

Weds 7/29
2:27pm
B

Markey 3 - Independence at Home
Division B

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE
OFFERED BY MR. MARKEY OF MASSACHUSETTS
AND MR. BURGESS OF TEXAS**

ains-ec_001

After section 1302, insert the following (and redesignate any subsequent sections and conform the table of contents accordingly):

1 SEC. 1303. INDEPENDENCE AT HOME PILOT PROGRAM.

2 Title XVIII of the Social Security Act is amended by
3 inserting after section 1866E as inserted by section 1302,
4 the following new section:

5 "INDEPENDENCE AT HOME MEDICAL PRACTICE PILOT
6 PROGRAM

7 "SEC. 1866F. (a) IN GENERAL.—The Secretary shall
8 conduct a pilot program (in this section referred to as the
9 'pilot program') to test a payment incentive and service
10 delivery model that utilizes physician and nurse practi-
11 tioner directed home-based primary care teams designed
12 to reduce expenditures and improve health outcomes in the
13 provision of items and services under this title to applica-
14 ble beneficiaries (as defined in subsection (d)). The pilot
15 program tests whether such a model, which is accountable

1 for providing comprehensive, coordinated, continuous, and
2 accessible care to high-need populations at home and co-
3 ordinating health care across all treatment settings, re-
4 sults in—

5 “(1) reducing preventable hospitalizations;

6 “(2) preventing hospital readmissions;

7 “(3) reducing emergency room visits;

8 “(4) improving health outcomes;

9 “(5) improving the efficiency of care, such as by re-
10 ducing duplicative diagnostic and laboratory tests;

11 “(6) reducing the cost of health care services covered
12 under this title; and

13 “(7) achieving beneficiary and family caregiver satis-
14 faction.

15 “(b) QUALIFYING INDEPENDENCE AT HOME MED-
16 ICAL PRACTICE.—

17 “(1) DEFINITION.—In this section, the term
18 ‘qualifying independence at home medical practice’
19 means a legal entity comprised of an individual phy-
20 sician or nurse practitioner or group of physicians
21 and nurse practitioners who are certified or have ex-
22 perience and training in providing home-based pri-
23 mary care services to high cost chronically ill bene-
24 ficiaries as determined appropriate by the Secretary
25 and which has entered into an agreement with the

1 Secretary. Care is provided by a team, including
2 physicians, nurses, physician assistants, phar-
3 macists, and other health and social services staff as
4 appropriate who are certified or have experience pro-
5 viding home-based primary care to applicable bene-
6 ficiaries, make in-home visits and carry out plans of
7 care that are tailored to the individual beneficiary's
8 chronic conditions and designed to achieve the re-
9 sults in subsection (a) and report the clinical and
10 quality of care outcomes as determined by the Sec-
11 retary. The pilot program shall be designed to in-
12 clude the participation of physician and nurse prac-
13 titioner practices with fewer than 10 full-time equiv-
14 alent physicians, as well as physicians in larger prac-
15 tices, particularly in underserved rural areas.

16 “(2) PARTICIPATION OF NURSE PRACTITIONERS
17 AND PHYSICIAN ASSISTANTS.—Nothing in this sec-
18 tion shall be construed to prevent a nurse practi-
19 tioner or physician assistant from leading a home-
20 based primary care team as part of an Independence
21 at Home Medical Practice if—

22 “(A) all the requirements of this section
23 are met; and

1 “(B) the nurse practitioner or physician
2 assistant, as the case may be, is acting consist-
3 ently with State law.

4 “(3) INCLUSION OF PROVIDERS AND PRACTI-
5 TIONERS.—Nothing in this subsection shall be con-
6 strued as preventing a qualifying Independence at
7 Home Medical Practice from including a provider or
8 participating practitioner that is affiliated with the
9 medical practice under an arrangement structured
10 so that such provider or practitioner participates in
11 the pilot program and shares in any savings under
12 the pilot program.

13 “(c) PAYMENT.—

14 “(1) SHARED SAVINGS.—

15 “(A) IN GENERAL.—A qualifying Inde-
16 pendence at Home Medical Practice may receive
17 80 percent of savings in excess of 5 percent if
18 expenditures under this title for applicable
19 beneficiaries participating in the pilot program
20 are at least 5 percent less than a target spend-
21 ing level or a target rate of growth. The shared
22 savings payment shall be made only if savings
23 are at a minimum 5 percent greater than would
24 result from normal variation in expenditures for
25 items and services covered under parts A and B

1 (and part D to the extent the Secretary decides
2 to include such costs).

3 “(B) ESTABLISHMENT OF LEVELS,
4 THRESHOLDS, AND LIMITS.—The Secretary
5 may establish target spending levels, savings
6 thresholds, and limits on shared savings
7 amounts for each participating Independence at
8 Home Medical Practice based upon the size of
9 the practice, characteristics of the enrolled indi-
10 viduals, and such other factors as the Secretary
11 determines appropriate.

12 “(C) INTERIM PAYMENTS.—A qualifying
13 Independence at Home Medical Practice may
14 receive payments for geriatric assessments and
15 monthly care coordination services as deter-
16 mined by the Secretary but in the event that an
17 Independence at Home Medical Practice does
18 not achieve the required savings in this para-
19 graph, those payments or a fraction of them, as
20 appropriate, are at risk of being recouped by
21 the Secretary to ensure that no Independence
22 at Home Medical Practice receives Medicare
23 payments in excess of what Medicare otherwise
24 would have paid for the services provided to the
25 beneficiaries receiving medical care from the

1 Independence at Home Medical Practice in the
2 absence of the pilot program.

3 “(D) ASSURANCE OF FINANCIAL SOL-
4 VENCY.—In order to receive payments under
5 subparagraph (C), a qualifying Independence at
6 Home Medical Practice shall demonstrate to the
7 satisfaction of the Secretary that the organiza-
8 tion is able to assume financial risk for the 5
9 percent savings requirements through available
10 reserves, reinsurance, or withholding of funding
11 provided under this title, or such other means
12 as the Secretary determines appropriate.

13 “(E) NO ADDITIONAL PROGRAM EXPENDI-
14 TURES.—The Secretary shall limit shared sav-
15 ings payments to each qualifying Independence
16 at Home Medical Practice under this paragraph
17 as necessary to ensure that the aggregate ex-
18 penditures with respect to applicable bene-
19 ficiaries for such Independence at Home Med-
20 ical Practice under this title (inclusive of shared
21 savings payments described in this subpara-
22 graph) do not exceed the amount that the Sec-
23 retary estimates would be expended for such
24 Independence at Home Medical Practice for

1 such beneficiaries if the pilot program under
2 this section were not implemented.

3 “(d) APPLICABLE BENEFICIARIES.—

4 “(1) DEFINITION.—In this section, the term
5 ‘applicable beneficiary’ means, with respect to a
6 qualifying Independence at Home Medical Practice,
7 an individual who—

8 “(A) is enrolled under part B and entitled
9 to benefits under part A;

10 “(B) is not enrolled in a Medicare Advan-
11 tage plan under part C or a PACE program
12 under section 1894;

13 “(C) is in the top 20 percent of Medicare
14 patient risk scores;

15 “(D) has two or more chronic illnesses, in-
16 cluding congestive heart failure, diabetes,
17 chronic obstructive pulmonary disease, ischemic
18 heart disease, stroke, Alzheimer’s Disease and
19 other dementias designated by the Secretary,
20 pressure ulcers, hypertension,
21 neurodegenerative diseases designated by the
22 Secretary which result in high costs under this
23 title including amyotrophic lateral sclerosis
24 (ALS), multiple sclerosis, and Parkinson’s dis-
25 ease, and other chronic conditions identified by

1 the Secretary that result in high costs when in
2 combination with one or more of the diseases
3 listed in this subparagraph;

4 “(E) had a nonelective hospital admission
5 within the past 12 months;

6 “(F) has received acute or subacute reha-
7 bilitation services;

8 “(G) continues to have two or more func-
9 tional dependencies requiring the assistance of
10 another person (for example, bathing, dressing,
11 toileting, walking, or feeding); and

12 “(H) fulfills such other criteria as the Sec-
13 retary determines appropriate.

14 “(2) PUBLICATION OF REQUIREMENTS.—The
15 Secretary shall publish eligibility requirements for
16 beneficiaries that are sufficiently clear to be under-
17 stood by beneficiaries and the individuals providing
18 services to them as part of the pilot program.

19 “(3) PATIENT ELECTION TO PARTICIPATE.—
20 The Secretary shall determine an appropriate meth-
21 od of ensuring that applicable beneficiaries have
22 agreed to participate in an Independence at Home
23 Medical Practice. Participation shall be entirely vol-
24 untary.

1 “(4) BENEFICIARY ACCESS TO SERVICES.—Ex-
2 cept as provided in subsection (e)(2), nothing in this
3 section shall be construed as encouraging physicians
4 or nurse practitioners to limit beneficiary access to
5 services covered under title XVIII and beneficiaries
6 shall not be required to relinquish access to any ben-
7 efit under this title as a condition of receiving serv-
8 ices from an Independence at Home Medical Prac-
9 tice.

10 “(e) IMPLEMENTATION.—

11 “(1) STARTING DATE.—The pilot program shall
12 begin not later than January 1, 2012. An agreement
13 with a qualifying Independence at Home Medical
14 Practice under the pilot program may cover a 3 year
15 period.

16 “(2) NO DUPLICATION IN PILOT PARTICIPA-
17 TION.—A physician or nurse practitioner who par-
18 ticipates in the accountable care organization pilot
19 program under section 1866D or the medical home
20 pilot program under section 1866E shall not be eli-
21 gible to participate in the pilot program under this
22 subsection.

23 “(3) PREFERENCE.—In approving an Inde-
24 pendence at Home Medical Practice, the Secretary
25 shall give preference to medical practices that are—

1 “(A) located in high cost areas of the
2 country;

3 “(B) have experience in furnishing health
4 care services to applicable beneficiaries in the
5 home; and

6 “(C) use electronic medical records, health
7 information technology, and individualized plans
8 of care.

9 “(4) WAIVER.—The Secretary may waive such
10 provisions of this title (including section 1877) and
11 title XI in the manner the Secretary determines nec-
12 essary in order implement the pilot program.

13 “(5) ADMINISTRATION.—Chapter 35 of title 44,
14 United States Code shall not apply to this section.

15 “(f) MINIMUM NUMBER OF SITES.—To the extent
16 practicable, at least two unaffiliated Independence at
17 Home Medical Practices will be established in the 13 high-
18 est cost States and the District of Columbia and in 13
19 additional States that are representative of other regions
20 of the United States and include medically underserved
21 rural and urban areas as determined by the Secretary.

22 “(g) EVALUATION AND MONITORING.—The Sec-
23 retary shall annually evaluate each qualifying Independ-
24 ence at Home Medical Practice under the pilot program
25 to assess whether it achieved the minimum savings of 5

1 percent and the results described in subsection (a). The
2 Secretary shall have the discretion to terminate an agree-
3 ment with an Independence at Home Medical Practice
4 that fails to achieve a preponderance of those results. The
5 Secretary shall make evaluations publicly available within
6 60 days of the date of completion of such report.

7 “(h) REPORTS TO CONGRESS.—Not later than 2
8 years after the date the first agreement is entered into
9 under this section, and biennially thereafter until the pilot
10 is completed, the Secretary shall submit to Congress and
11 make publicly available a report on best practices under
12 the pilot program. Each report shall address the impact
13 of such best practices on expenditures, access, and quality
14 under this title.

15 “(i) EXPANSION TO PROGRAM IMPLEMENTATIONS.—

16 “(1) TESTING AND REFINEMENT OF PAYMENT
17 INCENTIVE AND SERVICE DELIVERY MODELS.—Sub-
18 ject to the evaluation described in subsection (f), the
19 Secretary may enter into agreements under the pilot
20 program with additional qualifying Independence at
21 Home Medical Practices to further test and refine
22 models with respect to qualifying Independence at
23 Home Medical Practices.

24 “(2) EXPANDING USE OF SUCCESSFUL MODELS
25 TO PROGRAM IMPLEMENTATION.—

1 “(A) IN GENERAL.—Subject to subpara-
2 graph (B), the Secretary may issue regulations
3 to implement, on a permanent basis, the Inde-
4 pendence at Home Medical Practice Model if,
5 and to the extent that, such models are bene-
6 ficial to the program under this title, as deter-
7 mined by the Secretary.

8 “(B) CERTIFICATION.—The Chief Actuary
9 of the Centers for Medicare and Medicaid Serv-
10 ices shall certify that the Independence at
11 Home Medical Model described in subparagraph
12 (A) would result in estimated spending that
13 would be less than what spending would other-
14 wise be estimated to be in the absence of such
15 expansion.

16 “(j) FUNDING.—For purposes of administering and
17 carrying out the pilot program, other than for payments
18 for items and services furnished under this title, shared
19 savings and monthly fees, or other payments under sub-
20 section (c), in addition to funds otherwise appropriated,
21 there are appropriated to the Secretary for the Center for
22 Medicare and Medicaid Services Program Management
23 Account \$5,000,000 for each of fiscal years 2010 through
24 2014. Amounts appropriated under this paragraph for a
25 fiscal year shall be available until expended.”.

In section 1301(a) of the bill, in the matter proposed to be inserted in section 1886D(j) of title XVIII of the Social Security Act, strike paragraph (2) and insert the following:

1 “(2) TREATMENT OF HIGH-COST BENE-
2 FICIARIES WITH CHRONIC DISEASES.—Nothing in
3 this section shall be construed as preventing a quali-
4 fying ACO from entering into an arrangement with
5 an Independence at Home Medical Practice or from
6 providing home based services for the treatment of
7 beneficiaries who are eligible for that program.”.



