

111TH CONGRESS  
1ST SESSION

# S. 1004

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.

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IN THE SENATE OF THE UNITED STATES

MAY 7, 2009

Mrs. LINCOLN (for herself and Ms. COLLINS) introduced the following bill;  
which was read twice and referred to the Committee on Finance

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## 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  
6       Management and Coordination Act” or the “RE-Aligning  
7       Care Act”.

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

- 3 Sec. 1. Short title; table of contents.
- 4 Sec. 2. Findings.
- 5 Sec. 3. Medicare coverage of geriatric assessments.
- 6 Sec. 4. Medicare coverage of chronic care management and coordination serv-  
7 ices.
- 8 Sec. 5. Outreach activities regarding geriatric assessments and chronic care  
9 management and coordination services under the Medicare pro-  
10 gram.
- 11 Sec. 6. Utilization of telehealth services to furnish geriatric assessments and  
12 chronic care management and coordination services under the  
13 Medicare program.
- 14 Sec. 7. Study and report on geriatric assessments and chronic care manage-  
15 ment and coordination services under the Medicare program.
- 16 Sec. 8. Rule of construction.

### 3 **SEC. 2. FINDINGS.**

4 Congress makes the following findings:

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

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

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

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

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

21           (6) There is a strong pattern of increasing utili-  
22           zation as the number of conditions increase. In  
23           2003, 61 percent of Medicare beneficiaries with 3  
24           chronic conditions saw 10 or more different physi-

1 cians compared to 40 percent with 2 conditions and  
2 18 percent of those with 1 condition.

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

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

24 (9) Research conducted in the United States  
25 and internationally indicate that the delivery of high-

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

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

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

1 improve health outcomes and prevent hospitalization  
2 or rehospitalization.

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

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

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

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

23 (B) access to patient-centered care coordi-  
24 nation services provided by interdisciplinary  
25 team members;

1 (C) support for patient self-management of  
2 chronic disease;

3 (D) linkages with community resources;

4 (E) health care system changes that re-  
5 ward quality chronic care;

6 (F) practice redesign;

7 (G) evidence-based clinical practice guide-  
8 lines; and

9 (H) clinical information systems, such as  
10 electronic medical records and continuity of  
11 care records.

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

14 (A) improve health outcomes appropriate  
15 for older patients with multiple chronic condi-  
16 tions;

17 (B) increase beneficiary, caregiver, and  
18 provider satisfaction;

19 (C) increase cost-effectiveness and high  
20 value to the Medicare program for those served  
21 with multiple chronic conditions;

22 (D) establish a process to identify those  
23 Medicare beneficiaries most likely to benefit  
24 from having a provider coordinate their health  
25 care needs; and

1 (E) establish a payment under the Medi-  
2 care program for—

3 (i) the assessment of those health care  
4 needs; and

5 (ii) the activities required to coordi-  
6 nate those health care needs.

7 **SEC. 3. MEDICARE COVERAGE OF GERIATRIC ASSESS-**  
8 **MENTS.**

9 (a) COVERAGE OF GERIATRIC ASSESSMENTS.—

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

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

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

17 (C) by adding at the end the following new  
18 subparagraph:

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

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

1 (b) GERIATRIC ASSESSMENTS DEFINED.—Section  
2 1861 of the Social Security Act (42 U.S.C. 1395x) is  
3 amended by adding at the end the following new sub-  
4 sections:

5 “Geriatric Assessment

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

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

16 “(i) Comprehensive review of medications  
17 and the individual’s adherence to the medica-  
18 tion regimen.

19 “(ii) Measurement of affect, cognition and  
20 executive function, mobility, balance, gait, risk  
21 of falling, and sensory function.

22 “(iii) Social functioning, environmental  
23 needs, and caregiver resources and needs.

24 “(iv) Any other domain determined appro-  
25 priate by the Secretary.

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

15           “(2) A geriatric assessment may only be conducted  
16 by—

17           “(A) a physician;

18           “(B) a practitioner described in section  
19 1842(b)(18)(C)(i) under the supervision of a physi-  
20 cian; or

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

23           “(3) An individual described in subclause (A), (B),  
24 or, if applicable, (C) may provide for the furnishing of

1 services included in the geriatric assessment by other  
2 qualified health care professionals.

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

6 “(B) A geriatric assessment of a geriatric assessment  
7 eligible individual may be conducted more frequently than  
8 annually if the assessment is medically necessary due to  
9 a significant change in the condition of the individual.

10 “Geriatric Assessment Eligible Individual

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

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

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

18 “(i) Multiple chronic conditions that the  
19 Secretary identifies as likely to result in high  
20 expenditures under this title. In identifying  
21 such conditions, the Secretary may consider—

22 “(I) the hierarchal condition category  
23 methodology employed for risk adjustment  
24 under part C or other comparable meth-  
25 odologies the Secretary deems appropriate;

1           “(II) data from the Chronic Condition  
2           Data Warehouse under section 723 of the  
3           Medicare Prescription Drug, Improvement,  
4           and Modernization Act of 2003; and

5           “(III) indicators of geriatric syn-  
6           dromes, such as experiencing 2 or more  
7           falls in the past year, urinary incontinence,  
8           clinically significant depression, or other  
9           such indicators that the Secretary indicates  
10          as likely to result in high expenditures  
11          under this title when they exist in com-  
12          bination with one or more chronic condi-  
13          tions).

14          “(ii) Dementia, as defined in the most re-  
15          cent Diagnostic and Statistical Manual of Men-  
16          tal Disorders, and at least 1 other chronic con-  
17          dition.

18          “(iii) Any other factor identified by the  
19          Secretary.

20          “(B) The Secretary shall consult with physi-  
21          cians, physician groups and organizations, other  
22          health care professional groups and organizations,  
23          organizations representing individuals with chronic  
24          conditions and older adults, and other stakeholders  
25          in identifying conditions under clauses (i) and (ii) of

1       subparagraph (A) and any factors under subpara-  
2       graph (A)(iii).

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

5               “(A) An individual who is receiving hospice care  
6       under this title.

7               “(B) An individual who is residing in a skilled  
8       nursing facility, a nursing facility (as defined in sec-  
9       tion 1919), or any other facility identified by the  
10      Secretary.

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

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

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

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

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

23       (c) PAYMENT AND ELIMINATION OF COST-SHAR-  
24      ING.—

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

4           (A) in subparagraph (N), by inserting  
5 “other than geriatric assessments (as defined in  
6 section 1861(hhh)(1))” after “(as defined in  
7 section 1848(j)(3))”;

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

9           (C) by inserting before the semicolon at  
10 the end the following: “, and (X) with respect  
11 to geriatric assessments (as defined in section  
12 1861(hhh)(1)), the amount paid shall be 100  
13 percent of the lesser of the actual charge for  
14 the services or the amount determined under  
15 section 1848(o)”.

16           (2) PAYMENT.—

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

21           “(o) PAYMENT FOR GERIATRIC ASSESSMENTS.—

22           “(1) ESTABLISHMENT.—

23           “(A) IN GENERAL.—The Secretary shall  
24 establish—

1           “(i) a payment code (or codes) under  
2           this section for a geriatric assessment (as  
3           defined in section 1861(hhh)(1)) furnished  
4           to a geriatric assessment eligible individual  
5           (as defined in section 1861(iii)) by a physi-  
6           cian, practitioner, or other provider de-  
7           scribed in section 1861(hhh)(2); and

8           “(ii) a payment amount for each such  
9           code.

10          “(B) REQUIREMENTS.—In establishing  
11          payment amounts under subparagraph (A)(ii),  
12          the Secretary shall—

13               “(i) take into account—

14                       “(I) the amount of work required  
15                       to perform a geriatric assessment, in-  
16                       cluding the time and effort put forth  
17                       by each qualified health care profes-  
18                       sional involved in performing the geri-  
19                       atric assessment; and

20                       “(II) all of the costs associated  
21                       with the geriatric assessment, includ-  
22                       ing labor, supplies, equipment, and  
23                       the costs of health information tech-  
24                       nologies and systems incurred by the  
25                       physician, practitioner, or other pro-

1                   vider (as described in section  
2                   1861(hhh)(2)) in providing the assess-  
3                   ment; and

4                   “(ii) ensure that such payments do  
5                   not result in a reduction in payments for  
6                   office visits or other evaluation and man-  
7                   agement services that would otherwise be  
8                   allowable.

9                   “(2) SEPARATE PAYMENTS FROM PAYMENTS  
10                  FOR CHRONIC CARE MANAGEMENT AND COORDINA-  
11                  TION SERVICES.—Payments for geriatric assess-  
12                  ments shall be made separately from payments for  
13                  chronic care management and coordination services  
14                  (as defined in section 1861(jjj)(1)) and other serv-  
15                  ices for which payment is made under this title.”.

16                  (B) CONFORMING AMENDMENT.—Section  
17                  1848(j)(3) of the Social Security Act (42  
18                  U.S.C. 1395w-4(j)(3)), as amended by section  
19                  3(e)(2), is amended by inserting “(2)(FF),”  
20                  after “(2)(EE),”.

21                  (3) ELIMINATION OF COINSURANCE IN OUT-  
22                  PATIENT HOSPITAL SETTINGS.—

23                  (A) EXCLUSION FROM OPD FEE SCHED-  
24                  ULE.—Section 1833(t)(1)(B)(iv) of the Social  
25                  Security Act (42 U.S.C. 1395l(t)(1)(B)(iv)) is

1 amended by striking “and diagnostic mammog-  
2 raphy” and inserting “, diagnostic mammog-  
3 raphy, or geriatric assessments (as defined in  
4 section 1861(hhh)(1))”.

5 (B) CONFORMING AMENDMENTS.—Section  
6 1833(a)(2) of the Social Security Act (42  
7 U.S.C. 1395l(a)(2)) is amended—

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

10 (ii) in subparagraph (G)(ii), by strik-  
11 ing the comma at the end and inserting “;  
12 and”; and

13 (iii) by inserting after subparagraph  
14 (G)(ii) the following new subparagraph:

15 “(H) with respect to geriatric assessments  
16 (as defined in section 1861(hhh)(1)) furnished  
17 by an outpatient department of a hospital, the  
18 amount determined under paragraph (1)(X),”.

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

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

23 (B) by inserting before the period the fol-  
24 lowing: “, and (10) such deductible shall not

1 apply with respect to geriatric assessments (as  
2 defined in section 1861(hhh)(1))”.

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

6 (1) in paragraph (1)—

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

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

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

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

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

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

23 “(6) GERIATRIC ASSESSMENTS.—In the case of  
24 a designated health service, if the designated health

1 service is a geriatric assessment (as defined in sec-  
2 tion 1861(hhh)(1)) and furnished by a physician.”.

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

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

18 **SEC. 4. MEDICARE COVERAGE OF CHRONIC CARE MANAGE-**  
19 **MENT AND COORDINATION SERVICES.**

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

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

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

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

5 (C) by adding at the end the following new  
6 subparagraph:

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

9 (2) CONFORMING AMENDMENTS.—(A) Clauses  
10 (i) and (ii) of section 1861(s)(2)(K) of the Social Se-  
11 curity Act (42 U.S.C. 1395x(s)(2)(K)), as amended  
12 by section 3(a)(2), are each amended by striking  
13 “subsections (ww)(1) and (hhh)(1)” and inserting  
14 “subsections (ww)(1), (hhh)(1), and (jjj)(1)”.

15 (B) Section 1862(a)(7) of the Social Security  
16 Act (42 U.S.C. 1395y(a)(7)), as amended by section  
17 3(d), is amended by striking “section 1861(s)(10)”  
18 and inserting “paragraphs (2)(GG) and (10) of sec-  
19 tion 1861(s)”.

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

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

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

19 “(B) The management of, and referral for,  
20 medical and other health services, including inter-  
21 disciplinary care conferences and management with  
22 other providers.

23 “(C) The monitoring and management of medi-  
24 cations.

25 “(D) Patient education and counseling services.

1           “(E) Family caregiver education and counseling  
2 services, including preventive care consistent with  
3 the patient’s condition.

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

7           “(G) Providing access for individuals, and care-  
8 givers or authorized representatives as appropriate,  
9 by telephone and email to physicians or other appro-  
10 priate health care professionals, including 24-hour  
11 availability of such professionals for after hours con-  
12 sultation.

13           “(H) Coordination with the principal nonprofes-  
14 sional caregiver in the home.

15           “(I) Managing and facilitating transitions that  
16 occur among health care professionals and across  
17 settings of care, including the following:

18                   “(i) Pursuing the treatment option elected  
19 by the individual.

20                   “(ii) Including any advance directive exe-  
21 cuted by the individual in the medical file of the  
22 individual.

23           “(J) Information about pain management and  
24 palliative care.

1           “(K) Information about, and referral to, hos-  
2           pice care, including patient and family caregiver  
3           education and counseling about hospice care, and fa-  
4           cilitating transition to hospice care when elected.

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

7           “(M) Such additional services for which pay-  
8           ment would not otherwise be made under this title  
9           that the Secretary may specify that encourage the  
10          receipt of, or improve the effectiveness of, the serv-  
11          ices described in the preceding subparagraphs.

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

15                 “(i) is—

16                         “(I) a physician;

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

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

21                 “(ii) has entered into a chronic care manage-  
22                 ment and coordination agreement with the Sec-  
23                 retary; and

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

1           “(I) the physician, practitioner, or other  
2           provider who completed the geriatric assessment  
3           of the individual; or

4           “(II) a physician, practitioner, or other  
5           provider to whom the individual’s care was  
6           transferred by the physician, practitioner, or  
7           other provider who performed the geriatric as-  
8           sessment.

9           “(B)(i) For purposes of subparagraph (A)(ii), each  
10          chronic care management and coordination agreement  
11          shall meet the requirements described in subparagraph  
12          (C) and shall—

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

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

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

24               “(I) is no longer able to provide chronic care  
25          services; or

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

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

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

16          “(II) Using evidence-based medicine and clin-  
17          ical decision support tools to guide decision making  
18          at the point of care and on the basis of specific pa-  
19          tient factors.

20          “(III) Using health information technology, in-  
21          cluding, where appropriate, remote monitoring and  
22          patient registries, to monitor and track the health  
23          status of patients and to provide patients with en-  
24          hanced and convenient access to health care services.

1           “(IV) Encouraging patients to engage in the  
2           management of their own health through education  
3           and support systems.

4           “(V) Incorporating family caregivers into the  
5           chronic care planning process.

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

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

18          “(3) For purposes of this subsection, the term ‘chron-  
19          ic care eligible individual’ means a geriatric assessment  
20          eligible individual (as defined in subsection (iii)) who has  
21          undergone a geriatric assessment (as defined in subsection  
22          (hhh)(1)) which determined that the individual would ben-  
23          efit from chronic care management and coordination.

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

4       (c) PAYMENT AND ELIMINATION OF COST-SHAR-  
5 ING.—

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

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

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

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

23           (2) PAYMENT.—

24           (A) IN GENERAL.—Section 1848 of the So-  
25 cial Security Act (42 U.S.C. 1395w-4), as

1           amended by section 3(c)(2), is amended by add-  
2           ing at the end the following new subsection:

3           “(p) PAYMENT FOR CHRONIC CARE MANAGEMENT  
4 AND COORDINATION SERVICES.—

5           “(1) ESTABLISHMENT.—

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

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

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

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

22          “(i) take into account—

23                  “(I) the amount of work required  
24                  of the chronic care manager in pro-  
25                  viding chronic care management and

1 coordination services to eligible indi-  
2 viduals; and

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

11 “(ii) ensure that such payments are  
12 for such services furnished during a 30-day  
13 period; and

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

19 “(2) SEPARATE PAYMENTS FROM PAYMENTS  
20 FOR GERIATRIC ASSESSMENTS.—Payments for  
21 chronic care management and coordination services  
22 shall be made separately from payments for geriatric  
23 assessments (as defined in section 1861(hhh)(1))  
24 and other services for which payment is made under  
25 this title.”.

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

6 (3) ELIMINATION OF COINSURANCE IN OUT-  
7 PATIENT HOSPITAL SETTINGS.—

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

18 (B) CONFORMING AMENDMENTS.—Section  
19 1833(a)(2) of the Social Security Act (42  
20 U.S.C. 1395l(a)(2)), as amended by section  
21 3(e)(3)(B), is amended—

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

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

4 (iii) by inserting after subparagraph  
5 (H) the following new subparagraph:

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

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

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

22 “(6) GERIATRIC ASSESSMENTS AND CHRONIC  
23 CARE MANAGEMENT AND COORDINATION SERV-  
24 ICES.—In the case of a designated health service, if  
25 the designated health service is—

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

5           “(B) furnished by a physician.”.

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

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

20       **SEC. 5. OUTREACH ACTIVITIES REGARDING GERIATRIC AS-**  
21                               **SESSMENTS AND CHRONIC CARE MANAGE-**  
22                               **MENT AND COORDINATION SERVICES UNDER**  
23                               **THE MEDICARE PROGRAM.**

24          The Secretary of Health and Human Services shall  
25          conduct outreach activities to individuals likely to be eligi-

1 ble to receive coverage of geriatric assessments (as defined  
 2 in subsection (hhh)(1) of section 1861 of the Social Secu-  
 3 rity Act, as added by section 3) under the Medicare pro-  
 4 gram and individuals likely to be eligible to receive cov-  
 5 erage of chronic care management and coordination serv-  
 6 ices (as defined in subsection (jjj)(1) of such section 1861,  
 7 as added by section 4) under the Medicare program, to  
 8 inform such individuals about the availability of such ben-  
 9 efits under the Medicare program.

10 **SEC. 6. UTILIZATION OF TELEHEALTH SERVICES TO FUR-**  
 11 **NISH GERIATRIC ASSESSMENTS AND CHRON-**  
 12 **IC CARE MANAGEMENT AND COORDINATION**  
 13 **SERVICES UNDER THE MEDICARE PROGRAM.**

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

17 “(iii) GERIATRIC ASSESSMENTS AND  
 18 CHRONIC CARE MANAGEMENT AND CO-  
 19 ORDINATION SERVICES.—The term ‘tele-  
 20 health service’ shall also include geriatric  
 21 assessments (as defined in section  
 22 1861(hhh)(1)) and chronic care manage-  
 23 ment and coordination services (as defined  
 24 in section 1861(jjj)).”.

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

4 **SEC. 7. STUDY AND REPORT ON GERIATRIC ASSESSMENTS**  
5 **AND CHRONIC CARE MANAGEMENT AND CO-**  
6 **ORDINATION SERVICES UNDER THE MEDI-**  
7 **CARE PROGRAM.**

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

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

19 (2) the impact of such geriatric assessments  
20 and care coordination services on reducing expendi-  
21 tures under title XVIII of the Social Security Act,  
22 including reduced expenditures that may result  
23 from—

24 (A) reducing preventable hospital admis-  
25 sions;

1           (B) more appropriate use of pharma-  
2           ceuticals; and

3           (C) reducing duplicate or unnecessary  
4           tests.

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

12          (c) AUTHORIZATION OF APPROPRIATIONS.—There  
13 are authorized to be appropriated such sums as may be  
14 necessary to carry out this section.

15 **SEC. 8. RULE OF CONSTRUCTION.**

16          Nothing in the provisions of, or in the amendments  
17 made by, this Act shall be construed as requiring an indi-  
18 vidual to receive a geriatric assessment (as defined in sec-  
19 tion 1861(hhh)(1) of the Social Security Act, as added by  
20 section 3(b)) or chronic care management and coordina-  
21 tion services (as defined in section 1861(jjj)(1) of such  
22 Act, as added by section 4(b)).

○