

# Senators Introduce Bill to Improve Medical Payment Models for Rural Health Care Organizations

## THE RURAL ACO IMPROVEMENT ACT OF 2015

**Background:** The Medicare Shared Savings Program (MSSP) was created by the Affordable Care Act (ACA) to push forward a new payment model that emphasizes quality of care over the quantity of services. Under MSSP, if care is provided below the cost of the traditional fee-for-service model, the providers are rewarded with a portion of the savings. The intent is to lower health care costs without sacrificing quality of care.

Only Accountable Care Organizations (ACOs) are able to participate in MSSP. ACOs are groups of health care providers who join together to coordinate care for a specific patient population.

**Problem:** According to [\*CMS' Shared Savings and Losses and Assignment Methodology\*](#), "to be eligible for assignment to an ACO, a beneficiary must have had at least 1 primary care service furnished by a physician participating in that ACO." This provision fails to recognize the ability of nurse practitioners, physician assistants, and clinical nurse specialties to provide primary care services. As a result, beneficiaries are not eligible for assignment to an ACO if the primary care service is provided by a health professional other than a physician. Under the constraints of being a rural provider, primary care is often provided by nurse practitioners, or physician assistants, or clinical nurse specialties. CMS' exclusive citation of physicians as primary care providers has made it difficult for RHCs to participate in ACOs and enroll in the Medicare Shared Savings Program.

**Solution:** U.S. Senators Maria Cantwell (D-WA), Patty Murray (D-WA), and John Thune (R-SD) introduced [\*The Rural ACO Improvement Act of 2015\*](#) on May 22, 2015. In it, the legislation proposes to allow nurse practitioners, physician assistants, and clinical nurse specialists to qualify as primary care providers. This proposition would resolve the qualification restriction because permitting a variety of capable health professionals to furnish primary care would allow RHCs to more easily participate in an ACO and thus enroll in MSSP.

It is too early to tell with confidence the prospect of this bill passing because the bill was only introduced recently.

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