

110TH CONGRESS
1ST SESSION

H. R. 3668

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 26, 2007

Received

AN ACT

To provide for the extension of transitional medical assistance (TMA), the abstinence education program, and the qualifying individuals (QI) 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “TMA, Abstinence Edu-
3 cation, and QI Programs Extension Act of 2007”.

4 **SEC. 2. EXTENSION OF TRANSITIONAL MEDICAL ASSIST-**
5 **ANCE (TMA) AND ABSTINENCE EDUCATION**
6 **PROGRAM THROUGH DECEMBER 31, 2007.**

7 Section 401 of division B of the Tax Relief and
8 Health Care Act of 2006 (Public Law 109–432), as
9 amended by section 1 of Public Law 110–48, is amend-
10 ed—

11 (1) by striking “September 30” and inserting
12 “December 31”;

13 (2) by striking “for fiscal year 2006” and in-
14 serting “for fiscal year 2007”;

15 (3) by striking “the fourth quarter of fiscal
16 year 2007” and inserting “the first quarter of fiscal
17 year 2008”; and

18 (4) by striking “the fourth quarter of fiscal
19 year 2006” and inserting “the first quarter of fiscal
20 year 2007”.

21 **SEC. 3. EXTENSION OF QUALIFYING INDIVIDUAL (QI) PRO-**
22 **GRAM THROUGH DECEMBER 2007.**

23 (a) THROUGH DECEMBER 2007.—Section
24 1902(a)(10)(E)(iv) of the Social Security Act (42 U.S.C.
25 1396a(a)(10)(E)(iv)) is amended by striking “September
26 2007” and inserting “December 2007”.

1 (b) EXTENDING TOTAL AMOUNT AVAILABLE FOR
2 ALLOCATION.—Section 1933(g) of such Act (42 U.S.C.
3 1396u–3(g)) is amended—

4 (1) in paragraph (2)—

5 (A) by striking “and” at the end of sub-
6 paragraph (F);

7 (B) by striking the period at the end of
8 subparagraph (G) and inserting “; and”; and

9 (C) by adding at the end the following new
10 subparagraph:

11 “(H) for the period that begins on October
12 1, 2007, and ends on December 31, 2007, the
13 total allocation amount is \$100,000,000.”; and

14 (2) in paragraph (3), in the matter preceding
15 subparagraph (A), by striking “or (F)” and insert-
16 ing “(F), or (H)”.

17 (c) EFFECTIVE DATE.—The amendments made by
18 this section shall be effective as of September 30, 2007.

19 **SEC. 4. EXTENSION OF SSI WEB-BASED ASSET DEMONSTRATION PROJECT TO THE MEDICAID PROGRAM.**

21 (a) IN GENERAL.—Beginning on October 1, 2007,
22 and ending on September 30, 2012, the Secretary of
23 Health and Human Services shall provide for the applica-
24 tion to asset eligibility determinations under the Medicaid
25 program under title XIX of the Social Security Act of the

1 automated, secure, web-based asset verification request
2 and response process being applied for determining eligi-
3 bility for benefits under the Supplemental Security Income
4 (SSI) program under title XVI of such Act under a dem-
5 onstration project conducted under the authority of sec-
6 tion 1631(e)(1)(B)(ii) of such Act (42 U.S.C.
7 1383(e)(1)(B)(ii)).

8 (b) LIMITATION.—Such application shall only extend
9 to those States in which such demonstration project is op-
10 erating and only for the period in which such project is
11 otherwise provided.

12 (c) RULES OF APPLICATION.—For purposes of car-
13 rying out subsection (a), notwithstanding any other provi-
14 sion of law, information obtained from a financial institu-
15 tion that is used for purposes of eligibility determinations
16 under such demonstration project with respect to the Sec-
17 retary of Health and Human Services under the SSI pro-
18 gram may also be shared and used by States for purposes
19 of eligibility determinations under the Medicaid program.
20 In applying section 1631(e)(1)(B)(ii) of the Social Secu-
21 rity Act under this subsection, references to the Commis-
22 sioner of Social Security and benefits under title XVI of
23 such Act shall be treated as including a reference to a
24 State described in subsection (b) and medical assistance
25 under title XIX of such Act provided by such a State.

1 **SEC. 5. 6-MONTH DELAY IN REQUIREMENT TO USE TAM-**
2 **PER-RESISTANT PRESCRIPTION PADS UNDER**
3 **MEDICAID.**

4 Effective as if included in the enactment of section
5 7002(b) of the U.S. Troop Readiness, Veterans' Care,
6 Katrina Recovery, and Iraq Accountability Appropriations
7 Act, 2007 (Public Law 110–28, 121 Sta. 187), paragraph
8 (2) of such section is amended by striking “September 30,
9 2007” and inserting “March 31, 2008”.

10 **SEC. 6. ADDITIONAL FUNDING FOR THE MEDICARE PHYSI-**
11 **CIAN ASSISTANCE AND QUALITY INITIATIVE**
12 **FUND.**

13 Section 1848(l)(2) of the Social Security Act (42
14 U.S.C. 1395w–4(l)(2)) is amended—

15 (1) in subparagraph (A), by adding at the end
16 the following: “In addition, there shall be available
17 to the Fund for expenditures during 2009 an
18 amount equal to \$325,000,000 and for expenditures
19 during or after 2013 an amount equal to
20 \$60,000,000.”; and

21 (2) in subparagraph (B)—

22 (A) in the heading, by striking “FUR-

23 NISHED DURING 2008”;

24 (B) by striking “specified in subparagraph
25 (A)” and inserting “specified in the first sen-
26 tence of subparagraph (A)”;

1 (C) by inserting after “furnished during
2 2008” the following: “and for the obligation of
3 the entire first amount specified in the second
4 sentence of such subparagraph for payment
5 with respect to physicians’ services furnished
6 during 2009 and of the entire second amount
7 so specified for payment with respect to physi-
8 cians’ services furnished on or after January 1,
9 2013”.

10 **SEC. 7. LIMITATION ON IMPLEMENTATION FOR FISCAL**
11 **YEARS 2008 AND 2009 OF A PROSPECTIVE**
12 **DOCUMENTATION AND CODING ADJUSTMENT**
13 **IN RESPONSE TO THE IMPLEMENTATION OF**
14 **THE MEDICARE SEVERITY DIAGNOSIS RE-**
15 **LATED GROUP (MS-DRG) SYSTEM UNDER THE**
16 **MEDICARE PROSPECTIVE PAYMENT SYSTEM**
17 **FOR INPATIENT HOSPITAL SERVICES.**

18 (a) IN GENERAL.—In implementing the final rule
19 published on August 22, 2007, on pages 47130 through
20 48175 of volume 72 of the Federal Register, the Secretary
21 of Health and Human Services (in this section referred
22 to as the “Secretary”) shall apply prospective documenta-
23 tion and coding adjustments (made in response to the im-
24 plementation of a Medicare Severity Diagnosis Related
25 Group (MS-DRG) system under the hospital inpatient

1 prospective payment system under section 1886(d) of the
2 Social Security Act (42 U.S.C. 1395ww(d)) of—

3 (1) for discharges occurring during fiscal year
4 2008, 0.6 percent rather than the 1.2 percent speci-
5 fied in such final rule; and

6 (2) for discharges occurring during fiscal year
7 2009, 0.9 percent rather than the 1.8 percent speci-
8 fied in such final rule.

9 (b) SUBSEQUENT ADJUSTMENTS.—

10 (1) IN GENERAL.—Notwithstanding any other
11 provision of law, if the Secretary determines that im-
12 plementation of such Medicare Severity Diagnosis
13 Related Group (MS-DRG) system resulted in
14 changes in coding and classification that did not re-
15 flect real changes in case mix under section 1886(d)
16 of the Social Security Act (42 U.S.C. 1395ww(d))
17 for discharges occurring during fiscal year 2008 or
18 2009 that are different than the prospective docu-
19 mentation and coding adjustments applied under
20 subsection (a), the Secretary shall—

21 (A) make an appropriate adjustment under
22 paragraph (3)(A)(vi) of such section 1886(d);
23 and

24 (B) make an additional adjustment to the
25 standardized amounts under such section

1 1886(d) for discharges occurring only during
2 fiscal years 2010, 2011, and 2012 to offset the
3 estimated amount of the increase or decrease in
4 aggregate payments (including interest as de-
5 termined by the Secretary) determined, based
6 upon a retrospective evaluation of claims data
7 submitted under such Medicare Severity Diag-
8 nosis Related Group (MS-DRG) system, by the
9 Secretary with respect to discharges occurring
10 during fiscal years 2008 and 2009.

11 (2) REQUIREMENT.—Any adjustment under
12 paragraph (1)(B) shall reflect the difference between
13 the amount the Secretary estimates that implemen-
14 tation of such Medicare Severity Diagnosis Related
15 Group (MS-DRG) system resulted in changes in
16 coding and classification that did not reflect real
17 changes in case mix and the prospective documenta-
18 tion and coding adjustments applied under sub-
19 section (a). An adjustment made under paragraph
20 (1)(B) for discharges occurring in a year shall not
21 be included in the determination of standardized
22 amounts for discharges occurring in a subsequent
23 year.

24 (3) RULE OF CONSTRUCTION.—Nothing in this
25 section shall be construed as—

