

HR 3244

Providing Innovative Care for Complex Cases Demonstration Act of 2015

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: Jul 28, 2015

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Aug 5, 2015)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/3244>

Sponsor

Name: Rep. McMorris Rodgers, Cathy [R-WA-5]

Party: Republican • **State:** WA • **Chamber:** House

Cosponsors (10 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Larson, John B. [D-CT-1]	D · CT		Jul 28, 2015
Rep. Reed, Tom [R-NY-23]	R · NY		Jul 28, 2015
Rep. Schrader, Kurt [D-OR-5]	D · OR		Jul 28, 2015
Rep. Kelly, Mike [R-PA-3]	R · PA		Nov 18, 2015
Rep. Ryan, Tim [D-OH-13]	D · OH		Feb 29, 2016
Rep. Courtney, Joe [D-CT-2]	D · CT		Jun 28, 2016
Rep. Bera, Ami [D-CA-7]	D · CA		Jul 14, 2016
Rep. Sinema, Kyrsten [D-AZ-9]	D · AZ		Sep 6, 2016
Rep. Meehan, Patrick [R-PA-7]	R · PA		Dec 1, 2016
Rep. Kind, Ron [D-WI-3]	D · WI		Dec 8, 2016

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jul 31, 2015
Ways and Means Committee	House	Referred to	Aug 5, 2015

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 S 2498	Related bill	Feb 4, 2016: Read twice and referred to the Committee on Finance.

Providing Innovative Care for Complex Cases Demonstration Act of 2015

This bill amends title XVIII (Medicare) of the Social Security Act to establish a pilot program to demonstrate improvements in patient care and cost savings for the highest-cost Medicare fee-for-service (FFS) beneficiaries through enrollment of such beneficiaries with participating organizations. The program shall be designed to provide comprehensive and integrated care management and services through a network of health care providers to meet the specialized needs of such beneficiaries. The Centers for Medicare & Medicaid Services (CMS) must design the program in such a manner as to preserve the operation of the Medicare prescription drug benefit.

A participating organization must meet the same requirements that apply to a Medicare Advantage (MA) organization. CMS must develop quality performance standards and, using an integrated care model, care management requirements for participating organizations.

For each individual enrolled under the program, CMS shall make a monthly capitated payment to the participating organization as would be made for an individual enrolled in an MA plan (excluding MA prescription drug plans), except that the amount of payment shall: (1) equal 98% of the projected cost under the Medicare FFS program for the highest-cost Medicare FFS beneficiaries; and (2) be adjusted to account for differences in costs among different geographic areas and among high-cost Medicare FFS beneficiaries, including outlier costs.

CMS must report to Congress on the performance of the program within two years of initial enrollment.

Actions Timeline

- **Aug 5, 2015:** Referred to the Subcommittee on Health.
- **Jul 31, 2015:** Referred to the Subcommittee on Health.
- **Jul 28, 2015:** Introduced in House
- **Jul 28, 2015:** 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.