

Modifications to the Chairman’s Mark of
The Creating High-Quality Results and Outcomes Necessary to Improve Chronic
(CHRONIC) Care Act of 2017

To modify Section 101 – Extending the Independence at Home Demonstration Program

On page 3 of the Mark, in section 101, in the first sentence of the second paragraph, modify the third modification that would extend and expand the IAH demonstration to read as follows:

“(3) an IAH medical practice would have three years (instead of two under current law) to demonstrate savings (without the current law requirement that the practice also receives an incentive payment) before it is terminated from the IAH demonstration.”

On page 3 of the Mark, in section 101, after the last sentence of the second paragraph, add:

“In addition, the required independent evaluation of the IAH demonstration would include an assessment of IAH medical practice use of electronic health information systems, including remote monitoring, to the extent information is available.”

To modify Section 201 – Providing Continued Access to Medicare Advantage Special Needs Plans for Vulnerable Populations

On page 7 of the Mark, in section 201, in the last sentence of the first full paragraph, modify the sentence to read as follows:

“The C-SNP condition clinical advisory panel would establish and update the list of severe or disabling chronic conditions that met the following criteria:

- Conditions that require prescription drugs, providers, and models of care that are unique to the specific population of enrollees of a C-SNP and as a result of access to and enrollment in a C-SNP, patients with such condition would have a reasonable expectation of slowing or halting the progression of the disease, improving health outcomes and decreasing overall costs for beneficiaries diagnosed with such condition compared to available options of care other than a specialized MA plan for C-SNPs; or
- Conditions that require prescription drugs, providers, and models of care that are unique to the specific population of enrollees of a C-SNP and have a low prevalence in the general population of Medicare beneficiaries or a disproportionately high per-beneficiary cost.”

To accept, as modified, Casey/Portman #1

On page 7 of the Mark, insert at the end of the third paragraph a fourth bullet that reads:

- “consider the impact of this change on plans that serve a disproportionate number of dually eligible beneficiaries.”

To accept, as modified, Cantwell #2

On page 8 of the Mark, insert a bullet under the GAO study to read:

- “the efforts of state Medicaid programs to transition dually-eligible beneficiaries receiving LTSS from institutional settings to home and communality based settings and related financial impacts of such transitions”

To modify Section 302 – Expanding Supplemental Benefits to Meet the Needs of Chronically Ill Medicare Advantage Enrollees

On page 9 of the Mark, in section 302, in the third paragraph, insert: “to the extent data are available” before the phrase “specified analyses”.

To modify Section 303 – Increasing Convenience for Medicare Advantage Enrollees Through Telehealth

On page 10 of the Mark, in section 303, in the third paragraph, to fix a typographical error, correct the spelling of “payment” in the first sentence and “enrollees” in the last sentence.

On page 10 of the Mark, in section 303, in the third paragraph, strike the second sentence and replace with the following sentence:

“The Secretary would be required, no later than November 30, 2018, to solicit comments on what types of items and services (including but not limited to those provided through supplemental health care benefits) should be considered to be additional telehealth benefits, and the requirements for the provision or furnishing of those benefits (such as licensure, training, and coordination).”

On page 10 of the Mark, in section 303, in the third paragraph, strike the fourth sentence and replace with the following sentence:

“If an MA plan provides additional telehealth services, the MA plan must also provide access to these services in person and the beneficiary would have the ability to decide whether or not to receive the services via telehealth.”

To modify Section 602 – GAO Study and Report on the Impact of Obesity Drugs on Patient Health and Spending

On page 15 of the Mark, in section 602, in the fourth paragraph, in the first sentence, insert, “to the extent data are available” after the word “enactment”.

To accept, as modified, Carper/Cassidy #3

On page 15 of the Mark, insert the following:

“Section 603: HHS Study on Long-Term Risk Factors for Chronic Conditions among Medicare Beneficiaries

The Secretary would be required to conduct a study to evaluate long-term cost drivers to Medicare, including obesity, tobacco use, mental health conditions, and other factors that may contribute to the deterioration of health conditions among individuals with chronic conditions in the Medicare population. The study should include any barriers to collecting and analyzing this information and legislative and regulatory recommendations for removing such barriers. The study would be required to be posted on the HHS public website no later than 18 months after enactment of the Chairman’s Mark.”