

112TH CONGRESS
1ST SESSION

H. R. 3315

To establish a pilot program providing for monthly fee-based payments for direct primary care medical homes for Medicare-Medicaid dual eligibles and other Medicare beneficiaries.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 2, 2011

Mr. CASSIDY introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To establish a pilot program providing for monthly fee-based payments for direct primary care medical homes for Medicare-Medicaid dual eligibles and other Medicare beneficiaries.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Direct M.D. Care Act
5 of 2011”.

1 **SEC. 2. QUALIFIED DIRECT PRIMARY CARE MEDICAL HOME**
2 **PILOT FOR MEDICARE PART B BENE-**
3 **FICIARIES.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services (in this section referred to as the “Sec-
6 retary”) shall establish a program of pilot projects (each
7 in this section referred to as the “pilot project”) under
8 part B of title XVIII of the Social Security Act under
9 which the Secretary reimburses a qualified direct primary
10 care medical home practice, as described in section
11 1301(a)(3) of the Patient Protection and Affordable Care
12 Act (as amended by section 10104(a) of such Act), using
13 a monthly fee-based payment methodology.

14 (b) AFFORDABLE PRIMARY CARE.—No pilot project
15 may be established under this section with respect to a
16 medical home if the monthly fee under this section for an
17 enrolled individual exceeds \$100 (or \$125 in the case of
18 a dual eligible individual (as defined in subsection (i))). The
19 Secretary shall adjust from time to time the dollar
20 amounts specified in the previous sentence for inflation.

21 (c) SCOPE OF SERVICES.—Each pilot project shall
22 employ the following activities and functions associated
23 with direct primary care medical homes:

- 24 (1) Provision of preventive care.
25 (2) Wellness counseling.
26 (3) Primary care.

1 (4) Coordination of primary care with specialty
2 and hospital care.

3 (5) Urgent care services.

4 (6) Availability of office appointments 7 days
5 per week.

6 (7) E-mail and telephone consultation.

7 (8) Availability of telephone access for urgent
8 care consultation on a 7-day per week, 24-hour per
9 day basis.

10 (9) Use of a primary care provider panel size
11 that promotes the ability of participating providers
12 to appropriately provide the scope of services de-
13 scribed in this subparagraph.

14 (d) PRIORITIES.—

15 (1) QUALIFIED STATE.—At least one such pilot
16 project shall be conducted in a State that—

17 (A) has enacted legislation to enable direct
18 primary care practices to deliver monthly fee-
19 based primary care without being regulated as
20 an insurer or health maintenance organization;
21 and

22 (B) has direct primary care practices
23 which enroll, in the aggregate as of September
24 1, 2011, at least 3,000 individuals using the
25 monthly fee-based primary care model.

1 (2) PROJECTS INCLUDING DUAL ELIGIBLES.—

2 Subject to paragraph (1), the Secretary shall provide
3 priority to pilot projects that seek to enroll individ-
4 uals who are dual eligible individuals.

5 (e) NO INSURANCE.—Care provided under a pilot
6 project shall not be considered an insurance product and
7 shall not be subject to regulation as insurance product or
8 health maintenance organization by State insurance com-
9 missioners.

10 (f) APPLICATION OF PROVISIONS.—The provisions of
11 subsections (b)(3) and (d) of section 1115A of the Social
12 Security Act (42 U.S.C. 1315a) shall apply in carrying
13 out the program of pilot projects under this section in the
14 same manner as such provisions apply to testing models
15 under subsection (b)(1) of such section and, notwith-
16 standing any other provision of law, funds appropriated
17 under subsection (f)(1)(B) of such section for activities
18 under such section shall be available to carry out pilot
19 projects under this section.

20 (g) REPORTING TO SECRETARY.—An entity that es-
21 tablishes a pilot project shall submit to the Secretary an
22 annual report that measures the progress, of patients en-
23 rolled in the project with one or more chronic conditions,
24 on the following:

25 (1) Emergency room visits.

1 (2) Hospitalizations.

2 (3) Surgeries (including type of surgery).

3 (4) Specialist visits.

4 (5) Use of advanced radiology (other than
5 mammograms and DEXA scans).

6 (h) PROVISION OF DATA.—The Secretary shall pro-
7 vide the entities operating pilot projects with all necessary
8 and relevant patient data, including any prior claims data,
9 needed for clinical purposes and for the purpose of pro-
10 viding an evaluation of such projects.

11 (i) DUAL ELIGIBLE INDIVIDUAL DEFINED.—In this
12 section, the term “dual eligible individual” means a Medi-
13 care beneficiary who is described in subparagraph (A)(ii)
14 of section 1935(e)(6) of the Social Security Act (42 U.S.C.
15 1396u–5(e)(6)), taking into account the application of
16 subparagraph (B) of such section.

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