

HOUSE BILL No. 4554

March 13, 1991, Introduced by Reps. Perry Bullard, Joe Young, Sr., Harrison, DeMars, Clack, Dobronski, Kosteva, Joe Young, Jr., Leland, Gubow, Jondahl, Pitoniak and Ciaramitaro and referred to the Committee on Judiciary.

A bill to require certain persons and agencies to comply with certain requirements regarding the medicare program; and to create certain remedies.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 1. As used in this act:

2 (a) "Beneficiary" means an individual who is enrolled in
3 medicare.

4 (b) "Health care provider" means an individual licensed by
5 the state to engage in a health care profession under the public
6 health code, Act No. 368 of the Public Acts of 1978, being sec-
7 tions 333.1101 to 333.25211 of the Michigan Compiled Laws.

8 (c) "Office visit or home visit" means a service listed in
9 procedural codes 90000 to 90170 in the publication entitled,
10 "Physicians Current Procedural Terminology", 1990 edition,

1 published by the American medical association, which are hereby
2 incorporated by reference.

3 (d) "Medicare" means title XVIII of the social security act,
4 chapter 531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b-2,
5 1395c to 1395i, 1395i-2 to 1395i-4, 1395j to 1395t, 1395u to
6 1395w-2, 1395w-4 to 1395dd, 1395ff to 1395yy, and 1395bbb to
7 1395ccc.

8 (e) "Medicare carrier" means the entity in this state
9 responsible for administering medicare benefits.

10 Sec. 2. A health care provider who renders to a beneficiary
11 a service covered by medicare shall complete and submit to the
12 carrier a satisfactorily completed claim for the service, on
13 behalf of the beneficiary.

14 Sec. 3. (1) The medicare carrier shall pay a health care
15 provider on a satisfactorily completed claim submitted under
16 section 2 in a timely manner according to guidelines established
17 for the medicare carrier by the federal government.

18 (2) The medicare carrier shall pay a health care provider on
19 a medicare claim the proper amount determined according to fed-
20 eral statute and regulations.

21 (3) A health care provider may bring an action for injunc-
22 tive relief for a violation of this section.

23 Sec. 4. (1) A health care provider shall not do any of the
24 following:

25 (a) Charge a beneficiary for completing or submitting a
26 claim under section 2.

1 (b) Demand payment of any deductible or coinsurance due as a
2 condition of completing or submitting a claim under section 2.

3 (c) Except for an office visit or home visit, collect from a
4 beneficiary for a service covered by medicare an amount in excess
5 of the total of the coinsurance and any deductible due under
6 medicare based on the medicare allowable amount.

7 (2) If a health care provider violates subsection (1), the
8 beneficiary may recover from the health care provider in a civil
9 action the greater of the following:

10 (a) Three times the actual damages, plus costs and reason-
11 able attorney fees.

12 (b) \$1,000.00, plus costs and reasonable attorney fees.