equal to
24 10 percent of such fee.

1 “(C) INCREASE FOR LARGE ENTITIES
2 THAT DO NOT AGREE TO RELEASE REPORTS
3 WITHIN 6 MONTHS.—In the case of an entity
4 making a request for a report that is not de-
5 scribed in subparagraph (B) and that does not
6 agree to the report being released to the public
7 under clause (ii)(II) of subsection (e)(2)(C)
8 within 6 months of the date of the release of
9 the report to the entity under clause (i) of such
10 subsection, the Medicare Quality Reporting Or-
11 ganization shall increase the reasonable fee
12 charged to such entity under subparagraph (A)
13 by an amount equal to 10 percent of such fee.

14 “(D) RULE OF CONSTRUCTION.—Nothing
15 in this paragraph shall be construed to effect
16 the requirement that a report be released to the
17 public under clause (ii)(II) of subsection
18 (e)(2)(C)(ii)(II) by not later than 1 year after
19 the date of the release of the report to the re-
20 questing entity under clause (i) of such sub-
21 section.

22 “(h) REGULATIONS.—Not later than 6 months after
23 the date of enactment of this section, the Secretary shall
24 prescribe regulations to carry out this section.

25 “(i) GAO STUDIES AND REPORT.—

1 “(1) STUDIES.—The Comptroller General of
2 the United States shall conduct a study on each of
3 the following:

4 “(A) The feasibility of requiring Medicare
5 Advantage organizations under part C to share
6 utilization and quality data with the Secretary
7 for the purpose of releasing such information to
8 Medicare Quality Reporting Organizations
9 under this section.

10 “(B) The Medicare data released to Medi-
11 care Quality Reporting Organizations under
12 subsection (c) in order to determine the accu-
13 racy of such data with respect to—

14 “(i) the coding of demographic data;

15 “(ii) diagnosis and procedures; and

16 “(iii) any other data elements impor-
17 tant for the development of reports under
18 this section in accordance with the purpose
19 described in subsection (a).

20 “(C) The feasibility of collecting State
21 Medicaid data for the purpose of aggregating
22 all Medicaid data for study under this section.

23 “(2) REPORT.—Not later than 12 months after
24 the date of enactment of this section, the Comp-
25 troller General of the United States shall submit a

1 report to Congress on each of the studies conducted
2 under paragraph (1) together with recommendations
3 for such legislation and administrative actions as the
4 Comptroller General considers appropriate.”.

5 **SEC. 3. QUALITY ADVISORY BOARD.**

6 (a) ESTABLISHMENT.—Not later than 12 months
7 after the date of enactment of this Act, the Secretary of
8 Health and Human Services shall establish within the Of-
9 fice of the Secretary a board to be known as the Quality
10 Advisory Board (in this section referred to as the
11 “Board”).

12 (b) MEMBERSHIP.—The members of the Board shall
13 include, but not be limited to, an appropriate number of
14 representatives of—

15 (1) groups representing Medicare beneficiaries;

16 (2) groups representing providers of services (as
17 defined in subsection (u) of section 1861 of the So-
18 cial Security Act (42 U.S.C. 1395x)) and suppliers
19 (as defined in subsection (d) of such section) receiv-
20 ing reimbursement under the Medicare program;

21 (3) purchasers and employers or groups rep-
22 resenting purchasers and employers;

23 (4) organizations focused on the development of
24 quality health care measures;

1 (5) researchers or research institutions with ex-
2 perience in the measurement of, and reporting on,
3 health care quality; and

4 (6) health plans or groups representing health
5 plans.

6 (c) DUTIES.—The duties of the Board are as follows:

7 (1) To submit requests for reports to Medicare
8 Quality Reporting Organizations under section 1898
9 of the Social Security Act, as added by section 2.

10 (2) To examine how clinical registries can be
11 linked to Medicare data (as defined in subsection
12 (b)(2)(A) of such section 1898) in order to develop
13 reports on the quality and efficiency of providers of
14 services (as defined in subsection (u) of section 1861
15 of the Social Security Act (42 U.S.C. 1395x)) and
16 suppliers (as defined in subsection (d) of such sec-
17 tion).

18 (3) To coordinate with existing collaborative ef-
19 forts identifying quality and efficiency health care
20 measures.

21 (4) To provide the Secretary of Health and
22 Human Services with recommendations for the de-
23 velopment of model quality health care measure-
24 ments.

1 (5) Other duties determined appropriate by the
2 Secretary.

3 (d) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to the Secretary of
5 Health and Human Services such sums as may be nec-
6 essary for the purpose of carrying out this section.

7 **SEC. 4. RESEARCH ACCESS TO MEDICARE DATA AND RE-**
8 **PORTING ON PERFORMANCE.**

9 The Secretary of Health and Human Services shall
10 permit researchers that meet existing criteria used to
11 evaluate the appropriateness of the release of Centers for
12 Medicare & Medicaid Services (CMS) data for research
13 purposes to—

14 (1) have access to all Medicare data (as defined
15 in section 1898(b)(2)(A) of the Social Security Act,
16 as added by section 2); and

17 (2) report on the performance of providers of
18 services (as defined in subsection (u) of section 1861
19 of such Act (42 U.S.C. 1395x)) and suppliers (as
20 defined in subsection (d) of such section), including
21 reporting in a provider- or supplier-identifiable for-
22 mat.

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