

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.

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## 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

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## 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 REIMBURSEMENT FOR PHYSICIANS' SERVICES IN COUNTIES WITH A DISPROPORTIONATELY HIGH PROPORTION OF MEDICAID ENROLLEES.**

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

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

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

16 (2) by adding at the end the following new  
17 paragraph:

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

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

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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