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118TH CONGRESS
2D SESSION

H. R. 9399

To require the Secretary of Veterans Affairs to carry out a pilot program to coordinate, navigate, and manage care and benefits for veterans enrolled in both the Medicare program and the system of annual patient enrollment of the Department of Veterans Affairs.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 23, 2024

Mr. CISCOMANI (for himself and Mrs. CHERFILUS-MCCORMICK) introduced the following bill; which was referred to the Committee on Veterans' Affairs

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A BILL

To require the Secretary of Veterans Affairs to carry out a pilot program to coordinate, navigate, and manage care and benefits for veterans enrolled in both the Medicare program and the system of annual patient enrollment of the Department of Veterans Affairs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Coordinating Care for Senior Veterans and Wounded Warriors Act''.

SEC. 2. PILOT PROGRAM ON COORDINATION OF CARE BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND MEDICARE PROGRAM.

(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Health and Human Services, shall carry out a pilot program (in this section referred to as the ''pilot program'') to coordinate, navigate, and manage care and benefits for covered veterans.

(b) PURPOSES OF PILOT PROGRAM.—The purposes of the pilot program are as follows:

(1) To improve access to health care services for covered veterans at medical facilities of the Department of Veterans Affairs, from health care providers under the Veterans Community Care Program under section 1703 of title 38, United States Code, from health care providers with which the Department has established a Veterans Care Agreement under section 1703A of such title, and from health care providers participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(2) To improve outcomes of care received by covered veterans.

(3) To improve quality of care received by covered veterans.

(4) To lower costs of care received by covered veterans.

(5) To eliminate gaps in care and duplication of services and expenses for covered veterans.

(6) To improve care coordination for covered veterans, including coordination of patient information and medical records between providers.

(c) ADMINISTRATION.—

(1) IN GENERAL.—The Secretary shall carry out the pilot program through the Center for Innovation for Care and Payment of the Department of Veterans Affairs.

(2) LOCATIONS.—The Secretary shall carry out the pilot program in not less than three but not more than five Veterans Integrated Service Networks with a large number of covered veterans and varying degrees of urbanization, including—

(A) locations that are in rural or highly rural areas, as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture; and

(B) locations that are medically underserved.

(d) CASE MANAGER.—

(1) ASSIGNMENT OF CASE MANAGER.—In carrying out the pilot program, the Secretary shall assign each covered veteran participating in the pilot program a case manager responsible for developing an individualized needs assessment for such veteran and, based on such assessment, a care coordination plan with defined treatment goals.

(2) ACCESSING SERVICES.—A case manager assigned to a covered veteran under paragraph (1) is responsible for assisting such veteran in accessing services needed by such veteran and navigating the systems of care under the laws administered by the Secretary and under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(e) USE OF EXISTING MODELS.—In designing the pilot program, the Secretary shall, to the extent practicable, use existing models, including value-based care models, used by commercial health care programs to improve access, health outcomes, quality, and customer experience and lower per capita costs.

(f) CONTRACTING WITH PRIVATE SECTOR ENTITIES.—

(1) IN GENERAL.—The Secretary shall, to the greatest extent practicable, contract with private sec-

tor entities carrying out commercial health care programs for assistance in designing, implementing, and managing care and benefits under the pilot program, to include providing care coordination.

(2) NOTIFICATION.—If the Secretary determines that contracting with private sector entities under paragraph (1) is not practicable, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives—

(A) a notification of that determination;

(B) a description of the steps the Secretary has taken to contract with a private sector entity;

(C) a justification for why the Secretary has determined that contracting with a private sector entity is not practicable; and

(D) a plan for how the Secretary will carry out the pilot program without contracting with a private sector entity, including through the use of employees of the Department of Veterans Affairs or other government agencies, nonprofit organizations, or other entities.

(g) METRICS.—

(1) IN GENERAL.—The Secretary shall track metrics under the pilot program, including the following:

(A) The number of veterans participating in the pilot program, disaggregated by Veterans Integrated Service Network.

(B) Reliance on health care services administered by the Secretary.

(C) Reliance on health care services administered under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(D) Quality of care, including patient outcomes.

(E) Cost of care.

(F) Access to care, including under the designated access standards developed by the Secretary under section 1703B of title 38, United States Code.

(G) Patient satisfaction.

(H) Provider satisfaction.

(I) Care coordination, including timely information sharing and medical documentation return.

(2) ELEMENTS.—In tracking metrics under paragraph (1), the Secretary shall track information relating to—

(A) whether care received by a covered veteran is related to a service-connected disability (as defined in section 101 of title 38, United States Code);

(B) the priority group under section 1705(a) of title 38, United States Code, through which each covered veteran was enrolled in the system of annual patient enrollment of the Department of Veterans Affairs under such section;

(C) the type of care and services provided to covered veterans; and

(D) the demographics of covered veterans participating in the pilot program, including age.

(h) DURATION.—The Secretary shall carry out the pilot program for a three-year period beginning on the commencement of the pilot program.

(i) REPORTS.—

(1) DEVELOPMENT, IMPLEMENTATION, RESULTS, AND DESIGN OF PILOT PROGRAM.—

(A) IN GENERAL.—Not less frequently than quarterly during the two-year period beginning on the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the development, implementation, results, and design of the pilot program, including information on the metrics tracked under subsection (g).

(B) FINAL DESIGN.—One of the reports required under subparagraph (A) shall contain a description of the final design of the pilot program.

(2) RESULTS OF PILOT PROGRAM.—Not later than one year after the submission of the final report under paragraph (1), and not less frequently than annually thereafter during the duration of the pilot program, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the results of the pilot program.

(3) FINAL REPORT.—Not later than 180 days before the termination of the pilot program, the Sec-

retary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a final report on the pilot program, which shall include the recommendation of the Secretary for whether the pilot program should be extended or made permanent.

(j) DEFINITIONS.—In this section:

(1) COVERED VETERAN.—The term ''covered veteran'' means a veteran who is enrolled in both the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and the system of annual patient enrollment of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code.

(2) SECRETARY.—The term ''Secretary'' means the Secretary of Veterans Affairs.

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