

106TH CONGRESS
2D SESSION

H. R. 4684

To establish a demonstration project to provide for Medicare reimbursement for health care services provided to certain Medicare-eligible veterans in selected facilities of the Department of Veterans Affairs.

IN THE HOUSE OF REPRESENTATIVES

JUNE 15, 2000

Mr. SAXTON (for himself and Mr. SMITH of New Jersey) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committees on Veterans' Affairs, and Commerce, 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 establish a demonstration project to provide for Medicare reimbursement for health care services provided to certain Medicare-eligible veterans in selected facilities of the Department of Veterans Affairs.

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 “Veterans Medicare Re-
5 imbursement Demonstration Act of 2000”.

1 **SEC. 2. FINDINGS.**

2 The Congress makes the following findings:

3 (1) The health care system of the Department
4 of Veterans Affairs enrolls veterans in 7 designated
5 priority groups and provides health care services to
6 veterans based upon these priority groups, with pri-
7 ority group 1 given the highest priority and priority
8 group 7 given the lowest.9 (2) Due to budgetary limitations in moneys ap-
10 propriated to the Department of Veterans Affairs
11 for veterans health care, certain veterans in lower
12 priority groups could face limitations in access to
13 health care from the Department of Veterans Af-
14 fairs.15 (3) Veterans participating in the health care
16 system of the Department of Veterans Affairs and
17 served under the lower priority groups 5, 6, and 7
18 are either low-income veterans whose annual income
19 and net worth are below established thresholds, vet-
20 erns whose incomes are above the thresholds and
21 do not have service-connected disabilities that qualify
22 them for priority care in that health care system, or
23 other eligible veterans not already covered in groups
24 1-4.25 (4) Allowing medicare-eligible veterans in these
26 lower priority groups to utilize their medicare bene-

1 fits in the health care system of the Department of
2 Veterans Affairs provides veterans greater access to
3 health care services and greater flexibility in choosing
4 their health care providers.

5 (5) Allowing these veterans to utilize their
6 medicare benefits in the health care system of the
7 Department of Veterans Affairs also provides health
8 care facilities of the Department of Veterans Affairs
9 greater flexibility in serving veterans.

10 (6) The Congress is resolved to provide medicare
11 subvention for medicare-eligible military retirees
12 nationwide, as indicated by passage on May 18,
13 2000, by the House of Representatives of such provisions
14 in H.R. 4205 of the 106th Congress.

15 (7) All veterans should have access to necessary
16 health care, and this Act takes the next step in demonstrating
17 the value of medicare subvention, and demonstrates the commitment of Congress, to an improved Department of Veterans Affairs health care system for the Nation's veterans and to ensuring access to such health care by veterans.

1 **SEC. 3. ESTABLISHMENT OF MEDICARE SUBVENTION DEM-
2 ONSTRATION PROJECT FOR VETERANS.**

3 Title XVIII of the Social Security Act (42 U.S.C.
4 1395 et seq.) is amended by adding at the end the fol-
5 lowing:

6 “MEDICARE SUBVENTION DEMONSTRATION PROJECT FOR

7 VETERANS

8 “SEC. 1897. (a) DEFINITIONS.—In this section:

9 “(1) ADMINISTERING SECRETARIES.—The term
10 ‘administering Secretaries’ means the Secretary and
11 the Secretary of Veterans Affairs acting jointly.

12 “(2) DEMONSTRATION PROJECT.—The term
13 ‘demonstration project’ means the demonstration
14 project carried out under this section.

15 “(3) DEMONSTRATION SITE.—

16 “(A) IN GENERAL.—Subject to subparagraph
17 (B), the term ‘demonstration site’ means
18 a Veterans Affairs medical facility that pro-
19 vides, alone or in conjunction with other facili-
20 ties under the jurisdiction of the Secretary of
21 Veterans Affairs and affiliated public or private
22 entities—

23 “(i) in the case of a coordinated
24 health care plan, the health care benefits
25 prescribed in subsection (c)(3) to targeted
26 medicare-eligible veterans residing within

1 the service area (as prescribed under regu-
2 lations for the Medicare+Choice program
3 under part C); and

9 “(B) EXCLUSION.—The term ‘demonstra-
10 tion site’ shall not include the entire catchment
11 area of a Veterans Integrated Services Network
12 (VISN).

13 “(4) MEDICARE HEALTH CARE SERVICES.—The
14 term ‘medicare health care services’ means items or
15 services covered under part A or B of this title.

16 “(5) TARGETED MEDICARE-ELIGIBLE VET-
17 ERAN.—The term ‘targeted medicare-eligible veter-
18 eran’ means an individual who—

19 “(A) is a veteran (as defined in section
20 101 of title 38, United States Code) who is eli-
21 gible for care and services under paragraph (5),
22 (6), or (7) of section 1705(a) of title 38, United
23 States Code;

24 “(B) has attained age 65;

1 “(C) is entitled to, or enrolled for, benefits
2 under part A of this title; and

3 “(D) is enrolled for benefits under part B
4 of this title.

5 “(6) TRUST FUNDS.—The term ‘trust funds’
6 means the Federal Hospital Insurance Trust Fund
7 established in section 1817 and the Federal Supple-
8 mentary Medical Insurance Trust Fund established
9 in section 1841.

10 “(7) VETERANS AFFAIRS MEDICAL FACILITY.—
11 The term ‘Veterans Affairs medical facility’ means a
12 medical facility as defined in section 8101 of title
13 38, United States Code.

14 “(b) DEMONSTRATION PROJECT.—

15 “(1) IN GENERAL.—

16 “(A) ESTABLISHMENT.—The administering
17 Secretaries are authorized to establish
18 a demonstration project (under agreements en-
19 tered into by the administering Secretaries)
20 under which the Secretary shall reimburse the
21 Secretary of Veterans Affairs, from the trust
22 funds, for medicare health care services fur-
23 nished to targeted medicare-eligible veterans.

1 “(B) AGREEMENT.—Any agreement en-
2 tered into under this paragraph shall include at
3 a minimum—

4 “(i) a detailed description of the
5 health care benefits to be provided to the
6 participants of the demonstration project
7 established under this section;

8 “(ii) a description of the eligibility
9 rules for participation in the demonstration
10 project, including any criteria established
11 under subsection (e), any premiums estab-
12 lished for a coordinated care health plan,
13 and any cost-sharing arrangements;

14 “(iii) a description of how the demon-
15 stration project will satisfy the require-
16 ments under this title;

17 “(iv) a description of the demonstra-
18 tion sites selected under paragraph (2);

19 “(v) a description of how reimburse-
20 ment requirements under subsection (k),
21 maintenance of effort requirements under
22 subsection (l), and the annual reconcili-
23 ation under subsection (m) will be imple-
24 mented in the demonstration project;

1 “(vi) a statement that the Secretary
2 shall have access to all data of the Depart-
3 ment of Veterans Affairs that the Sec-
4 retary determines is necessary to conduct
5 independent estimates and audits of the
6 maintenance of effort requirement under
7 subsection (l), the annual reconciliation
8 under subsection (m), and related matters
9 required under the demonstration project;

10 “(vii) a statement that the Compt-
11 roller General of the United States shall
12 have access to all data of the Department
13 of Veterans Affairs that the Comptroller
14 General determines is necessary to carry
15 out the reporting requirements under sub-
16 sections (m) or (n).

17 “(viii) a description of any require-
18 ment that the Secretary waives pursuant
19 to subsection (c)(4) or (d)(4); and

20 “(ix) a certification, provided after re-
21 view by the administering Secretaries, that
22 any facility or entity described in sub-
23 section (a)(3)(A) that is receiving pay-
24 ments by reason of the demonstration
25 project has sufficient—

1 “(I) resources and expertise to
2 provide, consistent with payment re-
3 quirements under subsection (k), the
4 health care benefits required to be
5 provided to beneficiaries under the
6 demonstration project (as established
7 under subsections (c)(3) and (d)(2));
8 and

9 “(II) information and billing sys-
10 tems in place to ensure—

11 “(aa) accurate and timely
12 submission of claims for health
13 care benefits to the Secretary;
14 and

15 “(bb) that providers of
16 health care services that are not
17 affiliated with the Department of
18 Veterans Affairs are reimbursed
19 by the Secretary of Veterans Af-
20 fairs in a timely and accurate
21 manner.

22 “(C) SEPARATE AGREEMENTS FOR CO-
23 ORDINATED CARE AND FEE-FOR-SERVICE.—The
24 administering Secretaries shall enter into sepa-
25 rate agreements with regard to demonstration

1 sites operating under a coordinated care health
2 plan model and a fee-for-service model, and
3 shall include in each agreement only such infor-
4 mation that is applicable to that model.

5 “(2) NUMBER OF DEMONSTRATION SITES.—

6 “(A) IN GENERAL.—Subject to the suc-
7 ceeding provisions of this paragraph, the dem-
8 onstration project established under this section
9 shall be conducted in not more than 10 dem-
10 onstration sites, designated jointly by the ad-
11 ministering Secretaries.

12 “(B) EQUAL NUMBER OF COORDINATED
13 CARE AND FEE-FOR-SERVICE SITES.—The ad-
14 ministrating Secretaries shall—

15 “(i) ensure that the number of dem-
16 onstration sites operated under a coordi-
17 nated care health plan model equals the
18 number of demonstration sites operated
19 under a fee-for-service model; and

20 “(ii) attempt to ensure that the vol-
21 ume of medicare health care services pro-
22 vided under the demonstration project at
23 demonstration sites operated under a co-
24 ordinated care health plan model is the
25 same as the volume of such services pro-

3 “(C) RESTRICTION.—A demonstration site
4 may not operate under both a coordinated care
5 health plan model and a fee-for-service model.

6 “(D) DEMONSTRATION SITES IN RURAL
7 AREAS.—At least 1 of each of the following
8 demonstration sites shall be selected for inclu-
9 sion in the demonstration project:

17 “(3) RESTRICTION ON NEW OR EXPANDED FA-
18 CILITIES.—No new Veterans Affairs medical facili-
19 ties may be built or expanded with funds from the
20 demonstration project.

21 “(4) DURATION.—

1 project under a coordinated care health plan
2 model shall—

3 “(i) begin on January 1, 2001; and

4 “(ii) terminate on the earlier of—

5 “(I) the date which is 3 years
6 after the date enrollment in a coordi-
7 nated care health plan begins at any
8 demonstration site using such a
9 model; or

10 “(II) December 31, 2004.

11 “(B) FEE-FOR-SERVICE MODEL.—The au-
12 thority of the administering Secretaries to con-
13 duct the demonstration under a fee-for-service
14 model shall—

15 “(i) begin on January 1, 2002; and

16 “(ii) terminate on the earlier of—

17 “(I) the date which is 3 years
18 after the date that health care bene-
19 fits begin to be provided at any dem-
20 onstration site using such a model; or

21 “(II) December 31, 2005.

22 “(c) COORDINATED CARE HEALTH PLAN MODEL.—

23 “(1) IN GENERAL.—The Secretary of Veterans
24 Affairs shall establish and operate coordinated care
25 health plans in order to provide the health care ben-

1 efits prescribed in paragraph (3) to targeted medi-
2 care-eligible veterans enrolled in the demonstration
3 project consistent with part C of this title.

4 “(2) OPERATION BY OR THROUGH A DEM-
5 ONSTRATION SITE.—Any coordinated care health
6 plan established in accordance with paragraph (1)
7 shall be operated by or through a demonstration
8 site.

9 “(3) HEALTH CARE BENEFITS.—

10 “(A) IN GENERAL.—Subject to subparagraph (B), the Secretary of Veterans Affairs
11 shall prescribe the health care benefits to be
12 provided to a targeted medicare-eligible veteran
13 enrolled in a coordinated care health plan under
14 the demonstration project.

16 “(B) MINIMUM BENEFITS.—The benefits
17 prescribed by the Secretary of Veterans Affairs
18 pursuant to subparagraph (A) shall include at
19 least all medicare health care services that are
20 required to be provided by a Medicare+Choice
21 organization under part C.

22 “(4) MEDICARE REQUIREMENTS.—

23 “(A) IN GENERAL.—

24 “(i) REQUIREMENTS.—Except as pro-
25 vided under clause (ii), a coordinated care

1 health plan operating under the demon-
2 stration project shall meet all require-
3 ments applicable to a Medicare+Choice
4 plan under part C of this title and regula-
5 tions pertaining thereto, and any other re-
6 quirements for receiving payments under
7 this title, except that the prohibition of
8 payments to Federal providers of services
9 under sections 1814(c) and 1835(d), and
10 paragraphs (2) and (3) of section 1862(a),
11 shall not apply.

12 “(ii) WAIVER.—Except with respect to
13 any requirement described in subparagraph
14 (B), the Secretary is authorized to waive
15 any requirement described in clause (i), or
16 approve equivalent or alternative ways of
17 meeting such a requirement, but only if
18 such waiver or approval—

19 “(I) reflects the unique status of
20 the Department of Veterans Affairs as
21 an agency of the Federal Government;
22 and

23 “(II) is necessary to carry out, or
24 improve the efficiency of, the dem-
25 onstration project.

1 “(B) BENEFICIARY PROTECTIONS AND
2 OTHER MATTERS.—A coordinated care health
3 plan shall comply with the requirements of part
4 C of this title that relate to beneficiary protec-
5 tions and other related matters, including such
6 requirements relating to the following areas:

7 “(i) Enrollment and disenrollment.
8 “(ii) Nondiscrimination.
9 “(iii) Information provided to bene-
10 ficiaries.
11 “(iv) Cost-sharing limitations.
12 “(v) Appeal and grievance procedures.
13 “(vi) Provider participation.
14 “(vii) Access to services.
15 “(viii) Quality assurance and external
16 review.
17 “(ix) Advance directives.
18 “(x) Other areas of beneficiary protec-
19 tions that the Secretary determines are ap-
20 plicable to a coordinated health care plan
21 operating under the demonstration project.

22 “(d) FEE-FOR-SERVICE MODEL.—

23 “(1) IN GENERAL.—The Secretary of Veterans
24 Affairs shall establish and operate a demonstration
25 site in order to provide, on a fee-for-service basis,

1 the medicare health care services prescribed in para-
2 graph (2) to targeted medicare-eligible veterans
3 under the demonstration project in a manner con-
4 sistent with this title.

5 “(2) HEALTH CARE BENEFITS.—The admin-
6 istering Secretaries shall prescribe the medicare
7 health care services available to a targeted medicare-
8 eligible veteran at a demonstration site operating
9 under a fee-for-service model.

10 “(3) COST-SHARING.—The Secretary of Vet-
11 erns Affairs shall establish cost-sharing require-
12 ments for targeted medicare-eligible veterans that
13 receive medicare health care services under a fee-for-
14 service model at a demonstration site. Such cost-
15 sharing requirements shall be the same as those re-
16 quired under this title.

17 “(4) MEDICARE REQUIREMENTS.—

18 “(A) IN GENERAL.—Except as provided
19 under subparagraph (B), any entity or health
20 care provider that provides medicare health care
21 services under the demonstration project on a
22 fee-for-service basis shall meet all of the re-
23 quirements under this title, except that the pro-
24 hibition of payments to Federal providers of
25 services under sections 1814(c) and 1835(d),

1 and paragraphs (2) and (3) of section 1862(a),
2 shall not apply.

3 “(B) WAIVER.—The Secretary is author-
4 ized to waive any requirement described under
5 subparagraph (A), or approve equivalent or al-
6 ternative ways of meeting such a requirement,
7 but only if such waiver or approval—

8 “(i) reflects the unique status of the
9 Department of Veterans Affairs as an
10 agency of the Federal Government; and

11 “(ii) is necessary to carry out, or im-
12 prove the efficiency of, the demonstration
13 project.

14 “(5) VERIFICATION OF ELIGIBILITY.—

15 “(A) IN GENERAL.—The Secretary of Vet-
16 erans Affairs shall establish procedures for de-
17 termining whether an individual is eligible to re-
18 ceive medicare health care services on a fee-for-
19 service basis under the demonstration project.

20 “(B) RESTRICTION.—No payments shall
21 be made under this section for any medicare
22 health care service provided to an individual on
23 a fee-for-service basis under the demonstration
24 project unless the individual has been deter-
25 mined to be eligible for the service pursuant to

1 the procedures established under subparagraph
2 (A).

3 “(e) DEMONSTRATION SITE REQUIREMENTS.—The
4 Secretary of Veterans Affairs may operate a coordinated
5 care health plan at a demonstration site, may provide
6 medicare health care services using the fee-for-service
7 model at a demonstration site, and may authorize a dem-
8 onstration site to submit claims for payment under the
9 demonstration project only after the Secretary of Veterans
10 Affairs submits to the committees of jurisdiction of Con-
11 gress a report setting forth a plan for the establishment
12 of such demonstration site and for the oversight by the
13 Secretary of Veterans Affairs of the demonstration project
14 conducted at such demonstration site. The administering
15 Secretaries may not implement the plan until the Sec-
16 retary of Veterans Affairs has received from the Inspector
17 General of the Department of Health and Human Serv-
18 ices, and has forwarded to Congress, certification that—

19 “(1) the—

20 “(A) cost accounting and related trans-
21 action systems of the Veterans Health Adminis-
22 tration provide cost information and encounter
23 data regarding health care delivered at each
24 demonstration site (or delivered by any entity
25 or health care provider with which the Sec-

1 retary of Veterans Affairs has a contract or
2 sharing agreement) on an inpatient and out-
3 patient basis; and

4 “(B) cost information and encounter data
5 provided by such systems is accurate, reliable,
6 and consistent across all the demonstration
7 sites;

8 “(2) the Secretary of Veterans Affairs has
9 minimized the risk that any amount appropriated to
10 the Department of Veterans Affairs will be required
11 to meet any obligation of the demonstration sites
12 under the demonstration project to a targeted medi-
13 care-eligible veteran by developing a credible plan—

17 “(B) taking into account the level of pay-
18 ment under subsection (k) and the costs of
19 health care benefits provided at the demonstra-
20 tion sites with regard to each demonstration
21 site;

22 “(3) each demonstration site has the capacity
23 to provide to a sufficient number of targeted medi-
24 care-eligible veterans, at a minimum—

1 “(A) under the coordinated care health
2 plan model, the health care benefits prescribed
3 in subsection (c)(3); or

4 “(B) under the fee-for-service model, the
5 health care benefits prescribed in subsection
6 (d)(2); and

7 “(4) the Veterans Affairs medical facility ad-
8 ministering the demonstration site has sufficient sys-
9 tems and safeguards in place to minimize any risk
10 that instituting the coordinated care health plan
11 model or the fee-for-service model will result in
12 reducing—

13 “(A) the quality of care delivered to par-
14 ticipants in the demonstration project; or

15 “(B) the quality of, or the access to, care
16 to veterans not participating in the demonstra-
17 tion project.

18 “(f) VOLUNTARY PARTICIPATION.—Participation of a
19 targeted medicare-eligible veteran in the demonstration
20 project shall be voluntary, subject to the capacity of par-
21 ticipating demonstration sites and the annual limitations
22 on medicare payments specified in subsection (k)(4), and
23 shall be subject to such terms and conditions as the ad-
24 ministering Secretaries may establish.

1 “(g) CREDITING OF PAYMENTS.—A payment re-
2 ceived by the Secretary of Veterans Affairs under the dem-
3 onstration project shall be credited to the applicable De-
4 partment of Veterans Affairs medical appropriation unless
5 the Secretary of Veterans Affairs has a compelling reason
6 to do otherwise. Any such payment received during a fiscal
7 year for services provided during a prior fiscal year may
8 be obligated by the Secretary of Veterans Affairs during
9 the fiscal year during which the payment is received.

10 “(h) WAIVER OF CERTAIN VA REQUIREMENTS.—
11 Notwithstanding any other provision of law, the Secretary
12 of Veterans Affairs shall furnish medicare health care
13 services to targeted medicare-eligible veterans pursuant to
14 the demonstration project.

15 “(i) INSPECTOR GENERAL.—Nothing in any agree-
16 ment entered into under subsection (b) shall limit the In-
17 spector General of the Department of Health and Human
18 Services from investigating any matters regarding the ex-
19 penditure of funds under this title for the demonstration
20 project, including compliance with the provisions of this
21 title and all other relevant laws.

22 “(j) REPORT.—

23 “(1) IN GENERAL.—At least 30 days prior to
24 the commencement of the demonstration project (for
25 both the coordinated care health plan model and the

1 fee-for-service model), the administering Secretaries
2 shall submit a copy of any agreement entered into
3 under subsection (b) to the committees of jurisdiction
4 of Congress.

5 “(2) SUBSEQUENT WAIVER OF MEDICARE RE-
6 QUIREMENTS.—If the Secretary waives any require-
7 ment under subsection (c)(4) or (d)(4) that was not
8 described in any agreement submitted to Congress
9 under paragraph (1), the Secretary shall submit a
10 report to the committees of jurisdiction of Congress
11 describing such waiver.

12 “(k) PAYMENTS BASED ON REGULAR MEDICARE
13 PAYMENT RATES.—

14 “(1) AMOUNT.—Subject to the succeeding pro-
15 visions of this subsection and subsection (m), the
16 Secretary shall reimburse the Secretary of Veterans
17 Affairs for health care benefits provided under the
18 demonstration project at the following rates:

19 “(A) COORDINATED CARE HEALTH
20 PLANS.—In the case of health care benefits pro-
21 vided under the demonstration project to a tar-
22 geted medicare-eligible veteran enrolled in a co-
23 ordinated care health plan, at a rate equal to
24 95 percent of the amount paid to a
25 Medicare+Choice organization under part C for

1 an enrollee in a Medicare+Choice plan offered
2 by such organization (as risk adjusted under
3 section 1853(a)(1)(B)).

4 “(B) FEE-FOR-SERVICE MODEL.—In the
5 case of a medicare health care service pre-
6 scribed in subsection (d)(2) that is provided at
7 a demonstration site operating under a fee-for-
8 service model, at a rate equal to 95 percent of
9 the amounts that otherwise would be payable
10 under this title on a noncapitated basis for such
11 service if the demonstration site was not part of
12 this demonstration project, was participating in
13 the medicare program, and imposed charges for
14 such service.

15 “(2) EXCLUSION OF CERTAIN AMOUNTS.—In
16 computing the amount of payment under paragraph
17 (1), the following amounts shall be excluded:

18 “(A) DISPROPORTIONATE SHARE HOS-
19 PITAL ADJUSTMENT.—Any amount attributable
20 to an adjustment under section 1886(d)(5)(F).

21 “(B) DIRECT GRADUATE MEDICAL EDU-
22 CATION PAYMENTS.—Any amount attributable
23 to a payment under section 1886(h).

1 “(C) INDIRECT MEDICAL EDUCATION AD-
2 JUSTMENT.—Any amount attributable to the
3 adjustment under section 1886(d)(5)(B).

4 “(D) PERCENTAGE OF CAPITAL PAY-
5 MENTS.—67 percent of any amounts attrib-
6 utable to payments for capital-related costs
7 under medicare payment policies under section
8 1886(g).

9 “(3) PERIODIC PAYMENTS FROM MEDICARE
10 TRUST FUNDS.—Payments under this subsection
11 shall be made—

12 “(A) on a periodic basis consistent with
13 the periodicity of payments under this title; and
14 “(B) in appropriate part, as determined by
15 the Secretary, from the trust funds.

16 “(4) ANNUAL LIMIT ON MEDICARE PAY-
17 MENTS.—

18 “(A) COORDINATED CARE HEALTH PLAN
19 MODEL.—Subject to subparagraphs (C) and
20 (D), the total amount paid to the Department
21 of Veterans Affairs under this subsection for
22 enrollees in coordinated care health plans for
23 any of the 3 consecutive 12-month periods (the
24 first of which begins on the date that enroll-
25 ment in such a plan begins at any demonstra-

23 “(D) CAP.—The sum of the amounts paid
24 to the Department of Veterans Affairs under
25 this section—

1 “(i) during the first 12-month periods
2 described in subparagraphs (A) and (B)
3 shall not exceed \$50,000,000;

4 “(ii) during the second 12-month peri-
5 ods so described shall not exceed
6 \$50,000,000; and

7 “(iii) during the third 12-month peri-
8 ods so described shall not exceed
9 \$50,000,000.

10 “(l) MAINTENANCE OF EFFORT.—The Secretary may
11 not reimburse the Secretary of Veterans Affairs, from the
12 trust funds, for medicare health care services furnished
13 under the demonstration project to targeted medicare-eli-
14 gible veterans at a demonstration site in a year until the
15 expenditures during that year by the Department of Vet-
16 erans Affairs for such services provided at that site to in-
17 dividuals that meet the definition of a targeted medicare-
18 eligible veteran under subsection (a)(4) (without regard to
19 subparagraph (D) of such section) exceeds such expendi-
20 tures at the site for such services provided to such individ-
21 uals during a baseline period determined by the admin-
22 istering Secretaries.

23 “(m) ANNUAL RECONCILIATION TO ASSURE NO IN-
24 CREASE IN COSTS TO MEDICARE PROGRAM.—

1 “(1) MONITORING EFFECT OF DEMONSTRATION
2 PROGRAM ON COSTS TO MEDICARE PROGRAM.—

3 “(A) IN GENERAL.—The administering
4 Secretaries, in consultation with the Comptroller
5 General of the United States, shall closely
6 monitor the expenditures made under the
7 medicare program under this title for targeted
8 medicare-eligible veterans at each demonstra-
9 tion site during the period of the demonstration
10 project compared to the expenditures that
11 would have been made for such veterans during
12 that period if the demonstration project had not
13 been conducted.

14 “(B) ANNUAL REPORTS BY THE COMP-
15 TROLLER GENERAL.—

16 “(i) COORDINATED CARE HEALTH
17 PLAN MODEL.—Not later than 6 months
18 after the end of each of the 3 consecutive
19 12-month periods (the first of which begins
20 on the date that enrollment in a coordi-
21 nated care health plan begins at any dem-
22 onstration site), the Comptroller General of
23 the United States shall submit to the ad-
24 ministering Secretaries and the appro-
25 priate committees of Congress a report on

1 the extent, if any, to which the costs of the
2 Secretary under the medicare program
3 under this title for each demonstration site
4 operating under such a model increased as
5 a result of the demonstration project dur-
6 ing the 12-month period to which the re-
7 port applies.

20 “(2) REQUIRED RESPONSE IN CASE OF IN-
21 CREASE IN COSTS.—

22 “(A) IN GENERAL.—If the administering
23 Secretaries find, based on paragraph (1), that
24 the expenditures under the medicare program
25 under this title for each demonstration site in-

1 creased (or are expected to increase) during a
2 fiscal year because of the demonstration
3 project, the administering Secretaries shall take
4 such steps as may be needed—

5 “(i) to recoup for the medicare pro-
6 gram the amount of such increase in ex-
7 penditures; and

8 “(ii) to prevent any such increase in
9 any succeeding fiscal year.

10 “(B) STEPS.—Such steps—

11 “(i) under subparagraph (A)(i), shall
12 include payment of an amount equal to the
13 amount of such increased expenditures by
14 the Secretary of Veterans Affairs from the
15 current medical care appropriation of the
16 Department of Veterans Affairs to the
17 trust funds; and

18 “(ii) under subparagraph (A)(ii), shall
19 include suspending or terminating the
20 demonstration project (in whole or in part)
21 or reducing the amount of payment under
22 subsection (k).

23 “(n) EVALUATION AND REPORTS.—

24 “(1) INDEPENDENT EVALUATION.—

1 “(A) IN GENERAL.—The Comptroller Gen-
2 eral of the United States shall conduct an eval-
3 uation of the demonstration project,
4 including—

5 “(i) an evaluation of demonstration
6 sites operating under a coordinated care
7 health plan model and under a fee-for-serv-
8 ice model; and

9 “(ii) where appropriate, a comparison
10 of such models.

11 “(B) CONTENTS.—Any evaluation con-
12 ducted under subparagraph (A) shall include an
13 assessment, based on the agreement entered
14 into under subsection (b), of the following:

15 “(i) Any savings or costs to the medi-
16 care program under this title resulting
17 from the demonstration project.

18 “(ii) Compliance of participating dem-
19 onstration sites with applicable measures
20 of quality of care, compared to such com-
21 pliance by other entities that participate in
22 medicare and are not Veterans Affairs
23 medical facilities.

1 “(iii) Compliance by the Department
2 of Veterans Affairs with the requirements
3 under this title.

4 “(iv) The number of targeted medi-
5 care-eligible veterans opting to receive
6 health care benefits under the demonstra-
7 tion project instead of receiving such bene-
8 fits through another health insurance plan
9 (including health care benefits under this
10 title).

11 “(v) A comparison of the costs of par-
12 ticipation of the demonstration sites in the
13 program with the reimbursements for
14 health care services provided by such sites.

15 “(vi) Any impact the demonstration
16 project has on the access to health care
17 services, or the quality of such services,
18 for—

19 “(I) targeted medicare-eligible
20 veterans receiving health care benefits
21 under the demonstration project; and

22 “(II) veterans (including targeted
23 medicare-eligible veterans) that are
24 not receiving health care benefits
25 under the demonstration project.

1 “(vii) Any impact the demonstration
2 project has on private health care providers
3 and on beneficiaries under this title that
4 are not receiving health care benefits under
5 the demonstration project.

6 “(viii) Any effect that the demonstra-
7 tion project has on the enrollment in
8 Medicare+Choice plans offered by
9 Medicare+Choice organizations under part
10 C of this title in the established dem-
11 onstration site areas.

12 “(ix) Any impact that the exclusion of
13 the amounts described in subsection (k)(2)
14 from the reimbursement amounts under
15 the demonstration has on the Department
16 of Veterans Affairs or on targeted medi-
17 care-eligible veterans.

18 “(x) A description of the difficulties
19 (if any) experienced by—

20 “(I) the Department of Veterans
21 Affairs in managing the demonstra-
22 tion project; or

23 “(II) the Department of Health
24 and Human Services in overseeing the
25 demonstration project.

1 “(xi) Any additional elements speci-
2 fied in the agreement entered into under
3 subsection (b).

4 “(xii) Any additional elements that
5 the Comptroller General of the United
6 States determines are appropriate to as-
7 sess regarding the demonstration project.

8 “(C) PERIODIC REPORTS.—

9 “(i) COORDINATED CARE HEALTH
10 PLAN MODEL.—With respect to the portion
11 of the demonstration project that is oper-
12 ating under a coordinated care health plan
13 model, the Comptroller General of the
14 United States shall submit reports on the
15 evaluation conducted under subparagraph
16 (A) to the administering Secretaries and to
17 the committees of jurisdiction of Congress
18 as follows:

19 “(I) INITIAL REPORT.—An initial
20 report shall be submitted not later
21 than 12 months after the date that
22 enrollment in a coordinated care
23 health plan begins at any demonstra-
24 tion site.

1 “(II) SECOND REPORT.—A sec-
2 ond report shall be submitted not
3 later than 30 months after such date.

4 “(III) FINAL REPORT.—A final
5 report shall be submitted not later
6 than 3½ years after such date.

7 “(ii) FEE-FOR-SERVICE MODEL.—
8 With respect to the portion of the dem-
9 onstration project that is operating under
10 a fee-for-service model, the Comptroller
11 General of the United States shall submit
12 reports on the evaluation conducted under
13 subparagraph (A) to the administering
14 Secretaries and to the committees of juris-
15 diction of Congress as follows:

16 “(I) INITIAL REPORT.—An initial
17 report shall be submitted not later
18 than 12 months after the date that
19 medicare health care services begin to
20 be provided at any demonstration site
21 using such a model.

22 “(II) SECOND REPORT.—A sec-
23 ond report shall be submitted not
24 later than 30 months after such date.

4 “(2) REPORTS ON EXTENSION AND EXPANSION
5 OF THE DEMONSTRATION PROJECT.—

1 without increasing the cost to the medicare
2 program under this title or to the Federal
3 Government;

4 “(iii) whether to extend the duration
5 of the demonstration project;

6 “(iv) whether to increase the number
7 of demonstration sites operating under
8 such a model;

9 “(v) whether to increase the maximum
10 amount of reimbursement under the dem-
11 onstration project in any year; and

12 “(vi) whether the terms and condi-
13 tions of the demonstration project should
14 be altered if the project is extended or ex-
15 panded.

16 “(B) FEE-FOR-SERVICE MODEL.—With re-
17 spect to the demonstration project that is oper-
18 ating under a fee-for-service model, not later
19 than 3 months after the date of the submission
20 of the final report by the Comptroller General
21 of the United States under paragraph
22 (1)(C)(ii)(III), the administering Secretaries
23 shall submit to the committees of jurisdiction of
24 Congress a report described in subparagraph
25 (A) with respect to such model.”.

1 **SEC. 4. REDUCTION IN PAYMENTS FOR ENROLLEE BAD**2 **DEBT.**

3 (a) IN GENERAL.—Section 1861(v)(1)(T)(iii) of the
4 Social Security Act (42 U.S.C. 1395x(v)(1)(T)(iii)) is
5 amended by striking “45 percent” and inserting “51 per-
6 cent”.

7 (b) EFFECTIVE DATE.—The amendment made by
8 subsection (a) shall apply to cost reporting periods begin-
9 ning during a fiscal year beginning after September 30,
10 2000.

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