



AMERICAN OSTEOPATHIC ASSOCIATION

HEALTH CARE DELIVERY HEALTH CARE REFORM

Provision	Effective Date	Summary
Establishment of Center for Medicare and Medicaid Innovation (CMI) within CMS	No Later than January 1, 2011	The purpose of CMI is to test innovative payment and service delivery models to reduce program expenditures while preserving or enhancing the quality of care furnished to individuals. The Secretary will give preference to models that improve the coordination, quality, and efficiency of health care services. Examples of models are patient-centered medical homes, transitioning fee-for-service payment to risk-based comprehensive payment or salary-based payment, HIT-enabled provider network for chronically ill patients at high risk for hospitalization, establishing community based teams to support small-practice medical homes. Other models are developing a collaborative of high-quality, low-cost health care institutions and establishing comprehensive payments to Healthcare Innovation Zones.
Medicare Shared Savings Program	No Later than January 1, 2012	The Secretary shall establish a shared savings program (Accountable Care Organization) that promotes accountability for a patient population and coordinates items and services under Parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery. This section describes the criteria and requirements for eligible ACOs including quality and reporting criteria. Payments shall be made to providers and suppliers participating in the ACO under Medicare fee for service with the exception that the ACO is eligible to receive payment for shared savings.
National Pilot Program on Payment Bundling	No later than January 1, 2013	The Secretary shall establish a five-year pilot program for integrated care during an episode of care provided to a beneficiary around a hospitalization to improve the coordination, quality, and efficiency of health care services. An episode of care includes three days prior to hospital admission, the length of stay in the hospital and 30 days following the hospital discharge. The Secretary in consultation with AHRQ and the contract entity shall develop quality measures for the pilot program. The Secretary shall develop payment methods which may include bundled payments and bids from entities for episodes of care.
Independence at Home Demonstration Program	No later than January 1, 2012	The Secretary shall conduct a demonstration program to test a payment incentive and service delivery model that uses physician and nurse practitioner directed home-based primary care teams designed to reduce expenditures and improve health outcomes. The program will test whether a model results in reducing preventable hospitalizations, prevent hospital readmissions, reduce emergency room visits, improve health outcomes, improve efficiency of care, reduce cost of services, and achieve beneficiary and family caregiver satisfaction.
Hospital Readmissions Reduction Program	October 1, 2012	The Secretary shall reduce payments to hospitals for excess readmissions. The provision contains special rules for certain hospitals such as sole community hospitals and Medicare-dependent, small rural hospitals. Some hospitals may be exempt if their states have a similar program and achieve or surpass measured results in terms of health outcomes and cost savings established in this federal program.

Community-based Care Transitions Program	January 1, 2011	The Secretary shall establish a five-year transitions program and provide funding to eligible entities that furnish improved care transition services to high-risk Medicare patients. Conditions of a high risk patient may include cognitive impairment, depression, history of multiple readmissions, or any other chronic disease or risk factor determined by the Secretary. Transition services may include care for beneficiaries no later than 24 hours prior to discharge, timely follow up services, assistance to ensure interactions between patients and providers, self-management support, and medication review and management.
Extension of Gain-sharing Demonstration		The current gain-sharing program is extended to 2011 for programs in operation as of Oct. 1, 2008. Funding also has been extended.