

119TH CONGRESS
1ST SESSION

H. R. 668

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

JANUARY 23, 2025

Mr. CISCOMANI (for himself, Mr. DAVIS of North Carolina, and Mr. TURNER of Ohio) introduced the following bill; which was referred to the Committee on Veterans' Affairs

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.

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 “Coordinating Care for
5 Senior Veterans and Wounded Warriors Act”.

1 **SEC. 2. PILOT PROGRAM ON COORDINATION OF CARE BE-**
2 **TWEEN DEPARTMENT OF VETERANS AFFAIRS**
3 **AND MEDICARE PROGRAM.**

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

9 (b) PURPOSES.—The purposes of the pilot program
10 are as follows:

11 (1) To improve access to health care services
12 for covered veterans at medical facilities of the De-
13 partment of Veterans Affairs, from health care pro-
14 viders under the Veterans Community Care Program
15 under section 1703 of title 38, United States Code,
16 from health care providers with which the Depart-
17 ment has established a Veterans Care Agreement
18 under section 1703A of such title, and from health
19 care providers participating in the Medicare program
20 under title XVIII of the Social Security Act (42
21 U.S.C. 1395 et seq.).

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

24 (3) To improve quality of care received by cov-
25 ered veterans.

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

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

5 (6) To improve care coordination for covered
6 veterans, including coordination of patient informa-
7 tion and medical records between providers.

8 (c) ADMINISTRATION.—

9 (1) IN GENERAL.—The Secretary shall carry
10 out the pilot program through the Center for Inno-
11 vation for Care and Payment of the Department of
12 Veterans Affairs.

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

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

22 (B) locations that are medically under-
23 served.

24 (d) CASE MANAGER.—

1 (1) ASSIGNMENT OF CASE MANAGER.—In car-
2 rying out the pilot program, the Secretary shall as-
3 sign each covered veteran participating in the pilot
4 program a case manager responsible for developing
5 an individualized needs assessment for such veteran
6 and, based on such assessment, a care coordination
7 plan with defined treatment goals.

8 (2) ACCESSING SERVICES.—A case manager as-
9 signed to a covered veteran under paragraph (1) is
10 responsible for assisting such veteran in accessing
11 services needed by such veteran and navigating the
12 systems of care under the laws administered by the
13 Secretary and under the Medicare program under
14 title XVIII of the Social Security Act (42 U.S.C.
15 1395 et seq.).

16 (e) USE OF EXISTING MODELS.—In designing the
17 pilot program, the Secretary shall, to the extent prac-
18 ticable, use existing models, including value-based care
19 models, used by commercial health care programs to im-
20 prove access, health outcomes, quality, and customer expe-
21 rience and lower per capita costs.

22 (f) CONTRACTING WITH PRIVATE SECTOR ENTI-
23 TIES.—

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

1 tor entities carrying out commercial health care pro-
2 grams for assistance in designing, implementing,
3 and managing care and benefits under the pilot pro-
4 gram, to include providing care coordination.

5 (2) NOTIFICATION.—If the Secretary deter-
6 mines that contracting with private sector entities
7 under paragraph (1) is not practicable, the Sec-
8 retary shall submit to the Committee on Veterans’
9 Affairs of the Senate and the Committee on Vet-
10 erans’ Affairs of the House of Representatives—

11 (A) a notification of that determination;

12 (B) a description of the steps the Secretary
13 has taken to contract with a private sector enti-
14 ty;

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

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

24 (g) METRICS.—

1 (1) IN GENERAL.—The Secretary shall track
2 metrics under the pilot program, including the fol-
3 lowing:

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

7 (B) Reliance on health care services ad-
8 ministered by the Secretary.

9 (C) Reliance on health care services admin-
10 istered under the Medicare program under title
11 XVIII of the Social Security Act (42 U.S.C.
12 1395 et seq.).

13 (D) Quality of care, including patient out-
14 comes.

15 (E) Cost of care.

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

20 (G) Patient satisfaction.

21 (H) Provider satisfaction.

22 (I) Care coordination, including timely in-
23 formation sharing and medical documentation
24 return.

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

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

8 (B) the priority group under section
9 1705(a) of title 38, United States Code,
10 through which each covered veteran was en-
11 rolled in the system of annual patient enroll-
12 ment of the Department of Veterans Affairs
13 under such section;

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

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

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

22 (i) REPORTS.—

23 (1) DEVELOPMENT, IMPLEMENTATION, RE-
24 SULTS, AND DESIGN OF PILOT PROGRAM.—

1 (A) IN GENERAL.—Not less frequently
2 than quarterly during the two-year period be-
3 ginning on the date of the enactment of this
4 Act, the Secretary shall submit to the Com-
5 mittee on Veterans' Affairs of the Senate and
6 the Committee on Veterans' Affairs of the
7 House of Representatives a report on the devel-
8 opment, implementation, results, and design of
9 the pilot program, including information on the
10 metrics tracked under subsection (g).

11 (B) FINAL DESIGN.—One of the reports
12 required under subparagraph (A) shall contain
13 a description of the final design of the pilot pro-
14 gram.

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

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

1 retary shall submit to the Committee on Veterans’
2 Affairs of the Senate and the Committee on Vet-
3 erans’ Affairs of the House of Representatives a
4 final report on the pilot program, which shall include
5 the recommendation of the Secretary for whether the
6 pilot program should be extended or made perma-
7 nent.

8 (j) DEFINITIONS.—In this section:

9 (1) COVERED VETERAN.—The term “covered
10 veteran” means a veteran who is enrolled in both the
11 Medicare program under title XVIII of the Social
12 Security Act (42 U.S.C. 1395 et seq.) and the sys-
13 tem of annual patient enrollment of the Department
14 of Veterans Affairs under section 1705(a) of title
15 38, United States Code.

16 (2) SECRETARY.—The term “Secretary” means
17 the Secretary of Veterans Affairs.

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