

HR 5558

ACO Improvement Act of 2014

Congress: 113 (2013–2015, Ended)

Chamber: House

Policy Area: Health

Introduced: Sep 18, 2014

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Sep 19, 2014)

Official Text: <https://www.congress.gov/bill/113th-congress/house-bill/5558>

Sponsor

Name: Rep. Black, Diane [R-TN-6]

Party: Republican • State: TN • Chamber: House

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Welch, Peter [D-VT-At Large]	D · VT		Sep 18, 2014

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Sep 19, 2014
Ways and Means Committee	House	Referred To	Sep 18, 2014

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

ACO Improvement Act of 2014 - Amends title XVIII (Medicare) of the Social Security Act with respect to the shared savings program under which groups of service providers and suppliers meeting specified criteria may work together to manage and coordinate care for Medicare fee-for-service beneficiaries through an accountable care organization (ACO).

Directs the Secretary of Health and Human Services (HHS) to permit an ACO that has elected a two-sided risk model to: (1) reduce or eliminate cost-sharing under Medicare part B (Supplementary Medical Insurance) for some or all primary care services furnished by health care professionals within the ACO network; and (2) develop additional incentive programs to encourage patient engagement and participation in their own wellness.

Prescribes requirements for fostering stronger patient-provider ties. Directs the Secretary to require a primary care ACO professional to provide the beneficiary with information concerning the ACO program as part of the initial preventive physical examination of the beneficiary.

Directs the Secretary to form a stakeholder group including representatives of ACOs, health care providers, Medicare beneficiaries, and ACO experts. Requires such parties to advise the Secretary with recommendations to improve the process of ACO-to-beneficiary communication.

Prescribes requirements for regulatory relief for an ACO that has elected a two-sided risk model and for improving care coordination through access to telehealth.

Directs the Secretary to: (1) conduct a demonstration project to test the use of payment benchmarks that take into account geographic area differences, (2) study the feasibility of establishing a system of electronic access of service providers and suppliers to in-process and complete patient claims data, (3) establish one or more demonstration programs to test the global capitation payment model, and (4) develop a mechanism to make permanent those ACO-related pilot programs that have been successful.

Actions Timeline

- **Sep 19, 2014:** Referred to the Subcommittee on Health.
- **Sep 18, 2014:** Introduced in House
- **Sep 18, 2014:** 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.