

114TH CONGRESS
1ST SESSION

H. R. 3637

To amend title XIX of the Social Security Act to provide for payment for Medicaid services furnished by Ryan White part C grantees under a cost-based prospective payment system.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 29, 2015

Mr. POCAN (for himself, Ms. LEE, and Mr. McDERMOTT) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide for payment for Medicaid services furnished by Ryan White part C grantees under a cost-based prospective payment system.

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 “HIV Clinical Services
5 Improvement Act”.

1 **SEC. 2. MEDICAID PAYMENT FOR SERVICES FURNISHED BY**
2 **RYAN WHITE PART C GRANTEES ON A COST-**
3 **BASED PROSPECTIVE PAYMENT SYSTEM.**

4 (a) IN GENERAL.—Section 1902 of the Social Secu-
5 rity Act (42 U.S.C. 1396a) is amended—

6 (1) in subsection (a)(15), by inserting before
7 the semicolon at the end the following: “and provide
8 for payment for services described in section 1905(a)
9 provided by a recipient of a grant under part C of
10 title XXVI of the Public Health Service Act in ac-
11 cordance with subsection (ll)”;

12 (2) by adding at the end the following new sub-
13 section:

14 “(ll) PAYMENT FOR SERVICES PROVIDED BY RYAN
15 WHITE PART C GRANTEES.—

16 “(1) IN GENERAL.—Beginning with fiscal year
17 2016 with respect to services furnished on or after
18 January 1, 2016, and each succeeding fiscal year,
19 the State plan shall provide for payment for services
20 described in section 1905(a) (in this subsection re-
21 ferred to as ‘Medicaid covered services’) furnished by
22 a recipient of a grant under part C of title XXVI
23 of the Public Health Service Act (in this subsection
24 referred to as a ‘grantee’) in accordance with the
25 provisions of this subsection.

1 “(2) FISCAL YEAR 2016.—Subject to paragraph
2 (4), for services furnished on and after January 1,
3 2016, during fiscal year 2016, the State plan shall
4 provide for payment for such services in an amount
5 (calculated on a per visit or similar basis as specified
6 by the Secretary) that is equal to 100 percent of the
7 average of the costs of the grantee of furnishing
8 such services during fiscal years 2014 and 2015
9 which are reasonable and related to the cost of fur-
10 nishing such services, or based on such other tests
11 of reasonableness as the Secretary prescribes in reg-
12 ulations under section 1833(a)(3), or, in the case of
13 services to which such regulations do not apply, the
14 same methodology used under section 1833(a)(3),
15 adjusted to take into account any increase or de-
16 crease in the scope of such services furnished by the
17 grantee during fiscal year 2016.

18 “(3) FISCAL YEAR 2017 AND SUCCEEDING FIS-
19 CAL YEARS.—Subject to paragraph (4), for services
20 furnished during fiscal year 2017 or a succeeding
21 fiscal year, the State plan shall provide for payment
22 for such services in an amount (calculated on a per
23 visit or similar basis) that is equal to the amount
24 calculated for such services under this subsection for
25 the preceding fiscal year—

1 “(A) increased by the percentage increase
2 in the MEI (as defined in section 1842(i)(3))
3 applicable to primary care services (as defined
4 in section 1842(i)(4)) for that fiscal year; and

5 “(B) adjusted to take into account any in-
6 crease or decrease in the scope of such services
7 furnished by the grantee during that fiscal year.

8 “(4) ESTABLISHMENT OF INITIAL YEAR PAY-
9 MENT AMOUNT FOR NEW GRANTEEES.—In any case
10 in which an entity first becomes a grantee after fis-
11 cal year 2015, the State plan shall provide for pay-
12 ment for Medicaid covered services furnished by the
13 entity in the first fiscal year in which the entity so
14 qualifies in an amount (calculated on a per visit or
15 similar basis) that is equal to 100 percent of the
16 costs of furnishing such services during such fiscal
17 year based on the rates established under this sub-
18 section for the fiscal year for other such grantees lo-
19 cated in the same or adjacent area with a similar
20 case load or, in the absence of such a grantee, in ac-
21 cordance with the regulations and methodology re-
22 ferred to in paragraph (2) or based on such other
23 tests of reasonableness as the Secretary may specify.
24 For each fiscal year following the fiscal year in
25 which the entity first qualifies, the State plan shall

1 provide for the payment amount to be calculated in
2 accordance with paragraph (3).

3 “(5) ADMINISTRATION IN THE CASE OF MAN-
4 AGED CARE.—

5 “(A) IN GENERAL.—In the case of services
6 furnished by a grantee pursuant to a contract
7 between the grantee and a managed care entity
8 (as defined in section 1932(a)(1)(B)), the State
9 plan shall provide for payment to the grantee
10 by the State of a supplemental payment equal
11 to the amount (if any) by which the amount de-
12 termined under paragraphs (2), (3), and (4) ex-
13 ceeds the amount of the payments provided
14 under the contract.

15 “(B) PAYMENT SCHEDULE.—The supple-
16 mental payment required under subparagraph
17 (A) shall be made pursuant to a payment
18 schedule agreed to by the State and the grant-
19 ee, but in no case less frequently than every 4
20 months.

21 “(6) ALTERNATIVE PAYMENT METHODOLO-
22 GIES.—Notwithstanding any other provision of this
23 section, the State plan may provide for payment in
24 any fiscal year to a grantee for Medicaid covered

1 services in an amount which is determined under an
2 alternative payment methodology that—

3 “(A) is agreed to by the State and the
4 grantee; and

5 “(B) results in payment to the grantee of
6 an amount which is at least equal to the
7 amount otherwise required to be paid to the
8 grantee under this subsection.

9 “(7) QUALITY MANAGEMENT AND REPORTING
10 REQUIREMENTS.—The Secretary shall require that,
11 as appropriate, a grantee shall be subject to quality
12 management and reporting requirements comparable
13 to those imposed on Federally-qualified health cen-
14 ters, including reporting of encounter data, clinical
15 outcomes data, quality data, and such other data as
16 the Secretary shall require, as a condition of such
17 grantee receiving payment for Medicaid covered
18 services under this subsection.”.

19 (b) EFFECTIVE DATE.—

20 (1) Except as provided in paragraph (2), the
21 amendments made by subsection (a) shall apply to
22 services furnished on or after January 1, 2016,
23 without regard to whether or not final regulations to
24 carry out such amendments have been promulgated
25 by such date.

1 (2) In the case of a State plan for medical as-
2 sistance under title XIX of the Social Security Act
3 which the Secretary of Health and Human Services
4 determines requires State legislation (other than leg-
5 islation appropriating funds) in order for the plan to
6 meet the additional requirement imposed by the
7 amendments made by subsection (a), the State plan
8 shall not be regarded as failing to comply with the
9 requirements of such title solely on the basis of its
10 failure to meet this additional requirement before
11 the first day of the first calendar quarter beginning
12 after the close of the first regular session of the
13 State legislature that begins after the date of the en-
14 actment of this Act. For purposes of the previous
15 sentence, in the case of a State that has a 2-year
16 legislative session, each year of such session shall be
17 deemed to be a separate regular session of the State
18 legislature.

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