

[E&C DISCUSSION DRAFT]

115TH CONGRESS
1ST SESSION

H. R. _____

To amend title XVIII of the Social Security Act to provide continued access to specialized Medicare Advantage plans for special needs individuals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

M. _____ introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to provide continued access to specialized Medicare Advantage plans for special needs individuals, and for other purposes.

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 “Special Needs Plans
5 Reauthorization Act of 2017” or the “SNP Reauthoriza-
6 tion Act of 2017”.

1 **SEC. 2. SPECIALIZED MEDICARE ADVANTAGE PLANS FOR**
2 **SPECIAL NEEDS INDIVIDUALS.**

3 (a) **EXTENSION.**—Section 1859(f)(1) of the Social
4 Security Act (42 U.S.C. 1395w–28(f)(1)) is amended—

5 (1) by striking “and for periods before January
6 1, 2019”; and

7 [(2) by adding at the end the following new
8 sentence: “In the case of a specialized MA plan for
9 special needs individuals described in clause (ii) or
10 (iii) of subsection (b)(6)(B), the previous sentence
11 shall apply for periods before January 1, 2024.”.]

12 **[(b) INCREASED INTEGRATION OF DUAL SNPs.—]**

13 **[(1) IN GENERAL.**—Section 1859(f) of the So-
14 cial Security Act (42 U.S.C. 1395w–28(f)) is amend-
15 ed—]

16 [(A) in paragraph (3), by adding at the
17 end the following new subparagraph:]

18 [“(F) The plan meets the requirements
19 applicable under paragraph (8).”; and]

20 [(B) by adding at the end the following
21 new paragraph:]

22 [“(8) INCREASED INTEGRATION OF DUAL
23 SNPs.—]

24 [“(A) DESIGNATED CONTACT.—The Sec-
25 retary, acting through the Federal Coordinated
26 Health Care Office established under section

1 2602 of Public Law 111–148, shall serve as a
2 dedicated point of contact for States to address
3 misalignments that arise with the integration of
4 specialized MA plans for special needs individ-
5 uals described in subsection (b)(6)(B)(ii) under
6 this paragraph and, consistent with such role,
7 shall—】

8 【“(i) establish a uniform process for
9 disseminating to State Medicaid agencies
10 information under this title impacting con-
11 tracts between such agencies and such
12 plans under this subsection; and】

13 【“(ii) establish basic resources for
14 States interested in exploring such plans
15 as a platform for integration, such as a
16 model contract or other tools to achieve
17 those goals.】

18 【“(B) UNIFIED GRIEVANCES AND APPEALS
19 PROCESS.—】

20 【“(i) IN GENERAL.—Not later than
21 April 1, 2020, the Secretary shall establish
22 procedures, to the extent feasible as deter-
23 mined by the Secretary, unifying griev-
24 ances and appeals procedures under sec-
25 tions 1852(f), 1852(g), 1902(a)(3),

1 1902(a)(5), and 1932(b)(4) for items and
2 services provided by specialized MA plans
3 for special needs individuals described in
4 subsection (b)(6)(B)(ii) under this title
5 and title XIX. The Secretary shall solicit
6 comment in developing such procedures
7 from States, plans, beneficiaries and their
8 representatives, and other relevant stake-
9 holders. With respect to items and services
10 described in the previous sentence, appeals
11 procedures established under this clause
12 shall apply in place of otherwise applicable
13 appeals procedures.】

14 【“(ii) PROCEDURES.—The procedures
15 established under clause (i) shall be in-
16 cluded in the plan contract under para-
17 graph (3)(D) and shall—】

18 【“(I) adopt the provisions for the
19 enrollee that are most protective for
20 the enrollee and, to the extent feasible
21 as determined by the Secretary, are
22 compatible with unified timeframes
23 and consolidated access to external re-
24 view under an integrated process;】

1 【“(II) take into account dif-
2 ferences in State plans under title
3 XIX to the extent necessary;】

4 【“(III) be easily navigable by an
5 enrollee; and】

6 【“(IV) include the elements de-
7 scribed in clause (iii), as applicable.】

8 【“(iii) ELEMENTS DESCRIBED.—Both
9 unified appeals and unified grievance pro-
10 cedures shall include, as applicable, the fol-
11 lowing elements described in this clause:】

12 【“(I) Single written notification
13 of all applicable grievances and appeal
14 rights under this title and title XIX.
15 For purposes of this subparagraph,
16 the Secretary may waive the require-
17 ments under section 1852(g)(1)(B)
18 when the specialized MA plan covers
19 items or services under this part or
20 under title XIX.】

21 【“(II) Single pathways for reso-
22 lution of any grievance or appeal re-
23 lated to a particular item or service
24 provided by specialized MA plans for
25 special needs individuals described in

1 subsection (b)(6)(B)(ii) under this
2 title and title XIX.】

3 【“(III) Notices written in plain
4 language and available in a language
5 and format that is accessible to the
6 enrollee, including in non-English lan-
7 guages that are prevalent in the serv-
8 ice area of the specialized MA plan.】

9 【“(IV) Unified timeframes for
10 grievances and appeals processes,
11 such as an individual’s filing of a
12 grievance or appeal, a plan’s acknowl-
13 edgment and resolution of a grievance
14 or appeal, and notification of decisions
15 with respect to a grievance or ap-
16 peal.】

17 【“(V) Requirements for how the
18 plan must process, track, and resolve
19 grievances and appeals, to ensure
20 beneficiaries are notified on a timely
21 basis of decisions that are made
22 throughout the grievance or appeals
23 process and are able to easily deter-
24 mine the status of a grievance or ap-
25 peal.】

1 **【“(iv) CONTINUATION OF BENEFITS**
2 PENDING APPEAL.—The unified procedures
3 under clause (i) shall, with respect to all
4 benefits under parts A and B and title
5 XIX subject to appeal under such proce-
6 dures, incorporate provisions under current
7 law and implementing regulations that pro-
8 vide continuation of benefits pending ap-
9 peal under this title and title XIX.】

10 **【“(C) REQUIREMENT FOR UNIFIED GRIEV-**
11 ANCES AND APPEALS.—For 2022 and subse-
12 quent years, the contract of a specialized MA
13 plan for special needs individuals described in
14 subsection (b)(6)(B)(ii) with a State Medicaid
15 agency under paragraph (3)(D) shall require
16 the use of unified grievances and appeals proce-
17 dures as described in subparagraph (B).】

18 **【“(D) REQUIREMENTS FOR FULL INTE-**
19 GRATION FOR CERTAIN DUAL SNPS.—】

20 **【“(i) REQUIREMENT.—For 2021 and**
21 subsequent years, a specialized MA plan
22 for special needs individuals described in
23 subsection (b)(6)(B)(ii) shall meet one or
24 more of the following requirements for in-

1 tegration of benefits under this title and
2 title XIX:】

3 【“(I) Meet the requirements of a
4 fully integrated plan described in sec-
5 tion 1853(a)(1)(B)(iv)(II) (other than
6 the requirement that the plan have
7 similar average levels of frailty, as de-
8 termined by the Secretary, as the
9 PACE program).】

10 【“(II) Enter into a capitated
11 contract with the State Medicaid
12 agency to provide long-term services
13 and supports or behavioral health
14 services, or both.】

15 【“(III) To the extent the State
16 does not allow for or require such a
17 specialized MA plan to enter into a
18 capitated contract described in sub-
19 clause (II), enter into another type of
20 integration arrangement, as deter-
21 mined appropriate by the Secretary
22 after consultation with stakeholders,
23 such as by—】

24 【“(aa) entering into a con-
25 tract with the State that requires

1 notifying the State in a timely
2 manner of hospitalizations, emer-
3 gency room visits, and hospital or
4 nursing home discharges of en-
5 rollees or otherwise requires shar-
6 ing data that would benefit the
7 coordination of items and serv-
8 ices under this title and the State
9 plan under title XIX; or】

10 【“(bb) being offered by a
11 parent organization that also of-
12 fers a Medicaid managed care
13 plan that provides long term
14 services and supports or behav-
15 ioral health services to the same
16 enrollees as under such special-
17 ized MA plan.】

18 【“(ii) SANCTIONS.—For 2021 and
19 subsequent years, if the Secretary deter-
20 mines that a specialized MA plan fails to
21 comply with clause (i), the Secretary may
22 provide for the application against the
23 Medicare Advantage organization offering
24 the plan any of the remedies described in
25 section 1857(g)(2).”】

1 **[(2) CONFORMING AMENDMENT TO RESPON-**
2 **SIBILITIES OF FEDERAL COORDINATED HEALTH**
3 **CARE OFFICE.—Section 2602(d) of Public Law 111–**
4 **148 (42 U.S.C. 1315b(d)) is amended by adding at**
5 **the end the following new paragraphs:]**

6 **["(6) To act as a designated contact for States**
7 **under subsection (f)(8)(A) of section 1859 of the So-**
8 **cial Security Act (42 U.S.C. 1395w–28) with respect**
9 **to the integration of specialized MA plans for special**
10 **needs individuals described in subsection**
11 **(b)(6)(B)(ii) of such section.]"**

12 **["(7) To be responsible for developing regula-**
13 **tions and guidance related to the implementation of**
14 **a unified grievance and appeals process as described**
15 **in subparagraphs (B) and (C) of section 1859(f)(8)**
16 **of the Social Security Act (42 U.S.C. 1395w–**
17 **28(f)(8)).]"**

18 **["(8) To be responsible for developing regula-**
19 **tions and guidance related to the integration or**
20 **alignment of policy and oversight under the Medi-**
21 **care program under title XVIII of such Act and**
22 **Medicaid program under title XIX of such Act re-**
23 **garding specialized MA plans for special needs indi-**
24 **viduals described in subsection (b)(6)(B)(ii) of such**
25 **section 1859.""]**

1 (c) IMPROVEMENTS TO SEVERE OR DISABLING
2 CHRONIC CONDITION SNPs.—

3 (1) CARE MANAGEMENT REQUIREMENTS.—Sec-
4 tion 1859(f)(5) of the Social Security Act (42
5 U.S.C. 1395w–28(f)(5)) is amended—

6 (A) by redesignating subparagraphs (A)
7 and (B) as clauses (i) and (ii), respectively, and
8 indenting appropriately;

9 (B) in clause (ii), as redesignated by sub-
10 paragraph (B), by redesignating clauses (i)
11 through (iii) as subclauses (I) through (III), re-
12 spectively, and indenting appropriately;

13 (C) by striking “ALL SNPS.—The require-
14 ments” and inserting “ALL SNPS.—

15 “(A) IN GENERAL.—Subject to subpara-
16 graph (B), the requirements”; and

17 (D) by adding at the end the following new
18 subparagraph:

19 “(B) IMPROVEMENTS TO CARE MANAGE-
20 MENT REQUIREMENTS FOR SEVERE OR DIS-
21 ABLING CHRONIC CONDITION SNPS.—For 2020
22 and subsequent years, in the case of a special-
23 ized MA plan for special needs individuals de-
24 scribed in subsection (b)(6)(B)(iii), the require-

1 ments described in this paragraph include the
2 following:

3 “(i) The interdisciplinary team under
4 subparagraph (A)(ii)(III) includes a team
5 of providers with demonstrated expertise,
6 including training in an applicable spe-
7 cialty, in treating individuals similar to the
8 targeted population of the plan.

9 “(ii) Requirements developed by the
10 Secretary to provide face-to-face encoun-
11 ters with individuals enrolled in the plan
12 not less frequently than on an annual
13 basis.

14 “(iii) As part of the model of care
15 under clause (i) of subparagraph (A), the
16 results of the initial assessment and an-
17 nual reassessment under clause (ii)(I) of
18 such subparagraph of each individual en-
19 rolled in the plan are addressed in the indi-
20 vidual’s individualized care plan under
21 clause (ii)(II) of such subparagraph.

22 “(iv) As part of the annual evaluation
23 and approval of such model of care, the
24 Secretary shall take into account whether

1 the plan fulfilled the previous year’s goals
2 (as required under the model of care).

3 “(v) The Secretary shall establish a
4 minimum benchmark for each element of
5 the model of care of a plan. The Secretary
6 shall only approve a plan’s model of care
7 under this paragraph if each element of
8 the model of care meets the minimum
9 benchmark applicable under the preceding
10 sentence.”.

11 (2) REVISIONS TO THE DEFINITION OF A SE-
12 VERE OR DISABLING CHRONIC CONDITIONS SPECIAL-
13 IZED NEEDS INDIVIDUAL.—

14 (A) IN GENERAL.—Section
15 1859(b)(6)(B)(iii) of the Social Security Act
16 (42 U.S.C. 1395w–28(b)(6)(B)(iii)) is amend-
17 ed—

18 (i) by striking “who have” and insert-
19 ing “who—

20 “(I) before January 1, 2022,
21 have”;

22 (ii) in subclause (I), as added by
23 clause (i), by striking the period at the end
24 and inserting “; and”; and

1 (iii) by adding at the end the fol-
2 lowing new subclause:

3 “(II) on or after January 1,
4 2022, have one or more comorbid and
5 medically complex chronic conditions
6 that is life threatening or significantly
7 limits overall health or function, have
8 a high risk of hospitalization or other
9 adverse health outcomes, and require
10 intensive care coordination and that is
11 listed under subsection (f)(9)(A).”.

12 (B) PANEL OF CLINICAL ADVISORS.—Sec-
13 tion 1859(f) of the Social Security Act (42
14 U.S.C. 1395w–28(f)), as amended by subsection
15 (b), is amended by adding at the end the fol-
16 lowing new paragraph:

17 “(9) LIST OF CONDITIONS FOR CLARIFICATION
18 OF THE DEFINITION OF A SEVERE OR DISABLING
19 CHRONIC CONDITIONS SPECIALIZED NEEDS INDI-
20 VIDUAL.—

21 “(A) IN GENERAL.—Not later than De-
22 cember 31, 2020, and every 5 years thereafter,
23 the Secretary shall convene a panel of clinical
24 advisors to establish and update a list of condi-
25 tions that meet each of the following criteria:

1 “(i) Conditions that meet the defini-
2 tion of a severe or disabling chronic condi-
3 tion under subsection (b)(6)(B)(iii) on or
4 after January 1, 2022.

5 “(ii) Conditions that require prescrip-
6 tion drugs, providers, and models of care
7 that are unique to the specific population
8 of enrollees in a specialized MA plan for
9 special needs individuals described in such
10 subsection on or after such date and—

11 “(I) as a result of such special
12 needs individuals with such a condi-
13 tion having access to and being en-
14 rolled in such a plan, as compared to
15 access to and enrollment in other
16 Medicare Advantage plans under this
17 part, it is projected that such individ-
18 uals would improve health outcomes
19 with respect to such condition, that
20 such individuals would have reduced
21 overall costs under this title, and that
22 there would not be any increase in ex-
23 penditures under this title for such in-
24 dividuals; or

1 “(II) have a low prevalence in the
2 general population of beneficiaries
3 under this title or a disproportionately
4 high per-beneficiary cost under this
5 title.

6 “(B) **【GAO】** STUDY ON HEALTH OUT-
7 COMES OF INDIVIDUALS ENROLLED IN SPE-
8 CIALIZED MA PLANS.—Not later than the date
9 that is 3 years after the date of the enactment
10 of this paragraph, the **【Comptroller General of**
11 the United States**】** shall conduct a study and
12 submit to Congress a report on the extent to
13 which health outcomes can be compared across
14 specialized MA plans for special needs individ-
15 uals (as defined in section 1859(b)(6)) and
16 other Medicare Advantage plans under this part
17 across similar populations, using existing meas-
18 ures and that identifies any potential limita-
19 tions where new measures may need to be de-
20 veloped for such population.”.

21 (d) **QUALITY MEASUREMENT AT THE PLAN LEVEL**
22 **FOR SNPs AND DETERMINATION OF FEASIBILITY OF**
23 **QUALITY MEASUREMENT AT THE PLAN LEVEL FOR ALL**
24 **MA PLANS.**—Section 1853(o) of the Social Security Act

1 (42 U.S.C. 1395w-23(o)) is amended by adding at the end
2 the following new paragraphs:

3 “(6) QUALITY MEASUREMENT AT THE PLAN
4 LEVEL FOR SNPS.—

5 “(A) IN GENERAL.—Subject to subpara-
6 graph (B), the Secretary may require reporting
7 of data under section 1852(e) for, and apply
8 under this subsection, quality measures at the
9 plan level for specialized MA plans for special
10 needs individuals instead of at the contract
11 level.

12 “(B) CONSIDERATIONS.—Prior to applying
13 quality measurement at the plan level under
14 this paragraph, the Secretary shall—

15 “(i) take into consideration the min-
16 imum number of enrollees in a specialized
17 MA plan for special needs individuals in
18 order to determine if a statistically signifi-
19 cant or valid measurement of quality at
20 the plan level is possible under this para-
21 graph;

22 “(ii) if quality measures are reported
23 at the plan level, ensure that MA plans are
24 not required to provide duplicative infor-
25 mation; and

1 “(iii) ensure that such reporting does
2 not interfere with the collection of encoun-
3 ter data submitted by MA organizations or
4 the administration of any changes to the
5 program under this part as a result of the
6 collection of such data.

7 “(C) APPLICATION.—If the Secretary ap-
8 plies quality measurement at the plan level
9 under this paragraph—

10 “(i) such quality measurement may
11 include Medicare Health Outcomes Survey
12 (HOS), Healthcare Effectiveness Data and
13 Information Set (HEDIS), Consumer As-
14 sessment of Healthcare Providers and Sys-
15 tems (CAHPS) measures and quality
16 measures under part D; and

17 “(ii) the Secretary shall consider ap-
18 plying administrative actions, such as rem-
19 edies described in section 1857(g)(2), to
20 the plan level.

21 “(7) DETERMINATION OF FEASIBILITY OF
22 QUALITY MEASUREMENT AT THE PLAN LEVEL FOR
23 ALL MA PLANS.—

24 “(A) DETERMINATION OF FEASIBILITY.—
25 The Secretary shall determine the feasibility of

1 requiring reporting of data under section
2 1852(e) for, and applying under this subsection,
3 quality measures at the plan level for all MA
4 plans under this part.

5 “(B) CONSIDERATION OF CHANGE.—After
6 making a determination under subparagraph
7 (A), the Secretary shall consider requiring such
8 reporting and applying such quality measures
9 at the plan level as described in such subpara-
10 graph.”.

11 (e) **【GAO】 STUDY AND REPORT ON STATE-LEVEL**
12 **INTEGRATION BETWEEN DUAL SNPs AND MEDICAID.—**

13 (1) **STUDY.—**The **【Comptroller General of the**
14 **United States】** (in this paragraph referred to as the
15 **“【Comptroller General】”**) shall conduct a study on
16 State-level integration between specialized MA plans
17 for special needs individuals described in subsection
18 (b)(6)(B)(ii) of section 1859 of the Social Security
19 Act (42 U.S.C. 1395w–28) and the Medicaid pro-
20 gram under title XIX of such Act (42 U.S.C. 1396
21 et seq.). Such study shall include an analysis of the
22 following:

23 (A) The characteristics of States in which
24 the State agency responsible for administering
25 the State plan under such title XIX has a con-

1 tract with such a specialized MA plan and that
2 delivers long term services and supports under
3 the State plan under such title XIX through a
4 managed care program, including the require-
5 ments under such State plan with respect to
6 long term services and supports.

7 (B) The types of such specialized MA
8 plans, which may include the following:

9 (i) A plan described in section
10 1853(a)(1)(B)(iv)(II) of such Act (42
11 U.S.C. 1395w-23(a)(1)(B)(iv)(II)).

12 (ii) A plan that meets the require-
13 ments described in subsection (f)(3)(D) of
14 such section 1859.

15 (iii) A plan described in clause (ii)
16 that also meets additional requirements es-
17 tablished by the State.

18 (C) The characteristics of individuals en-
19 rolled in such specialized MA plans.

20 (D) As practicable, the following with re-
21 spect to State programs for the delivery of long
22 term services and supports under such title
23 XIX through a managed care program:

1 (i) Which populations of individuals
2 are eligible to receive such services and
3 supports.

4 (ii) Whether all such services and sup-
5 ports are provided on a capitated basis or
6 if any of such services and supports are
7 carved out and provided through fee-for-
8 service.

9 (E) As practicable, how the availability
10 and variation of integration arrangements of
11 such specialized MA plans offered in States af-
12 fects spending, service delivery options, access
13 to community-based care, and utilization of
14 care.

15 (F) Barriers and opportunities for making
16 further progress on dual integration, as well as
17 recommend legislation to expedite or refine
18 pathways toward fully integrated care.

19 (2) REPORT.—Not later than 2 years after the
20 date of the enactment of this Act, the **【Comptroller**
21 **General】** shall submit to Congress a report con-
22 taining the results of the study conducted under
23 paragraph (1), together with recommendations for
24 such legislation and administrative action as the
25 **【Comptroller General】** determines appropriate.

1 **SEC. 3. EXPANDING SUPPLEMENTAL BENEFITS TO MEET**
2 **THE NEEDS OF CHRONICALLY ILL MEDICARE**
3 **ADVANTAGE ENROLLEES.**

4 (a) IN GENERAL.—Section 1852(a)(3) of the Social
5 Security Act (42 U.S.C. 1395w–22(a)(3)) is amended—

6 (1) in subparagraph (A), by striking “Each”
7 and inserting “Subject to subparagraph (D), each”;
8 and

9 (2) by adding at the end the following new sub-
10 paragraph:

11 “(D) EXPANDING SUPPLEMENTAL BENE-
12 FITS TO MEET THE NEEDS OF CHRONICALLY
13 ILL ENROLLEES.—

14 “(i) IN GENERAL.—For plan year
15 2020 and subsequent plan years, in addi-
16 tion to any supplemental health care bene-
17 fits otherwise provided under this para-
18 graph, an MA plan, including a specialized
19 MA plan for special needs individuals de-
20 scribed in subsection (b)(6) of section
21 1859, may provide supplemental benefits
22 described in clause (ii) to a chronically ill
23 enrollee (as defined in clause (iii)).

24 “(ii) SUPPLEMENTAL BENEFITS DE-
25 SCRIBED.—

1 “(I) IN GENERAL.—Supplemental
2 benefits described in this clause are
3 supplemental benefits that, with re-
4 spect to a chronically ill enrollee, have
5 a reasonable expectation of improving
6 or maintaining the health or overall
7 function of the chronically ill enrollee
8 and may not be limited to being pri-
9 marily health related benefits.

10 “(II) AUTHORITY TO WAIVE UNI-
11 FORMITY REQUIREMENTS.—The Sec-
12 retary may, with respect to supple-
13 mental benefits provided to a chron-
14 ically ill enrollee under this subpara-
15 graph, waive the uniformity require-
16 ment, as determined appropriate by
17 the Secretary.

18 “(iii) CHRONICALLY ILL ENROLLEE
19 DEFINED.—In this subparagraph, the term
20 ‘chronically ill enrollee’ means an enrollee
21 in an MA plan that the Secretary deter-
22 mines—

23 “(I) has one or more comorbid
24 and medically complex chronic condi-
25 tions that is life threatening or signifi-

1 cantly limits the overall health or
2 function of the enrollee;

3 “(II) has a high risk of hos-
4 pitalization or other adverse health
5 outcomes; or

6 “(III) requires intensive care co-
7 ordination.”.

8 (b) **【GAO】** STUDY AND REPORT.—

9 (1) STUDY.—The **【Comptroller General of the**
10 **United States】** (in this subsection referred to as the
11 **【“Comptroller General”】**) shall conduct a study on
12 supplemental benefits provided to enrollees in Medi-
13 care Advantage plans under part C of title XVIII of
14 the Social Security Act, including specialized MA
15 plans for special needs individuals described in sec-
16 tion 1859(b)(6) of such Act (42 U.S.C. 1395w-
17 28(b)(6)). Such study shall be conducted in con-
18 sultation with the Centers for Medicare & Medicaid
19 Services and Medicare Advantage plans as necessary
20 and, to the extent data is available, shall include an
21 analysis of the following:

22 (A) The type of supplemental benefits pro-
23 vided to such enrollees, the total number of en-
24 rollees receiving each supplemental benefit, and
25 whether the supplemental benefit is covered by

1 the standard benchmark cost of the benefit or
2 with an additional premium.

3 (B) The frequency in which supplemental
4 benefits are utilized by such enrollees.

5 (C) The impact supplemental benefits have
6 on—

7 (i) indicators of the quality of care re-
8 ceived by such enrollees, including overall
9 health and function of the enrollees;

10 (ii) the utilization of items and serv-
11 ices for which benefits are available under
12 the original Medicare fee-for-service pro-
13 gram option under parts A and B of such
14 title XVIII by such enrollees; and

15 (iii) the amount of the bids submitted
16 by Medicare Advantage Organizations for
17 Medicare Advantage plans under such part
18 C.

19 (2) REPORT.—Not later than 5 years after the
20 date of the enactment of this Act, the [Comptroller
21 General] shall submit to Congress a report con-
22 taining the results of the study conducted under
23 paragraph (1), together with recommendations for
24 such legislation and administrative action as the
25 Comptroller General determines appropriate.