

106TH CONGRESS
1ST SESSION

H. R. 1646

To authorize the Secretary of Health and Human Services to provide for an extra payment amount under the Medicare Program to rural providers of services who furnish case manager services to Medicare beneficiaries.

IN THE HOUSE OF REPRESENTATIVES

APRIL 29, 1999

Mr. STARK introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To authorize the Secretary of Health and Human Services to provide for an extra payment amount under the Medicare Program to rural providers of services who furnish case manager services to 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 referred to as the “Rural Case Man-
5 agement Act of 1999”.

1 **SEC. 2. ADDITIONAL PAYMENT AMOUNT TO RURAL PRO-**
2 **VIDERS OF SERVICES WHO FURNISH CASE**
3 **MANAGER SERVICES.**

4 (a) **AUTHORITY TO PROVIDE ADDITIONAL PAYMENT**
5 **FOR RURAL CASE MANAGER SERVICES.**—In the case of
6 a provider of services or a physician that furnishes services
7 to Medicare beneficiaries in a rural area, the Secretary
8 of Health and Human Services may provide for an addi-
9 tional payment under the Medicare Program for rural case
10 manager services furnished by such provider or physician
11 to Medicare beneficiaries.

12 (b) **REQUIREMENT FOR RURAL CASE MANAGEMENT**
13 **PLAN.**—No payment may be made under subsection (a)
14 for rural case manager services furnished to a Medicare
15 beneficiary unless such provider or physician establishes,
16 and periodically reviews, a rural case management plan
17 for furnishing items and services for the treatment of the
18 illness or injury of the Medicare beneficiary. The Secretary
19 shall establish such standards as the Secretary finds nec-
20 essary for the effective and efficient development and over-
21 sight of rural case manager services and rural case man-
22 agement plans to ensure the health and safety of Medicare
23 beneficiaries furnished services under such a plan.

24 (c) **PAYMENT.**—

1 (1) IN GENERAL.—Payment may be made
2 under this section for rural case manager services
3 with respect to a Medicare beneficiary only—

4 (A) for the initial development of the rural
5 case management plan for the individual, and

6 (B) for the subsequent review and modi-
7 fication of such plan, as provided by the Sec-
8 retary in regulations.

9 (2) PAYMENT UNDER FEE SCHEDULE.—Pay-
10 ment under this section for rural case manager serv-
11 ices shall be made pursuant to the fee schedule es-
12 tablished by the Secretary.

13 (3) ESTABLISHMENT OF FEE SCHEDULE.—

14 (A) IN GENERAL.—The Secretary shall es-
15 tablish a fee schedule for payment for rural
16 case manager services. Such schedule may pro-
17 vide for rates that differ for such services that
18 comprise the establishment of a rural case man-
19 agement plan and that comprise review and
20 modification of such a plan.

21 (B) CONSIDERATIONS.—In establishing
22 such fee schedule, the Secretary shall consider
23 appropriate regional and operational differences
24 and adjustments to payment rates to account
25 for inflation and other relevant factors.

1 (C) CONSULTATION.—In establishing the
2 fee schedule for rural case manager services
3 under this subsection, the Secretary shall con-
4 sult with appropriate organizations representing
5 individuals and entities who furnish referral
6 services in rural areas for health care items and
7 services furnished and share with such organi-
8 zations relevant data in establishing such sched-
9 ule.

10 (d) GUIDANCE ON INITIATION OF CASE MANAGER
11 SERVICES.—The Secretary of Health and Human Services
12 shall provide guidance on the process or processes that
13 may be used to develop rural case management plans on
14 a timely basis.

15 (e) LIMITATION ON REFERRALS.—Section 1877 of
16 the Social Security Act (42 U.S.C. 1395nn) shall apply
17 to a referral by a rural case manager to a rural agency
18 in the same manner as such section applies to a referral
19 by a physician to an entity described in section 1877(a)(2)
20 of such Act.

21 (f) DEFINITIONS.—In this section:

22 (1) The term “rural case manager services”
23 means the development, coordination, and moni-
24 toring of a rural case management plan for an indi-
25 vidual furnished items and services for the diagnosis

1 and treatment of an illness or injury, and includes
2 the periodic review of such a plan.

3 (2) The term “rural case management plan”
4 means a structured plan for the delivery of items
5 and services that is developed by a rural case man-
6 ager, after consultation with the physician and, if
7 available, the family of the individual involved.

8 (3) The term “provider of service” has the
9 meaning given that term in section 1861(u) of the
10 Social Security Act (42 U.S.C. 1395x(u)).

11 (4) The term “physician” has the meaning
12 given that term in section 1861(r) of such Act (42
13 U.S.C. 1395x(r)).

14 (5) The term “rural area” means an area des-
15 ignated as a rural area under section 1886(d)(2)(D)
16 of such Act (42 U.S.C. 1395ww(d)(2)(D)).

17 (6) The term “Medicare beneficiary” means an
18 individual entitled to benefits under part A of title
19 XVIII of such Act, or enrolled under part B of such
20 title, or both.

21 (7) The term “Medicare Program” means the
22 insurance program established under title XVIII of
23 the Social Security Act.

1 (g) EFFECTIVE DATE.—This section shall take effect
2 on October 1, 2000, and apply with respect to rural serv-
3 ices furnished on or after October 1, 2001.

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