

VIII. HEALTH CARE FINANCING ADMINISTRATION

Legal citation	Type of authority	Legislative text
A. Office of the Administrator 1. Office of Policy, Planning, and Research		
<p>a) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410§1533, as added by P.L. 93-641, §3 (1974), and amended • 42 USC §300n-2 	<p>Specific</p>	<p>(d) “The Secretary shall establish the following within one year of January 4, 1975:</p> <p>(1) A uniform system for calculating the aggregate cost of operation and the aggregate volume of services provided by health services institutions as defined by the Secretary in regulations. Such system shall provide for the calculation of the aggregate volume to be based on:</p> <ul style="list-style-type: none"> (A) The number of patient days; (B) The number of patient admissions; (C) The number of outpatients visits; and (D) Other relevant factors as determined by the Secretary. <p>(2) A uniform system for cost accounting and calculating the volume of services provided by health services institutions. Such system shall:</p> <ul style="list-style-type: none"> (A) Include the establishment of specific cost centers and, where appropriate, subcost centers. (B) Include the designation of an appropriate volume factor for each cost center. (C) Provide for an appropriate application of such system in the different types of institutions (including hospitals, nursing homes, and other types of health services institutions), and different sizes of such types of institutions. <p>(3) A uniform system for calculating rates to be charged to health insurers and other health institutions payers by health service institutions. Such system shall:</p> <ul style="list-style-type: none"> (A) Be based on all-inclusive rate for various categories of patients (including, but not limited to individuals receiving medical, surgical, pediatric, obstetric, and psychiatric institutional health services). (B) Provide that such rates reflect the true cost of providing services to each such category of patients. The system shall provide that revenues derived from patients in one category shall not be used to support the provision of services to patients in any other category. (C) Provide for an appropriate application of such system in the different types of institutions (including hospitals, nursing homes, and other types of health service institutions) and different sizes of such types of institutions. (D) Provide that differences in rates to various classes of purchasers (including health insurers, direct service payers,

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b) Social Security Act	Specific	<p>and other health institution payers) be based on justified and documented differences in the costs of operation of health service institutions made possible by the actions of such purchasers.</p> <p>(4) A classification system for health services institutions. Such classification system shall quantitatively describe and group health services institutions of the various types. Factors included in such classification system shall include—</p> <p>(A) the number of beds operated by an institution;</p> <p>(B) the geographic location of an institution;</p> <p>(C) the operation of a postgraduate physician training program by an institution; and</p> <p>(D) the complexity of services provided by an institution.</p> <p>(5) A uniform system for the reporting by health services institutions of—</p> <p>(A) the aggregate cost of operation and the aggregate volume of services, as calculated in accordance with the system established by the Secretary under paragraph (1);</p> <p>(B) the costs and volume of services at various cost centers, and subcost centers, as calculated in accordance with the system established by the Secretary under paragraph (2); and</p> <p>(C) rates, by category of patient and class of purchaser, as calculated in accordance with the system established by the Secretary under paragraph (3).</p> <p>Such system shall provide for an appropriate application of such system in the different types of institutions (including hospitals, nursing homes, and other types of health services institutions) and different sizes of such institutions. ”</p> <p>(a) “For the purposes of reporting the cost of services provided by, of planning, and of measuring and comparing the efficiency of and effective use of services in hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, health maintenance organizations, and other types of health services facilities and organizations to which payment may be made under this Act, the Secretary shall establish by regulation, for each such type of health services facility or organization, a uniform system for the reporting by a facility or organization of that type of the following information:</p> <p>(I) The aggregate cost of operation and the aggregate volume of services.</p>
<ul style="list-style-type: none"> • P.L. 74-241, §1121, as added by P.L. 95-142, §19(a) (1977) 		
<ul style="list-style-type: none"> • 42 USC §1320a 		

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Legal citation	Type of authority	Legislative text
		<p>(2) The costs and volume of services for various functional accounts and subaccounts.</p> <p>(3) Rates, by category of patient and class of purchaser.</p> <p>(4) Capital assets, as defined by the Secretary, including (as appropriate) capital funds, debt service, lease agreements used in lieu of capital funds, and the value of land, facilities, and equipment.</p> <p>(5) Discharge and bill data.</p> <p>The uniform reporting system for a type of health services facility or organization shall provide for appropriate variation in the application of the system to different classes of facilities or organizations within that type and shall be established, to the extent practicable, consistent with the cooperative system for producing comparable and uniform health information and statistics described in section 306(e)(1) of the Public Health Service Act. In reporting under such a system, hospitals shall employ such chart of accounts, definitions, principles, and statistics as the Secretary may prescribe in order to reach a uniform reconciliation of financial and statistical data for specific uniform reports to be provided to the Secretary.</p> <p>(b) The Secretary shall—</p> <p>(1) monitor the operation of the systems established under subsection (a);</p> <p>(2) assist with and support demonstration and evaluations of the effectiveness and cost of the operation of such systems and encourage State adoption of <i>such system</i>; and</p> <p>(3) periodically revise such systems to improve their effectiveness and diminish their cost.</p> <p>(c) The Secretary shall provide information obtained through use of the uniform reporting systems described in subsection (a) in a useful manner and format to appropriate agencies and organizations, including health systems agencies (designated under section 1515 of the Public Health Service Act) and State health planning and development agencies (designated under section 1521 of such Act), as may be necessary to carry out such agencies' and organizations' functions."</p> <p>[This authority is delegated to the Health Care Financing Administration, and HCFA is directed to coordinate with the National Center for Health Statistics (OASH).]</p>

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1. Office of Policy, Planning, and Research—continued

Legal citation	Type of authority	Legislative text
<p>c) Social Security Act Amendments of 1967</p> <ul style="list-style-type: none"> • P.L. 90-248, §402(a), (1967) and amended • 42 USC §1395b-1 	Implied	<p>(a)(1) “The Secretary of Health, Education, and Welfare is authorized, either directly or through grants . . . or contracts . . . to develop and engage in experiments and demonstration projects for the following purposes:</p> <p>(A) to determine whether, and if so which, changes in methods of payment or reimbursement (other than those dealt with in section 222 (a) of the Social Security Amendments of 1972) for health care and services under health programs established by this chapter, including a change to methods based on negotiated rates, would have the effect of increasing the efficiency and economy of health services under such programs through the creation of additional incentives to these ends without adversely affecting the quality of such services;</p> <p>(B) to determine whether payments for services other than those for which payment may be made under such programs (and which are incidental to services for which payment may be made under such programs) would, in the judgment of the Secretary, result in more economical provision and more effective utilization of services for which payment may be made under such program, where such services are furnished by organizations and institutions which have the capability of providing—</p> <ul style="list-style-type: none"> (i) comprehensive health care services, (ii) mental health care services (as defined by section 2691(c) of this title), (iii) ambulatory health care services (includes surgical services provided on an outpatient basis), or (iv) institutional services which may substitute, at lower cost, for hospital care; <p>(C) to determine whether the rates of payment or reimbursement for health care services, approved by a State for purposes of the administration of one or more of its laws, when utilized to determine the amount to be paid for services furnished in such State under the health programs established by this chapter, would have the effect of reducing the costs of such programs without adversely affecting the quality of such services;</p> <p>(D) to determine whether payments under such programs based on a single combined rate of reimbursement or charge for the teaching activities and patient care which residents, interns, and supervising physicians render in connection with a graduate medical education program in a pa-</p>

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Legal citation	Type of authority	Legislative text
		<p>tient facility would result in more equitable and economical patient care arrangements without adversely affecting the quality of such care;</p> <p>(E) to determine whether coverage of intermediate care facility services and homemaker services would provide suitable alternatives to posthospital benefits presently provided under subchapter XVIII of this chapter; such experiment and demonstration projects may include:</p> <p>(i) counting each day of care in an intermediate care facility as one day of care in a skilled nursing facility, if such care was for a condition for which the individual was hospitalized,</p> <p>(ii) covering the services of homemakers for a maximum of 21 days, if institutional services are not medically appropriate,</p> <p>(iii) determining whether such coverage would reduce long-range costs by reducing the lengths of stay in hospitals and skilled nursing facilities, and</p> <p>(iv) establishing alternative eligibility requirements and determining the probable cost of applying each alternative, if the project suggests that such extension of coverage would be desirable;</p> <p>(F) to determine whether, and if so which types of, fixed price or performance incentive contract would have the effect of inducing to the greatest degree effective, efficient, and economical performance of agencies and organizations making payment under agreements or contracts with the Secretary for health care and services under health programs established by this chapter;</p> <p>(G) to determine under what circumstances payment for services would be appropriate and the most appropriate, equitable, and noninflationary methods and amounts of reimbursement under health care programs established by this chapter for services, which are performed independently by an assistant to a physician including a nurse practitioner (whether or not performed in the office of or at a place at which such physician is physically present), and—</p> <p>(i) which such assistant is legally authorized to perform by the State or political subdivision wherein such services are performed, and</p> <p>(ii) for which such physician assumes full legal and ethical responsibility as to the necessity, propriety, and quality thereof;</p> <p>(H) to establish an experimental program to provide day-care services, which consist of such personal care, super-</p>

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Legal citation	Type of authority	Legislative text
<p>d) Social Security Act</p> <ul style="list-style-type: none"> • P.L. 74-241, 51861(v)(1)(F), as added by P.L. 95-142, §19(b) (1977) • 42 USC §1395 X 	Specific	<p>vision, and services as the Secretary shall by regulation prescribe, for individuals eligible to enroll in the supplemental medical insurance program established under part B of this subchapter and subchapter XIX of this chapter, in day-care centers which meet such standards as the Secretary shall by regulation establish; and</p> <p>(I) to determine whether the services of clinical psychologists may be made more generally available to persons eligible for services under this subchapter and subchapter XIX of this chapter in a manner consistent with quality of care and equitable and efficient administration. . . . “</p> <p>(v)(l)(F) “Such regulations [e.g. to determine the definition of reasonable costs for health service facilities] shall require each provider of services . . . to make reports to the Secretary of information described in section 1121(a) [42 USC §1320a] in accordance with the uniform reporting system (established under such section) for that type of provider. ”</p>
<p>e) Social Security Act Amendments of 1972</p> <ul style="list-style-type: none"> • P.L. 92-603 §245 (a)(c) (1972), and amended • 42 USC §1395x note 1 	Implied	<p>(a) “The Secretary is authorized to conduct reimbursement experiments designed to eliminate unreasonable expenses resulting from prolonged rentals of durable medical equipment described in section 1861(s)(6) of the Social Security Act [subsec. (s)(6) of this section].</p> <p>(c) The Secretary is authorized, at such time as he deems appropriate, to implement on a nationwide basis any such reimbursement procedures which he finds to be workable, desirable and economical and which are consistent with the purposes of this section. ”</p>

Legal citation	Type of authority	Legislative text
B. Health Standards and Quality Bureau		
<p>a) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410, §353, as added by P.L. 90-174, §5(a), (1967) • 42 USC §263a 	General	<p>(d)(l) “A license shall not be issued in the case of any clinical laboratory unless</p> <p>(A) the application therefore contains or is accompanied by such information as the Secretary finds necessary, and</p> <p>(B) the applicant agrees and the Secretary determines that such laboratory will be operated in accordance with standards found necessary by the Secretary to carry out the purposes of this section. Such standards shall be designed to assure consistent performance by the laboratories of accurate laboratory procedures and services, and shall include, among others, standards to assure—</p> <p>(i) maintenance of a quality control program adequate and appropriate for accuracy of the laboratory, procedures and services;</p> <p>(ii) maintenance of records, equipment, and facilities necessary to proper and effective operation of the laboratory;</p> <p>(iii) qualifications of the director of the laboratory and other supervisory professional personnel necessary for adequate and effective professional supervision of the operation of the laboratory (which shall include criteria relating to the extent to which training and experience shall be substituted for education); and</p> <p>(iv) participation in a proficiency testing program established by the Secretary. ”</p> <p>[Jointly administered with the Center for Disease Control.]</p>
<p>b) Social Security Act</p> <ul style="list-style-type: none"> • P.L. 74-241 §1106 as added by Act of Aug. 10, 1939, §802 and amended • 42 USC §1306 	Implied	<p>(d) “Notwithstanding any other provision of this section the Secretary shall make available to each State agency operating a program under subchapter XIX of this chapter and shall, . . . make available for public inspection in readily accessible form and fashion, the following official reports . . . dealing with the operation of the health programs established by subchapters XVIII and XIX of this chapter— . . .</p> <p>(3) program validation survey reports and other formal evaluations of the performance of providers of services, including the reports of follow-up reviews except that such reports shall not identify individual patients, individual health care practitioners, or other individuals. ”</p> <p>[Jointly administered with Medicare, and Medicaid (HCFA).]</p>

B. Health Standards and Quality Bureau—continued

Legal citation	Type of authority	Legislative text
<p>c) Social Security Act</p> <ul style="list-style-type: none"> • P.L. 74-241 §1155, as added by P.L. 92-603 §249F (b), (1972), and amended • 42 USC §1320c-4 	General	<p>(f)(l) “An agreement entered into under this part between the Secretary and any organization . . . designated as the Professional Standards Review Organization for any area shall provide that such organization will—</p> <p>(B) collect such data relevant to its functions and such information and keep and maintain such records in such form as the Secretary may require to carry out the purposes of this part and to permit access to and use of any such records as the Secretary may require for such purposes.”</p>
<p>d) Social Security Act</p> <ul style="list-style-type: none"> • P.L. 74-241 §1156, as added by P.L. 92-603 §249F (1972), and amended • 42 USC §1320c-5 	Specific	<p>(a) “Each Professional Standards Review Organization shall apply professionally developed norms of care, diagnosis, and treatment based upon typical patterns of practice in its regions (including typical lengths-of-stay for institutional care by age and diagnosis) as principal points of evaluation and review. The National Professional Standards Review Council and the Secretary shall provide such technical assistance to the organization as will be helpful in utilizing and applying such norms of care, diagnosis, and treatment.”</p> <p>(c)(l) The National Professional Standards Review Council shall provide for the preparation and distribution, to each Professional Standards Review Organization and to each other agency or person performing review functions . . . of appropriate materials indicating the regional norms to be utilized pursuant to this part. Such data concerning norms shall be reviewed and revised from time to time. The approval of the National Professional Standards Review Council of norms of care, diagnosis, and treatment shall be based on its analysis of appropriate and adequate data. . . .</p> <p>(d)(l) Each Professional Standards Review Organization shall—</p> <p>(B) require that there be included in any such certification [of medical necessity for in-patient treatment] with respect to any patient such information as may be necessary to enable such organization properly to evaluate the medical necessity of the further institutional health care recommended by the physician executing such certification.</p> <p>(2) The points in time at which any such certification will be required . . . shall be consistent with and based on professionally developed norms of care and treatment and data developed with respect to length of stay in health care institutions of patients having various illnesses, injuries, or health</p>
	Implied	

B. Health Standards and Quality Bureau—continued

Legal citation	Type of authority	Legislative text
<p>e) Social Security Act</p> <ul style="list-style-type: none"> ● P. L. 74-241 §1163, as added by P.L. 92-603 §249F(b) (1972) and amended ● 42 USC §1320c-12 	General	<p>conditions, and requiring various types of health care services or procedures. ”</p> <p>(a)(l) “There shall be established a National Professional Standards Review Council (hereinafter in this section referred to as the “Council”).</p> <p>(e) It shall be the duty of the Council to—</p> <p>(2) provide for the development and distribution, among Statewide Professional Standards Review Councils and Professional Standards Review Organizations of information and data which will assist such review Councils and organizations in carrying out their duties and functions; . . .</p> <p>(4) make or arrange for the making of studies and investigations with a view to developing and recommending to the Secretary and to the Congress measures designed more effectively to accomplish the purposes and objectives of this part.”</p>
<p>f) Social Security Act</p> <ul style="list-style-type: none"> ● P.L. 74-241 §1171, as added by P.L. 95-142, §5 (1977) ● 42 USC §1320 c-20 	General	<p>(e)(2) “Each Professional Standards Review Organization shall provide to the State agency for the State in which it is located, upon request, data or information which the Secretary requires such organizations to report to him routinely on a periodic basis, and such other data or information as the Secretary authorizes to be disclosed. ”</p>
<p>g) Social Security Act</p> <ul style="list-style-type: none"> ● P.L. 74-241§1172, as added by P.L. 95-142, §5 (1977) ● 42 USC §1320c-21 	Specific	<p>“The Secretary shall submit to the Congress not later than April 1, 1978, and not later than April 1 of each year thereafter, a full and complete report on the administration, impact, and cost of the program under this part during the preceding fiscal year, including data and information on—</p> <p>(2) the number of health care institutions and practitioners whose services are subject to review by Professional Standards Review Organizations, and the number of beneficiaries and recipients who received services subject to such review during such year;</p> <p>(5) changes in utilization rates and patterns, and changes in medical procedures and practices, attributable to the activities of Professional Standards Review Organizations;</p>

B. Health Standards and Quality Bureau—continued

Legal citation	Type of authority	Legislative text
		(6) the results of program evaluation activities, including the operation of data collection systems and the status of Professional Standards Review Organization data policy and implementation; . . . “
C. Medicaid		
a) Social Security Act • P.L. 74-241 §1106, as added by Act of Aug. 10, 1939, §802 and amended • 42 USC §1306	Implied	(d) “Notwithstanding any other provision of this section the Secretary shall make available to each State Agency operating a program under subchapter XIX of this chapter and shall, . . . make available for public inspection in readily accessible form and fashion, the following official reports . . . dealing with the operation of the health programs established by subchapters XVIII and XIX of this chapter— . . . (3) program validation survey reports and other formal evaluations of the performance of providers of services, including the reports of follow-up reviews, except that such reports shall not identify individual patients, individual health care practitioners, or other individuals. ” [Jointly administered with Medicare and the Health Standards and Quality Bureau (HCFA).]
b) Social Security Act • P.L. 74-241 §1902, as added by P.L. 89-97 §121(a), (1965), and amended by P.L. 95-142 §19, (1977) • 42 USC §1396a	General	(a) “A State plan for medical assistance must— . . . (6) provide that the State agency will make such reports, in such form and containing such information, as the Secretary may from time to time require, and comply with such provisions as the Secretary may from time to time find necessary to assure the correctness and verification of such reports . . . (27) provide for agreements with every person or institution providing services under the State plan under which such person or institution agrees (A) to keep such records as are necessary fully to disclose the extent of the services provided to individuals receiving assistance under the State plan, and (B) to furnish the State agency or the Secretary with such information, regarding any payments claimed by such persons or institution for providing services under the State plan, as the State agency or the Secretary may from time to time request; . . .

C. Medicaid—continued

Legal citation	Type of authority	Legislative text
	Specific	(4o) require each health services facility or organization which receives payments under the plan and of a type for which a uniform reporting system has been established under section 1121(a) [42 USC §1320a] to make reports to the Secretary of information described in such section in accordance with the uniform reporting system (established under such section) for that type of facility or organization. ”
<p>c) Social Security Act</p> <ul style="list-style-type: none"> ● P.L. 74-241 §1903 (a)(3) as added by P.L. 92-603 §§235(a), 249B, 299 E(a), (1972) and amended ● 42 USC §1396b 	Implied	<p>(a) “The Secretary . . . shall pay to each State which has a plan approved under this subchapter, for each quarter, beginning with the quarter commencing January 1, 1966—</p> <p>(3) an amount equal to—</p> <p>(A)(i) 90 per centum of so much of the sums expended during such quarter as are attributable to the design, development, or installation of such mechanized claims processing and information retrieval systems as the Secretary determines are likely to provide more efficient, economical, and effective administration of the plan and to be compatible with the claims processing and information retrieval systems utilized in the administration of subchapter XVIII of this chapter, . . . and</p> <p>(B) 75 per centum of so much of the sums expended during such quarter as are attributable to the operation of systems . . . of the type described in subparagraph (A)(i) . . . “</p>
<p>d) Social Security Act</p> <ul style="list-style-type: none"> ● P.L. 74-241, §1908, as added by P.L. 90-248 §236(b) (1968), and amended ● 42 USC §1396g 	Implied	<p>(c) “It shall be the function and duty of such agency or board [responsible for the licensing of administrators of nursing homes] to— . . .</p> <p>(2) develop and apply appropriate techniques, including examinations and investigations, for determining whether an individual meets such standards [e.g. standards to ensure that nursing home administrators are of good character]; . . .</p> <p>(6) conduct a continuing study and investigation of nursing homes and administrators of nursing homes within the State with a view to the improvement of the standards imposed for the licensing of such administrators and of procedures and methods for the enforcement of such standards with respect to administrators of nursing homes who have been licensed as such.”</p>

D. Medicare

Legal citation	Type of authority	Legislative text
D. Medicare		
<p>a) Social Security Act</p> <ul style="list-style-type: none"> • P.L. 74-241 §1106, as added by Act of Aug. 10, 1939, §802 and amended • 42 USC §1306 	Implied	<p>(d) “Notwithstanding any other provision of this section the Secretary shall make available to each State agency operating a program under subchapter XIX of this chapter and shall . . . make available for public inspection in readily accessible form and fashion, the following official reports . . . dealing with the operation of the health programs established by subchapters XVIII and XIX of this chapter—</p> <p style="text-align: center;">* * *</p> <p>(3) program validation survey reports and other formal evaluations of the performance of providers of services, including the reports of follow-up reviews, except that such reports shall not identify individual patients, individual health care practitioners, or other individuals. ” [Jointly administered with Medicaid and the Health Standards and Quality Bureau (HCFA).]</p>
<p>b) Social Security Act</p> <ul style="list-style-type: none"> • P.L. 74-241 §1816, as added by P.L. 89-97 §102(a) (1965), and amended • 42 USC §1395h 	General	<p>(b) “The Secretary shall not enter into or renew an agreement with any agency or organization under this section unless—</p> <p style="text-align: center;">* * *</p> <p>(2) such agency or organization agrees—</p> <p>(A) to furnish to the Secretary such of the information acquired by it in carrying out its agreement under this section, and</p> <p>(B) to provide the Secretary with access to all such data, information, and claims processing operations, as the Secretary may find necessary in performing his functions under this part; . . . “</p>
<p>c) Social Security Act</p> <ul style="list-style-type: none"> • P.L. 74-241 §1842, as added by P.L. 89-97 §102(a), (1965), and amended • 42 USC §1395u 	General	<p>(b)(3) “Each such contract [with carriers to provide for administration of benefits under subchapter XVIII—Health Insurance for the Aged and Disabled] shall provide that the carrier— . . .</p> <p>(D) will furnish to the Secretary such timely information and reports as he may find necessary in performing his functions under this part; and</p> <p>(E) will maintain such records and afford such access thereto as the Secretary finds necessary to assure the correctness and verification of the information and reports under</p>

D. Medicare—continued

Legal citation	Type of authority	Legislative text
		subparagraph (D) and otherwise to carry out the purposes of this part; . . . “
d) Social Security Act <ul style="list-style-type: none"> • P.L. 74-241, §1874, as added by P.L. 89-97 §§102(a), 111(a), (1965) and amended • 42 USC §1395kk 	General	(b) “The Secretary may contract with any person, agency, or institution to secure on a reimbursable basis such special data, actuarial information, and other information as may be necessary in the carrying out of his functions under this subchapter.”
e) Social Security Act <ul style="list-style-type: none"> • P.L. 74-241 §1875, as added by P.L. 89-97 §102(a) (1965) and amended • 42 USC §1395ll 	General	(a) “The Secretary shall carry on studies and develop recommendations to be submitted from time to time to the Congress relating to health care of the aged and disabled, including studies and recommendations concerning <ol style="list-style-type: none"> (1) the adequacy of existing personnel and facilities for health care for purposes of the programs under parts A and B of this subchapter; (2) methods for encouraging the further development of efficient and economical forms of health care which are a constructive alternative to inpatient hospital care; and (3) the effects of the deductibles and coinsurance provisions upon beneficiaries, persons who provide health services, and the financing of the program. (b) The Secretary shall make a continuing study of the operation and administration of the insurance programs under parts A and B of this subchapter (including a validation of the accreditation process of the Joint Commission on the Accreditation of Hospitals, the operation and administration of health maintenance organizations authorized by section 1395mm of this title, the experiments and demonstration projects authorized by section 1395b-1 of this title, and the experiments and demonstration projects authorized by Section 222(a) of the Social Security Amendments of 1972), and shall transmit to the Congress annually a report concerning the operation of such programs. ”

D. Medicare—continued

Legal citation	Type of authority	Legislative text
f) Social Security Act • P.L. 74-24151881, as added by P.L. 95-292 §2 (1978) • 42 USC §1395rr	General	(b)(4) “pursuant to agreements with approved providers of services and renal dialysis facilities, the Secretary may make payments to such providers and facilities for the cost of home dialysis supplies and equipment and self-care home dialysis support services furnished to patients whose self-care home dialysis is under the direct supervision of such provider or facility . . .
		(s) An agreement under paragraph (4) shall require . . . that the provider or facility will— * * *
		(B) perform all such administrative functions and maintain such information and records as the Secretary may require to verify the transactions and arrangements described in subparagraph (A);
		(C) submit such cost reports, data, and information as the Secretary may require with respect to the costs incurred for equipment supplies and services furnished to the facility’s home dialysis patient population; and
		(D) provide for full access for the Secretary to all such records, data, and information as he may require to perform his functions under this section . . .
	Specific	(c)(l)(A) For the purpose of assuring effective and efficient administration of the benefits provided under this section, the Secretary shall establish, in accordance with such criteria as he finds appropriate, renal disease network areas, such network organizations . . . as he finds necessary to accomplish such purpose, and a national end stage renal disease medical information system. The Secretary may by regulations provide for such coordination of network planning and quality assurance activities and such exchange of data and information among agencies with responsibilities for health planning and quality assurance activities under Federal law as is consistent with the economical and efficient administration of this section and with the responsibilities established for network organization under this section . . .
		(2) The network organizations of each network shall be responsible, in addition to such other duties and function as may be prescribed by the Secretary for— . . .
		(E) submitting an annual report to the Secretary on July 1 of each year which shall include a full statement of the network’s goals, data on the network’s performance in meeting its goals (including data on the comparative performance of facilities and providers with respect to the identification and placement of suitable candidates in self-care settings and

D. Medicare—continued

Legal citation	Type of authority	Legislative text
		<p>transplantation), identification of those facilities that have consistently failed to cooperate with network goals, and recommendations with respect to the need for additional or alternative services or facilities in the network in order to meet the network goals, including self-dialysis training, transplantation, and organ procurement facilities</p> <p style="text-align: center;">* * *</p>
	General	<p>(e)(1) Notwithstanding any other provision of this title, the Secretary may, pursuant to agreements with approved providers of services and renal dialysis facilities, reimburse such providers and facilities . . . for the reasonable cost of the purchase, installation, maintenance and reconditioning for subsequent use of artificial kidney and automated dialysis peritoneal machines . . . which are to be used exclusively by entitled individuals dialyzing at home.</p> <p>(2) An agreement under this subsection shall require that the provider or facility will—</p> <p style="text-align: center;">* * *</p> <p>(C) provide for full access for the Secretary to all records and information relating to the purchase, maintenance, and use of the equipment; and</p> <p>(D) submit such reports, data, and information as the Secretary may require with respect to the cost, management, and use of the equipment.</p> <p style="text-align: center;">* * *</p>
	Specific	<p>(g) The Secretary shall submit to the Congress on April 1, 1979, and April 1 of each year thereafter a report on the end stage renal disease program, including but not limited to—</p> <p>(1) the number of patients, nationally and by renal disease network, on dialysis (self-dialysis or otherwise) at home and in facilities;</p> <p>(2) the number of new patients entering dialysis at home and in facilities during the year;</p> <p>(3) the number of facilities providing dialysis and the utilization rates of those facilities;</p> <p>(4) the number of kidney transplants by source of donor organ;</p> <p>(5) the number of patients awaiting organs for transplant;</p> <p>(6) the number of transplant failures;</p> <p>(7) the range of costs of kidney acquisitions, by type of facility and by region;</p> <p>(8) the number of facilities providing transplants and the number of transplants performed per facility;</p> <p>(9) patient mortality and morbidity rates;</p> <p>(10) the average annual cost of hospitalization for an-</p>

D. Medicare—continued

Legal citation	Type of authority	Legislative text
		<p>cillary problems in dialysis and transplant patients, and drug costs for transplant patients;</p> <p>(11) medicare payment rates for dialysis, transplant procedures, and physician services, along with any changes in such rates during the year and the reasons for those changes;</p> <p>(12) the results of cost-saving experiments;</p> <p>(13) the results of basic kidney disease research conducted by the Federal Government, private institutions, and foreign governments;</p> <p>(14) information on the activities of medical review boards and other networks organizations; and</p> <p>(15) estimated program costs over the next five years.”</p>