

111TH CONGRESS  
1ST SESSION

# H. R. 2307

To amend title XVIII of the Social Security Act to provide Medicare beneficiaries with access to geriatric assessments and chronic care management and coordination services, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

MAY 7, 2009

Mr. GENE GREEN of Texas (for himself and Mr. UPTON) 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 provide Medicare beneficiaries with access to geriatric assessments and chronic care management and coordination services, and for other purposes.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “The Reaching Elders with Assessment and Chronic Care

1 Management and Coordination Act” or the “RE-Aligning  
2 Care Act”.

3 (b) TABLE OF CONTENTS.—The table of contents of  
4 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Medicare coverage of geriatric assessments.
- Sec. 4. Medicare coverage of chronic care management and coordination services.
- Sec. 5. Outreach activities regarding geriatric assessments and chronic care management and coordination services under the Medicare program.
- Sec. 6. Utilization of telehealth services to furnish geriatric assessments and chronic care management and coordination services under the Medicare program.
- Sec. 7. Study and report on geriatric assessments and chronic care management and coordination services under the Medicare program.
- Sec. 8. Rule of construction.

## 5 **SEC. 2. FINDINGS.**

6 Congress makes the following findings:

7 (1) The Medicare program must be redesigned  
8 to provide high-quality, cost-effective and coordi-  
9 nated care to the growing population of elderly indi-  
10 viduals with multiple and complex chronic condi-  
11 tions.

12 (2) Between 2005 and 2030, it is estimated  
13 that the number of adults aged 65 and older will al-  
14 most double from 37,000,000 to more than  
15 70,000,000. The number of those age 80 and over,  
16 is also expected to nearly double from 11,000,000 to  
17 20,000,000. This demographic shift will create the  
18 largest ever proportion of adults over 65, increasing

1 from 12 percent of the United States population in  
2 2005 to almost 20 percent by 2030.

3 (3) With the unprecedented growth of our Na-  
4 tion's aging population, the number of older patients  
5 with multiple chronic conditions and cognitive im-  
6 pairments is expected to increase. Currently, about  
7 65 percent of Medicare beneficiaries have two or  
8 more chronic conditions. To address the health care  
9 needs unique to older adults with chronic conditions,  
10 it will require innovations in care delivery and com-  
11 prehensive coordinated care.

12 (4) According to the Congressional Budget Of-  
13 fice, approximately 75 percent of Medicare spending  
14 pays for care for beneficiaries who have five or more  
15 chronic conditions and see an average of 14 different  
16 physicians per year. In addition, approximately 43  
17 percent of Medicare costs can be attributed to 5 per-  
18 cent of Medicare's most costly beneficiaries.

19 (5) Total Medicare costs per beneficiary age 65  
20 or older with Alzheimer's and other dementias were  
21 almost three times higher than for other Medicare  
22 beneficiaries in 2004.

23 (6) There is a strong pattern of increasing utili-  
24 zation as the number of conditions increase. In  
25 2003, 61 percent of Medicare beneficiaries with 3

1 chronic conditions saw 10 or more different physi-  
2 cians compared to 40 percent with 2 conditions and  
3 18 percent of those with 1 condition.

4 (7) According to a June 2006 MedPAC report,  
5 even if individual providers deliver care efficiently,  
6 overall care for a beneficiary may be inefficient if  
7 providers do not coordinate across settings or assist  
8 beneficiaries in managing their conditions between  
9 visits. Beneficiaries with multiple chronic conditions  
10 may benefit the most from care coordination as they  
11 do not always receive necessary care and often at  
12 high cost.

13 (8) On average, individuals 65 to 69 years old  
14 take nearly 14 prescriptions per year and individuals  
15 aged 80 to 84 take an average of 18 prescriptions  
16 per year. As the number of chronic conditions in-  
17 creases, so does the number of medications, increas-  
18 ing the risk for negative drug interactions that can  
19 lead to serious injury requiring hospitalization or  
20 can even be fatal. Studies have found that 25 per-  
21 cent to 50 percent adverse drug events among older  
22 persons are preventable and that preventable adverse  
23 drug events may cost the Medicare program  
24 \$887,000,000 per year.

1           (9) Research conducted in the United States  
2           and internationally indicate that the delivery of high-  
3           er quality health care, increased efficiency, and cost-  
4           effectiveness are the result of systems in which pa-  
5           tients are linked with a physician or another quali-  
6           fied health professional who coordinates their care.  
7           According to the Congressional Budget Office, an  
8           intervention that focused on coordinating care for  
9           high-cost beneficiaries with multiple chronic condi-  
10          tions could both improve their health and reduce  
11          Medicare spending.

12          (10) In addition, chronic care management and  
13          coordination may help prevent negative medication  
14          interactions and prevent hospital stays because the  
15          chronic care team holistically manages and treats ill-  
16          ness. Reducing the rate of preventable adverse drug  
17          events will both improve patient care and may result  
18          in savings to the Medicare program.

19          (11) The Medicare fee-for-service program cur-  
20          rently does not pay for care coordination services.  
21          Instead, the delivery and payment systems are orga-  
22          nized to support the diagnosis and treatment of  
23          acute or episodic conditions, resulting in fragmented,  
24          ineffective and costly care for beneficiaries with  
25          chronic diseases. It currently rewards the overuse

1 and duplication of services rather than rewarding  
2 the effective control of chronic conditions, which can  
3 improve health outcomes and prevent hospitalization  
4 or rehospitalization.

5 (12) The Institute of Medicine Report, “Retool-  
6 ing for an Aging America: Building the Health Care  
7 Workforce”, cited misaligned financial incentives, in-  
8 cluding the inability to reimburse for care coordina-  
9 tion, as factors that result in fragmented care for  
10 older Americans.

11 (13) Financial incentives within the Medicare  
12 program should be realigned as part of a com-  
13 prehensive system change. The Medicare program  
14 should be restructured to reimburse physicians and  
15 other qualified health professionals for the cost of  
16 coordinating care.

17 (14) The patient-centered chronic care model  
18 established by the provisions of, and the amend-  
19 ments made by, this Act includes several elements  
20 that are effective in managing older adults with  
21 chronic disease, including—

22 (A) a comprehensive assessment of the in-  
23 dividual’s physical, cognitive, affective, func-  
24 tional and social status, and caregiving needs;

1 (B) access to patient-centered care coordi-  
2 nation services provided by interdisciplinary  
3 team members;

4 (C) support for patient self-management of  
5 chronic disease;

6 (D) linkages with community resources;

7 (E) health care system changes that re-  
8 ward quality chronic care;

9 (F) practice redesign;

10 (G) evidence-based clinical practice guide-  
11 lines; and

12 (H) clinical information systems, such as  
13 electronic medical records and continuity of  
14 care records.

15 (15) The provisions of, and amendments made  
16 by, this Act are intended to—

17 (A) improve health outcomes appropriate  
18 for older patients with multiple chronic condi-  
19 tions;

20 (B) increase beneficiary, caregiver, and  
21 provider satisfaction;

22 (C) increase cost-effectiveness and high  
23 value to the Medicare program for those served  
24 with multiple chronic conditions;

1 (D) establish a process to identify those  
 2 Medicare beneficiaries most likely to benefit  
 3 from having a provider coordinate their health  
 4 care needs; and

5 (E) establish a payment under the Medi-  
 6 care program for—

7 (i) the assessment of those health care  
 8 needs; and

9 (ii) the activities required to coordi-  
 10 nate those health care needs.

11 **SEC. 3. MEDICARE COVERAGE OF GERIATRIC ASSESS-**  
 12 **MENTS.**

13 (a) COVERAGE OF GERIATRIC ASSESSMENTS.—

14 (1) IN GENERAL.—Section 1861(s)(2) of the  
 15 Social Security Act (42 U.S.C. 1395x(s)(2)) is  
 16 amended—

17 (A) in subparagraph (DD), by striking  
 18 “and” at the end;

19 (B) in subparagraph (EE), by adding  
 20 “and” at the end; and

21 (C) by adding at the end the following new  
 22 subparagraph:

23 “(FF) geriatric assessments (as defined in sub-  
 24 section (hhh)(1));”.



1           (2) CONFORMING AMENDMENTS.—Clauses (i)  
2           and (ii) of section 1861(s)(2)(K) of the Social Secu-  
3           rity Act (42 U.S.C. 1395x(s)(2)(K)) are each  
4           amended by striking “subsection (ww)(1)” and in-  
5           serting “subsections (ww)(1) and (hhh)(1)”.

6           (b) GERIATRIC ASSESSMENTS DEFINED.—Section  
7           1861 of the Social Security Act (42 U.S.C. 1395x) is  
8           amended by adding at the end the following new sub-  
9           sections:

10                           “Geriatric Assessment

11           “(hhh)(1) The term ‘geriatric assessment’ means  
12           each of the following:

13                   “(A) An assessment of the clinical status, func-  
14           tional status, social and environmental functioning,  
15           and need for caregiving of a geriatric assessment eli-  
16           gible individual (as defined in subsection (iii)). The  
17           assessment shall include a comprehensive history  
18           and physical examination and assessments of the fol-  
19           lowing domains using standardized validated clinical  
20           tools:

21                   “(i) Comprehensive review of medications  
22           and the individual’s adherence to the medica-  
23           tion regimen.

1           “(ii) Measurement of affect, cognition and  
2           executive function, mobility, balance, gait, risk  
3           of falling, and sensory function.

4           “(iii) Social functioning, environmental  
5           needs, and caregiver resources and needs.

6           “(iv) Any other domain determined appro-  
7           priate by the Secretary.

8           “(B) The development of a written care plan  
9           based on the results of the assessment under sub-  
10          paragraph (A) (and any subsequent assessment  
11          under subparagraph (B)). The care plan shall detail  
12          identified problems, outline therapies, assign respon-  
13          sibility for actions, and indicate whether the indi-  
14          vidual is likely to benefit from chronic care manage-  
15          ment and coordination services (as defined in sub-  
16          section (jjj)(1)). If the individual is determined likely  
17          to benefit from chronic care management and co-  
18          ordination services, the care plan shall also provide  
19          the basis for the chronic care management and co-  
20          ordination plan to be developed by the chronic care  
21          manager pursuant to subsection (jjj).

22          “(2) A geriatric assessment may only be conducted  
23          by—

24               “(A) a physician;

1           “(B) a practitioner described in section  
2           1842(b)(18)(C)(i) under the supervision of a physi-  
3           cian; or

4           “(C) any other provider that meets such condi-  
5           tions as the Secretary may specify.

6           “(3) An individual described in subclause (A), (B),  
7           or, if applicable, (C) may provide for the furnishing of  
8           services included in the geriatric assessment by other  
9           qualified health care professionals.

10          “(4)(A) Subject to subparagraph (B), a geriatric as-  
11          sessment of a geriatric assessment eligible individual may  
12          not be conducted more frequently than annually.

13          “(B) A geriatric assessment of a geriatric assessment  
14          eligible individual may be conducted more frequently than  
15          annually if the assessment is medically necessary due to  
16          a significant change in the condition of the individual.

17          “Geriatric Assessment Eligible Individual

18          “(iii)(1) Subject to paragraph (3), the term ‘geriatric  
19          assessment eligible individual’ means an individual identi-  
20          fied by the Secretary as eligible for a geriatric assessment.

21          “(2) In identifying individuals under paragraph (1),  
22          the following rules shall apply:

23                 “(A) The individual must have at least 1 of the  
24                 following present:

1           “(i) Multiple chronic conditions that the  
2           Secretary identifies as likely to result in high  
3           expenditures under this title. In identifying  
4           such conditions, the Secretary may consider—

5                   “(I) the hierarchal condition category  
6                   methodology employed for risk adjustment  
7                   under part C or other comparable meth-  
8                   odologies the Secretary deems appropriate;

9                   “(II) data from the Chronic Condition  
10                  Data Warehouse under section 723 of the  
11                  Medicare Prescription Drug, Improvement,  
12                  and Modernization Act of 2003; and

13                  “(III) indicators of geriatric syn-  
14                  dromes, such as experiencing 2 or more  
15                  falls in the past year, urinary incontinence,  
16                  clinically significant depression, or other  
17                  such indicators that the Secretary indicates  
18                  as likely to result in high expenditures  
19                  under this title when they exist in com-  
20                  bination with one or more chronic condi-  
21                  tions).

22           “(ii) Dementia, as defined in the most re-  
23           cent Diagnostic and Statistical Manual of Men-  
24           tal Disorders, and at least 1 other chronic con-  
25           dition.

1                   “(iii) Any other factor identified by the  
2                   Secretary.

3                   “(B) The Secretary shall consult with physi-  
4                   cians, physician groups and organizations, other  
5                   health care professional groups and organizations,  
6                   organizations representing individuals with chronic  
7                   conditions and older adults, and other stakeholders  
8                   in identifying conditions under clauses (i) and (ii) of  
9                   subparagraph (A) and any factors under subpara-  
10                  graph (A)(iii).

11                  “(3) The term ‘geriatric assessment eligible indi-  
12                  vidual’ shall not include the following individuals:

13                   “(A) An individual who is receiving hospice care  
14                   under this title.

15                   “(B) An individual who is residing in a skilled  
16                   nursing facility, a nursing facility (as defined in sec-  
17                   tion 1919), or any other facility identified by the  
18                   Secretary.

19                   “(C) An individual medically determined to  
20                   have end-stage renal disease.

21                   “(D) An individual enrolled in a Medicare Ad-  
22                   vantage plan or a plan under section 1876.

23                   “(E) An individual enrolled in a PACE pro-  
24                   gram under section 1894.

1           “(F) Any other categories of individuals deter-  
2           mined appropriate by the Secretary.

3           “(4) For purposes of this subsection, the term ‘chron-  
4           ic condition’ means a condition, such as dementia, that  
5           lasts or is expected to last 1 year or longer, limits what  
6           an individual can do, and requires ongoing care.”.

7           (c) PAYMENT AND ELIMINATION OF COST-SHAR-  
8           ING.—

9           (1) PAYMENT AND ELIMINATION OF COINSUR-  
10          ANCE.—Section 1833(a)(1) of the Social Security  
11          Act (42 U.S.C. 1395l(a)(1)) is amended—

12                   (A) in subparagraph (N), by inserting  
13                   “other than geriatric assessments (as defined in  
14                   section 1861(hhh)(1))” after “(as defined in  
15                   section 1848(j)(3))”;

16                   (B) by striking “and” before “(W)”;

17                   (C) by inserting before the semicolon at  
18                   the end the following: “, and (X) with respect  
19                   to geriatric assessments (as defined in section  
20                   1861(hhh)(1)), the amount paid shall be 100  
21                   percent of the lesser of the actual charge for  
22                   the services or the amount determined under  
23                   section 1848(o)”.

24          (2) PAYMENT.—

1 (A) IN GENERAL.—Section 1848 of the So-  
2 cial Security Act (42 U.S.C. 1395w-4) is  
3 amended by adding at the end the following  
4 new subsection:

5 “(o) PAYMENT FOR GERIATRIC ASSESSMENTS.—

6 “(1) ESTABLISHMENT.—

7 “(A) IN GENERAL.—The Secretary shall  
8 establish—

9 “(i) a payment code (or codes) under  
10 this section for a geriatric assessment (as  
11 defined in section 1861(hhh)(1)) furnished  
12 to a geriatric assessment eligible individual  
13 (as defined in section 1861(iii)) by a physi-  
14 cian, practitioner, or other provider de-  
15 scribed in section 1861(hhh)(2); and

16 “(ii) a payment amount for each such  
17 code.

18 “(B) REQUIREMENTS.—In establishing  
19 payment amounts under subparagraph (A)(ii),  
20 the Secretary shall—

21 “(i) take into account—

22 “(I) the amount of work required  
23 to perform a geriatric assessment, in-  
24 cluding the time and effort put forth  
25 by each qualified health care profes-

1 sional involved in performing the geri-  
2 atric assessment; and

3 “(II) all of the costs associated  
4 with the geriatric assessment, includ-  
5 ing labor, supplies, equipment, and  
6 the costs of health information tech-  
7 nologies and systems incurred by the  
8 physician, practitioner, or other pro-  
9 vider (as described in section  
10 1861(hhh)(2)) in providing the assess-  
11 ment; and

12 “(ii) ensure that such payments do  
13 not result in a reduction in payments for  
14 office visits or other evaluation and man-  
15 agement services that would otherwise be  
16 allowable.

17 “(2) SEPARATE PAYMENTS FROM PAYMENTS  
18 FOR CHRONIC CARE MANAGEMENT AND COORDINA-  
19 TION SERVICES.—Payments for geriatric assess-  
20 ments shall be made separately from payments for  
21 chronic care management and coordination services  
22 (as defined in section 1861(jjj)(1)) and other serv-  
23 ices for which payment is made under this title.”.

24 (B) CONFORMING AMENDMENT.—Section  
25 1848(j)(3) of the Social Security Act (42



1 U.S.C. 1395w-4(j)(3)), as amended by section  
 2 3(e)(2)), is amended by inserting “(2)(FF),”  
 3 after “(2)(EE),”.

4 (3) ELIMINATION OF COINSURANCE IN OUT-  
 5 PATIENT HOSPITAL SETTINGS.—

6 (A) EXCLUSION FROM OPD FEE SCHED-  
 7 ULE.—Section 1833(t)(1)(B)(iv) of the Social  
 8 Security Act (42 U.S.C. 1395l(t)(1)(B)(iv)) is  
 9 amended by striking “and diagnostic mammog-  
 10 raphy” and inserting “, diagnostic mammog-  
 11 raphy, or geriatric assessments (as defined in  
 12 section 1861(hhh)(1))”.

13 (B) CONFORMING AMENDMENTS.—Section  
 14 1833(a)(2) of the Social Security Act (42  
 15 U.S.C. 1395l(a)(2)) is amended—

16 (i) in subparagraph (F), by striking  
 17 “and” at the end;

18 (ii) in subparagraph (G)(ii), by strik-  
 19 ing the comma at the end and inserting “;  
 20 and”; and

21 (iii) by inserting after subparagraph  
 22 (G)(ii) the following new subparagraph:

23 “(H) with respect to geriatric assessments  
 24 (as defined in section 1861(hhh)(1)) furnished

1 by an outpatient department of a hospital, the  
 2 amount determined under paragraph (1)(X),”.

3 (4) ELIMINATION OF DEDUCTIBLE.—The first  
 4 sentence of section 1833(b) of the Social Security  
 5 Act (42 U.S.C. 1395l(b)) is amended—

6 (A) by striking “and” before “(9)”; and

7 (B) by inserting before the period the fol-  
 8 lowing: “, and (10) such deductible shall not  
 9 apply with respect to geriatric assessments (as  
 10 defined in section 1861(hhh)(1))”.

11 (d) FREQUENCY LIMITATION.—Section 1862(a) of  
 12 the Social Security Act (42 U.S.C. 1395y(a)(1)) is amend-  
 13 ed—

14 (1) in paragraph (1)—

15 (A) in subparagraph (N), by striking  
 16 “and” at the end;

17 (B) in subparagraph (O) by striking the  
 18 semicolon at the end and inserting “, and”; and

19 (C) by adding at the end the following new  
 20 subparagraph:

21 “(P) in the case of geriatric assessments (as de-  
 22 fined in section 1861(hhh)(1)), which are performed  
 23 more frequently than is covered under such sec-  
 24 tion;”; and

1           (2) in paragraph (7), by striking “or (K)” and  
2           inserting “(K), or (P)”.

3           (e) EXCEPTION TO LIMITS ON PHYSICIAN REFER-  
4 RALS.—Section 1877(b) of the Social Security Act (42  
5 U.S.C. 1395nn(b)) is amended by adding at the end the  
6 following new paragraph:

7           “(6) GERIATRIC ASSESSMENTS.—In the case of  
8           a designated health service, if the designated health  
9           service is a geriatric assessment (as defined in sec-  
10          tion 1861(hhh)(1)) and furnished by a physician.”.

11          (f) RULEMAKING.—The Secretary of Health and  
12 Human Services shall define such terms, establish such  
13 procedures, and promulgate such regulations as the Sec-  
14 retary determines necessary to implement the amend-  
15 ments made by, and the provisions of, this section, includ-  
16 ing the establishment of additional domains under sub-  
17 section (hhh)(1)(A)(iv) of section 1861 of the Social Secu-  
18 rity Act, as added by subsection (b). In promulgating such  
19 regulations, the Secretary shall consult with physicians,  
20 physician groups and organizations, other health care pro-  
21 fessional groups and organizations representing individ-  
22 uals with chronic conditions and older adults.

23          (g) EFFECTIVE DATE.—The amendments made by  
24 this section shall apply to assessments furnished on or  
25 after January 1, 2010.

1 **SEC. 4. MEDICARE COVERAGE OF CHRONIC CARE MANAGE-**  
 2 **MENT AND COORDINATION SERVICES.**

3 (a) PART B COVERAGE OF CHRONIC CARE MANAGE-  
 4 MENT AND COORDINATION SERVICES.—

5 (1) IN GENERAL.—Section 1861(s)(2) of the  
 6 Social Security Act (42 U.S.C. 1395x(s)(2)), as  
 7 amended by section 3(a)(1), is amended—

8 (A) in subparagraph (EE), by striking  
 9 “and” at the end;

10 (B) in subparagraph (FF), by adding  
 11 “and” at the end; and

12 (C) by adding at the end the following new  
 13 subparagraph:

14 “(GG) chronic care management and coordina-  
 15 tion services (as defined in subsection (jjj));”.

16 (2) CONFORMING AMENDMENTS.—(A) Clauses  
 17 (i) and (ii) of section 1861(s)(2)(K) of the Social Se-  
 18 curity Act (42 U.S.C. 1395x(s)(2)(K)), as amended  
 19 by section 3(a)(2), are each amended by striking  
 20 “subsections (ww)(1) and (hhh)(1)” and inserting  
 21 “subsections (ww)(1), (hhh)(1), and (jjj)(1)”.

22 (B) Section 1862(a)(7) of the Social Security  
 23 Act (42 U.S.C. 1395y(a)(7)), as amended by section  
 24 3(d), is amended by striking “section 1861(s)(10)”  
 25 and inserting “paragraphs (2)(GG) and (10) of sec-  
 26 tion 1861(s)”.

1 (b) SERVICES DESCRIBED.—Section 1861 of the So-  
2 cial Security Act (42 U.S.C. 1395x), as amended by sec-  
3 tion 3(b), is amended by adding at the end the following  
4 new subsection:

5 “Chronic Care Management and Coordination Services;  
6 Chronic Care Manager; Chronic Care Eligible Individual

7 “(jjj)(1) The term ‘chronic care management and co-  
8 ordination services’ means services that are furnished to  
9 a chronic care eligible individual (as defined in paragraph  
10 (3)) by, or under the supervision of, a single chronic care  
11 manager (as defined in paragraph (2)) chosen by the  
12 chronic care eligible individual, a caregiver designated by  
13 the individual in writing, or a representative authorized  
14 to make decisions on the individual’s behalf, under a plan  
15 of care prescribed by such chronic care manager for the  
16 purpose of chronic care coordination, including dementia  
17 as appropriate, which may include any of the following  
18 services:

19 “(A) The development of an initial plan of care  
20 (based on the results of a geriatric assessment, as  
21 defined in subsection (hhh)), and subsequent appro-  
22 priate revisions to that plan of care.

23 “(B) The management of, and referral for,  
24 medical and other health services, including inter-

1 disciplinary care conferences and management with  
2 other providers.

3 “(C) The monitoring and management of medi-  
4 cations.

5 “(D) Patient education and counseling services.

6 “(E) Family caregiver education and counseling  
7 services, including preventive care consistent with  
8 the patient’s condition.

9 “(F) Self-management services, including  
10 health education and risk appraisal to identify be-  
11 havioral risk factors through self-assessment.

12 “(G) Providing access for individuals, and care-  
13 givers or authorized representatives as appropriate,  
14 by telephone and e-mail to physicians or other ap-  
15 propriate health care professionals, including 24-  
16 hour availability of such professionals for after hours  
17 consultation.

18 “(H) Coordination with the principal nonprofes-  
19 sional caregiver in the home.

20 “(I) Managing and facilitating transitions that  
21 occur among health care professionals and across  
22 settings of care, including the following:

23 “(i) Pursuing the treatment option elected  
24 by the individual.

1           “(ii) Including any advance directive exe-  
2           cuted by the individual in the medical file of the  
3           individual.

4           “(J) Information about pain management and  
5           palliative care.

6           “(K) Information about, and referral to, hos-  
7           pice care, including patient and family caregiver  
8           education and counseling about hospice care, and fa-  
9           cilitating transition to hospice care when elected.

10          “(L) Information about, referral to, and coordi-  
11          nation with, community resources.

12          “(M) Such additional services for which pay-  
13          ment would not otherwise be made under this title  
14          that the Secretary may specify that encourage the  
15          receipt of, or improve the effectiveness of, the serv-  
16          ices described in the preceding subparagraphs.

17          “(2)(A) For purposes of this subsection, the term  
18          ‘chronic care manager’ means an individual or entity  
19          that—

20               “(i) is—

21                   “(I) a physician;

22                   “(II) a practitioner described in clause (i)  
23                   or (iv) of section 1842(b)(18)(C); or

24                   “(III) any other provider that meets such  
25                   conditions as the Secretary may specify;

1           “(ii) has entered into a chronic care manage-  
2           ment and coordination agreement with the Sec-  
3           retary; and

4           “(iii) is working in collaboration with, or under  
5           the supervision of, as determined by the Secretary—

6                 “(I) the physician, practitioner, or other  
7                 provider who completed the geriatric assessment  
8                 of the individual; or

9                 “(II) a physician, practitioner, or other  
10                provider to whom the individual’s care was  
11                transferred by the physician, practitioner, or  
12                other provider who performed the geriatric as-  
13                sessment.

14           “(B)(i) For purposes of subparagraph (A)(ii), each  
15           chronic care management and coordination agreement  
16           shall meet the requirements described in subparagraph  
17           (C) and shall—

18                 “(I) subject to clause (ii), be entered into for a  
19                 period of 3 years and may be renewed if the Sec-  
20                 retary is satisfied that the chronic care manager  
21                 continues to meet such terms and conditions as the  
22                 Secretary may require; and

23                 “(II) contain such other terms and conditions  
24                 as the Secretary may require.



1       “(ii) Each chronic care management and coordination  
2 agreement shall provide for the termination of such agree-  
3 ment prior to such 3-year period in the case where the  
4 chronic care manager—

5               “(I) is no longer able to provide chronic care  
6 services; or

7               “(II) does not meet such terms and conditions  
8 as the Secretary may require.

9       “(C)(i) Subject to clause (ii), the requirements of this  
10 subparagraph are met if the agreement requires the chron-  
11 ic care manager to perform, or provide for the perform-  
12 ance of, the following services:

13               “(I) Advocating for, and providing ongoing sup-  
14 port, oversight, and guidance with respect to the im-  
15 plementation of a plan of care that provides an inte-  
16 grated, coherent, and cross-disciplined plan for ongo-  
17 ing medical care that is developed in partnership  
18 with the chronic care eligible individual and all other  
19 physicians and other care providers and agencies (in-  
20 cluding home health agencies) providing care to the  
21 chronic care eligible individual.

22               “(II) Using evidence-based medicine and clin-  
23 ical decision support tools to guide decisionmaking  
24 at the point of care and on the basis of specific pa-  
25 tient factors.

1           “(III) Using health information technology, in-  
2           cluding, where appropriate, remote monitoring and  
3           patient registries, to monitor and track the health  
4           status of patients and to provide patients with en-  
5           hanced and convenient access to health care services.

6           “(IV) Encouraging patients to engage in the  
7           management of their own health through education  
8           and support systems.

9           “(V) Incorporating family caregivers into the  
10          chronic care planning process.

11          “(ii) The Secretary may modify the services required  
12          under the agreement under clause (i), including by requir-  
13          ing different services or services in addition to those de-  
14          scribed in subclauses (I) through (V) of such clause.

15          “(D) The Secretary shall adopt procedures which ex-  
16          empt providers in rural areas from providing 1 or more  
17          of the services otherwise required to be provided under  
18          subparagraph (C) or modify such requirements for such  
19          providers. In establishing such procedures, the Secretary  
20          shall ensure that such exemptions and modifications do  
21          not impact the quality of chronic care management and  
22          coordination services furnished by such providers.

23          “(3) For purposes of this subsection, the term ‘chron-  
24          ic care eligible individual’ means a geriatric assessment  
25          eligible individual (as defined in subsection (iii)) who has

1 undergone a geriatric assessment (as defined in subsection  
 2 (hhh)(1)) which determined that the individual would ben-  
 3 efit from chronic care management and coordination.

4 “(4) Chronic care management and coordination  
 5 services may be furnished in the chronic care eligible indi-  
 6 vidual’s home or residence.”.

7 (c) PAYMENT AND ELIMINATION OF COST-SHAR-  
 8 ING.—

9 (1) PAYMENT AND ELIMINATION OF COINSUR-  
 10 ANCE.—Section 1833(a)(1) of the Social Security  
 11 Act (42 U.S.C. 1395l(a)(1)), as amended by section  
 12 3(c)(1), is amended—

13 (A) in subparagraph (N), by inserting “or  
 14 chronic care management and coordination  
 15 services (as defined in section 1861(jjj)(1))”  
 16 after “other than geriatric assessments (as de-  
 17 fined in section 1861(hhh)(1))”;

18 (B) by striking “and” before “(X)”; and

19 (C) by inserting before the semicolon at  
 20 the end the following: “, and (Y) with respect  
 21 to chronic care management and coordination  
 22 services (as defined in section 1861(jjj)(1)), the  
 23 amount paid shall be 100 percent of the lesser  
 24 of the actual charge for the services or the  
 25 amount determined under section 1848(p)”.

1 (2) PAYMENT.—

2 (A) IN GENERAL.—Section 1848 of the So-  
3 cial Security Act (42 U.S.C. 1395w-4), as  
4 amended by section 3(c)(2), is amended by add-  
5 ing at the end the following new subsection:

6 “(p) PAYMENT FOR CHRONIC CARE MANAGEMENT  
7 AND COORDINATION SERVICES.—

8 “(1) ESTABLISHMENT.—

9 “(A) IN GENERAL.—The Secretary shall  
10 establish—

11 “(i) a payment code (or codes) under  
12 this section for chronic care management  
13 and coordination services (as defined in  
14 paragraph (1) of section 1861(jjj)) fur-  
15 nished to a chronic care eligible individual  
16 (as defined in paragraph (3) of such sec-  
17 tion) by a chronic care manager (as de-  
18 fined in paragraph (2) of such section);  
19 and

20 “(ii) a payment amount for each such  
21 code.

22 “(B) REQUIREMENTS.—In establishing  
23 payment amounts under subparagraph (A)(ii),  
24 the Secretary shall—

25 “(i) take into account—

1 “(I) the amount of work required  
2 of the chronic care manager in pro-  
3 viding chronic care management and  
4 coordination services to eligible indi-  
5 viduals; and

6 “(II) all of the costs associated  
7 with providing chronic care manage-  
8 ment and coordination services, in-  
9 cluding labor, supplies, equipment,  
10 and the costs of health information  
11 technologies and systems incurred by  
12 the chronic care manager in providing  
13 such services;

14 “(ii) ensure that such payments are  
15 for such services furnished during a 30-day  
16 period; and

17 “(iii) ensure that such payments do  
18 not result in a reduction in payments for  
19 office visits or other evaluation and man-  
20 agement services that would otherwise be  
21 allowable.

22 “(2) SEPARATE PAYMENTS FROM PAYMENTS  
23 FOR GERIATRIC ASSESSMENTS.—Payments for  
24 chronic care management and coordination services  
25 shall be made separately from payments for geriatric

1 assessments (as defined in section 1861(hhh)(1))  
 2 and other services for which payment is made under  
 3 this title.”.

4 (B) CONFORMING AMENDMENT.—Section  
 5 1848(j)(3) of the Social Security Act (42  
 6 U.S.C. 1395w-4(j)(3)), as amended by section  
 7 3(c)(2)), is amended by inserting “(2)(GG),”  
 8 after “(2)(FF),”.

9 (3) ELIMINATION OF COINSURANCE IN OUT-  
 10 PATIENT HOSPITAL SETTINGS.—

11 (A) EXCLUSION FROM OPD FEE SCHED-  
 12 ULE.—Section 1833(t)(1)(B)(iv) of the Social  
 13 Security Act (42 U.S.C. 1395l(t)(1)(B)(iv)), as  
 14 amended by section 3(c)(3)(A), is amended by  
 15 striking “or geriatric assessments (as defined in  
 16 section 1861(hhh)(1))” and inserting “geriatric  
 17 assessments (as defined in section  
 18 1861(hhh)(1)), or chronic care management  
 19 and coordination services (as defined in section  
 20 1861(jjj)(1))”.

21 (B) CONFORMING AMENDMENTS.—Section  
 22 1833(a)(2) of the Social Security Act (42  
 23 U.S.C. 1395l(a)(2)), as amended by section  
 24 3(c)(3)(B), is amended—

1 (i) in subparagraph (G)(ii), by strik-  
 2 ing “and” at the end;

3 (ii) in subparagraph (H), by striking  
 4 the comma at the end and inserting “;  
 5 and”; and

6 (iii) by inserting after subparagraph  
 7 (H) the following new subparagraph:

8 “(I) with respect to chronic care manage-  
 9 ment and coordination services (as defined in  
 10 section 1861(jjj)(1)) furnished by an outpatient  
 11 department of a hospital, the amount deter-  
 12 mined under paragraph (1)(Y),”.

13 (4) ELIMINATION OF DEDUCTIBLE.—Paragraph  
 14 (10) of section 1833(b) of the Social Security Act  
 15 (42 U.S.C. 1395l(b)), as added by section 3(e)(4), is  
 16 amended by inserting “or chronic care management  
 17 and coordination services (as defined in section  
 18 1861(jjj)(1))” after “geriatric assessments (as de-  
 19 fined in section 1861(hhh)(1))”.

20 (d) EXCEPTION TO LIMITS ON PHYSICIAN REFER-  
 21 RALS.—Section 1877(b)(6) of the Social Security Act (42  
 22 U.S.C. 1395nn(b)(6)), as amended by section 3(e), is  
 23 amended to read as follows:

24 “(6) GERIATRIC ASSESSMENTS AND CHRONIC  
 25 CARE MANAGEMENT AND COORDINATION SERV-

1 ICES.—In the case of a designated health service, if  
2 the designated health service is—

3 “(A) a geriatric assessment or a chronic  
4 care management and coordination service (as  
5 defined in subsections (hhh)(1) or (jjj)(1) of  
6 section 1861, respectively); and

7 “(B) furnished by a physician.”.

8 (e) RULEMAKING.—The Secretary of Health and  
9 Human Services shall define such terms, establish such  
10 procedures, and promulgate such regulations as the Sec-  
11 retary determines necessary to implement the amend-  
12 ments made by, and the provisions of, this section. In pro-  
13 mulgating such regulations, the Secretary shall consult  
14 with physicians, physician groups and organizations, other  
15 health care professional groups and organizations, and or-  
16 ganizations representing individuals with chronic condi-  
17 tions and older adults.

18 (f) EFFECTIVE DATE.—The amendments made by  
19 this section shall apply to chronic care management and  
20 coordination services furnished on or after January 1,  
21 2010.



1 **SEC. 5. OUTREACH ACTIVITIES REGARDING GERIATRIC AS-**  
 2 **SESSMENTS AND CHRONIC CARE MANAGE-**  
 3 **MENT AND COORDINATION SERVICES UNDER**  
 4 **THE MEDICARE PROGRAM.**

5 The Secretary of Health and Human Services shall  
 6 conduct outreach activities to individuals likely to be eligi-  
 7 ble to receive coverage of geriatric assessments (as defined  
 8 in subsection (hhh)(1) of section 1861 of the Social Secu-  
 9 rity Act, as added by section 3) under the Medicare pro-  
 10 gram and individuals likely to be eligible to receive cov-  
 11 erage of chronic care management and coordination serv-  
 12 ices (as defined in subsection (jjj)(1) of such section 1861,  
 13 as added by section 4) under the Medicare program, to  
 14 inform such individuals about the availability of such ben-  
 15 efits under the Medicare program.

16 **SEC. 6. UTILIZATION OF TELEHEALTH SERVICES TO FUR-**  
 17 **NISH GERIATRIC ASSESSMENTS AND CHRON-**  
 18 **IC CARE MANAGEMENT AND COORDINATION**  
 19 **SERVICES UNDER THE MEDICARE PROGRAM.**

20 (a) IN GENERAL.—Section 1834(m)(4)(F) of the So-  
 21 cial Security Act (42 U.S.C. 1395m(m)(4)(F)) is amended  
 22 by adding at the end the following new clause:

23 “(iii) GERIATRIC ASSESSMENTS AND  
 24 CHRONIC CARE MANAGEMENT AND CO-  
 25 ORDINATION SERVICES.—The term ‘tele-  
 26 health service’ shall also include geriatric

1 assessments (as defined in section  
 2 1861(hhh)(1)) and chronic care manage-  
 3 ment and coordination services (as defined  
 4 in section 1861(jjj)).”.

5 (b) EFFECTIVE DATE.—The amendments made by  
 6 this section shall apply to services furnished on or after  
 7 January 1, 2010.

8 **SEC. 7. STUDY AND REPORT ON GERIATRIC ASSESSMENTS**  
 9 **AND CHRONIC CARE MANAGEMENT AND CO-**  
 10 **ORDINATION SERVICES UNDER THE MEDI-**  
 11 **CARE PROGRAM.**

12 (a) STUDY.—The Secretary of Health and Human  
 13 Services shall enter into a contract with an entity to con-  
 14 duct a study on—

15 (1) the effectiveness of the coverage of geriatric  
 16 assessments and chronic care management and co-  
 17 ordination services, including an evaluation of the  
 18 use of interdisciplinary teams in providing such serv-  
 19 ices, under the Medicare program (under the amend-  
 20 ments made by sections 3 and 4) on improving the  
 21 quality of care provided to Medicare beneficiaries  
 22 with chronic conditions, including dementia; and

23 (2) the impact of such geriatric assessments  
 24 and care coordination services on reducing expendi-  
 25 tures under title XVIII of the Social Security Act,

1 including reduced expenditures that may result  
2 from—

3 (A) reducing preventable hospital admis-  
4 sions;

5 (B) more appropriate use of pharma-  
6 ceuticals; and

7 (C) reducing duplicate or unnecessary  
8 tests.

9 (b) REPORT.—Not later than 3 years after the date  
10 of enactment of this Act, the entity conducting the study  
11 under subsection (a) shall submit to Congress and the Sec-  
12 retary of Health and Human Services a report on the  
13 study, together with recommendations for such legislation  
14 or administrative action as such entity determines appro-  
15 priate.

16 (c) AUTHORIZATION OF APPROPRIATIONS.—There  
17 are authorized to be appropriated such sums as may be  
18 necessary to carry out this section.

19 **SEC. 8. RULE OF CONSTRUCTION.**

20 Nothing in the provisions of, or in the amendments  
21 made by, this Act shall be construed as requiring an indi-  
22 vidual to receive a geriatric assessment (as defined in sec-  
23 tion 1861(hhh)(1) of the Social Security Act, as added by  
24 section 3(b)) or chronic care management and coordina-

1 tion services (as defined in section 1861(jjj)(1) of such  
2 Act, as added by section 4(b)).

○