	(Original Signature of Member)
113	H.R.
То	amend title XVIII of the Social Security Act to provide for bundled payments for certain episodes of care surrounding a hospitalization, and for other purposes.
	IN THE HOUSE OF REPRESENTATIVES
	Mrs. Black introduced the following bill; which was referred to the Committee on
	A BILL
То	amend title XVIII of the Social Security Act to provide for bundled payments for certain episodes of care sur- rounding a hospitalization, 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,

This Act may be cited as the "Comprehensive Care

4

SECTION 1. SHORT TITLE.

5 Payment Innovation Act".

1	SEC. 2. PERMANENT, NATIONAL VOLUNTARY PAYMENT
2	BUNDLING.
3	Title XVIII of the Social Security Act is amended by
4	inserting after section 1866E (42 U.S.C. 1395cc-5) the
5	following new section:
6	"NATIONAL VOLUNTARY PAYMENT BUNDLING
7	"Sec. 1866F. (a) Establishment and Implemen-
8	TATION.—
9	"(1) IN GENERAL.—The Secretary shall provide
10	for bundled payments under this section for inte-
11	grated care furnished by a qualified entity during an
12	episode of care to an applicable beneficiary for appli-
13	cable conditions involving a hospitalization.
14	"(2) Deadline.—The Secretary shall imple-
15	ment this section not later than January 1, 2015.
16	"(3) Applicable beneficiary defined.—In
17	this section, the term 'applicable beneficiary' means
18	an individual who is entitled to, or enrolled for, ben-
19	efits under part A and enrolled for benefits under
20	part B, but not enrolled under part C or in a PACE
21	program under section 1894, and who is admitted to
22	a hospital for an applicable condition.
23	"(b) Qualified Entity and Application Proc-
24	ESS.—
25	"(1) Definitions.—In this section:

1	"(A) IN GENERAL.—The term 'qualified
2	entity' means a qualified applicant that has an
3	application approved by the Secretary to receive
4	bundled payments for furnishing applicable
5	services to applicable individuals under this sec-
6	tion.
7	"(B) QUALIFIED APPLICANT.—The term
8	'qualified applicant' means a corporation, part-
9	nership, or limited liability company, that is au-
10	thorized in writing by a group of providers of
11	services and suppliers, including at least a hos-
12	pital, that are otherwise participating under
13	this title to act as their agent for the purpose
14	of receiving and distributing bundled payments
15	on their behalf under this section. A qualified
16	applicant may (but is not required to) be a pro-
17	vider of services or supplier that is otherwise
18	participating under this title.
19	"(2) Application.—
20	"(A) In General.—A qualified applicant
21	may submit to the Secretary an application to
22	become a qualified entity to receive bundled
23	payments under this section.

1	"(B) Contents.—An application under
2	subparagraph (A) with respect to a group of
3	providers of services and suppliers—
4	"(i) shall contain such information
5	and assurances as the Secretary may speci-
6	fy, including with respect to the require-
7	ments under subsection $(c)(1)$ ; and
8	"(ii) shall indicate the applicable con-
9	ditions with respect to which the group
10	seeks to furnish applicable services during
11	the episode of care involved and the bun-
12	dled payment methodology under sub-
13	section (g) or (h) under which the group
14	would be paid for such services.
15	"(3) Choice among applicable condi-
16	TIONS.—A qualified entity may select one or more
17	applicable conditions for bundled payments under
18	this section. Nothing in this section shall be con-
19	strued as requiring, or authorizing the Secretary to
20	require, a qualified entity to select any particular ap-
21	plicable condition under this section.
22	"(4) Expedited application process for
23	QUALIFIED APPLICANTS SUCCESSFULLY PARTICI-
24	PATING IN THE CMI BUNDLED PAYMENT DEM-
25	ONSTRATION.—In the case of any qualified applicant

1	that the Secretary determines has successfully par-
2	ticipated in any of the payment and service delivery
3	models tested by the Center for Medicare and Med-
4	icaid Innovation under section 1115A through the
5	Bundled Payments for Care Improvement (BPCI)
6	Initiative, the Secretary shall provide for an expe-
7	dited application process under this subsection.
8	"(c) Requirements for Qualified Entities.—
9	"(1) Requirements.—
10	"(A) IN GENERAL.—The Secretary shall
11	develop requirements for qualified entities to re-
12	ceive bundled payments for furnishing applica-
13	ble services for applicable conditions during an
14	episode of care under this section.
15	"(B) AGREEMENT PERIOD.—Under such
16	requirements, a qualified entity shall agree to
17	receive bundled payments for the furnishing of
18	such services for a 5-year period (each such
19	year in such period referred to in this section
20	as an 'agreement year').
21	"(C) Beneficiary transparency.—Such
22	requirements shall ensure transparency between
23	a qualified entity and applicable beneficiaries
24	such that notice is provided to an applicable
25	beneficiary sufficiently in advance, to the extent

1	practicable, of the beneficiary's inpatient admis-
2	sion for the applicable condition and episode of
3	care involved. Such a notice shall include—
4	"(i) appropriate notice of bundled
5	payments for the applicable condition for
6	the episode of care involved; and
7	"(ii) a statement informing the bene-
8	ficiary of the beneficiary's right to select
9	the providers of services and suppliers fur-
10	nishing items and services related to the
11	episode of care.
12	"(D) METHODOLOGY AND MEASURES FOR
13	QUALITY AND EFFICIENCY ARRANGEMENTS.—
14	Insofar as a qualified entity uses or seeks to
15	implement a quality and efficiency arrangement
16	under subsection (i), the qualified entity shall
17	specify in the application to the Secretary in de-
18	tail the methodology for allocating savings
19	under the arrangement and the specific meas-
20	ures to be used to assess the quality of care
21	under the arrangement.
22	"(2) Provision of data by secretary.—
23	"(A) CLAIMS DATA.—The Secretary shall
24	furnish to a group of providers of services and
25	suppliers interested in submitting an applica-

1	tion under subsection $(b)(2)$ claims data under
2	parts A and B, including complete claims files,
3	for applicable conditions relating to the pro-
4	viders and suppliers in the group that are suffi-
5	ciently specific to permit such group to deter-
6	mine whether to submit such application. Such
7	claims data shall also be furnished to a quali-
8	fied entity monthly during the agreement period
9	described in paragraph (1)(B) of any approved
10	application with respect to an applicable condi-
11	tion.
12	"(B) QUALITY DATA.—The Secretary shall
13	furnish to a qualified entity data on quality
14	measures with respect to any applicable condi-
15	tion under an approved application during the
16	agreement period for the entity for each episode
17	of care and across the continuum of care.
18	"(d) Applicable Conditions.—
19	"(1) Initial conditions.—In this section, the
20	term 'applicable condition' means any of the fol-
21	lowing procedures furnished as part of inpatient hos-
22	pital services:
23	"(A) Hip/Knee joint replacement.
24	"(B) Lumbar spine fusion.
25	"(C) Coronary artery bypass graft.

1	"(D) Heart valve replacement.
2	"(E) Percutaneous coronary intervention
3	with stent.
4	"(F) Colon resection.
5	"(2) Discretion to add conditions.—Such
6	term also includes such additional procedures or
7	conditions as the Secretary may select. In selecting
8	such procedures or conditions, the Secretary may
9	take into consideration the factors described in sec-
10	tion $1866D(a)(2)(B)$ .
11	"(e) Applicable Services; Episode of Care.—In
12	this section:
13	"(1) Applicable services.—The term 'appli-
14	cable services' means the following items and serv-
15	ices:
16	"(A) Acute care inpatient services.
17	"(B) Physicians' services delivered in and
18	outside of an acute care hospital setting.
19	"(C) Outpatient hospital services.
20	"(D) Post-acute care services, including
21	home health services, skilled nursing services,
22	inpatient rehabilitation services, and inpatient
23	hospital services furnished by a long-term care
24	

1	"(E) Other services the Secretary deter-
2	mines appropriate.
3	"(2) Episode of care.—
4	"(A) In General.—Subject to subpara-
5	graph (B), the term 'episode of care' means,
6	with respect to an applicable condition and an
7	applicable beneficiary, the period consisting
8	of—
9	"(i) the 3 days prior to the admission
10	of the applicable beneficiary to a hospital
11	with respect to the applicable condition;
12	"(ii) the duration of the applicable
13	beneficiary's initial inpatient stay in such
14	hospital for the applicable condition; and
15	"(iii) the 90 days following the dis-
16	charge of the applicable beneficiary from
17	such hospital.
18	"(B) ESTABLISHMENT OF PERIOD BY THE
19	SECRETARY.—The Secretary, as appropriate
20	may establish a period (other than the period
21	described in subparagraph (A)) for an episode
22	of care under this section based on data anal-
23	yses.
24	"(3) DISCHARGING HOSPITAL.—The term 'dis-
25	charging hospital' means, with respect to applicable

1	services in an episode of care, the hospital referred
2	to in paragraph (2)(A).
3	"(f) Bundled Payment Development.—
4	"(1) In general.—Subject to the succeeding
5	provisions of this subsection, the Secretary shall de-
6	velop bundled payments for qualified entities. A bun-
7	dled payment shall provide for comprehensive pay-
8	ment for the costs of applicable services furnished to
9	an applicable beneficiary during an episode of care
10	for an applicable condition, including readmissions
11	related to the applicable condition but excluding un-
12	related readmissions, under either a fee-for-service
13	model with shared savings and losses (under sub-
14	section (g)) or under a prospective payment model
15	for advanced qualified entities (under subsection
16	(h)). Bundled payments shall be based on the spend-
17	ing targets computed under paragraph (2).
18	"(2) Computation of spending targets.—
19	"(A) IN GENERAL.—The Secretary shall
20	compute under this paragraph, for each quali-
21	fied entity for each applicable condition for an
22	episode of care beginning in an agreement year
23	(beginning with 2015) that is attributable to a
24	discharging hospital, a spending target equal to

1	the updated amount computed under subpara-
2	graph (C) for that entity, episode, and year.
3	"(B) Initial weighted average cal-
4	CULATION FOR DISCHARGING HOSPITALS.—
5	"(i) In general.—Using fee-for-serv-
6	ice claims data from the base period (as
7	defined in subparagraph (D)), subject to
8	clause (ii), the Secretary shall first cal-
9	culate a base average spending target for
10	each applicable condition for each dis-
11	charging hospital equal to a weighted aver-
12	age of spending under parts A and B for
13	all applicable services for such applicable
14	condition associated with initial admissions
15	to such hospital computed as the sum of
16	the following (with respect to such hos-
17	pital):
18	"(I) 60 percent of the standard-
19	ized spending per episode in the most
20	recent year in the base period.
21	"(II) 30 percent of the standard-
22	ized spending per episode in the pre-
23	vious year.

1	"(III) 10 percent of the stand-
2	ardized spending per episode in the
3	second previous year.
4	"(ii) Exclusion of outliers and
5	STANDARDIZATION.—In calculating the
6	amount of the base average spending tar-
7	get for an applicable condition under
8	clause (i) for a discharging hospital, the
9	Secretary shall—
10	"(I) exclude from the calculation
11	payments for episodes of care for the
12	applicable condition that exceed the
13	95th percentile of all such spending
14	for such episodes of care and applica-
15	ble condition, as estimated by the Sec-
16	retary, based on the most recent data
17	available; and
18	"(II) standardize the spending
19	made in each year in the base period
20	to each provider of service or supplier
21	to remove the spending adjustments
22	in effect in such year relating to pro-
23	vider or supplier location (such as
24	area wage indices) and provider type
25	(such as indirect medical education

1	adjustments and disproportionate
2	share hospital adjustments).
3	"(C) Trending the spending targets
4	BASED ON NATIONAL GROWTH RATES TO
5	AGREEMENT YEAR; PERIODIC REBASING FOR
6	NEW AGREEMENT PERIODS.—
7	"(i) In General.—The Secretary
8	shall update the base average spending tar-
9	gets for all discharging hospitals under
10	subparagraph (B) for each applicable con-
11	dition and agreement year based on trends
12	in the national fee-for-service claims data
13	for applicable services furnished during an
14	episode of care for an applicable condition
15	from the base period to the agreement year
16	involved. Such update shall not vary by
17	discharging hospital.
18	"(ii) Periodic rebasing for new
19	AGREEMENT PERIODS.—At the start of
20	each new agreement period, the Secretary
21	shall update the base period and calculate
22	new spending targets under the previous
23	provisions of this paragraph for a
24	discharing hospital and applicable condi-
25	tions, including providing for adjustments

1	by provider location and provider type of
2	the type described in subparagraph
3	$(\mathrm{B})(\mathrm{ii})(\mathrm{II}).$
4	"(D) Base Period Defined.—In this
5	paragraph, except as provided in subparagraph
6	(C)(ii), the term 'base period' means the most
7	recent 3-year period for which complete data
8	are available to carry out this subsection.
9	"(g) Fee-for-service Bundled Payment Model
10	WITH SHARED SAVINGS AND SHARED LOSSES.—
11	"(1) Fee-for-service-based payment.—If
12	the payment model under this subsection is selected
13	by a qualified entity, the Secretary shall pay pro-
14	viders of services and suppliers of the entity for ap-
15	plicable services for an applicable condition during
16	an episode of care amounts payable under parts A
17	and B for such services in the same manner as such
18	providers and suppliers would otherwise be paid
19	under such parts (referred to in this subsection as
20	'fee-for-service payments').
21	"(2) Shared savings and losses.—
22	"(A) Computation of each qualified
23	ENTITY'S ACTUAL STANDARDIZED AVERAGE
24	SPENDING PER EPISODE OF CARE.—In applying
25	this subsection, in calculating the actual stand-

1	ardized average fee-for-service spending per epi-
2	sode of care for a discharging hospital for each
3	applicable condition in each agreement year, the
4	Secretary shall exclude outlier episodes of care
5	described in subsection $(f)(2)(B)(ii)(I)$ , as esti-
6	mated by the Secretary, based on data applica-
7	ble to payments in the agreement year and shall
8	standardize such spending per episode of care
9	in the manner provided in subsection
10	(f)(2)(B)(ii)(II). For the purpose of identifying
11	outlier episodes of care for each applicable con-
12	dition, the percentile ranking of each episode of
13	care and applicable condition and the 95th per-
14	centile shall be based on payments standardized
15	by adjustments for provider location and pro-
16	vider type of the type described in subsection
17	(f)(2)(B)(ii)(II).
18	"(B) Computation of gross shared
19	SAVINGS AND SHARED LOSSES FOR EACH AP-
20	PLICABLE CONDITION FOR EACH DISCHARGING
21	HOSPITAL.—For purposes of applying subpara-
22	graph (C), if actual standardized average fee-
23	for-service payments to a qualified entity for all
24	episodes of care for an applicable condition in

1	an agreement year for a discharging hospital,
2	as calculated under subparagraph (A), are—
3	"(i) less than the applicable spending
4	target under subsection (f)(2)(C) for such
5	condition, year, and hospital, there shall be
6	a gross shared savings for such applicable
7	condition, year, and hospital equal to 60
8	percent of the difference between such ac-
9	tual average payments and the spending
10	target for such condition, year, and hos-
11	pital; or
12	"(ii) greater than such applicable
13	spending target, there shall be a gross
14	shared loss for such applicable condition,
15	year, and hospital equal to 60 percent of
16	such difference.
17	"(C) Retrospective reconciliation.—
18	"(i) Totaling gross shared sav-
19	INGS AND LOSSES FOR ALL CONDITIONS
20	AND ALL DISCHARGING HOSPITALS FOR A
21	QUALIFIED ENTITY.—At the end of each
22	agreement year for each qualified entity,
23	for purposes of applying clauses (ii) and
24	(iii), the Secretary shall aggregate the
25	gross shared savings and the gross shared

1	losses under subparagraph (B) of such en-
2	tity for the year for all applicable condi-
3	tions and for all discharging hospitals.
4	"(ii) Payment to entity of net
5	SAVINGS.—Subject to clause (iv) and sub-
6	section (j)(3) (relating to quality perform-
7	ance thresholds), if such aggregate gross
8	shared savings exceeds such aggregate
9	gross shared losses for a qualified entity
10	for an agreement year, the Secretary shall
11	pay to the qualified entity a lump sum
12	amount equal to such excess for such year.
13	"(iii) Collection from entity of
14	NET LOSSES.—Subject to clause (iv), if
15	such aggregate gross shared losses exceeds
16	such aggregate gross shared savings for a
17	qualified entity for an agreement year, the
18	qualified entity shall pay to the Secretary
19	(and the Secretary shall collect from the
20	entity) a lump sum amount equal to such
21	excess for such year
22	"(iv) Cap on payments.—In no case
23	shall the payment under clause (ii) or (iii)
24	with respect to a qualified entity for an
25	agreement year exceed 10 percent of the

1	aggregate spending target for that quali-
2	fied entity for all applicable conditions and
3	all discharging hospitals for that year.
4	"(h) Prospective Bundled Payment Model for
5	ADVANCED QUALIFIED ENTITIES.—
6	"(1) In general.—Subject to approval by the
7	Secretary, if the payment model under this sub-
8	section is selected, a qualified entity may elect to re-
9	ceive a prospective bundled payment for each episode
10	of care for each applicable condition and discharging
11	hospital in the agreement year equal to the spending
12	target for such episode, year, and hospital under
13	subsection (f)(2) and the provisions of subsection (g)
14	do not apply. Such spending target shall be ad-
15	justed, in the same manner described in subsection
16	(g)(2)(B), in order to take into account outlier epi-
17	sodes of care and standardized adjustments for pro-
18	vider location and provider type of the type de-
19	scribed in subsection $(f)(2)(B)(ii)(II)$ .
20	"(2) Rule of Construction.—Nothing in
21	this section shall be construed as prohibiting a quali-
22	fied entity that receives bundled payments under
23	this subsection from participating in an accountable
24	care organization under section 1899.

1	"(3) Relationship to BPCI.—The Secretary
2	may not terminate the Bundled Payments for Care
3	Improvement initiative conducted pursuant to sec-
4	tion 1115A until the prospective bundled payment
5	model is implemented under this subsection.
6	"(i) QUALITY AND EFFICIENCY ARRANGEMENTS.—
7	"(1) In general.—Subject to subsection
8	(c)(1)(D) (relating to application requirements for
9	notice of quality and efficiency arrangements and
10	their structure) and subsection (j)(3) (relating to
11	minimum quality performance thresholds), qualified
12	entities participating in either the fee-for-service
13	bundled payment model under subsection (g) or the
14	prospective bundled payment model under subsection
15	(h) may enter into quality and efficiency arrange-
16	ments under which physicians and other health care
17	practitioners work to improve the quality and effi-
18	ciency of care under this title.
19	"(2) Types of arrangements.—The arrange-
20	ments under paragraph (1) shall take into account
21	the utilization of the resources of providers of serv-
22	ices and suppliers and may provide for a distribution
23	of a portion of any shared savings (or internal sav-
24	ing, as the case may be) realized under this section
25	to qualifying providers and suppliers.

1	"(j) Quality Measures.—
2	"(1) Selection; Development.—
3	"(A) Selection.—For each applicable
4	condition, the Secretary shall select quality
5	measures related to care provided by providers
6	of services and suppliers through qualified enti-
7	ties to which bundled payments are made under
8	this section. In selecting quality measures, to
9	the extent appropriate and practicable, the Sec-
10	retary shall choose measures that—
11	"(i) are endorsed and validated by the
12	entity with a contract under section 1890;
13	"(ii) pertain to the National Quality
14	Strategy's six priorities;
15	"(iii) are used by the Secretary under
16	other provisions of this title; and
17	"(iv) minimize the incremental data
18	extraction and reporting burden on pro-
19	viders and suppliers.
20	"(B) Development of electronically-
21	SPECIFIED EPISODIC MEASURES.—The Sec-
22	retary shall develop longitudinal quality and ef-
23	ficiency measures to assess performance of
24	qualified entities with respect to patient out-
25	comes and the care provided for each applicable

1	condition across the associated episodes of care.
2	Such measures shall be electronically specified
3	for submittal through the use of qualified elec-
4	tronic health records (as defined in section
5	3000(13) of the Public Health Service Act (42
6	U.S.C. 300jj(13)).
7	"(2) Reporting on quality measures.—
8	"(A) In General.—A qualified entity
9	shall submit data to the Secretary on quality
10	measures selected under paragraph (1) for each
11	agreement year in a form and manner specified
12	by the Secretary consistent with the succeeding
13	provisions of this paragraph.
14	"(B) Submission of data through
15	ELECTRONIC HEALTH RECORD.—To the extent
16	practicable, such data shall be submitted
17	through the use of a qualified electronic health
18	record (as defined in section $3000(13)$ of the
19	Public Health Service Act (42 U.S.C.
20	300jj(13)).
21	"(C) Submission of data used in
22	OTHER PROGRAMS.—Insofar as quality meas-
23	ures established under paragraph (1) are the
24	same as those measures used by the Secretary
25	under other provisions of this title, such as

1	those selected under section 1886(b)(3)(B)(viii),
2	the Secretary shall use existing processes for
3	the submission of data for such measures under
4	this paragraph.
5	"(3) Quality Performance Thresholds.—
6	"(A) Establishment.—For each applica-
7	ble condition, the Secretary shall establish min-
8	imum quality performance thresholds for the
9	measures established under paragraph (1). In
10	the case of a quality and efficiency arrange-
11	ment, such performance thresholds shall be de-
12	veloped using the quality measures identified by
13	the qualified entity in its application under sub-
14	section $(c)(1)(D)$ if approved by the Secretary.
15	"(B) Loss of shared savings payment
16	AND QUALITY AND EFFICIENCY ARRANGEMENTS
17	FOR FAILURE TO MEET MINIMUM QUALITY PER-
18	FORMANCE THRESHOLDS.—If a qualified entity
19	fails to meet the minimum quality performance
20	thresholds established under subparagraph (A)
21	for an agreement year—
22	"(i) no payment may be made to the
23	entity under subsection (g)(2)(C)(ii) with
24	respect to that year; and

1	"(ii) the entity may not implement
2	any quality and efficiency arrangement
3	under subsection (i) for that year.
4	"(k) Waivers.—
5	"(1) In general.—The Secretary shall waive
6	such provisions of this title and title XI as may be
7	necessary to carry out the program, including the
8	following:
9	"(A) With respect to authorizing quality
10	and efficiency arrangements between qualified
11	entities and providers of services and suppliers,
12	section 1877(a) (relating to physician self-refer-
13	ral), paragraphs (1) and (2) of sections
14	1128A(b) (relating to the gainsharing civil
15	money penalties), and paragraphs (1) and (2)
16	of section 1128B(b) (relating to the anti-kick-
17	back statute).
18	"(B) Section 1128A(a)(5) of the Act (re-
19	lating to the inducement civil money penalties).
20	"(C) Section 1861(i) (relating to the 3-day
21	acute hospitalization prerequisite before eligi-
22	bility for post-hospital extended care services).
23	"(D) With respect to home health serv-
24	ices—

1	"(i) sections $1814(a)(2)(C)$ and
2	1835(a)(2)(A) (relating to the requirement
3	that an individual be confined to home in
4	order to be eligible for benefits for home
5	health services);
6	"(ii) limitations on the amount, fre-
7	quency, and duration on home health serv-
8	ices; and
9	"(iii) prohibitions of free preoperative
10	home safety assessments by home health
11	agencies for patients scheduled to undergo
12	surgery (such as under Advisory Opinion
13	No. 06–01 of the Inspector General of the
14	Department of Health and Human Serv-
15	ices).
16	"(2) Authority to modify waivers under
17	CERTAIN CIRCUMSTANCES.—
18	"(A) IN GENERAL.—In the case of a quali-
19	fied entity with respect to which one or more
20	waivers under paragraph (1) is in effect, if
21	upon a review of the performance or an audit
22	of the entity the Secretary finds a pattern of
23	deficiencies or harm to applicable beneficiaries,
24	the Secretary may modify or revoke any such

1	waiver at any time as applied to that qualified
2	entity.
3	"(B) TERMINATION OF CERTAIN WAIVERS
4	IN THE CASE OF EXCESS SHARED LOSSES.—
5	"(i) In General.—Subject to the
6	process described in clause (ii), in the case
7	of a qualified entity that has selected the
8	payment model under subsection (g) and
9	has gross shared losses exceeding the cap
10	under subsection (g)(2)(C)(iv) with respect
11	to an applicable condition, the Secretary
12	shall terminate waivers described in para-
13	graphs (1)(C) and (1)(D) with respect to
14	such qualified entity and applicable condi-
15	tion.
16	"(ii) Pre-termination notice.—
17	The Secretary shall establish a process
18	whereby a qualified entity is furnished no-
19	tice of any deficiency that may give rise to
20	a termination of waivers under clause (i)
21	not later than 6 months before the pro-
22	posed effective date of the termination.
23	"(l) Independent Evaluation and Reports on
24	Program.—

1	"(1) Independent evaluation.—The Sec-
2	retary shall conduct an independent evaluation of
3	the impact of providing bundled payments to quali-
4	fied entities under this section. Such evaluation shall
5	include an examination of the extent to which the
6	bundling of payments this section have resulted in—
7	"(A) improved health outcomes;
8	"(B) improved access to care for applicable
9	beneficiaries;
10	"(C) reduced spending under this title; and
11	"(D) improvement in performance on qual-
12	ity measures selected under subsection
13	(j)(1)(A).
14	"(2) Reports.—
15	"(A) Interim report.—Not later than
16	March 1, 2018, the Secretary shall submit to
17	Congress a report on the initial results of the
18	independent evaluation conducted under para-
19	graph (1).
20	"(B) FINAL REPORT.—Not later than
21	March 1, 2020, the Secretary shall submit to
22	Congress a report on the final results of the
23	independent evaluation conducted under para-
24	graph (1) and may include recommendations
25	for the expansion of bundled payment meth-

1	odologies and applicable conditions under this
2	section as the Secretary determines to be appro-
3	priate.".