Summary of the Comprehensive Care Payment Innovation Act
Rep. Diane Black (TN-06)

Background—

It is time to reform Medicare's fee-for-service (FFS) program in a manner that prioritizes patient outcomes and quality, through a more cost-effective delivery system. That is why I have introduced the Comprehensive Care Payment Innovation Act, which establishes a voluntary bundle payment model. This is a commonsense plan that would put the focus back on patient outcomes by aligning provider incentives and encouraging greater care coordination for an entire episode of care—all at a lower cost to taxpayers.

The Participants—

The Secretary of Health and Human Services would be directed to implement bundled payments for integrated care furnished by a group of providers. A legal entity that would have the authority to contract and administer quality and efficiency arrangements would be authorized by the Secretary.

The Coverage—

A bundle would include acute care inpatient services, physician services, outpatient hospital services, post-acute care services – including home health services, skilled nursing services, inpatient rehabilitation services, inpatient hospital services furnished by a long-term care hospital, and other services as the Secretary determines appropriate.

The Timeframe for Episodes of Care—

The Comprehensive Care Payment Innovation Act would create a bundle that would cover an episode of care from three days prior to an inpatient admission to 90 days following discharge. The Secretary would also have the flexibility to establish additional periods based on data analysis.

Applicable Conditions:
Providers can select one or more of at least the following conditions, but allows the Secretary flexibility to expand condition list:
(A) Hip/knee joint replacement,
(B) Lumbar spine fusion,
(C) Coronary artery bypass graft,
(D) Heart valve replacement,
(E) Percutaneous coronary intervention with stent, and
(F) Colon resection.

The Outcomes and Quality Measures—

This measure would reimburse providers through a bundled payment methodology that includes quality measures and reporting requirements. The Secretary would be required to select quality measures (including quality measures of process, outcome, and structure, as appropriate) on participating providers, which to the extent practicable are endorsed and validated by the National Quality Forum.

Additionally, quality measures must include the following:

- Mortality,
- Patient outcomes,
- Patient safety,
- Avoidable hospital readmissions,
- Patient experience of care, and
- Other measures determined appropriate by the Secretary.

This bill would develop quality performance requirements for payment of shared savings and **NO** payment of shared savings may be made to a qualified entity that fails to meet the quality performance thresholds for the year involved.

The Accountability and Oversight—

Finally, the Comprehensive Care Payment Innovation Act would require independent evaluation and reports on the program, similarly to current law. The Secretary is required to conduct an independent evaluation of bundled payments to qualified entities (interim report at year 3 and final on year 5); including the extent to which such payments have resulted in:

- improved quality measures established
- improved health outcomes
- improved applicable beneficiary