113TH CONGRESS 2D SESSION

H.R.4994

AN ACT

- To amend title XVIII of the Social Security Act to provide for standardized post-acute care assessment data for quality, payment, and discharge planning, 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,

1 SECTION 1. SHORT TITLE.

2	This Act may be cited as the "Improving Medicare
3	Post-Acute Care Transformation Act of 2014" or the
4	"IMPACT Act of 2014".
5	SEC. 2. STANDARDIZATION OF POST-ACUTE CARE DATA.
6	(a) In General.—Title XVIII of the Social Security
7	Act is amended by adding at the end the following new
8	section:
9	"SEC. 1899B. STANDARDIZED POST-ACUTE CARE (PAC) AS-
10	SESSMENT DATA FOR QUALITY, PAYMENT,
11	AND DISCHARGE PLANNING.
12	"(a) Requirement for Standardized Assess-
13	MENT DATA.—
14	"(1) IN GENERAL.—The Secretary shall—
15	"(A) require under the applicable reporting
16	provisions post-acute care providers (as defined
17	in paragraph (2)(A)) to report—
18	"(i) standardized patient assessment
19	data in accordance with subsection (b);
20	"(ii) data on quality measures under
21	subsection $(c)(1)$; and
22	"(iii) data on resource use and other
23	measures under subsection (d)(1);
24	"(B) require data described in subpara-
25	graph (A) to be standardized and interoperable
26	so as to allow for the exchange of such data

1	among such post-acute care providers and other
2	providers and the use by such providers of such
3	data that has been so exchanged, including by
4	using common standards and definitions, in
5	order to provide access to longitudinal informa-
6	tion for such providers to facilitate coordinated
7	care and improved Medicare beneficiary out-
8	comes; and
9	"(C) in accordance with subsections (b)(1)
10	and (c)(2), modify PAC assessment instruments
11	(as defined in paragraph (2)(B)) applicable to
12	post-acute care providers to—
13	"(i) provide for the submission of
14	standardized patient assessment data
15	under this title with respect to such pro-
16	viders; and
17	"(ii) enable comparison of such as-
18	sessment data across all such providers to
19	whom such data are applicable.
20	"(2) Definitions.—For purposes of this sec-
21	tion:
22	"(A) Post-acute care (Pac) pro-
23	VIDER.—The terms 'post-acute care provider'
24	and 'PAC provider' mean—
25	"(i) a home health agency;

1	"(ii) a skilled nursing facility;
2	"(iii) an inpatient rehabilitation facil-
3	ity; and
4	"(iv) a long-term care hospital (other
5	than a hospital classified under section
6	1886(d)(1)(B)(iv)(II).
7	"(B) PAC ASSESSMENT INSTRUMENT.—
8	The term 'PAC assessment instrument'
9	means—
10	"(i) in the case of home health agen-
11	cies, the instrument used for purposes of
12	reporting and assessment with respect to
13	the Outcome and Assessment Information
14	Set (OASIS), as described in sections
15	484.55 and 484.250 of title 42, the Code
16	of Federal Regulations, or any successor
17	regulation, or any other instrument used
18	with respect to home health agencies for
19	such purposes;
20	"(ii) in the case of skilled nursing fa-
21	cilities, the resident's assessment under
22	section 1819(b)(3);
23	"(iii) in the case of inpatient rehabili-
24	tation facilities, any Medicare beneficiary
25	assessment instrument established by the

1	Secretary for purposes of section 1886(j):
2	and
3	"(iv) in the case of long-term care
4	hospitals, the Medicare beneficiary assess-
5	ment instrument used with respect to such
6	hospitals for the collection of data elements
7	necessary to calculate quality measures as
8	described in the August 18, 2011, Federal
9	Register (76 Fed. Reg. 51754–51755), in-
10	cluding for purposes of section
11	1886(m)(5)(C), or any other instrument
12	used with respect to such hospitals for as-
13	sessment purposes.
14	"(C) Applicable reporting provi-
15	SION.—The term 'applicable reporting provi-
16	sion' means—
17	"(i) for home health agencies, section
18	1895(b)(3)(B)(v);
19	"(ii) for skilled nursing facilities, sec-
20	tion 1888(e)(6);
21	"(iii) for inpatient rehabilitation facili-
22	ties, section $1886(j)(7)$; and
23	"(iv) for long-term care hospitals, sec-
24	tion $1886(m)(5)$.

1	"(D) PAC PAYMENT SYSTEM.—The term
2	'PAC payment system' means—
3	"(i) with respect to a home health
4	agency, the prospective payment system
5	under section 1895;
6	"(ii) with respect to a skilled nursing
7	facility, the prospective payment system
8	under section 1888(e);
9	"(iii) with respect to an inpatient re-
10	habilitation facility, the prospective pay-
11	ment system under section 1886(j); and
12	"(iv) with respect to a long-term care
13	hospital, the prospective payment system
14	under section 1886(m).
15	"(E) Specified application date.—The
16	term 'specified application date' means the fol-
17	lowing:
18	"(i) Quality measures.—In the
19	case of quality measures under subsection
20	(e)(1)—
21	"(I) with respect to the domain
22	described in subsection $(c)(1)(A)$ (re-
23	lating to functional status, cognitive
24	function, and changes in function and
25	cognitive function)—

1	"(aa) for PAC providers de-
2	scribed in clauses (ii) and (iii) of
3	paragraph (2)(A), October 1,
4	2016;
5	"(bb) for PAC providers de-
6	scribed in clause (iv) of such
7	paragraph, October 1, 2018; and
8	"(cc) for PAC providers de-
9	scribed in clause (i) of such para-
10	graph, January 1, 2019;
11	"(II) with respect to the domain
12	described in subsection $(c)(1)(B)$ (re-
13	lating to skin integrity and changes in
14	skin integrity)—
15	"(aa) for PAC providers de-
16	scribed in clauses (ii), (iii), and
17	(iv) of paragraph (2)(A), October
18	1, 2016; and
19	"(bb) for PAC providers de-
20	scribed in clause (i) of such para-
21	graph, January 1, 2017;
22	"(III) with respect to the domain
23	described in subsection $(e)(1)(C)$ (re-
24	lating to medication reconciliation)—

1	"(aa) for PAC providers de-
2	scribed in clause (i) of such para-
3	graph, January 1, 2017; and
4	"(bb) for PAC providers de-
5	scribed in clauses (ii), (iii), and
6	(iv) of such paragraph, October
7	1, 2018;
8	"(IV) with respect to the domain
9	described in subsection $(e)(1)(D)$ (re-
10	lating to incidence of major falls)—
11	"(aa) for PAC providers de-
12	scribed in clauses (ii), (iii), and
13	(iv) of paragraph (2)(A), October
14	1, 2016; and
15	"(bb) for PAC providers de-
16	scribed in clause (i) of such para-
17	graph, January 1, 2019; and
18	"(V) with respect to the domain
19	described in subsection $(c)(1)(E)$ (re-
20	lating to accurately communicating
21	the existence of and providing for the
22	transfer of health information and
23	care preferences)—
24	"(aa) for PAC providers de-
25	scribed in clauses (ii), (iii), and

1	(iv) of paragraph (2)(A), October
2	1, 2018; and
3	"(bb) for PAC providers de-
4	scribed in clause (i) of such para-
5	graph, January 1, 2019.
6	"(ii) Resource use and other
7	MEASURES.—In the case of resource use
8	and other measures under subsection
9	(d)(1)—
10	"(I) for PAC providers described
11	in clauses (ii), (iii), and (iv) of para-
12	graph (2)(A), October 1, 2016; and
13	"(II) for PAC providers de-
14	scribed in clause (i) of such para-
15	graph, January 1, 2017.
16	"(F) Medicare beneficiary.—The term
17	'Medicare beneficiary' means an individual enti-
18	tled to benefits under part A or, as appropriate,
19	enrolled for benefits under part B.
20	"(b) Standardized Patient Assessment Data.—
21	"(1) Requirement for reporting assess-
22	MENT DATA.—
23	"(A) IN GENERAL.—Beginning not later
24	than October 1, 2018, for PAC providers de-
25	scribed in clauses (ii), (iii), and (iv) of sub-

section (a)(2)(A) and January 1, 2019, for PAC providers described in clause (i) of such subsection, the Secretary shall require PAC providers to submit to the Secretary, under the applicable reporting provisions and through the use of PAC assessment instruments, the standardized patient assessment data described in subparagraph (B). The Secretary shall require such data be submitted with respect to admission and discharge of an individual (and may be submitted more frequently as the Secretary deems appropriate).

- "(B) STANDARDIZED PATIENT ASSESS-MENT DATA DESCRIBED.—For purposes of subparagraph (A), the standardized patient assessment data described in this subparagraph is data required for at least the quality measures described in subsection (c)(1) and that is with respect to the following categories:
 - "(i) Functional status, such as mobility and self care at admission to a PAC provider and before discharge from a PAC provider.
 - "(ii) Cognitive function, such as ability to express ideas and to understand, and

1	mental status, such as depression and de-
2	mentia.
3	"(iii) Special services, treatments, and
4	interventions, such as need for ventilator
5	use, dialysis, chemotherapy, central line
6	placement, and total parenteral nutrition.
7	"(iv) Medical conditions and co-
8	morbidities, such as diabetes, congestive
9	heart failure, and pressure ulcers.
10	"(v) Impairments, such as inconti-
11	nence and an impaired ability to hear, see,
12	or swallow.
13	"(vi) Other categories deemed nec-
14	essary and appropriate by the Secretary.
15	"(2) Alignment of claims data with
16	STANDARDIZED PATIENT ASSESSMENT DATA.—To
17	the extent practicable, not later than October 1,
18	2018, for PAC providers described in clauses (ii),
19	(iii), and (iv) of subsection (a)(2)(A), and January
20	1, 2019, for PAC providers described in clause (i) of
21	such subsection, the Secretary shall match claims
22	data with assessment data pursuant to this section
23	for purposes of assessing prior service use and con-
24	current service use, such as antecedent hospital or
25	PAC provider use, and may use such matched data

for such other uses as the Secretary determines appropriate.

"(3) Replacement of Certain existing Data.—In the case of patient assessment data being used with respect to a PAC assessment instrument that duplicates or overlaps with standardized patient assessment data within a category described in paragraph (1), the Secretary shall, as soon as practicable, revise or replace such existing data with the standardized data.

"(4) CLARIFICATION.—Standardized patient assessment data submitted pursuant to this subsection shall not be used to require individuals to be provided post-acute care by a specific type of PAC provider in order for such care to be eligible for payment under this title.

"(c) Quality Measures.—

"(1) REQUIREMENT FOR REPORTING QUALITY MEASURES.—Not later than the specified application date, as applicable to measures and PAC providers, the Secretary shall specify quality measures on which PAC providers are required under the applicable reporting provisions to submit standardized patient assessment data described in subsection (b)(1) and other necessary data specified by the Secretary.

1	Such measures shall be with respect to at least the
2	following domains:
3	"(A) Functional status, cognitive function,
4	and changes in function and cognitive function.
5	"(B) Skin integrity and changes in skin in-
6	tegrity.
7	"(C) Medication reconciliation.
8	"(D) Incidence of major falls.
9	"(E) Accurately communicating the exist-
10	ence of and providing for the transfer of health
11	information and care preferences of an indi-
12	vidual to the individual, family caregiver of the
13	individual, and providers of services furnishing
14	items and services to the individual, when the
15	individual transitions—
16	"(i) from a hospital or critical access
17	hospital to another applicable setting, in-
18	cluding a PAC provider or the home of the
19	individual; or
20	"(ii) from a PAC provider to another
21	applicable setting, including a different
22	PAC provider, a hospital, a critical access
23	hospital, or the home of the individual.
24	"(2) Reporting through pac assessment
25	INSTRUMENTS.—

1	"(A) In General.—To the extent pos-
2	sible, the Secretary shall require such reporting
3	by a PAC provider of quality measures under
4	paragraph (1) through the use of a PAC assess-
5	ment instrument and shall modify such PAC
6	assessment instrument as necessary to enable
7	the use of such instrument with respect to such
8	quality measures.
9	"(B) Limitation.—The Secretary may
10	not make significant modifications to a PAC as-
11	sessment instrument more than once per cal-
12	endar year or fiscal year, as applicable, unless
13	the Secretary publishes in the Federal Register
14	a justification for such significant modification
15	"(3) Adjustments.—
16	"(A) IN GENERAL.—The Secretary shall
17	consider applying adjustments to the quality
18	measures under this subsection taking into con-
19	sideration the studies under section 2(d) of the
20	IMPACT Act of 2014.
21	"(B) RISK ADJUSTMENT.—Such quality
22	measures shall be risk adjusted, as determined
23	appropriate by the Secretary.
24	"(d) Resource Use and Other Measures.—

1	"(1) Requirement for resource use and
2	OTHER MEASURES.—Not later than the specified ap-
3	plication date, as applicable to measures and PAC
4	providers, the Secretary shall specify resource use
5	and other measures on which PAC providers are re-
6	quired under the applicable reporting provisions to
7	submit any necessary data specified by the Sec-
8	retary, which may include standardized assessment
9	data in addition to claims data. Such measures shall
10	be with respect to at least the following domains:
11	"(A) Resource use measures, including
12	total estimated Medicare spending per bene-
13	ficiary.
14	"(B) Discharge to community.
15	"(C) Measures to reflect all-condition risk-
16	adjusted potentially preventable hospital read-
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17	mission rates.
18	mission rates. "(2) Aligning methodology adjustments
18	"(2) Aligning methodology adjustments
18 19	"(2) Aligning methodology adjustments for resource use measures.—
18 19 20	"(2) Aligning methodology adjustments for resource use measures.— "(A) Period of time.—With respect to
18 19 20 21	"(2) Aligning methodology adjustments for resource use measures.— "(A) Period of time.—With respect to the period of time used for calculating measures
18 19 20 21 22	"(2) Aligning methodology adjustments for resource use measures.— "(A) Period of time.—With respect to the period of time used for calculating measures under paragraph (1)(A), the Secretary shall, to

"(B) Geographic and other adjustMents.—The Secretary shall standardize measures with respect to the domain described in paragraph (1)(A) for geographic payment rate differences and payment differentials (and other adjustments, as applicable) consistent with the methodology published in the Federal Register on August 18, 2011 (76 Fed. Reg. 51624 through 51626), or any subsequent modifications made to the methodology.

"(C) Medicare spending per beneficiary.—The Secretary shall adjust, as appropriate, measures with respect to the domain described in paragraph (1)(A) for the factors applied under section 1886(o)(2)(B)(ii).

"(3) Adjustments.—

"(A) IN GENERAL.—The Secretary shall consider applying adjustments to the resource use and other measures specified under this subsection with respect to the domain described in paragraph (1)(A), taking into consideration the studies under section 2(d) of the IMPACT Act of 2014.

1	"(B) RISK ADJUSTMENT.—Such resource
2	use and other measures shall be risk adjusted,
3	as determined appropriate by the Secretary.
4	"(e) Measurement Implementation Phases; Se-
5	LECTION OF QUALITY MEASURES AND RESOURCE USE
6	AND OTHER MEASURES.—
7	"(1) Measurement implementation
8	PHASES.—In the case of quality measures specified
9	under subsection $(c)(1)$ and resource use and other
10	measures specified under subsection (d)(1), the pro-
11	visions of this section shall be implemented in ac-
12	cordance with the following phases:
13	"(A) Initial implementation phase.—
14	The initial implementation phase, with respect
15	to such a measure, shall, in accordance with
16	subsections (c) and (d), as applicable, consist
17	of—
18	"(i) measure specification, including
19	informing the public of the measure's nu-
20	merator, denominator, exclusions, and any
21	other aspects the Secretary determines
22	necessary;
23	"(ii) data collection, including, in the
24	case of quality measures, requiring PAC

1	providers to report data elements needed
2	to calculate such a measure; and
3	"(iii) data analysis, including, in the
4	case of resource use and other measures,
5	the use of claims data to calculate such a
6	measure.
7	"(B) SECOND IMPLEMENTATION PHASE.—
8	The second implementation phase, with respect
9	to such a measure, shall consist of the provision
10	of feedback reports to PAC providers, in ac-
11	cordance with subsection (f).
12	"(C) THIRD IMPLEMENTATION PHASE.—
13	The third implementation phase, with respect to
14	such a measure, shall consist of public reporting
15	of PAC providers' performance on such meas-
16	ure in accordance with subsection (g).
17	"(2) Consensus-based entity.—
18	"(A) In general.—Subject to subpara-
19	graph (B), each measure specified by the Sec-
20	retary under this section shall be endorsed by
21	the entity with a contract under section
22	1890(a).
23	"(B) Exception.—In the case of a speci-
24	fied area or medical topic determined appro-
25	priate by the Secretary for which a feasible and

practical measure has not been endorsed by the
entity with a contract under section 1890(a),
the Secretary may specify a measure that is not
so endorsed as long as due consideration is
given to measures that have been endorsed or
adopted by a consensus organization identified
by the Secretary.

"(3) Treatment of application of prerulemaking process (measure applications partnership process).—

"(A) IN GENERAL.—Subject to subparagraph (B), the provisions of section 1890A shall apply in the case of a quality measure specified under subsection (c) or a resource use or other measure specified under subsection (d).

"(B) Exceptions.—

"(i) Expedited procedures.—For purposes of satisfying subparagraph (A), the Secretary may use expedited procedures, such as ad-hoc reviews, as necessary, in the case of a quality measure specified under subsection (c) or a resource use or other measure specified in subsection (d) required with respect to data submissions under the applicable reporting

provisions during the 1-year period before the specified application date applicable to such a measure and provider involved.

> "(ii) OPTION TO WAIVE PROVI-SIONS.—The Secretary may waive the application of the provisions of section 1890A in the case of a quality measure or resource use or other measure described in clause (i), if the application of such provisions (including through the use of an expedited procedure described in such clause) would result in the inability of the Secretary to satisfy any deadline specified in this section with respect to such measure.

"(f) FEEDBACK REPORTS TO PAC PROVIDERS.—

"(1) IN GENERAL.—Beginning one year after the specified application date, as applicable to PAC providers and quality measures and resource use and other measures under this section, the Secretary shall provide confidential feedback reports to such PAC providers on the performance of such providers with respect to such measures required under the applicable provisions.

"(2) Frequency.—To the extent feasible, the Secretary shall provide feedback reports described in

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- 1 paragraph (1) not less frequently than on a quar-
- 2 terly basis. Notwithstanding the previous sentence,
- 3 with respect to measures described in such para-
- 4 graph that are reported on an annual basis, the Sec-
- 5 retary may provide such feedback reports on an an-
- 6 nual basis.
- 7 "(g) Public Reporting of PAC Provider Per-
- 8 FORMANCE.—
- 9 "(1) In general.—Subject to the succeeding
- paragraphs of this subsection, the Secretary shall
- provide for public reporting of PAC provider per-
- 12 formance on quality measures under subsection
- (c)(1) and the resource use and other measures
- under subsection (d)(1), including by establishing
- procedures for making available to the public infor-
- mation regarding the performance of individual PAC
- providers with respect to such measures.
- 18 "(2) Opportunity to review.—The proce-
- dures under paragraph (1) shall ensure, including
- through a process consistent with the process ap-
- plied under section 1886(b)(3)(B)(viii)(VII) for simi-
- lar purposes, that a PAC provider has the oppor-
- tunity to review and submit corrections to the data
- and information that is to be made public with re-

1	spect to the provider prior to such data being made
2	public.
3	"(3) Timing.—Such procedures shall provide
4	that the data and information described in para-
5	graph (1), with respect to a measure and PAC pro-
6	vider, is made publicly available beginning not later
7	than two years after the specified application date
8	applicable to such a measure and provider.
9	"(4) Coordination with existing pro-
10	GRAMS.—Such procedures shall provide that data
11	and information described in paragraph (1) with re-
12	spect to quality measures and resource use and
13	other measures under subsections (c)(1) and (d)(1)
14	shall be made publicly available consistent with the
15	following provisions:
16	"(A) In the case of home health agencies,
17	section $1895(b)(3)(B)(v)(III)$.
18	"(B) In the case of skilled nursing facili-
19	ties, sections 1819(i) and 1919(i).
20	"(C) In the case of inpatient rehabilitation
21	facilities, section $1886(j)(7)(E)$.
22	"(D) In the case of long-term care hos-
23	pitals, section $1886(m)(5)(E)$.
24	"(h) Removing, Suspending, or Adding Meas-
25	URES.—

- "(1) IN GENERAL.—The Secretary may remove, suspend, or add a quality measure or resource use or other measure described in subsection (c)(1) or (d)(1), so long as, subject to paragraph (2), the Secretary publishes in the Federal Register (with a notice and comment period) a justification for such removal, suspension, or addition.
- 8 "(2) Exception.—In the case of such a quality 9 measure or resource use or other measure for which 10 there is a reason to believe that the continued collec-11 tion of such measure raises potential safety concerns 12 or would cause other unintended consequences, the 13 Secretary may promptly suspend or remove such 14 measure and satisfy paragraph (1) by publishing in 15 the Federal Register a justification for such suspen-16 sion or removal in the next rulemaking cycle fol-17 lowing such suspension or removal.
- "(i) Use of Standardized Assessment Data,
 19 Quality Measures, and Resource Use and Other
 20 Measures To Inform Discharge Planning and In21 corporate Patient Preference.—
- "(1) IN GENERAL.—Not later than January 1, 23 2016, and periodically thereafter (but not less fre-24 quently than once every 5 years), the Secretary shall 25 promulgate regulations to modify conditions of par-

1 ticipation and subsequent interpretive guidance ap-2 plicable to PAC providers, hospitals, and critical ac-3 cess hospitals. Such regulations and interpretive 4 guidance shall require such providers to take into 5 account quality, resource use, and other measures 6 under the applicable reporting provisions (which, as 7 available, shall include measures specified under sub-8 sections (c) and (d), and other relevant measures) in 9 the discharge planning process. Specifically, such 10 regulations and interpretive guidance shall address 11 the settings to which a patient may be discharged in 12 order to assist subsection (d) hospitals, critical ac-13 hospitals. hospitals described in cess 14 1886(d)(1)(B)(v), PAC providers, patients, and fam-15 ilies of such patients with discharge planning from 16 inpatient settings, including such hospitals, and 17 from PAC provider settings. In addition, such regu-18 lations and interpretive guidance shall include proce-19 dures to address— 20 "(A) treatment preferences of patients; 21 and 22 "(B) goals of care of patients. 23 "(2) DISCHARGE PLANNING.—All requirements

applied pursuant to paragraph (1) shall be used to

- 1 help inform and mandate the discharge planning
- 2 process.
- 3 "(3) Clarification.—Such regulations shall
- 4 not require an individual to be provided post-acute
- 5 care by a specific type of PAC provider in order for
- 6 such care to be eligible for payment under this title.
- 7 "(j) STAKEHOLDER INPUT.—Before the initial rule-
- 8 making process to implement this section, the Secretary
- 9 shall allow for stakeholder input, such as through town
- 10 halls, open door forums, and mail-box submissions.
- 11 "(k) Funding.—For purposes of carrying out this
- 12 section, the Secretary shall provide for the transfer to the
- 13 Centers for Medicare & Medicaid Services Program Man-
- 14 agement Account, from the Federal Hospital Insurance
- 15 Trust Fund under section 1817 and the Federal Supple-
- 16 mentary Medical Insurance Trust Fund under section
- 17 1841, in such proportion as the Secretary determines ap-
- 18 propriate, of \$130,000,000. Fifty percent of such amount
- 19 shall be available on the date of the enactment of this sec-
- 20 tion and fifty percent of such amount shall be equally pro-
- 21 portioned for each of fiscal years 2015 through 2019.
- 22 Such sums shall remain available until expended.
- 23 "(1) Limitation.—There shall be no administrative
- 24 or judicial review under sections 1869 and 1878 or other-
- 25 wise of the specification of standardized patient assess-

- 1 ment data required, the determination of measures, and
- 2 the systems to report such standardized data under this
- 3 section.
- 4 "(m) Non-Application of Paperwork Reduc-
- 5 TION ACT.—Chapter 35 of title 44, United States Code
- 6 (commonly referred to as the 'Paperwork Reduction Act
- 7 of 1995') shall not apply to this section and the sections
- 8 referenced in subsection (a)(2)(B) that require modifica-
- 9 tion in order to achieve the standardization of patient as-
- 10 sessment data.".
- 11 (b) Studies of Alternative PAC Payment Mod-
- 12 ELS.—
- 13 (1) MedPAC.—Using data from the Post-
- 14 Acute Payment Reform Demonstration authorized
- under section 5008 of the Deficit Reduction Act of
- 16 2005 (Public Law 109–171) or other data, as avail-
- able, not later than June 30, 2016, the Medicare
- Payment Advisory Commission shall submit to Con-
- 19 gress a report that evaluates and recommends fea-
- tures of PAC payment systems (as defined in section
- 21 1899B(a)(2)(D) of the Social Security Act, as added
- by subsection (a)) that establish, or a unified post-
- acute care payment system under title XVIII of the
- Social Security Act that establishes, payment rates
- according to characteristics of individuals (such as

cognitive ability, functional status, and impairments) instead of according to the post-acute care setting where the Medicare beneficiary involved is treated. To the extent feasible, such report shall consider the impacts of moving from PAC payment systems (as defined in subsection (a)(2)(D) of such section 1899B) in existence as of the date of the enactment of this Act to new post-acute care payment systems under title XVIII of the Social Security Act.

(2) RECOMMENDATIONS FOR PAC PROSPECTIVE PAYMENT.—

- (A) Report by Secretary.—Not later than 2 years after the date by which the Secretary of Health and Human Services has collected 2 years of data on quality measures under subsection (c) of section 1899B, as added by subsection (a), the Secretary shall, in consultation with the Medicare Payment Advisory Commission and appropriate stakeholders, submit to Congress a report, including—
 - (i) recommendations and a technical prototype, on a post-acute care prospective payment system under title XVIII of the Social Security Act that would—

1	(I) in lieu of the rates that would
2	otherwise apply under PAC payment
3	systems (as defined in subsection
4	(a)(2)(D) of such section 1899B),
5	base payments under such title, with
6	respect to items and services fur-
7	nished to an individual by a PAC pro-
8	vider (as defined in subsection
9	(a)(2)(A) of such section), according
10	to individual characteristics (such as
11	cognitive ability, functional status,
12	and impairments) of such individual
13	instead of the post-acute care setting
14	in which the individual is furnished
15	such items and services;
16	(II) account for the clinical ap-
17	propriateness of items and services so
18	furnished and Medicare beneficiary
19	outcomes;
20	(III) be designed to incorporate
21	(or otherwise account for) standard-
22	ized patient assessment data under
23	section 1899B; and
24	(IV) further clinical integration,
25	such as by motivating greater coordi-

1	nation around a single condition or
2	procedure to integrate hospital sys-
3	tems with PAC providers (as so de-
4	fined).
5	(ii) recommendations on which Medi-
6	care fee-for-service regulations for post-
7	acute care payment systems under title
8	XVIII of the Social Security Act should be
9	altered (such as the skilled nursing facility
10	3-day stay and inpatient rehabilitation fa-
11	cility 60 percent rule);
12	(iii) an analysis of the impact of the
13	recommended payment system described in
14	clause (i) on Medicare beneficiary cost-
15	sharing, access to care, and choice of set-
16	$\operatorname{ting};$
17	(iv) a projection of any potential re-
18	duction in expenditures under title XVIII
19	of the Social Security Act that may be at-
20	tributable to the application of the rec-
21	ommended payment system described in
22	clause (i); and
23	(v) a review of the value of subsection
24	(d) hospitals (as defined in section
25	1886(d)(1)(B) of the Social Security Act

(42 U.S.C. 1395ww(d)(1)(B)), hospitals described in section 1886(d)(1)(B)(v) of such Act (42 U.S.C. 1395ww(d)(1)(B)(v)), and critical access hospitals described in section 1820(c)(2)(B) of such Act (42 U.S.C. 1395i-4(c)(2)(B)) collecting and reporting to the Secretary standardized patient assessment data with respect to inpatient hospital services furnished by such a hospital or critical access hospital to individuals who are entitled to benefits under part A of title XVIII of such Act or, as appropriate, enrolled for benefits under part B of such title.

(B) Report by Medpac.—Not later than the first June 30th following the date on which the report is required under subparagraph (A), the Medicare Payment Advisory Commission shall submit to Congress a report, including recommendations and a technical prototype, on a post-acute care prospective payment system under title XVIII of the Social Security Act that would satisfy the criteria described in subparagraph (A).

1	(3) Medicare beneficiary defined.—For
2	purposes of this subsection, the term "Medicare ben-
3	eficiary" has the meaning given such term in section
4	1899B(a)(2) of the Social Security Act, as added by
5	subsection (a).
6	(c) Payment Consequences Under the Applica-
7	BLE REPORTING PROVISIONS.—
8	(1) Home Health Agencies.—Section
9	1895(b)(3)(B)(v) of the Social Security Act (42
10	U.S.C. 1395fff(b)(3)(B)(v)) is amended—
11	(A) in subclause (I), by striking "subclause
12	(II)" and inserting "subclauses (II) and (IV)";
13	(B) in subclause (II), by striking "For
14	2007" and inserting "Subject to subclause (V),
15	for 2007'';
16	(C) in subclause (III), by inserting "and
17	subclause (IV)(aa)" after "subclause (II)"; and
18	(D) by adding at the end the following new
19	subclauses:
20	"(IV) Submission of Addi-
21	TIONAL DATA.—
22	"(aa) In general.—For
23	the year beginning on the speci-
24	fied application date (as defined
25	in subsection (a)(2)(E) of section

1899B), as applicable with re-1 2 spect to home health agencies 3 and quality measures under sub-4 section (c)(1) of such section and measures under subsection (d)(1) 6 of such section, and each subse-7 quent year, in addition to the 8 data described in subclause (II), 9 each home health agency shall 10 submit to the Secretary data on 11 such quality measures and any 12 necessary data specified by the 13 Secretary under such subsection 14 (d)(1). "(bb) 15 STANDARDIZED PA-16 TIENT ASSESSMENT DATA.—For 17 2019 and each subsequent year, 18 in addition to such data de-19 scribed in item (aa), each home 20 health agency shall submit to the 21 Secretary standardized patient 22 assessment data required under 23 subsection (b)(1)of section 24 1899B.

1	"(cc) Submission.—Data
2	shall be submitted under items
3	(aa) and (bb) in the form and
4	manner, and at the time, speci-
5	fied by the Secretary for pur-
6	poses of this clause.
7	"(V) Non-duplication.—To the
8	extent data submitted under subclause
9	(IV) duplicates other data required to
10	be submitted under subclause (II), the
11	submission of such data under sub-
12	clause (IV) shall be in lieu of the sub-
13	mission of such data under subclause
14	(II). The previous sentence shall not
15	apply insofar as the Secretary deter-
16	mines it is necessary to avoid a delay
17	in the implementation of section
18	1899B, taking into account the dif-
19	ferent specified application dates
20	under subsection (a)(2)(E) of such
21	section.".
22	(2) Inpatient rehabilitation facilities.—
23	Section 1886(j)(7) of the Social Security Act (42
24	U.S.C. 1395ww(j)(7)) is amended—

1	(A) in subparagraph (A)(i), by striking
2	"subparagraph (C)" and inserting "subpara-
3	graphs (C) and (F)";
4	(B) in subparagraph (C), by striking "For
5	fiscal year 2014 and each subsequent rate
6	year" and inserting "Subject to subparagraph
7	(G), for fiscal year 2014 and each subsequent
8	fiscal year";
9	(C) in subparagraph (E), by inserting
10	"and subparagraph (F)(i)" after "subpara-
11	graph (C)"; and
12	(D) by adding at the end the following new
13	subparagraphs:
14	"(F) Submission of additional data.—
15	"(i) IN GENERAL.—For the fiscal year
16	beginning on the specified application date
17	(as defined in subsection (a)(2)(E) of sec-
18	tion 1899B), as applicable with respect to
19	inpatient rehabilitation facilities and qual-
20	ity measures under subsection $(c)(1)$ of
21	such section and measures under sub-
22	section $(d)(1)$ of such section, and each
23	subsequent fiscal year, in addition to such
24	data on the quality measures described in
25	subparagraph (C), each rehabilitation facil-

1	ity shall submit to the Secretary data on
2	the quality measures under such subsection
3	(c)(1) and any necessary data specified by
4	the Secretary under such subsection (d)(1).
5	"(ii) Standardized patient as-
6	SESSMENT DATA.—For fiscal year 2019
7	and each subsequent fiscal year, in addi-
8	tion to such data described in clause (i),
9	each rehabilitation facility shall submit to
10	the Secretary standardized patient assess-
11	ment data required under subsection $(b)(1)$
12	of section 1899B.
13	"(iii) Submission.—Such data shall
14	be submitted in the form and manner, and
15	at the time, specified by the Secretary for
16	purposes of this subparagraph.
17	"(G) Non-duplication.—To the extent
18	data submitted under subparagraph (F) dupli-
19	cates other data required to be submitted under
20	subparagraph (C), the submission of such data
21	under subparagraph (F) shall be in lieu of the
22	submission of such data under subparagraph
23	(C). The previous sentence shall not apply inso-
24	far as the Secretary determines it is necessary

to avoid a delay in the implementation of sec-

1	tion 1899B, taking into account the different
2	specified application dates under subsection
3	(a)(2)(E) of such section.".
4	(3) Long-term care hospitals.—Section
5	1886(m)(5) of the Social Security Act (42 U.S.C.
6	1395ww(m)(5)) is amended—
7	(A) in subparagraph (A)(i), by striking
8	"subparagraph (C)" and inserting "subpara-
9	graphs (C) and (F)";
10	(B) in subparagraph (C), by striking "For
11	rate year" and inserting "Subject to subpara-
12	graph (G), for rate year";
13	(C) in subparagraph (E), by inserting
14	"and subparagraph (F)(i)" after "subpara-
15	graph (C)"; and
16	(D) by adding at the end the following new
17	subparagraphs:
18	"(F) Submission of additional data.—
19	"(i) In general.—For the rate year
20	beginning on the specified application date
21	(as defined in subsection (a)(2)(E) of sec-
22	tion 1899B), as applicable with respect to
23	long-term care hospitals and quality meas-
24	ures under subsection $(c)(1)$ of such sec-
25	tion and measures under subsection (d)(1)

1 of such section, and each subsequent rate 2 year, in addition to the data on the quality 3 measures described in subparagraph (C), each long-term care hospital (other than a classified hospital under subsection (d)(1)(B)(iv)(II)) shall submit to the Sec-6 7 retary data on the quality measures under 8 such subsection (c)(1) and any necessary 9 data specified by the Secretary under such 10 subsection (d)(1). 11 STANDARDIZED PATIENT 12 SESSMENT DATA.—For rate year 2019 and

"(ii) STANDARDIZED PATIENT ASSESSMENT DATA.—For rate year 2019 and
each subsequent rate year, in addition to
such data described in clause (i), each
long-term care hospital (other than a hospital classified under subsection
(d)(1)(B)(iv)(II)) shall submit to the Secretary standardized patient assessment
data required under subsection (b)(1) of
section 1899B.

"(iii) Submission.—Such data shall be submitted in the form and manner, and at the time, specified by the Secretary for purposes of this subparagraph.

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1	"(G) Non-duplication.—To the extent
2	data submitted under subparagraph (F) dupli-
3	cates other data required to be submitted under
4	subparagraph (C), the submission of such data
5	under subparagraph (F) shall be in lieu of the
6	submission of such data under subparagraph
7	(C). The previous sentence shall not apply inso-
8	far as the Secretary determines it is necessary
9	to avoid a delay in the implementation of sec-
10	tion 1899B, taking into account the different
11	specified application dates under subsection
12	(a)(2)(E) of such section.".
13	(4) Skilled nursing facilities.—
14	(A) In General.—Paragraph (6) of sec-
15	tion 1888(e) of the Social Security Act (42
16	U.S.C. 1395yy(e)) is amended to read as fol-
17	lows:
18	"(6) Reporting of assessment and quality
19	DATA.—
20	"(A) REDUCTION IN UPDATE FOR FAILURE
21	TO REPORT.—
22	"(i) In general.—For fiscal years
23	beginning with fiscal year 2018, in the
24	case of a skilled nursing facility that does
25	not submit data, as applicable, in accord-

1 ance with subclauses (II) and (III) of sub-2 paragraph (B)(i) with respect to such a 3 fiscal year, after determining the percentage described in paragraph (5)(B)(i), and after application of paragraph (5)(B)(ii), 6 the Secretary shall reduce such percentage 7 for payment rates during such fiscal year 8 by 2 percentage points. 9 "(ii) Special rule.—The application 10 of this subparagraph may result in the per-11 centage described in paragraph (5)(B)(i), 12 after application of paragraph (5)(B)(ii), 13 being less than 0.0 for a fiscal year, and 14 may result in payment rates under this 15 subsection for a fiscal year being less than 16 such payment rates for the preceding fiscal 17 year. 18 "(iii) NONCUMULATIVE APPLICA-19 TION.—Any reduction under clause (i) 20 shall apply only with respect to the fiscal 21 year involved and the Secretary shall not 22 take into account such reduction in com-23 puting the payment amount under this 24 subsection for a subsequent fiscal year.

"(B) ASSESSMENT AND MEASURE DATA.—

1 "(i) In general.—A skilled nursin
facility, or a facility (other than a critical
access hospital) described in paragrap
4 (7)(B), shall submit to the Secretary, in
5 manner and within the timeframes pre-
6 scribed by the Secretary—
7 "(I) subject to clause (iii), th
8 resident assessment data necessary t
9 develop and implement the rate
0 under this subsection;
1 "(II) for fiscal years beginnin
2 on or after the specified application
date (as defined in subsection
4 (a)(2)(E) of section 1899B), as appli
5 cable with respect to skilled nursin
facilities and quality measures unde
subsection (c)(1) of such section and
8 measures under subsection (d)(1) of
9 such section, data on such quality
0 measures under such subsection (c)(1
and any necessary data specified b
2 the Secretary under such subsection
(d)(1); and
4 "(III) for fiscal years beginnin
5 on or after October 1, 2018, stand

ardized patient assessment data required under subsection (b)(1) of section 1899B.

"(ii) USE OF STANDARD INSTRU-MENT.—For purposes of meeting the requirement under clause (i), a skilled nursing facility, or a facility (other than a critical access hospital) described in paragraph (7)(B), may submit the resident assessment data required under section 1819(b)(3), using the standard instrument designated by the State under section 1819(e)(5).

"(iii) Non-duplication.—To the extent data submitted under subclause (II) or (III) of clause (i) duplicates other data required to be submitted under clause (i)(I), the submission of such data under such a subclause shall be in lieu of the submission of such data under clause (i)(I). The previous sentence shall not apply insofar as the Secretary determines it is necessary to avoid a delay in the implementation of section 1899B, taking into account the different specified application

1	dates under subsection $(a)(2)(E)$ of such
2	section.".
3	(B) Funding for nursing home com-
4	PARE WEBSITE.—Section 1819(i) of the Social
5	Security Act (42 U.S.C. 1395i-3(i)) is amended
6	by adding at the end the following new para-
7	graph:
8	"(3) Funding.—The Secretary shall transfer
9	to the Centers for Medicare & Medicaid Services
10	Program Management Account, from the Federa
11	Hospital Insurance Trust Fund under section 1817
12	a one-time allocation of \$11,000,000. The amount
13	shall be available on the date of the enactment of
14	this paragraph. Such sums shall remain available
15	until expended. Such sums shall be used to imple-
16	ment section 1128I(g).".
17	(d) Improving Payment Accuracy Under the
18	PAC PAYMENT SYSTEMS AND OTHER MEDICARE PAY
19	MENT SYSTEMS.—
20	(1) Studies and reports of effect of cer-
21	TAIN INFORMATION ON QUALITY AND RESOURCE
22	USE.—
23	(A) STUDY USING EXISTING MEDICARE
24	DATA —

1 (i) Study.—The Secretary of Health 2 and Human Services (in this subsection referred to as the "Secretary") shall conduct 3 a study that examines the effect of individuals' socioeconomic status on quality meas-6 ures and resource use and other measures 7 for individuals under the Medicare pro-8 gram under title XVIII of the Social Secu-9 rity Act (42 U.S.C. 1395 et seq.) (such as 10 to recognize that less healthy individuals 11 may require more intensive interventions). 12 The study shall use information collected 13 on such individuals in carrying out such 14 program, such as urban and rural location, 15 eligibility for Medicaid under title XIX of 16 such Act (42 U.S.C. 1396 et seq.) (recog-17 nizing and accounting for varying Medicaid 18 eligibility across States), and eligibility for 19 benefits under the supplemental security 20 income (SSI) program. The Secretary shall 21 carry out this paragraph acting through 22 the Assistant Secretary for Planning and 23 Evaluation. 24

(ii) Report.—Not later than 2 years after the date of the enactment of this Act,

the Secretary shall submit to Congress a report on the study conducted under clause (i).

(B) STUDY USING OTHER DATA.—

(i) STUDY —The Secretary shall con-

(i) STUDY.—The Secretary shall conduct a study that examines the impact of risk factors, such as those described in section 1848(p)(3) of the Social Security Act (42 U.S.C. 1395w-4(p)(3)), race, health literacy, limited English proficiency (LEP), and Medicare beneficiary activation, on quality measures and resource use and other measures under the Medicare program (such as to recognize that less healthy individuals may require more intensive interventions). In conducting such study the Secretary may use existing Federal data and collect such additional data as may be necessary to complete the study.

(ii) Report.—Not later than 5 years after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the study conducted under clause (i).

(C) Examination of data in conducting the studies under subparagraphs (A) and (B), the Secretary shall examine what non-Medicare data sets, such as data from the American Community Survey (ACS), can be useful in conducting the types of studies under such paragraphs and how such data sets that are identified as useful can be coordinated with Medicare administrative data in order to improve the overall data set available to do such studies and for the administration of the Medicare program.

(D) RECOMMENDATIONS TO ACCOUNT FOR INFORMATION IN PAYMENT ADJUSTMENT MECHANISMS.—If the studies conducted under subparagraphs (A) and (B) find a relationship between the factors examined in the studies and quality measures and resource use and other measures, then the Secretary shall also provide recommendations for how the Centers for Medicare & Medicaid Services should—

(i) obtain access to the necessary data (if such data is not already being collected) on such factors, including recommenda-

1	tions on how to address barriers to the
2	Centers in accessing such data; and
3	(ii) account for such factors—
4	(I) in quality measures, resource
5	use measures, and other measures
6	under title XVIII of the Social Secu-
7	rity Act (including such measures
8	specified under subsections (c) and
9	(d) of section 1899B of such Act, as
10	added by subsection (a)); and
11	(II) in determining payment ad-
12	justments based on such measures in
13	other applicable provisions of such
14	title.
15	(E) Funding.—There are hereby appro-
16	priated to the Secretary from the Federal Hos-
17	pital Insurance Trust Fund under section 1817
18	of the Social Security Act (42 U.S.C. 1395i)
19	and the Federal Supplementary Medical Insur-
20	ance Trust Fund under section 1841 of such
21	Act (42 U.S.C. 1395t) (in proportions deter-
22	mined appropriate by the Secretary) to carry
23	out this paragraph \$6,000,000, to remain avail-
24	able until expended.
25	(2) CMS activities.—

1	(A) In General.—Taking into account
2	the relevant studies conducted and rec-
3	ommendations made in reports under para-
4	graph (1) and, as appropriate, other informa-
5	tion, including information collected before com-
6	pletion of such studies and recommendations,
7	the Secretary, on an ongoing basis, shall, as the
8	Secretary determines appropriate and based on
9	an individual's health status and other fac-
10	tors—
11	(i) assess appropriate adjustments to
12	quality measures, resource use measures,
13	and other measures under title XVIII of
14	the Social Security Act (42 U.S.C. 1395 et
15	seq.) (including measures specified in sub-
16	sections (c) and (d) of section 1899B of
17	such Act, as added by subsection (a)); and
18	(ii) assess and implement appropriate
19	adjustments to payments under such title
20	based on measures described in clause (i).
21	(B) Accessing data.—The Secretary
22	shall collect or otherwise obtain access to the
23	data necessary to carry out this paragraph

through existing and new data sources.

- 1 (C) Periodic analyses.—The Secretary
 2 shall carry out periodic analyses, at least every
 3 years, based on the factors referred to in sub4 paragraph (A) so as to monitor changes in pos5 sible relationships.
 - (D) Funding.—There are hereby appropriated to the Secretary from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t) (in proportions determined appropriate by the Secretary) to carry out this paragraph \$10,000,000, to remain available until expended.
 - (3) STRATEGIC PLAN FOR ACCESSING RACE AND ETHNICITY DATA.—Not later than 18 months after the date of the enactment of this Act, the Secretary shall develop and report to Congress on a strategic plan for collecting or otherwise accessing data on race and ethnicity for purposes of specifying quality measures and resource use and other measures under subsections (c) and (d) of section 1899B of the Social Security Act, as added by subsection (a), and, as the Secretary determines appropriate,

- 1 other similar provisions of, including payment ad-
- 2 justments under, title XVIII of such Act (42 U.S.C.
- 3 1395 et seq.).

4 SEC. 3. HOSPICE CARE.

- 5 (a) Hospice Survey Requirement.—
- 6 (1) IN GENERAL.—Section 1861(dd)(4) of the
- 7 Social Security Act (42 U.S.C. 1395x(dd)(4)) is
- 8 amended by adding at the end the following new
- 9 subparagraph:
- 10 "(C) Any entity that is certified as a hospice program
- 11 shall be subject to a standard survey by an appropriate
- 12 State or local survey agency, or an approved accreditation
- 13 agency, as determined by the Secretary, not less fre-
- 14 quently than once every 36 months beginning 6 months
- 15 after the date of the enactment of this subparagraph and
- 16 ending September 30, 2025.".
- 17 (2) Funding.—For purposes of carrying out
- subparagraph (C) of section 1861(dd)(4) of the So-
- 19 cial Security Act (42 U.S.C. 1395x(dd)(4)), as
- added by paragraph (1), there shall be transferred
- 21 from the Federal Hospital Insurance Trust Fund
- 22 under section 1817 of such Act (42 U.S.C. 1395i)
- to the Centers for Medicare & Medicaid Services
- 24 Program Management Account—

(A) \$25,000,000 for fiscal years 2015 1 2 through 2017, to be made available for such 3 purposes in equal parts for each such fiscal 4 year; and (B) \$45,000,000 for fiscal years 2018 6 through 2025, to be made available for such 7 purposes in equal parts for each such fiscal 8 year. 9 (b) Hospice Program Eligibility Recertifi-CATION TECHNICAL CORRECTION TO APPLY LIMITATION 10 ON LIABILITY OF BENEFICIARY RULES.—Section 1879 of 12 the Social Security Act (42 U.S.C. 1395pp) is amended by adding at the end the following new subsection: 14 "(i) The provisions of this section shall apply with 15 respect to a denial of a payment under this title by reason of section 1814(a)(7)(E) in the same manner as such pro-16 visions apply with respect to a denial of a payment under 18 this title by reason of section 1862(a)(1).". 19 (c) REVISION TO REQUIREMENT FOR MEDICAL RE-VIEW OF CERTAIN HOSPICE CARE.—Section 1814(a)(7) 20 21 of the Social Security Act (42 U.S.C. 1395f(a)(7)) is 22 amended— (1) in subparagraph (C), by striking "and" at 23

the end;

1	(2) in subparagraph (D), in the matter pre-
2	ceding clause (i), by inserting "(and, in the case of
3	clause (ii), before the date of enactment of subpara-
4	graph (E))" after "2011"; and
5	(3) by adding at the end the following new sub-
6	paragraph:
7	"(E) on and after the date of enactment of
8	this subparagraph, in the case of hospice care
9	provided an individual for more than 180 days
10	by a hospice program for which the number of
11	such cases for such program comprises more
12	than a percent (specified by the Secretary) of
13	the total number of all cases of individuals pro-
14	vided hospice care by the program under this
15	title, the hospice care provided to such indi-
16	vidual is medically reviewed (in accordance with
17	procedures established by the Secretary); and".
18	(d) Update of Hospice Aggregate Payment
19	CAP.—Section 1814(i)(2)(B) of the Social Security Act
20	(42 U.S.C. 1395f(i)(2)(B)) is amended—
21	(1) by striking "(B) For purposes" and insert-
22	ing "(B)(i) Except as provided in clause (ii), for
23	purposes"; and
24	(2) by adding at the end the following:

- 1 "(ii) For purposes of subparagraph (A) for account-
- 2 ing years that end after September 30, 2016, and before
- 3 October 1, 2025, the 'cap amount' is the cap amount
- 4 under this subparagraph for the preceding accounting
- 5 year updated by the percentage update to payment rates
- 6 for hospice care under paragraph (1)(C) for services fur-
- 7 nished during the fiscal year beginning on the October 1
- 8 preceding the beginning of the accounting year (including
- 9 the application of any productivity or other adjustment
- 10 under clause (iv) of that paragraph).
- 11 "(iii) For accounting years that end after September
- 12 30, 2025, the cap amount shall be computed under clause
- 13 (i) as if clause (ii) had never applied.".
- 14 (e) Medicare Improvement Fund.—Section 1898
- 15 of the Social Security Act (42 U.S.C. 1395iii) is amend-
- 16 ed—
- 17 (1) by amending the heading to read as follows:
- 18 "MEDICARE IMPROVEMENT FUND";
- 19 (2) by amending subsection (a) to read as fol-
- lows:
- 21 "(a) Establishment.—The Secretary shall estab-
- 22 lish under this title a Medicare Improvement Fund (in this
- 23 section referred to as the 'Fund') which shall be available
- 24 to the Secretary to make improvements under the original
- 25 Medicare fee-for-service program under parts A and B for

- 1 individuals entitled to, or enrolled for, benefits under part
- 2 or enrolled under part B including adjustments to pay-
- 3 ments for items and services furnished by providers of
- 4 services and suppliers under such original Medicare fee-
- 5 for-service program.";
- 6 (3) in subsection (b)(1), by striking "during"
- and all that follows and inserting "during and after
- 8 fiscal year 2020, \$195,000,000."; and
- 9 (4) in subsection (b)(2), by striking "from the
- 10 Federal" and all that follows and inserting "from
- the Federal Hospital Insurance Trust Fund and the
- 12 Federal Supplementary Medical Insurance Trust
- Fund in such proportion as the Secretary determines
- 14 appropriate.".

Passed the House of Representatives September 16, 2014.

Attest:

Clerk.

113TH CONGRESS H. R. 4994

AN ACT

To amend title XVIII of the Social Security Act to provide for standardized post-acute care assessment data for quality, payment, and discharge planning, and for other purposes.