

106TH CONGRESS
1ST SESSION

H. R. 1347

To provide for a Medicare subvention demonstration project for veterans, to improve the Department of Defense TRICARE program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 25, 1999

Mr. PICKERING (for himself and Mr. MORAN of Kansas) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committees on Commerce, Armed Services, and Veterans' Affairs, 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 provide for a Medicare subvention demonstration project for veterans, to improve the Department of Defense TRICARE program, 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.**

4 This Act may be cited as the "Veterans Health Care
5 Improvement Act of 1999".

1 **SEC. 2. MEDICARE SUBVENTION DEMONSTRATION**
2 **PROJECT FOR VETERANS.**

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

6 “MEDICARE SUBVENTION DEMONSTRATION PROJECT FOR
7 VETERANS

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

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

12 “(2) DEMONSTRATION PROJECT; PROJECT.—
13 The terms ‘demonstration project’ and ‘project’
14 mean the demonstration project carried out under
15 this section.

16 “(3) DEMONSTRATION SITE.—The term ‘dem-
17 onstration site’ means a Veterans Affairs medical fa-
18 cility, including a group of Veterans Affairs medical
19 facilities that provide hospital care or medical serv-
20 ices as part of a service network or similar organiza-
21 tion.

22 “(4) MILITARY RETIREE.—The term ‘military
23 retiree’ means a member or former member of the
24 Armed Forces who is entitled to retired pay.

1 “(5) TARGETED MEDICARE-ELIGIBLE VET-
2 ERAN.—The term ‘targeted medicare-eligible vet-
3 eran’ means an individual who—

4 “(A) is a veteran (as defined in section
5 101(2) of title 38, United States Code) and is
6 described in section 1710(a)(3) of title 38,
7 United States Code;

8 “(B) has attained age 65;

9 “(C) is entitled to benefits under part A of
10 this title; and

11 “(D)(i) is enrolled for benefits under part
12 B of this title; and

13 “(ii) if such individual attained age 65 be-
14 fore the date of enactment of the Veterans’
15 Equal Access to Medicare Act, was so enrolled
16 on such date.

17 “(6) TRUST FUNDS.—The term ‘trust funds’
18 means the Federal Hospital Insurance Trust Fund
19 established in section 1817 and the Federal Supple-
20 mentary Medical Insurance Trust Fund established
21 in section 1841.

22 “(7) VETERANS AFFAIRS MEDICAL FACILITY.—
23 The term ‘Veterans Affairs medical facility’ means a
24 medical facility as defined in section 8101 of title
25 38, United States Code.

1 “(b) DEMONSTRATION PROJECT.—

2 “(1) IN GENERAL.—

3 “(A) ESTABLISHMENT.—The admin-
4 istering Secretaries are authorized to establish
5 a demonstration project (under an agreement
6 entered into by the administering Secretaries)
7 under which the Secretary shall reimburse the
8 Secretary of Veterans Affairs, from the trust
9 funds, for medicare health care services fur-
10 nished to certain targeted medicare-eligible vet-
11 erans at a demonstration site.

12 “(B) AGREEMENT.—The agreement en-
13 tered into under subparagraph (A) shall include
14 at a minimum—

15 “(i) a description of the benefits to be
16 provided to the participants in the dem-
17 onstration project established under this
18 section;

19 “(ii) a description of the eligibility
20 rules for participation in the demonstration
21 project, including any terms and conditions
22 established under subparagraph (C) and
23 any cost-sharing required under subpara-
24 graph (D);

1 “(iii) a description of how the dem-
2 onstration project will satisfy the require-
3 ments under this title (including bene-
4 ficiary protections and quality assurance
5 mechanisms);

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

8 “(v) a description of how reimburse-
9 ment and maintenance of effort require-
10 ments under subsection (h) will be imple-
11 mented in the demonstration project;

12 “(vi) a statement that the Secretary
13 shall have access to all data of the Depart-
14 ment of Veterans Affairs that the Sec-
15 retary determines is necessary to conduct
16 independent estimates and audits of the
17 maintenance of effort requirement, the an-
18 nual reconciliation, and related matters re-
19 quired under the demonstration project;

20 “(vii) a description of any require-
21 ment that the Secretary waives pursuant
22 to subsection (d); and

23 “(viii) a certification, provided after
24 review by the administering Secretaries,
25 that any entity that is receiving payments

1 by reason of the demonstration project has
2 sufficient—

3 “(I) resources and expertise to
4 provide, consistent with payments
5 under subsection (h), the full range of
6 benefits required to be provided to
7 beneficiaries under the project; and

8 “(II) information and billing sys-
9 tems in place to ensure the accurate
10 and timely submission of claims for
11 benefits and to ensure that providers
12 of services, physicians, and other
13 health care professionals are reim-
14 bursed by the entity in a timely and
15 accurate manner.

16 “(C) VOLUNTARY PARTICIPATION.—Par-
17 ticipation of targeted medicare-eligible veterans
18 in the demonstration project shall be voluntary,
19 subject to the capacity of participating dem-
20 onstration sites and the funding limitations
21 specified in subsection (h), and shall be subject
22 to such terms and conditions as the admin-
23 istering Secretaries may establish. In the case
24 of a demonstration site described in paragraph
25 (2)(C)(i), targeted medicare-eligible veterans

1 who are military retirees shall be given pref-
2 erence for participating in the project conducted
3 at that site.

4 “(D) COST-SHARING.—The Secretary of
5 Veterans Affairs may establish cost-sharing re-
6 quirements for veterans participating in the
7 demonstration project. If such cost-sharing re-
8 quirements are established, those requirements
9 shall be the same as the requirements that
10 apply to targeted medicare-eligible patients at
11 medical centers that are not Veterans Affairs
12 medical facilities.

13 “(E) DATA MATCH.—

14 “(i) ESTABLISHMENT OF DATA
15 MATCHING PROGRAM.—The administering
16 Secretaries shall establish a data matching
17 program under which there is an exchange
18 of information of the Department of Vet-
19 erans Affairs and of the Department of
20 Health and Human Services as is nec-
21 essary to identify veterans (as defined in
22 section 101(2) of title 38, United States
23 Code) who are entitled to benefits under
24 part A or enrolled under part B, or both,
25 in order to carry out this section. The pro-

1 visions of section 552a of title 5, United
2 States Code, shall apply with respect to
3 such matching program only to the extent
4 the administering Secretaries find it fea-
5 sible and appropriate in carrying out this
6 section in a timely and efficient manner.

7 “(ii) PERFORMANCE OF DATA
8 MATCH.—The administering Secretaries,
9 using the data matching program estab-
10 lished under clause (i), shall perform a
11 comparison in order to identify veterans
12 who are entitled to benefits under part A
13 or enrolled under part B, or both. To the
14 extent such Secretaries deem appropriate
15 to carry out this section, the comparison
16 and identification may distinguish among
17 such veterans by category of veterans, by
18 entitlement to benefits under this title, or
19 by other characteristics.

20 “(iii) DEADLINE FOR FIRST DATA
21 MATCH.—Not later than October 31, 1999,
22 the administering Secretaries shall first
23 perform a comparison under clause (ii).

24 “(iv) CERTIFICATION BY INSPECTOR
25 GENERAL.—

1 “(I) IN GENERAL.—The admin-
2 istering Secretaries may not conduct
3 the program unless the Inspector Gen-
4 eral of the Department of Health and
5 Human Services certifies to Congress
6 that the administering Secretaries
7 have established the data matching
8 program under clause (i) and have
9 performed a comparison under clause
10 (ii).

11 “(II) DEADLINE FOR CERTIFI-
12 CATION.—Not later than December
13 15, 1999, the Inspector General of the
14 Department of Health and Human
15 Services shall submit a report to Con-
16 gress containing the certification
17 under subclause (I) or the denial of
18 such certification.

19 “(2) NUMBER OF DEMONSTRATION SITES.—

20 “(A) IN GENERAL.—Subject to subpara-
21 graphs (B) and (C), and subsection
22 (g)(1)(D)(ii), the administering Secretaries
23 shall establish a plan for the selection of up to
24 10 demonstration sites located in geographically
25 dispersed locations to participate in the project.

1 “(B) CRITERIA.—The administering Secre-
2 taries shall favor selection of those demonstra-
3 tion sites that consideration of the following
4 factors indicate are suited to serve targeted
5 medicare-eligible veterans:

6 “(i) There is a high potential demand
7 by targeted medicare-eligible veterans for
8 the services to be provided at the dem-
9 onstration site.

10 “(ii) The demonstration site has suffi-
11 cient capability in billing and accounting to
12 participate in the project.

13 “(iii) The demonstration site can dem-
14 onstrate favorable indicators of quality of
15 care, including patient satisfaction.

16 “(iv) The demonstration site delivers
17 a range of services required by targeted
18 medicare-eligible veterans.

19 “(v) The demonstration site meets
20 other relevant factors identified in the
21 plan.

22 “(C) REQUIRED DEMONSTRATION SITES.—
23 At least 1 of each of the following demonstra-
24 tion sites shall be selected for inclusion in the
25 demonstration project:

1 “(i) DEMONSTRATION SITE NEAR
2 CLOSED BASE.—A demonstration site that
3 is in the same catchment area as a mili-
4 tary treatment facility referred to in sec-
5 tion 1074(a) of title 10, United States
6 Code, which was closed pursuant to
7 either—

8 “(I) the Defense Base Closure
9 and Realignment Act of 1990 (part A
10 of title XXIX of Public Law 101–510;
11 10 U.S.C. 2687 note); or

12 “(II) title II of the Defense Au-
13 thorization Amendments and Base
14 Closure and Realignment Act (Public
15 Law 100–526; 10 U.S.C. 2687 note).

16 “(ii) DEMONSTRATION SITE IN A
17 RURAL AREA.—A demonstration site that
18 serves a predominantly rural population.

19 “(3) RESTRICTION.—No new buildings may be
20 built or existing buildings expanded with funds from
21 the demonstration project.

22 “(4) DURATION.—The administering Secre-
23 taries shall conduct the demonstration project dur-
24 ing the 3-year period beginning on January 1, 2000.

1 “(c) CREDITING OF PAYMENTS.—A payment received
2 by the Secretary of Veterans Affairs under the demonstra-
3 tion project shall be credited to the applicable Department
4 of Veterans Affairs medical appropriation and (within that
5 appropriation) to funds that have been allotted to the
6 demonstration site that furnished the services for which
7 the payment is made. Any such payment received during
8 a fiscal year for services provided during a prior fiscal year
9 may be obligated by the Secretary of Veterans Affairs dur-
10 ing the fiscal year during which the payment is received.

11 “(d) AUTHORITY TO WAIVE CERTAIN MEDICARE RE-
12 QUIREMENTS.—

13 “(1) IN GENERAL.—Except as provided in para-
14 graph (2), the Secretary may, to the extent nec-
15 essary to carry out the demonstration project, waive
16 any requirement under this title.

17 “(2) BENEFICIARY PROTECTIONS FOR MAN-
18 AGED CARE PLANS.—In the case of a managed care
19 plan established by the Secretary of Veterans Affairs
20 pursuant to subsection (g), such plan shall comply
21 with the requirements of part C of this title that re-
22 late to beneficiary protections and other matters, in-
23 cluding such requirements relating to the following
24 areas:

25 “(A) Enrollment and disenrollment.

1 “(B) Nondiscrimination.

2 “(C) Information provided to beneficiaries.

3 “(D) Cost-sharing limitations.

4 “(E) Appeal and grievance procedures.

5 “(F) Provider participation.

6 “(G) Access to services.

7 “(H) Quality assurance and external re-
8 view.

9 “(I) Advance directives.

10 “(J) Other areas of beneficiary protections
11 that the Secretary determines are applicable to
12 such project.

13 “(3) DESCRIPTION OF WAIVER.—If the Sec-
14 retary waives any requirement pursuant to para-
15 graph (1), the Secretary shall include a description
16 of such waiver in the agreement described in sub-
17 section (b)(1)(B).

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

1 “(f) REPORT.—At least 60 days prior to the com-
2 mencement of the demonstration project, the admin-
3 istering Secretaries shall submit a copy of the agreement
4 entered into under subsection (b) to the committees of ju-
5 risdiction in Congress.

6 “(g) MANAGED HEALTH CARE.—

7 “(1) MANAGED HEALTH CARE PLANS.—

8 “(A) IN GENERAL.—The Secretary of Vet-
9 erans Affairs may establish and operate man-
10 aged health care plans at demonstration sites.

11 “(B) REQUIREMENTS.—Any managed
12 health care plan established in accordance with
13 subparagraph (A) shall be operated by or
14 through a Veterans Affairs medical facility, or
15 a group of Veterans Affairs medical facilities,
16 and may include the provision of health care
17 services by public and private entities under ar-
18 rangements made between the Department of
19 Veterans Affairs and the other public or private
20 entity concerned. Any such managed health
21 care plan shall be established and operated in
22 conformance with standards prescribed by the
23 administering Secretaries.

24 “(C) MINIMUM BENEFITS.—The admin-
25 istering Secretaries shall prescribe the min-

1 imum health care benefits to be provided under
2 a managed health care plan to veterans enrolled
3 in the plan, which benefits shall include at least
4 all health care services covered under the medi-
5 care program under this title.

6 “(D) INCLUSION IN NUMBER OF DEM-
7 ONSTRATION SITES.—

8 “(i) IN GENERAL.—Subject to clause
9 (ii), if the Secretary of Veterans Affairs
10 elects to establish a managed health care
11 plan under this section, the establishment
12 of such plan is a selected demonstration
13 site for purposes of applying the numerical
14 limitation under subsection (b)(2).

15 “(ii) LIMITATION.—The Secretary of
16 Veterans Affairs shall not establish more
17 than 4 managed health care plans under
18 this section.

19 “(2) DEMONSTRATION SITE REQUIREMENTS.—
20 The Secretary of Veterans Affairs may establish a
21 managed health care plan under paragraph (1)
22 using 1 or more demonstration sites and other pub-
23 lic or private entities only after the Secretary of Vet-
24 erans Affairs submits to Congress a report setting
25 forth a plan for the use of such sites and entities.

1 The plan may not be implemented until the Sec-
2 retary of Veterans Affairs has received from the In-
3 spector General of the Department of Veterans Af-
4 fairs, and has forwarded to Congress, certification of
5 each of the following:

6 “(A) The cost accounting system of the
7 Veterans Health Administration (currently
8 known as the Decision Support System) is oper-
9 ational and is providing reliable cost informa-
10 tion on care delivered on an inpatient and out-
11 patient basis at such sites and entities.

12 “(B) The demonstration sites and entities
13 have developed a credible plan (on the basis of
14 market surveys, data from the Decision Support
15 System, actuarial analysis, or other appropriate
16 methods and taking into account the level of
17 payment under subsection (h) and the costs of
18 providing covered services at the sites and enti-
19 ties) to minimize, to the extent feasible, the risk
20 that appropriated funds allocated to the sites
21 and entities will be required to meet the obliga-
22 tion of the sites and entities to targeted medi-
23 care-eligible veterans under the demonstration
24 project.

1 “(C) The demonstration sites and entities
2 collectively have available capacity to provide
3 the contracted benefits package to a sufficient
4 number of targeted medicare-eligible veterans.

5 “(D) The Veterans Affairs medical facility
6 administering the health plan has sufficient sys-
7 tems and safeguards in place to minimize any
8 risk that instituting the managed care model
9 will result in reducing the quality of care deliv-
10 ered to participants in the demonstration
11 project or to other veterans receiving care under
12 paragraph (1) or (2) of section 1710(a) of title
13 38, United States Code.

14 “(3) RESERVES.—The Secretary of Veterans
15 Affairs shall maintain such reserves as may be nec-
16 essary to ensure against the risk that appropriated
17 funds, allocated to demonstration sites and public or
18 private entities participating in the demonstration
19 project through a managed health care plan under
20 this section, will be required to meet the obligations
21 of those sites and entities to targeted medicare-eli-
22 ble veterans.

23 “(h) PAYMENTS BASED ON REGULAR MEDICARE
24 PAYMENT RATES.—

25 “(1) PAYMENTS.—

1 “(A) IN GENERAL.—Subject to the suc-
2 ceeding provisions of this subsection, the Sec-
3 retary shall reimburse the Secretary of Vet-
4 erans Affairs for services provided under the
5 demonstration project at the following rates:

6 “(i) NONCAPITATION.—Except as pro-
7 vided in clause (ii) and subject to subpara-
8 graphs (B) and (D), at a rate equal to 95
9 percent of the amounts that otherwise
10 would be payable under this title on a
11 noncapitated basis for such services if the
12 demonstration site was not part of this
13 demonstration project, was participating in
14 the medicare program, and imposed
15 charges for such services.

16 “(ii) CAPITATION.—Subject to sub-
17 paragraphs (B) and (D), in the case of
18 services provided to an enrollee under a
19 managed health care plan established
20 under subsection (g), at a rate equal to 95
21 percent of the amount paid to a
22 Medicare+Choice organization under part
23 C with respect to such an enrollee.

24 “(iii) OTHER CASES.—In cases in
25 which a payment amount may not other-

1 wise be readily computed under clauses (i)
2 or (ii), the Secretaries shall establish rules
3 for computing equivalent or comparable
4 payment amounts.

5 “(B) EXCLUSION OF CERTAIN AMOUNTS.—

6 In computing the amount of payment under
7 subparagraph (A), the following shall be ex-
8 cluded:

9 “(i) DISPROPORTIONATE SHARE HOS-
10 PITAL ADJUSTMENT.—Any amount attrib-
11 utable to an adjustment under section
12 1886(d)(5)(F) of the Social Security Act
13 (42 U.S.C. 1395ww(d)(5)(F)).

14 “(ii) DIRECT GRADUATE MEDICAL
15 EDUCATION PAYMENTS.—Any amount at-
16 tributable to a payment under subsection
17 (h) of such section.

18 “(iii) PERCENTAGE OF INDIRECT
19 MEDICAL EDUCATION ADJUSTMENT.—40
20 percent of any amount attributable to the
21 adjustment under subsection (d)(5)(B) of
22 such section.

23 “(iv) PERCENTAGE OF CAPITAL PAY-
24 MENTS.—67 percent of any amounts at-

1 tributable to payments for capital-related
2 costs under subsection (g) of such section.

3 “(C) PERIODIC PAYMENTS FROM MEDI-
4 CARE TRUST FUNDS.—Payments under this
5 subsection shall be made—

6 “(i) on a periodic basis consistent
7 with the periodicity of payments under this
8 title; and

9 “(ii) in appropriate part, as deter-
10 mined by the Secretary, from the trust
11 funds.

12 “(D) ANNUAL LIMIT ON MEDICARE PAY-
13 MENTS.—The amount paid to the Department
14 of Veterans Affairs under this subsection for
15 any year for the demonstration project may not
16 exceed \$50,000,000.

17 “(2) REDUCTION IN PAYMENT FOR VA FAILURE
18 TO MAINTAIN EFFORT.—

19 “(A) IN GENERAL.—To avoid shifting onto
20 the medicare program under this title costs pre-
21 viously assumed by the Department of Veterans
22 Affairs for the provision of medicare-covered
23 services to targeted medicare-eligible veterans,
24 the payment amount under this subsection for

1 the project for a fiscal year shall be reduced by
2 the amount (if any) by which—

3 “(i) the amount of the VA effort level
4 for targeted veterans (as defined in sub-
5 paragraph (B)) for the fiscal year ending
6 in such year, is less than

7 “(ii) the amount of the VA effort level
8 for targeted veterans for fiscal year 1998.

9 “(B) VA EFFORT LEVEL FOR TARGETED
10 VETERANS DEFINED.—For purposes of sub-
11 paragraph (A), the term ‘VA effort level for
12 targeted veterans’ means, for a fiscal year, the
13 amount, as estimated by the administering Sec-
14 retaries, that would have been expended under
15 the medicare program under this title for VA-
16 provided medicare-covered services for targeted
17 veterans (as defined in subparagraph (C)) for
18 that fiscal year if benefits were available under
19 the medicare program for those services. Such
20 amount does not include expenditures attrib-
21 utable to services for which reimbursement is
22 made under the demonstration project.

23 “(C) VA-PROVIDED MEDICARE-COVERED
24 SERVICES FOR TARGETED VETERANS.—For
25 purposes of subparagraph (B), the term ‘VA-

1 provided medicare-covered services for targeted
2 veterans' means, for a fiscal year, items and
3 services—

4 “(i) that are provided during the fis-
5 cal year by the Department of Veterans
6 Affairs to targeted medicare-eligible vet-
7 erans;

8 “(ii) that constitute hospital care and
9 medical services under chapter 17 of title
10 38, United States Code; and

11 “(iii) for which benefits would be
12 available under the medicare program
13 under this title if they were provided other
14 than by a Federal provider of services that
15 does not charge for those services.

16 “(3) ASSURING NO INCREASE IN COST TO MEDI-
17 CARE PROGRAM.—

18 “(A) MONITORING EFFECT OF DEM-
19 ONSTRATION PROGRAM ON COSTS TO MEDICARE
20 PROGRAM.—

21 “(i) IN GENERAL.—The Secretaries,
22 in consultation with the Comptroller Gen-
23 eral, shall closely monitor the expenditures
24 made under the medicare program for tar-
25 geted medicare-eligible veterans during the

1 period of the demonstration project com-
2 pared to the expenditures that would have
3 been made for such veterans during that
4 period if the demonstration project had not
5 been conducted.

6 “(ii) ANNUAL REPORT BY THE COMP-
7 TROLLER GENERAL.—Not later than De-
8 cember 31 of each year during which the
9 demonstration project is conducted, the
10 Comptroller General shall submit to the
11 Secretaries and the appropriate committees
12 of Congress a report on the extent, if any,
13 to which the costs of the Secretary under
14 the medicare program under this title in-
15 creased during the preceding fiscal year as
16 a result of the demonstration project.

17 “(B) REQUIRED RESPONSE IN CASE OF IN-
18 CREASE IN COSTS.—

19 “(i) IN GENERAL.—If the admin-
20 istering Secretaries find, based on subpara-
21 graph (A), that the expenditures under the
22 medicare program under this title in-
23 creased (or are expected to increase) dur-
24 ing a fiscal year because of the demonstra-

1 tion project, the administering Secretaries
2 shall take such steps as may be needed—

3 “(I) to recoup for the medicare
4 program the amount of such increase
5 in expenditures; and

6 “(II) to prevent any such in-
7 crease in the future.

8 “(ii) STEPS.—Such steps—

9 “(I) under clause (i)(I), shall in-
10 clude payment of the amount of such
11 increased expenditures by the Sec-
12 retary of Veterans Affairs from the
13 current medical care appropriation of
14 the Department of Veterans Affairs to
15 the trust funds; and

16 “(II) under clause (i)(II), shall
17 include suspending or terminating the
18 demonstration project (in whole or in
19 part) or lowering the amount of pay-
20 ment under paragraph (1)(A).

21 “(i) EVALUATION AND REPORTS.—

22 “(1) INDEPENDENT EVALUATION.—

23 “(A) IN GENERAL.—The administering
24 Secretaries shall arrange for an independent en-
25 tity with expertise in the evaluation of health

1 care services to conduct an evaluation of the
2 demonstration project.

3 “(B) CONTENTS.—The evaluation con-
4 ducted under subparagraph (A) shall include an
5 assessment, based on the agreement entered
6 into under subsection (b), of the following:

7 “(i) The cost to the Department of
8 Veterans Affairs of providing care to vet-
9 erans under the project.

10 “(ii) Compliance of participating dem-
11 onstration sites with applicable measures
12 of quality of care, compared to such com-
13 pliance for other medicare-participating
14 medical centers that are not Veterans Af-
15 fairs medical facilities.

16 “(iii) A comparison of the costs of
17 participation of the demonstration sites in
18 the program with the reimbursements pro-
19 vided for services of such sites.

20 “(iv) Any savings or costs to the
21 medicare program under this title from the
22 project.

23 “(v) Any change in access to care or
24 quality of care for targeted medicare-eli-
25 ble veterans participating in the project.

1 “(vi) Any effect of the project on the
2 access to care and quality of care for tar-
3 geted medicare-eligible veterans not par-
4 ticipating in the project and other veterans
5 not participating in the project.

6 “(vii) The provision of services under
7 managed health care plans under sub-
8 section (g), including the circumstances (if
9 any) under which the Secretary of Vet-
10 erans Affairs uses reserves described in
11 paragraph (3) of such subsection and the
12 Secretary of Veterans Affairs’ response to
13 such circumstances (including the termi-
14 nation of managed health care plans re-
15 quiring the use of such reserves).

16 “(viii) Any effect that the demonstra-
17 tion project has on the enrollment in
18 Medicare+Choice plans offered by
19 Medicare+Choice organizations under part
20 C of this title in the established site areas.

21 “(ix) Any additional elements that the
22 independent entity determines is appro-
23 priate to assess regarding the demonstra-
24 tion project.

1 “(C) ANNUAL REPORTS.—The independent
2 entity conducting the evaluation under subpara-
3 graph (A) shall submit reports on such evalua-
4 tion to the administering Secretaries and to the
5 committees of jurisdiction in the Congress as
6 follows:

7 “(i) INITIAL REPORT.—The entity
8 shall submit the initial report not later
9 than 12 months after the date on which
10 the demonstration project begins operation.

11 “(ii) SECOND ANNUAL REPORT.—The
12 entity shall submit the second annual re-
13 port not later than 30 months after the
14 date on which the demonstration project
15 begins operation.

16 “(iii) FINAL REPORT.—The entity
17 shall submit the final report not later than
18 3½ years after the date on which the dem-
19 onstration project begins operation.

20 “(2) REPORT ON EXTENSION AND EXPANSION
21 OF DEMONSTRATION PROJECT.—Not later than 3½
22 years after the date on which the demonstration
23 project begins operation, the administering Secre-
24 taries shall submit to Congress a report
25 containing—

1 “(A) their recommendation as to—

2 “(i) whether to extend the demonstra-
3 tion project or make the project perma-
4 nent;

5 “(ii) whether to expand the project to
6 cover additional demonstration sites and to
7 increase the maximum amount of reim-
8 bursement (or the maximum amount of re-
9 imbursement permitted for managed health
10 care plans under this section) under the
11 project in any year; and

12 “(iii) whether the terms and condi-
13 tions of the project should be continued (or
14 modified) if the project is extended or ex-
15 panded; and

16 “(B) a detailed description of any costs as-
17 sociated with their recommendation made pur-
18 suant to clauses (i) and (ii) of subparagraph
19 (A).”.

20 **SEC. 3. IMPROVEMENT OF TRICARE PROGRAM.**

21 (a) IMPROVEMENT OF TRICARE PROGRAM.—(1)
22 Chapter 55 of title 10, United States Code, is amended
23 by inserting after section 1097a the following new section:

1 **“§ 1097b. TRICARE: comparability of benefits with**
2 **benefits under Federal Employees Health**
3 **Benefits program; other requirements**
4 **and authorities**

5 “(a) COMPARABILITY OF BENEFITS.—The Secretary
6 of Defense shall, to the maximum extent practicable, en-
7 sure that the health care coverage available through the
8 TRICARE program is substantially similar to the health
9 care coverage available under similar health benefits plans
10 offered under the Federal Employees Health Benefits pro-
11 gram established under chapter 89 of title 5.

12 “(b) PORTABILITY OF BENEFITS.—The Secretary of
13 Defense shall provide that any covered beneficiary enrolled
14 in the TRICARE program may receive benefits under that
15 program at facilities that provide benefits under that pro-
16 gram throughout the various regions of that program.

17 “(c) PATIENT MANAGEMENT.—(1) The Secretary of
18 Defense shall, to the maximum extent practicable, mini-
19 mize the authorization or certification requirements im-
20 posed upon covered beneficiaries under the TRICARE
21 program as a condition of access to benefits under that
22 program.

23 “(2) The Secretary of Defense shall, to the maximum
24 extent practicable, utilize practices for processing claims
25 under the TRICARE program that are similar to the best
26 industry practices for processing claims for health care

1 services in a simplified and expedited manner. To the max-
2 imum extent practicable, such practices shall include elec-
3 tronic processing of claims.

4 “(d) REIMBURSEMENT OF HEALTH CARE PRO-
5 VIDERS.—(1) Subject to paragraph (2), the Secretary of
6 Defense may increase the reimbursement provided to
7 health care providers under the TRICARE program above
8 the reimbursement otherwise authorized such providers
9 under that program if the Secretary determines that such
10 increase is necessary in order to ensure the availability of
11 an adequate number of qualified health care providers
12 under that program.

13 “(2) The amount of reimbursement provided under
14 paragraph (1) with respect to a health care service may
15 not exceed the lesser of—

16 “(A) the amount equal to the local usual and
17 customary charge for the service in the service area
18 (as determined by the Secretary) in which the serv-
19 ice is provided; or

20 “(B) the amount equal to 115 per cent of the
21 CHAMPUS maximum allowable charge for the serv-
22 ice.

23 “(e) AUTHORITY FOR CERTAIN THIRD-PARTY COL-
24 LECTIONS.—(1) A medical treatment facility of the uni-
25 formed services under the TRICARE program may collect

1 from a third-party payer the reasonable charges for health
2 care services described in paragraph (2) that are incurred
3 by the facility on behalf of a covered beneficiary under
4 that program to the extent that the beneficiary would be
5 eligible to receive reimbursement or indemnification from
6 the third-party payer if the beneficiary were to incur such
7 charges on the beneficiary's own behalf.

8 “(2) The reasonable charges described in this para-
9 graph are reasonable charges for services or care covered
10 by the medicare program under title XVIII of the Social
11 Security Act.

12 “(3) The collection of charges, and the utilization of
13 amounts collected, under this subsection shall be subject
14 to the provisions of section 1095 of this title. The term
15 ‘reasonable costs’, as used in that section shall be deemed
16 for purposes of the application of that section to this sub-
17 section to refer to the reasonable charges described in
18 paragraph (2).

19 “(f) CONSULTATION.—The Secretary of Defense
20 shall carry out any actions under this section after con-
21 sultation with the other administering Secretaries.”.

22 (2) The table of sections at the beginning of such
23 chapter is amended by inserting after the item relating
24 to section 1097a the following new item:

“1097b. TRICARE: comparability of benefits with benefits under Federal Em-
ployees Health Benefits program; other requirements and au-
thorities.”.

1 (b) EFFECTIVE DATE.—The amendments made by
2 subsection (a) shall take effect one year after the date of
3 the enactment of this Act.

4 (c) REPORT ON IMPLEMENTATION.—(1) Not later
5 than 6 months after the date of the enactment of this Act,
6 the Secretary of Defense, in consultation with the other
7 administering Secretaries, shall submit to Congress a re-
8 port assessing the effects of the implementation of the re-
9 quirements and authorities set forth in section 1097b of
10 title 10, United States Code (as added by subsection (a)).

11 (2) The report shall include the following:

12 (A) An assessment of the cost of the implemen-
13 tation of such requirements and authorities.

14 (B) An assessment whether or not the imple-
15 mentation of any such requirements and authorities
16 will result in the utilization by the TRICARE pro-
17 gram of the best industry practices with respect to
18 the matters covered by such requirements and au-
19 thorities.

20 (3) In this subsection, the term “administering Secre-
21 taries” has the meaning given that term in section
22 1072(3) of title 10, United States Code.

1 **SEC. 4. SENSE OF CONGRESS REGARDING PROCESSING OF**
2 **CLAIMS FOR VETERANS' BENEFITS.**

3 (a) FINDINGS.—The Congress makes the following
4 findings:

5 (1) Despite advances in technology, tele-
6 communications, and training, the Department of
7 Veterans Affairs currently requires 20 percent more
8 time to process claims for veterans' benefits than the
9 Department required to process such claims in 1997.

10 (2) The Department does not currently process
11 claims for veterans' benefits in a timely manner.

12 (b) SENSE OF CONGRESS.—It is the sense of the
13 Congress to urge the Secretary of Veterans Affairs to—

14 (1) review the program, policies, and procedures
15 of the Veterans Benefits Administration of the De-
16 partment of Veterans Affairs in order to identify
17 areas in which the Administration does not currently
18 process claims for veterans' benefits in a manner
19 consistent with the objectives set forth in the Na-
20 tional Performance Review (including objectives re-
21 garding timeliness of Executive branch activities);

22 (2) initiate any actions necessary to ensure that
23 the Administration processes claims for such bene-
24 fits in a manner consistent with such objectives; and

1 (3) report to the Congress by June 1, 1999, on
2 measures taken to improve processing time for vet-
3 erans' claims.

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