

## HR 6274

Hospital Outcomes Act of 2016

**Congress:** 114 (2015–2017, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Sep 28, 2016

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Oct 7, 2016)

**Official Text:** <https://www.congress.gov/bill/114th-congress/house-bill/6274>

### Sponsor

**Name:** Rep. Paulsen, Erik [R-MN-3]

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

### Cosponsors (2 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Kind, Ron [D-WI-3]	D · WI		Sep 28, 2016
Rep. Marchant, Kenny [R-TX-24]	R · TX		Sep 28, 2016

### Committee Activity

Committee	Chamber	Activity	Date
Ways and Means Committee	House	Referred to	Oct 7, 2016

### Subjects & Policy Tags

#### Policy Area:

Health

### Related Bills

*No related bills are listed.*

## **Hospital Outcomes Act of 2016**

This bill amends title XVIII (Medicare) of the Social Security Act to replace the existing methodology for calculating Medicare payment adjustments for subsection (d) hospitals based on outcomes in readmissions and complications with a new methodology based on potentially avoidable outcomes in those areas. (In general, a "subsection (d) hospital" is an acute care hospital that receives payments under Medicare's inpatient prospective payment system.)

The bill: (1) establishes a methodology for determining a hospital's financial impact attributable to potentially avoidable outcomes performance with regard to complications and readmissions, and (2) requires the Centers for Medicare & Medicaid Services (CMS) to select methodologies for identifying potentially avoidable outcomes in these categories. Subject to both a ceiling and a floor, a hospital's payment adjustment factor for an applicable prospective period shall be based on the ratio of the hospital's financial impact to the aggregate amount of standardized payments made to the hospital with respect to that period.

CMS must ensure budget neutrality with respect to application of the payment adjustment factor across all subsection (d) hospitals.

CMS shall regularly report to hospitals and to the public on each hospital's performance with regard to potentially avoidable outcomes.

### **Actions Timeline**

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- **Oct 7, 2016:** Referred to the Subcommittee on Health.
- **Sep 28, 2016:** Introduced in House
- **Sep 28, 2016:** Referred to the House Committee on Ways and Means.