

“(i) was entered into before the date of the enactment of this Act; and

“(ii) is not modified or renewed on or after such date.

“(B) In the case of a health-plan contract (as so defined) that was entered into before such date and which is modified or renewed on or after such date, the amendment made by subsection (a) [amending this section] shall apply—

“(i) with respect to such plan as of the day after the date that it is so modified or renewed; and

“(ii) with respect to care and services provided after such date of modification or renewal.

“(3) For purposes of paragraph (2), the term ‘modified’ includes any change in premium or coverage.”

EFFECTIVE DATE

Section 106(b) of Pub. L. 97-72 provided that: “Section 629 [now 1729] of title 38, United States Code, as added by subsection (a), shall apply with respect to care and services furnished under chapter 17 of title 38, United States Code, on or after the date of the enactment of this Act [Nov. 3, 1981].”

HEALTHCARE FACILITIES CERTIFIED AS MEDICARE AND MEDICAID PROVIDERS FOR COLLECTION PURPOSES

Pub. L. 107-206, title I, Aug. 2, 2002, 116 Stat. 888, provided in part: “That for the purposes of enabling the collection from third-party insurance carriers for non-service related medical care of veterans, all Department of Veterans Affairs healthcare facilities are hereby certified as Medicare and Medicaid providers and the Centers for Medicare and Medicaid Services within the Department of Health and Human Services shall issue each Department of Veterans Affairs healthcare facility a provider number as soon as practicable after the date of enactment of this Act [Aug. 2, 2002]: *Provided further*, That nothing in the preceding proviso shall be construed to enable the Department of Veterans Affairs to bill Medicare or Medicaid for any medical services provided by the Veterans Health Administration or to require the Centers for Medicare and Medicaid Services to pay for any medical services provided by the Department of Veterans Affairs”.

DISPOSITION OF FUNDS IN AND TERMINATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL-CARE COST RECOVERY FUND

Section 8023(c) of Pub. L. 105-33 provided that: “The amount of the unobligated balance remaining in the Department of Veterans Affairs Medical-Care Cost Recovery Fund (established pursuant to section 1729(g)(1) of title 38, United States Code) at the close of June 30, 1997, shall be deposited, not later than December 31, 1997, in the Treasury as miscellaneous receipts, and the Department of Veterans Affairs Medical-Care Cost Recovery Fund shall be terminated when the deposit is made.”

TRANSFERS TO MEDICAL-CARE COST RECOVERY FUND

Section 8011(d) of Pub. L. 101-508, as amended by Pub. L. 102-83, §5(c)(2), Aug. 6, 1991, 105 Stat. 406, provided that the Secretary of the Treasury was to transfer \$25,000,000 from the Department of Veterans Affairs Loan Guaranty Revolving Fund to the Department of Veterans Affairs Medical-Care Cost Recovery Fund and that the amount so transferred was to be available until the end of Sept. 30, 1991, for the support of the equivalent of 800 full-time employees and other expenses described in former subsec. (g)(3) of this section, and provided that the first \$25,000,000 recovered or collected by the Department of Veterans Affairs during fiscal year 1991 as a result of third-party medical recovery activities was to be credited to the Department of Veterans Affairs Loan Guaranty Revolving Fund.

REPORTS ON IMPLEMENTATION OF 1986 AMENDMENT

Section 19013(c) of Pub. L. 99-272 directed Administrator of Veterans' Affairs, not later than six months

after Apr. 7, 1986, to submit to Committees on Veterans' Affairs of Senate and House of Representatives a report on the process for and results of implementation of this section, as amended by subsection (a), such report to show costs of administration (and a detailed breakdown of such costs) and the amount of receipts and collections under this section, and not later than Feb. 1, 1988, to submit to such Committees a report updating the information in the report previously submitted and providing information on the process and results of such implementation through at least the end of fiscal year 1987.

§ 1729A. Department of Veterans Affairs Medical Care Collections Fund

(a) There is in the Treasury a fund to be known as the Department of Veterans Affairs Medical Care Collections Fund.

(b) Amounts recovered or collected under any of the following provisions of law shall be deposited in the fund:

- (1) Section 1710(f) of this title.
- (2) Section 1710(g) of this title.
- (3) Section 1711 of this title.
- (4) Section 1722A of this title.
- (5) Section 1725 of this title.
- (6) Section 1729 of this title.
- (7) Section 1784 of this title.
- (8) Section 8165(a) of this title.
- (9) Section 113 of the Veterans Millennium Health Care and Benefits Act (Public Law 106-117; 38 U.S.C. 8111 note).

(10) Public Law 87-693, popularly known as the “Federal Medical Care Recovery Act” (42 U.S.C. 2651 et seq.), to the extent that a recovery or collection under that law is based on medical care or services furnished under this chapter.

(c)(1) Subject to the provisions of appropriations Acts, amounts in the fund shall be available, without fiscal year limitation, to the Secretary for the following purposes:

(A) Furnishing medical care and services under this chapter, to be available during any fiscal year for the same purposes and subject to the same limitations (other than with respect to the period of availability for obligation) as apply to amounts appropriated from the general fund of the Treasury for that fiscal year for medical care.

(B) Expenses of the Department for the identification, billing, auditing, and collection of amounts owed the United States by reason of medical care and services furnished under this chapter.

(2) Amounts available under paragraph (1) may not be used for any purpose other than a purpose set forth in subparagraph (A) or (B) of that paragraph.

(d) Of the total amount recovered or collected by the Department during a fiscal year under the provisions of law referred to in subsection (b) and made available from the fund, the Secretary shall make available to each Department health care facility of the Department an amount that bears the same ratio to the total amount so made available as the amount recovered or collected by such facility during that fiscal year under such provisions of law bears to such total amount recovered or collected during that fiscal year. The Secretary shall make avail-

able to each facility the entirety of the amount specified to be made available to such facility by the preceding sentence.

(e) Amounts recovered or collected under the provisions of law referred to in subsection (b) shall be treated for the purposes of sections 251 and 252 of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901, 902) as offsets to discretionary appropriations (rather than as offsets to direct spending) to the extent that such amounts are made available for expenditure in appropriations Acts for the purposes specified in subsection (c).

(Added Pub. L. 105-33, title VIII, § 8023(a)(1), Aug. 5, 1997, 111 Stat. 665; amended Pub. L. 106-117, title I, § 111(b)(1), title II, § 203, Nov. 30, 1999, 113 Stat. 1556, 1561; Pub. L. 107-135, title II, § 208(e)(5), Jan. 23, 2002, 115 Stat. 2463; Pub. L. 108-7, div. K, title I, § 113(b), Feb. 20, 2003, 117 Stat. 482; Pub. L. 108-183, title VII, § 708(a)(2), Dec. 16, 2003, 117 Stat. 2673.)

REFERENCES IN TEXT

Public Law 87-693, popularly known as the Federal Medical Care Recovery Act, referred to in subsec. (b)(10), is Pub. L. 87-693, Sept. 25, 1962, 76 Stat. 593, which is classified generally to chapter 32 (§ 2651 et seq.) of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Tables.

AMENDMENTS

2003—Subsec. (b). Pub. L. 108-183, § 708(a)(2)(A), struck out “after June 30, 1997,” after “collected” in introductory provisions.

Subsec. (b)(8) to (10). Pub. L. 108-7 added pars. (8) and (9) and redesignated former par. (8) as (10).

Subsec. (c)(3). Pub. L. 108-183, § 708(a)(2)(B), struck out par. (3) which related to duties of the Secretary for fiscal year 1998.

Subsecs. (e), (f). Pub. L. 108-183, § 708(a)(2)(C), (D), redesignated subsec. (f) as (e) and struck out former subsec. (e) which required the Secretary to submit to the Committees on Veterans' Affairs of the Senate and House of Representatives quarterly reports on the operation of the section for fiscal years 1998, 1999, and 2000 and for the first quarter of fiscal year 2001.

2002—Subsec. (b)(7), (8). Pub. L. 107-135 added par. (7) and redesignated former par. (7) as (8).

1999—Subsec. (b)(5) to (7). Pub. L. 106-117, § 111(b)(1), added par. (5) and redesignated former pars. (5) and (6) as (6) and (7), respectively.

Subsec. (d). Pub. L. 106-117, § 203, struck out par. (1) designation, substituted “each Department health care facility” for “each designated health care region” and “each facility” for “each region”, substituted “such facility” for “such region” in two places, and struck out par. (2) which read as follows: “In this subsection, the term ‘designated health care regions of the Department’ means the geographic areas designated by the Secretary for purposes of the management of, and allocation of resources for, health care services provided by the Department.”

EFFECTIVE DATE OF 1999 AMENDMENT

Amendment by section 111(b)(1) of Pub. L. 106-117 effective 180 days after Nov. 30, 1999, see section 111(c) of Pub. L. 106-117, set out as an Effective Date note under section 1725 of this title.

EFFECTIVE DATE

Section effective Oct. 1, 1997, see section 8023(g) of Pub. L. 105-33, set out as an Effective Date of 1997 Amendment note under section 1710 of this title.

MEDICAL SERVICES ACCOUNTS

Pub. L. 108-447, div. I, title I, § 115, Dec. 8, 2004, 118 Stat. 3293, provided that:

“(a) Hereafter receipts that would otherwise be credited to the accounts listed in subsection (c) shall be deposited into the Medical Care Collections Fund, and shall be transferred to and merged with the ‘Medical services’ account, in fiscal year 2005 and subsequent years, to remain available until expended, to carry out the purposes of the ‘Medical services’ account.

“(b) The unobligated balances in the accounts listed in subsection (c), shall be transferred to and merged with the ‘Medical services’ account in fiscal year 2005 and subsequent years, and remain available until expended, to carry out the purposes of the ‘Medical services’ account: *Provided*, That the obligated balances in these accounts may be transferred to the ‘Medical services’ account at the discretion of the Secretary of Veterans Affairs and shall remain available until expended.

“(c) Veterans Extended Care Revolving Fund; Medical Facilities Revolving Fund; Special Therapeutic and Rehabilitation Fund; Nursing Home Revolving Fund; Veterans Health Services Improvement Fund; and Parking Revolving Fund.”

Similar provisions were contained in the following prior appropriation act:

Pub. L. 108-199, div. G, title I, § 115, Jan. 23, 2004, 118 Stat. 370.

REPORT ON IMPLEMENTATION OF SECTION 8023 OF PUB. L. 105-33

Section 8023(f) of Pub. L. 105-33 provided that: “Not later than January 1, 1999, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the implementation of this section [enacting this section, amending sections 712, 1710, 1722A, and 1729 of this title, and enacting provisions set out as notes under sections 712 and 1729 of this title]. The report shall describe the collections under each of the provisions specified in section 1729A(b) of title 38, United States Code, as added by subsection (a). Information on such collections shall be shown for each of the health service networks (known as Veterans Integrated Service Networks) and, to the extent practicable for each facility within each such network. The Secretary shall include in the report an analysis of differences among the networks with respect to (A) the market in which the networks operates, (B) the effort expended to achieve collections, (C) the efficiency of such effort, and (D) any other relevant information.”

§ 1729B. Consolidated patient accounting centers

(a) IN GENERAL.—Not later than five years after the date of the enactment of this section, the Secretary of Veterans Affairs shall establish not more than seven consolidated patient accounting centers for conducting industry-modeled regionalized billing and collection activities of the Department.

(b) FUNCTIONS.—The centers shall carry out the following functions:

(1) Reengineer and integrate all business processes of the revenue cycle of the Department.

(2) Standardize and coordinate all activities of the Department related to the revenue cycle for all health care services furnished to veterans for non-service-connected medical conditions.

(3) Apply commercial industry standards for measures of access, timeliness, and performance metrics with respect to revenue enhancement of the Department.

(4) Apply other requirements with respect to such revenue cycle improvement as the Secretary may specify.

(Added Pub. L. 110-387, title IV, § 406(a), Oct. 10, 2008, 122 Stat. 4129.)