

**“Veterans’, Seniors’, and Children’s Health Technical Corrections Act of 2010”**  
**H.R. 5712**

*This bill provides for certain clarifications and extensions under Medicare, Medicaid and the Children’s Health Insurance Program pertaining to veterans and other beneficiaries, as well as providers including skilled nursing facilities, teaching hospitals, and children’s hospitals. CBO estimates that this bill results in small savings (less than \$50 million) to the federal government.*

**Clarification of effective date of Part B special enrollment period for disabled TRICARE beneficiaries.**

This provision would clarify that disabled veterans making Medicare Part B elections on and after March 23, 2010 are eligible for a 12-month special enrollment period to ensure that they properly enroll in Medicare Part B and retain their TRICARE eligibility.

**Repeal of delay of RUG-IV.** The bill ensures that a refined payment system reimbursing skilled nursing facilities (known as Version 4 of the Resource Utilization Groups, or “RUG IV”) can be implemented on October 1, 2010.

**Addition of clarification for affiliated hospitals for distribution of residency positions.** The bill would make a technical correction to clarify that residency positions that are being shared between teaching hospitals under an “affiliation agreement” would not be redistributed to other hospitals. There are more than 300 hospitals in 36 states with affiliation agreements in place that are currently using these residency slots.

**Inclusion of orphan drugs for children’s hospitals under the 340B drug discount program.** This provision would clarify that eligible children’s hospitals retain access to 340B drug discounts on orphan drugs.

**Medicaid and CHIP technical corrections.** The bill would make technical corrections to Medicaid and CHIP relating to exclusion from participation, income eligibility levels for children, measurement of payment error rates, coverage of children of state employees, and payment for electronic health records.

**Funding for claims reprocessing.** Extensions of Medicare payment policies for calendar year 2010 were enacted into law on March 23, 2010, requiring the Centers for Medicare and Medicaid Services (CMS) to reprocess Medicare claims back to January 1, 2010. The bill would provide funding for CMS to reprocess these claims.

**Extension of Section 508 reclassifications.** Under current law, hospital geographic reclassifications authorized under section 508 of the Medicare Modernization Act expire on September 30, 2010. The bill would extend these reclassifications through FY 2011.

**Revision to the Medicare Improvement Fund.** The Medicare Improvement Fund makes a limited amount of money available to make improvements to the Medicare program. The bill would reduce the amount of money available in that fund.