

115TH CONGRESS
1ST SESSION

H. R. 2779

To amend title XI of the Social Security Act to provide through the Center for Medicare and Medicaid Innovation (CMMI) for a Medicaid payment model demonstration project on Medicaid reimbursement for physicians' services in counties with a disproportionately high proportion of Medicaid enrollees.

IN THE HOUSE OF REPRESENTATIVES

JUNE 6, 2017

Mr. DENHAM (for himself and Mr. VALADAO) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend title XI of the Social Security Act to provide through the Center for Medicare and Medicaid Innovation (CMMI) for a Medicaid payment model demonstration project on Medicaid reimbursement for physicians' services in counties with a disproportionately high proportion of Medicaid enrollees.

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 “Assessing Critical Care
5 Efforts to Strengthen Services (ACCESS) Act of 2017”.

1 **SEC. 2. CMMI MEDICAID PAYMENT MODEL DEMONSTRATION PROJECT ON MEDICAID REIMBURSE-**
2 **MENT FOR PHYSICIANS' SERVICES IN COUNTIES WITH A DISPROPORTIONATELY HIGH**
3 **PROPORTION OF MEDICAID ENROLLEES.**

4 Section 1115A(b) of the Social Security Act (42
5 U.S.C. 1315a(b)) is amended—

6 (1) in paragraph (2)(B), by adding at the end
7 the following new clause:

8 “(xxv) Focusing on payment models
9 under title XIX for recruiting and retain-
10 ing physicians to serve low-income applica-
11 ble individuals residing in disproportionate
12 share counties (as defined in paragraph
13 (5)(D)).”; and

14 (2) by adding at the end the following new
15 paragraph:

16 “(5) MEDICAID PHYSICIANS’ SERVICE MODEL
17 FOR LOW-INCOME INDIVIDUALS IN DISPROPOR-
18 TIONATE SHARE COUNTIES.—

19 “(A) SELECTION.—Beginning not later
20 than 6 months after the date of the enactment
21 of this paragraph, the Secretary shall select for
22 testing one or more models described in para-
23 graph (2)(B)(xxv).
24
25

1 “(B) DESIGN.—In selecting, and designing
2 the testing for, such a model under this sub-
3 section, CMI shall—

4 “(i) review the most successful models
5 for recruiting and retaining physicians to
6 serve low-income applicable individuals re-
7 siding in a disproportionate share county
8 (as defined in subparagraph (D)); and

9 “(ii) incorporate lessons from success-
10 ful strategies that take into account how
11 access to physicians’ services has improved
12 for such individuals.

13 “(C) EVALUATION.—In evaluating the per-
14 formance of such a model under paragraph (4),
15 CMI shall—

16 “(i) evaluate the applicability and ex-
17 pansion of the model to inform national
18 strategies to best leverage funds under title
19 XIX to improve access to physicians’ serv-
20 ices for low-income applicable individuals
21 residing in a disproportionate share coun-
22 ty; and

23 “(ii) examine the degree to which
24 Medicaid payment strategies (such as the
25 use of primary case management, medical

1 homes, and palliative care, the use of pay-
2 ment rates for physicians' services that are
3 not less than the Medicare payment rates
4 that apply to such care and services under
5 part B of title XVIII, and allowing Feder-
6 ally-qualified health centers to contract
7 with specialty physicians to be paid at
8 Federally-qualified health center payment
9 rates for services furnished in a physician's
10 office), including such strategies as modi-
11 fied through such a model, improve access,
12 outcomes, and patient satisfaction for such
13 individuals and reduce emergency depart-
14 ment utilization by such individuals.

15 “(D) DISPROPORTIONATE SHARE COUNTY
16 DEFINED.—In this paragraph, the term ‘dis-
17 proportionate share county’ means a county in
18 which at least 35 percent of the residents of the
19 county are enrolled under the State plan under
20 title XIX (or under a waiver of such plan).”.

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