Independence at Home Demonstration
Fact Sheet
January 2019

The Independence at Home Demonstration tests a service delivery and payment incentive model that uses home-based primary care teams designed to improve health outcomes and reduce expenditures for Medicare beneficiaries with multiple chronic conditions. It provides chronically ill patients with a complete range of primary care services in the home setting. Medical practices led by physicians or nurse practitioners provide primary care home visits tailored to the needs of beneficiaries with multiple chronic conditions and functional limitations. The Demonstration also tests whether home-based care can reduce the need for hospitalization, improve patient and caregiver satisfaction, and lead to better health for beneficiaries and lower costs to Medicare.

The Independence at Home Demonstration is authorized by Section 1866E of the Social Security Act. The demonstration began in 2012 and was originally authorized for three years by the Patient Protection and Affordable Care Act. It was subsequently extended for two additional years through September 30, 2017 by the Medicare Independence at Home Medical Practice Demonstration Improvement Act of 2015. The Bipartisan Budget Act of 2018, enacted February 9, 2018, authorized the Centers for Medicare & Medicaid Services (CMS) to extend the demonstration for an additional two years. The extension period authorized by the Bipartisan Budget Act of 2018 will begin on January 1, 2019, and the Demonstration is scheduled to end on December 31, 2020.

Home-Based Primary Care

Home-based primary care allows health care providers to spend more time with their patients, perform assessments in a patient’s home, and assume greater accountability for all aspects of the patient’s care. This focus on timely and appropriate care is designed to improve overall quality of care and quality of life for patients served, while lowering health care costs by forestalling the need for care in institutional settings.

Demonstration Design

Under the Independence at Home Demonstration, selected participants, including primary care practices, provide home-based primary care to chronically ill beneficiaries. Participating practices will make in-home visits tailored to an individual patient’s needs and preferences. CMS tracks the beneficiary’s care experience through quality measures. The beneficiary’s care is monitored through the use of several quality measures. Practices that succeed in meeting performance standards for these quality measures while generating Medicare savings have an opportunity to share in savings after meeting a minimum savings requirement.

Participating Practices Requirements

The Independence at Home Demonstration is intended to encourage the delivery of high quality primary care in a home setting. As part of their application, the participating practices were
required to state that they have documented experience providing home-based primary care. Participating practices include primary care practices and other multidisciplinary teams that:

- Are led by physicians or nurse practitioners
- Are organized for the purpose of providing physicians’ services
- Have experience providing home-based primary care to patients with multiple chronic conditions
- Serve at least 200 eligible beneficiaries

The primary care teams also include physician assistants, pharmacists, social workers, and other staff.

In addition to participation as a single practice, multiple primary care practices within a geographic area may participate as a consortium, but are treated as a single Independence at Home practice for purposes of the Demonstration.

**Eligible Beneficiaries**

To be included in the Independence at Home Demonstration, beneficiaries must:

- Have two or more chronic conditions
- Have coverage from original, fee-for-service (FFS) Medicare
- Need assistance with two or more functional dependencies (e.g., walking or feeding)
- Have had a non-elective hospital admission within the last 12 months
- Have received acute or subacute rehabilitation services in the last 12 months

**Financial Incentives**

A participating practice may be eligible to receive an incentive payment under the demonstration if it generates Medicare savings and meets quality performance standards. To qualify for an incentive payment, actual Medicare expenditures for participating beneficiaries must be lower than a calculated target expenditure, which represents the expected Medicare FFS expenditures for participating beneficiaries in the absence of the Demonstration.

**Participating Practices**

CMS previously selected 15 individual practices and consortia to participate in the Demonstration. For the extension period authorized by the Bipartisan Budget Act of 2018, CMS signed agreements with 12 of those individual practices and consortia to participate in the Independence at Home Demonstration. The practices participating in the two-year extension authorized by the Bipartisan Budget Act of 2018 are:

- Boston Medical Center (Boston, Massachusetts)
- Christiana Care Health Services (Wilmington, Delaware)
- Comprehensive Geriatric Medicine P.C. d/b/a Doctors on Call (Brooklyn, New York)
- Doctors Making Housecalls, LLC (Durham, North Carolina)
• Housecall Providers, Inc. (Portland, Oregon)
• Mid-Atlantic Consortium
  o Medical House Call Program at MedStar Washington Hospital Center
    (Washington, District of Columbia)
  o Schnabel In-Home Care Program, Division of Geriatric Medicine, University of
    Pennsylvania Health System (Philadelphia, Pennsylvania)
  o Virginia Commonwealth University House Calls Program (Richmond, Virginia)
• Northwell Health House Calls (Westbury, New York)
• RMED, LLC (Jacksonville, Florida)
• Visiting Physicians Association, P.C. – Flint/Saginaw/Marysville (Flint, Michigan)
• Visiting Physicians Association, P.C. – Lansing/Ann Arbor (Okemos, Michigan)
• Visiting Physicians Association, P.C. – Milwaukee (West Allis, Wisconsin)
• Visiting Physicians Association of Texas, PLLC – Dallas (Irving, Texas)