

116TH CONGRESS
1ST SESSION

H. R. 5212

To amend title XVIII of the Social Security Act to improve the benchmarking process for the Medicare Shared Savings Program.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 21, 2019

Mr. ARRINGTON (for himself, Ms. DELBENE, Mr. MARSHALL, and Mr. BERA) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to improve the benchmarking process for the Medicare Shared Savings Program.

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 “Accountable Care in
5 Rural America Act”.

1 **SEC. 2. EXCLUSION OF MEDICARE FEE-FOR-SERVICE BENE-**
2 **FICIARIES ASSIGNED TO AN ACO FROM AS-**
3 **PECTS OF OTHER PAYMENT MODELS IN CER-**
4 **TAIN CIRCUMSTANCES INCLUDING DETER-**
5 **MINATION OF REGIONAL ADJUSTMENTS.**

6 Section 1899(i)(3) of the Social Security Act (42
7 U.S.C. 1395jjj(i)(3)) is amended—

8 (1) in subparagraph (A), by striking “subpara-
9 graph (B)” and inserting “subparagraphs (B) and
10 (C)”; and

11 (2) by adding at the end the following new sub-
12 paragraph:

13 “(C) EXCLUSION OF ASSIGNED BENE-
14 FICIARIES IN CERTAIN CIRCUMSTANCES IN-
15 CLUDING DETERMINATION OF REGIONAL AD-
16 JUSTMENTS.—For performance periods begin-
17 ning on or after the date of the enactment of
18 this subparagraph, in determining any shared
19 savings for any ACO under a model described
20 in this paragraph, the Secretary shall—

21 “(i) remove Medicare fee-for-service
22 beneficiaries who are assigned to that ACO
23 from the methodology for calculating re-
24 gional expenditures used to establish, up-
25 date, and adjust the benchmark expendi-
26 tures; and

1 “(ii) otherwise ensure that no such
2 ACO is in a less favorable financial posi-
3 tion due to differences between the share
4 of Medicare fee-for-service beneficiaries as-
5 signed to the ACO of all such beneficiaries
6 in the counties an ACO operates in com-
7 pared to the share of such beneficiaries as-
8 signed to other ACOs.”.

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