

103^D CONGRESS
1ST SESSION

S. 649

To ensure proper and full implementation by the Department of Health and Human Services of medicaid coverage for certain low-income medicare beneficiaries.

IN THE SENATE OF THE UNITED STATES

MARCH 24 (legislative day, MARCH 3), 1993

Mr. RIEGLE (for himself, Mr. MITCHELL, Mr. PRYOR, Mr. COHEN, Mr. KENNEDY, Mr. SIMON, Mr. LEAHY, Mr. JOHNSTON, Mr. SARBANES, and Mr. WOFFORD) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To ensure proper and full implementation by the Department of Health and Human Services of medicaid coverage for certain low-income medicare beneficiaries.

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 “Medicare Enrollment
5 Improvement and Protection Act of 1993”.

TITLE I—IMPROVING ENROLLMENT

3 SEC. 101. NOTIFICATION.

4 (a) IN GENERAL.—Section 1804 of the Social Secu-
5 rity Act (42 U.S.C. 1395b-2) is amended—

6 (1) by striking “and” at the end of paragraph

7 (2),

8 (2) by striking the period at the end of para-
9 graph (3) and inserting “, and”,

10 (3) by inserting after paragraph (3) the follow-
11 ing new paragraph:

12 “(4) a clear, simple explanation (designed to at-
13 tract the reader’s attention and stated plainly in
14 English and any other language determined by the
15 Secretary) of the eligibility requirements and appli-
16 cation procedures for receiving payment of medicare
17 cost-sharing (as defined in section 1905(p)(3)) by
18 qualified medicare beneficiaries (as defined in sec-
19 tion 1905(p)(1)), qualified disabled and working in-
20 dividuals (as defined in section 1905(s)), and indi-
21 viduals described in section 1902(a)(10)(E)(iii).”,
22 and

23 (4) by adding at the end thereof the following
24 new sentence: “The portion of the notice containing
25 the explanation described in paragraph (4) shall also

1 be prepared in a manner suitable for posting and
2 shall be distributed to physicians, hospital offices,
3 other medical facilities, and entities receiving grants
4 from the Secretary for programs designed to provide
5 services to individuals age 65 or older.”.

6 (b) TOLL-FREE HOTLINE.—The Secretary of Health
7 and Human Services shall establish a toll-free telephone
8 number to provide individuals with information on medi-
9 care cost-sharing (as defined in section 1905(p)(3) of the
10 Social Security Act (42 U.S.C. 1396d(p)(3)), including the
11 availability of and requirements for obtaining such medi-
12 care cost-sharing, where to go for applications, and docu-
13 mentation needed for applying. Such information shall be
14 offered to every caller to the hotline regardless of the spe-
15 cific inquiry. All notices described in section 1804(4) of
16 the Social Security Act (42 U.S.C. 1395b–2(4)) shall in-
17 clude this toll-free telephone number.

18 (c) EFFECTIVE DATE.—The amendments made by
19 subsection (a) shall take effect on the date of the enact-
20 ment of this Act.

1 **SEC. 102. USE OF SOCIAL SECURITY ADMINISTRATION OF-**
2 **FICES AND SIMPLIFIED APPLICATION PROC-**
3 **ESSES.**

4 (a) IN GENERAL.—Title XIX of the Social Security
5 Act (42 U.S.C. 1396 et seq.) is amended by adding at
6 the end thereof the following new section:

7 “ALTERNATIVE LOCATIONS FOR PROCESSING
8 APPLICATIONS FOR QUALIFIED MEDICARE BENEFICIARIES

9 “SEC. 1931. (a) IN GENERAL.—The Secretary,
10 through the Social Security Administration and the
11 Health Care Financing Administration, shall provide, as
12 an alternative to the procedure established by State agen-
13 cies under State plans under this title, a procedure (in-
14 cluding appropriate training of personnel by the Health
15 Care Financing Administration) to assist individuals in
16 completing the application form described in subsection
17 (b) at Social Security Administration offices (and any
18 other Federal office, as determined appropriate by the
19 Secretary), and to accept by mail or in person such appli-
20 cation form at such offices. The Secretary shall ensure
21 that adequate resources are available to implement the
22 procedure developed under this subsection.

23 “(b) SIMPLIFIED APPLICATION FORMS.—The Sec-
24 retary shall develop a short, simplified application form
25 to determine if an individual meets the requirements for
26 status as a qualified medicare beneficiary under section

1 1905(p)(1), a qualified disabled and working individual
2 (as defined in section 1905(s)), or an individual described
3 in section 1902(a)(10)(E)(iii). The form shall be developed
4 with the consultation of consumer advocates and State
5 agencies and shall be available in offices described in sub-
6 section (a).

7 “(c) ADDITIONAL USES OF FORMS.—The Secretary
8 shall periodically (at such times as determined by the Sec-
9 retary) mail the forms described in subsection (b) to indi-
10 viduals potentially eligible for the status described in such
11 subsection, and shall provide such forms to counselors in
12 organizations described in section 105 of the Medicare En-
13 rollment Improvement and Protection Act of 1993 for use
14 in determining an individual’s eligibility for such status.

15 “(d) SUBMISSION OF FORMS.—Except as provided in
16 subsection (e), the Secretary shall refer application forms
17 described in subsection (b) which are received by the Sec-
18 retary to the appropriate State agency designated under
19 this title for review and decision.

20 “(e) CERTIFICATION OF DETERMINATION OF STA-
21 TUS.—

22 “(1) CERTIFICATION TO STATE.—If the Sec-
23 retary, based upon an application described in sub-
24 section (b), makes a determination that an individ-
25 ual meets the requirements for the status described

1 in such subsection, the Secretary shall certify such
2 determination to the State in which the individual
3 resides.

4 “(2) STATE RECOGNITION OF ELIGIBILITY.—If
5 the Secretary certifies to the State that an individ-
6 ual meets the requirements for such status, the indi-
7 vidual shall be deemed to have met the requirements
8 for such status.

9 “(3) CONTINUING ELIGIBILITY REQUIRED.—
10 Nothing in paragraph (2) shall be construed to pro-
11 hibit a State from requiring an individual to con-
12 tinue to meet the requirements of such status after
13 the individual is deemed to have met the require-
14 ments of such status under paragraph (2).”.

15 (b) EFFECTIVE DATE.—The amendments made by
16 subsection (a) shall take effect on the date of the enact-
17 ment of this Act.

18 **SEC. 103. MANDATORY DIRECT ENROLLMENT OF PART A**
19 **ELIGIBLES.**

20 (a) IN GENERAL.—Paragraph (1) of section 1818(g)
21 of the Social Security Act (42 U.S.C. 1395i-2(e)) is
22 amended by striking “shall, at the request of a State made
23 after 1989, enter into a modification of an agreement en-
24 tered into with the State pursuant to section 1843(a)” and

1 inserting “shall enter into an agreement with each State
2 under terms described in section 1843”.

3 (b) EFFECTIVE DATE.—The amendment made by
4 subsection (a) shall take effect on the date of the enact-
5 ment of this Act.

6 **SEC. 104. OPTIONAL PRESUMPTIVE ELIGIBILITY.**

7 (a) IN GENERAL.—Title XIX of the Social Security
8 Act (42 U.S.C. 1396 et seq.) is amended by inserting after
9 section 1920 the following new section:

10 “PRESUMPTIVE ELIGIBILITY FOR QUALIFIED MEDICARE
11 BENEFICIARIES

12 “SEC. 1920A. (a) IN GENERAL.—A State plan ap-
13 proved under section 1902 may provide that during a pre-
14 sumptive eligibility period, medical assistance may be
15 made available for medicare cost-sharing (as described in
16 clauses (i), (ii), and (iii) of section 1902(a)(10)(E)) to
17 qualified medicare beneficiaries (as defined in section
18 1905(p)(1)), qualified disabled and working individuals
19 (as defined in section 1905(s)), and individuals described
20 in section 1902(a)(10)(E)(iii) without regard to whether
21 a final determination of eligibility for such assistance has
22 been made.

23 “(b) DEFINITIONS.—For purposes of this section—

24 “(1) the term ‘presumptive eligibility period’
25 means, with respect to an individual described in
26 subsection (a), the period that—

1 “(A) begins with the date on which a
2 qualified provider determines, on the basis of
3 preliminary information, that the family income
4 of the individual does not exceed the applicable
5 income level of eligibility under the State plan,
6 and

7 “(B) ends with (and includes) the earlier
8 of—

9 “(i) the day on which a determination
10 is made with respect to the eligibility of
11 the individual for medical assistance de-
12 scribed in subsection (a) under the State
13 plan, or

14 “(ii) in the case of an individual who
15 does not file an application by the last day
16 of the month following the month during
17 which the provider makes the determina-
18 tion referred to in subparagraph (A), such
19 last day, and

20 “(2) the term ‘qualified provider’ means any
21 provider that—

22 “(A) is eligible for payments under a State
23 plan approved under this title, and

1 “(B) is determined by the State agency to
2 be capable of making determinations of the type
3 described in paragraph (1)(A).

4 “(c) DUTIES OF STATE AGENCY, QUALIFIED PRO-
5 VIDERS, AND PRESUMPTIVELY ELIGIBLE INDIVIDUALS.—

6 “(1) DUTIES OF STATE AGENCY.—The State
7 agency shall provide qualified providers with—

8 “(A) such forms as are necessary for an
9 individual described in subsection (a) to make
10 application for medical assistance described in
11 subsection (a) under the State plan, and

12 “(B) information on how to assist such in-
13 dividuals in completing and filing such forms.

14 “(2) DUTIES OF QUALIFIED PROVIDERS.—A
15 qualified provider that determines under subsection
16 (b)(1)(A) that such an individual is presumptively
17 eligible for such medical assistance under a State
18 plan shall—

19 “(A) notify the State agency of the deter-
20 mination within 5 working days after the date
21 on which the determination is made, and

22 “(B) inform the individual at the time the
23 determination is made that such individual is
24 required to make application for such medical
25 assistance under the State plan by no later

1 than the last day of the month following the
2 month during which the determination is made.

3 “(3) DUTIES OF PRESUMPTIVELY ELIGIBLE IN-
4 DIVIDUALS.—An individual who is determined by a
5 qualified provider to be presumptively eligible for
6 medical assistance under a State plan shall make ap-
7 plication for such medical assistance under such
8 plan by no later than the last day of the month fol-
9 lowing the month during which the determination is
10 made.”.

11 (b) EFFECTIVE DATE.—The amendment made by
12 subsection (a) shall apply to calendar quarters beginning
13 on or after January 1, 1994, without regard to whether
14 or not regulations to implement such amendment are pro-
15 mulgated by such date.

16 **SEC. 105. OUTREACH GRANTS.**

17 (a) GRANTS.—

18 (1) IN GENERAL.—The Secretary of Health and
19 Human Services (in this section referred to as the
20 “Secretary”) shall make grants, one-half to State
21 agencies and one-half to organizations approved
22 under paragraph (2), that submit applications to the
23 Secretary that meet the requirements of this section
24 for the purpose of providing information, counseling,
25 and assistance to older individuals who may be eligi-

1 ble for, but who are not receiving, benefits as quali-
2 fied medicare beneficiaries (as defined in section
3 1905(p)(1) of the Social Security Act (42 U.S.C.
4 1396d(p)(1)), qualified disabled and working individ-
5 uals (as defined in section 1905(s) of such Act (42
6 U.S.C. 1396d(s)), and individuals described in sec-
7 tion 1902(a)(10)(E)(iii) of such Act (42 U.S.C.
8 1396a(a)(10)(E)) (in this section referred to as “eli-
9 gible individuals”). The Secretary shall prescribe
10 regulations to establish a minimum level of funding
11 for a grant issued under this section.

12 (2) APPROVED ORGANIZATIONS.—For purposes
13 of paragraph (1), an organization shall be approved
14 by the Secretary to submit an application for grant
15 funding (as described in subsection (b)) if, as deter-
16 mined by the Secretary, such organization has local
17 entities that can assist older individuals with infor-
18 mation and applications to determine if such individ-
19 uals are eligible individuals.

20 (b) GRANT APPLICATIONS.—

21 (1) SUBMISSIONS.—In submitting an applica-
22 tion under this section, a State agency or approved
23 organization may consolidate and coordinate an ap-
24 plication that consists of parts prepared by more

1 than one department of such State agency or organi-
2 zation.

3 (2) PROGRAM REQUIREMENTS.—As part of an
4 application for a grant under this section, a State
5 agency or approved organization shall submit a plan
6 for an information, counseling, and assistance pro-
7 gram. Such program shall—

8 (A) establish or improve upon an informa-
9 tion, counseling, and assistance program that
10 provides counseling and assistance to eligible in-
11 dividuals in need of information that may assist
12 such individuals in applying for medicare cost-
13 sharing (as defined in section 1905(p)(3) of the
14 Social Security Act (42 U.S.C. 1396d(p)(3));

15 (B) establish a system of referrals to ap-
16 propriate Federal, State, or local departments
17 or agencies for assistance with problems related
18 to enrollment in and full implementation of
19 such medicare cost-sharing program, as deter-
20 mined by the Secretary;

21 (C) provide for a sufficient number of staff
22 positions (including volunteer positions) nec-
23 essary to provide the services of the informa-
24 tion, counseling, and assistance program;

1 (D) provide for the collection and dissemi-
2 nation of timely and accurate enrollment infor-
3 mation to staff members;

4 (E) provide for training programs for staff
5 members (including volunteer staff members);

6 (F) provide for the coordination of the ex-
7 change of enrollment information between the
8 staff of departments and agencies of the State
9 government and the staff of the information,
10 counseling, and assistance program;

11 (G) make recommendations concerning
12 consumer issues and complaints related to such
13 enrollment to agencies and departments of the
14 State government and the Federal Government
15 responsible for providing such medicare cost-
16 sharing;

17 (H) establish an outreach program to pro-
18 vide the enrollment information and counseling
19 described in subparagraph (A) and the assist-
20 ance described in subparagraph (B) to eligible
21 individuals; and

22 (I) demonstrate, to the satisfaction of the
23 Secretary, an ability to provide the counseling
24 and assistance required under this section.

1 (c) ADMINISTRATION.—The State agency or ap-
2 proved organization shall operate the information, counsel-
3 ing, and assistance program in locations other than State
4 welfare offices, including facilities operated by any area
5 agency on aging (as defined in section 102(a)(17) of the
6 Older Americans Act of 1965), meals on wheels program,
7 senior center, and other location determined by the Sec-
8 retary in consultation with such agency or organization.

9 (d) MAINTENANCE OF EFFORT.—Any funds appro-
10 priated for the activities under this section shall supple-
11 ment, and shall not supplant, funds that are expended for
12 similar purposes under any Federal, State, or local pro-
13 gram.

14 (e) ANNUAL APPLICANT REPORT.—A State agency
15 or approved organization that receives a grant under sub-
16 section (a) shall, not later than 180 days after receiving
17 such grant, and annually thereafter, issue an annual re-
18 port to the Secretary that includes information concern-
19 ing—

20 (1) the number of individuals served by the in-
21 formation, counseling, and assistance program of
22 such State agency or organization; and

23 (2) the problems that eligible individuals en-
24 counter in enrolling for medicare cost-sharing.

1 (f) REPORT TO CONGRESS.—Not later than 180 days
2 after the date of enactment of this section, and annually
3 thereafter, the Secretary shall issue a report to the Com-
4 mittee on Finance of the Senate, the Special Committee
5 on Aging of the Senate, the Committee on Ways and
6 Means of the House of Representatives, the Committee on
7 Energy and Commerce of the House of Representatives,
8 and the Select Committee on Aging of the House of Rep-
9 resentatives that—

10 (1) summarizes the allocation of funds author-
11 ized for grants under this section and the expendi-
12 ture of such funds;

13 (2) outlines the problems that eligible individ-
14 uals encounter in enrolling for medicare cost-shar-
15 ing;

16 (3) makes recommendations that the Secretary
17 determines to be appropriate to address the prob-
18 lems described in paragraph (2); and

19 (4) in the case of the first report issued 2 years
20 after the date of enactment of this section, evaluates
21 the effectiveness of counseling programs established
22 under this program, and makes recommendations re-
23 garding continued authorization of funds for these
24 purposes.

1 (g) AUTHORIZATION OF APPROPRIATIONS FOR
2 GRANTS.—There are authorized to be appropriated, in
3 equal parts from the Federal Hospital Insurance Trust
4 Fund and from the Federal Supplementary Medical Insur-
5 ance Trust Fund, \$30,000,000 for each of the fiscal years
6 1994, 1995, and 1996, and \$10,000,000 for each of the
7 fiscal years beginning after fiscal year 1996, to fund the
8 grant programs described in this section.

9 **TITLE II—APPLICATION OF**
10 **OTHER MEDICAID ELIGI-**
11 **BILITY RULES**

12 **SEC. 201. OTHER MEDICAID ELIGIBILITY RULES.**

13 (a) IN GENERAL.—Subsection (a) of section 1905 of
14 the Social Security Act (42 U.S.C. 1396d) is amended by
15 striking “or, in the case of medicare cost-sharing with re-
16 spect to a qualified medicare beneficiary described in sub-
17 section (p)(1), if provided after the month in which the
18 individual becomes such a beneficiary)” and inserting “or,
19 in the case of medicare cost-sharing with respect to a
20 qualified medicare beneficiary (as defined in subsection
21 (p)(1)), a qualified disabled and working individual (as de-
22 fined in subsection (s)), or an individual described in sec-
23 tion 1902(a)(10)(E)(iii), if provided in or after the third
24 month before the month in which the individual makes ap-
25 plication to become such a beneficiary or individual)”.

1 (b) CONFORMING AMENDMENT.—Paragraph (8) of
2 section 1902(e) of the Social Security Act (42 U.S.C.
3 1396a(e)) is amended to read as follows:

4 “(8) For purposes of payment to a State under sec-
5 tion 1903(a), if an individual is determined to be a quali-
6 fied medicare beneficiary (as defined in section
7 1905(p)(1)), a qualified disabled and working individual
8 (as defined in section 1905(s)), or an individual described
9 in subsection (a)(10)(E)(iii), such determination shall be
10 considered to be valid for an individual for a period of
11 12 months from the date of application, except that a
12 State may provide for such determinations more fre-
13 quently, but not more frequently than once every 6 months
14 for an individual.”.

15 (c) EFFECTIVE DATE.—The amendments made by
16 this section shall apply with respect to applications filed
17 after December 31, 1993.

18 **TITLE III—REPORT**

19 **SEC. 301. REPORT BY SECRETARY.**

20 The Secretary of Health and Human Services shall
21 report to the Congress not later than 12 months after the
22 date of enactment of this Act on the activities of the De-
23 partment of Health and Human Services to ensure enroll-
24 ment and full implementation of the benefits described in
25 section 1902(a)(10)(E) of the Social Security Act (42

1 U.S.C. 1396a(a)(10)(E)) and the effectiveness of each
2 such activity. Such report shall also include any rec-
3 ommendations regarding any proposed legislation nec-
4 essary to further improve such enrollment and implemen-
5 tation.

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S 649 IS—2