

114TH CONGRESS  
2D SESSION

# S. 2618

To amend title XIX of the Social Security Act to require States to publish a Medicaid fee-for-service provider directory.

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IN THE SENATE OF THE UNITED STATES

MARCH 2, 2016

Mr. GRASSLEY introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XIX of the Social Security Act to require States to publish a Medicaid fee-for-service provider directory.

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 Se-  
9 curity Act (42 U.S.C. 1396a(a)) is amended by inserting  
10 after paragraph (77) the following new paragraph:

1           “(78) provide that, not later than 180 days  
2 after the date of the enactment of this paragraph,  
3 in the case of a State plan that provides medical as-  
4 sistance on a fee-for-service basis or through a pri-  
5 mary care case-management system described in sec-  
6 tion 1915(b)(1) (other than a primary care case  
7 management entity (as defined by the Secretary)),  
8 the State shall publish (and update on at least an  
9 annual basis) on the public Website of the State  
10 agency administering the State plan, a directory of  
11 the providers (including, at a minimum, primary and  
12 specialty care physicians) described in subsection (II)  
13 that includes—

14           “(A) with respect to each such provider—

15                   “(i) the name of the provider;

16                   “(ii) the specialty of the provider;

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

18                   “(iv) the telephone number of the pro-  
19 vider; and

20           “(B) with respect to any such provider  
21 participating in such a primary care case-man-  
22 agement system, information regarding—

23                   “(i) whether the provider is accepting  
24 as new patients individuals who receive  
25 medical assistance under this title; and

1           “(ii) the provider’s cultural and lin-  
2           guistic capabilities, including the languages  
3           spoken by the provider or by the skilled  
4           medical interpreter providing interpreta-  
5           tion services at the provider’s office;”.

6           (b) DIRECTORY PROVIDERS DESCRIBED.—Section  
7 1902 of the Social Security Act (42 U.S.C. 1396a) is  
8 amended by adding at the end the following new sub-  
9 section:

10          “(ll) DIRECTORY PROVIDERS DESCRIBED.—A pro-  
11 vider described in this subsection is—

12           “(1) in the case of a provider of a provider type  
13           for which the State agency, as a condition on receiv-  
14           ing payment for items and services furnished by the  
15           provider to individuals eligible to receive medical as-  
16           sistance under the State plan, requires the enroll-  
17           ment of the provider with the State agency, a pro-  
18           vider that—

19           “(A) is enrolled with the agency as of the  
20           date on which the directory is published or up-  
21           dated (as applicable) under subsection (a)(78);  
22           and

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

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

7           (c) RULE OF CONSTRUCTION.—

8           (1) IN GENERAL.—The amendment made by  
9           subsection (a) shall not be construed to apply in the  
10          case of a State in which all the individuals enrolled  
11          in the State plan under title XIX of the Social Secu-  
12          rity Act (or under a waiver of such plan), other than  
13          individuals described in paragraph (2), are enrolled  
14          with a medicaid managed care organization (as de-  
15          fined in section 1903(m)(1)(A) of such Act (42  
16          U.S.C. 1396b(m)(1)(A))), including prepaid inpa-  
17          tient health plans and prepaid ambulatory health  
18          plans (as defined by the Secretary of Health and  
19          Human Services).

20          (2) INDIVIDUALS DESCRIBED.—An individual  
21          described in this paragraph is an individual who is  
22          an Indian (as defined in section 4 of the Indian  
23          Health Care Improvement Act (25 U.S.C. 1603)) or  
24          an Alaska Native.

1           (d) EXCEPTION FOR STATE LEGISLATION.—In the  
2 case of a State plan under title XIX of the Social Security  
3 Act (42 U.S.C. 1396 et seq.), which the Secretary deter-  
4 mines requires State legislation in order for the respective  
5 plan to meet one or more additional requirements imposed  
6 by amendments made by this section, the respective plan  
7 shall not be regarded as failing to comply with the require-  
8 ments of such title solely on the basis of its failure to meet  
9 such an additional requirement before the first day of the  
10 first calendar quarter beginning after the close of the first  
11 regular session of the State legislature that begins after  
12 the date of enactment of this section. For purposes of the  
13 previous sentence, in the case of a State that has a 2-  
14 year legislative session, each year of the session shall be  
15 considered to be a separate regular session of the State  
16 legislature.

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