

**AMENDMENT**

**OFFERED BY M**     .

**Amendment drafted to the HEALTHY KIDS Act, October 2,  
2017 (8:42 p.m.)**

At the end, add the following (and conform the table  
of contents accordingly):

1 **TITLE III—MEDICARE EXTEND-**  
2 **ERS AND OTHER PROVISIONS**

3 **SEC. 301. EXTENSION OF THERAPY CAPS EXCEPTION PROC-**  
4 **ESS.**

5 Section 1833(g) of the Social Security Act (42 U.S.C.  
6 1395l(g)) is amended—

7 (1) in paragraph (5)(A), in the first sentence,  
8 by striking “December 31, 2017” and inserting  
9 “December 31, 2019”; and

10 (2) in paragraph (6)(A)—

11 (A) by striking “December 31, 2017” and  
12 inserting “December 31, 2019”; and

13 (B) by striking “2012 through 2017” and  
14 inserting “2012 through 2019”.

1 **SEC. 302. EXTENSION OF WORK GPCI FLOOR.**

2 Section 1848(e)(1)(E) of the Social Security Act (42  
3 U.S.C. 1395w-4(e)(1)(E)) is amended by striking “Janu-  
4 ary 1, 2018” and inserting “January 1, 2020”.

5 **SEC. 303. EXTENSION OF CERTAIN MIPPA FUNDING PROVI-**  
6 **SIONS.**

7 Section 119 of the Medicare Improvements for Pa-  
8 tients and Providers Act of 2008 (42 U.S.C. 1395b-3  
9 note) is amended—

10 (1) in subsection (a)(1)(B)—

11 (A) in clause (vi), by striking “and” at the  
12 end;

13 (B) in clause (vii), by striking the period  
14 at the end and inserting “; and”; and

15 (C) by inserting after clause (vii) the fol-  
16 lowing new clause:

17 “(viii) for each of fiscal years 2018  
18 through 2022, of \$13,000,000.”;

19 (2) in subsection (b)(1)(B)—

20 (A) in clause (vi), by striking “and” at the  
21 end;

22 (B) in clause (vii), by striking the period  
23 at the end and inserting “; and”; and

24 (C) by inserting after clause (vii) the fol-  
25 lowing new clause:

1 “(viii) for each of fiscal years 2018  
2 through 2022, of \$7,500,000.”;

3 (3) in subsection (c)(1)(B)—

4 (A) in clause (vi), by striking “and” at the  
5 end;

6 (B) in clause (vii), by striking the period  
7 at the end and inserting “; and”; and

8 (C) by inserting after clause (vii) the fol-  
9 lowing new clause:

10 “(viii) for each of fiscal years 2018  
11 through 2022, of \$5,000,000.”; and

12 (4) in subsection (d)(2)—

13 (A) in clause (vi), by striking “and” at the  
14 end;

15 (B) in clause (vii), by striking the period  
16 at the end and inserting “; and”; and

17 (C) by inserting after clause (vii) the fol-  
18 lowing new clause:

19 “(viii) for each of fiscal years 2018  
20 through 2022, of \$12,000,000.”.

21 **SEC. 304. EXTENSION OF CONSENSUS-BASED ENTITY FUND-**  
22 **ING.**

23 Section 1890(d)(2) of the Social Security Act (42  
24 U.S.C. 1395aaa(d)(2)) is amended by striking “2017”  
25 and inserting “2022”.

1 **SEC. 305. EXTENSION OF HOME HEALTH RURAL ADD-ON.**

2 Section 421(a) of the Medicare Prescription Drug,  
3 Improvement, and Modernization Act of 2003 (Public Law  
4 108-173; 117 Stat. 2283; 42 U.S.C. 1395fff note), as  
5 amended by section 5201(b) of the Deficit Reduction Act  
6 of 2005 (Public Law 109-171; 120 Stat. 46), section  
7 3131(c) of the Patient Protection and Affordable Care Act  
8 (Public Law 111-148; 124 Stat. 428), and section 210 of  
9 the Medicare Access and CHIP Reauthorization Act of  
10 2015 (Public Law 114-10), is further amended by striking  
11 “January 1, 2018” and inserting “January 1, 2020” each  
12 place it appears.

13 **SEC. 306. GROUND AMBULANCE SERVICES COST REPORT-**  
14 **ING REQUIREMENT.**

15 (a) IN GENERAL.—Section 1121 of the Social Secu-  
16 rity Act (42 U.S.C. 1320a) is amended—

17 (1) in subsection (a)—

18 (A) by striking “For the purposes of” and  
19 inserting “Subject to subsection (d), for the  
20 purposes of”;

21 (B) by inserting “suppliers of ground am-  
22 bulance services,” after “health maintenance or-  
23 ganizations,”; and

24 (C) in the matter at the end, by adding the  
25 following new sentence: “Not later than Decem-  
26 ber 31, 2019, the Secretary shall modify the

1 uniform reporting system for providers of serv-  
2 ices with respect to ambulance services to en-  
3 sure that such system contains information  
4 similar (as determined by the Secretary) to in-  
5 formation required under the uniform reporting  
6 system for suppliers of ground ambulance serv-  
7 ices.”; and

8 (2) by adding at the end the following new sub-  
9 section:

10 “(d) In the case of a supplier of ground ambulance  
11 services that furnishes such services for fewer than 20 in-  
12 dividuals entitled to benefits under part A of title XVIII  
13 and enrolled under part B of such title in a cost reporting  
14 period (as defined by the Secretary), the Secretary may  
15 modify the requirements for inclusion of any information  
16 specified in subsection (a) in reports made in accordance  
17 with the uniform reporting system established under this  
18 section with respect to such services.”.

19 (b) SUSPENSION OF PAYMENT FOR GROUND AMBU-  
20 LANCE SERVICES; DEEMING CERTAIN PAYMENTS OVER-  
21 PAYMENTS.—Section 1834(l) of the Social Security Act  
22 (42 U.S.C. 1395m(l)) is amended by adding at the end  
23 the following new paragraph:

24 “(17) REQUIREMENT TO SUBMIT COST REPORT  
25 AND AUTHORITY TO SUSPEND PAYMENTS AND DEEM

1 CERTAIN PAYMENTS OVERPAYMENTS FOR GROUND  
2 AMBULANCE SERVICES.—

3 “(A) IN GENERAL.—With respect to  
4 ground ambulance services furnished by a sup-  
5 plier of such services during cost reporting peri-  
6 ods beginning on or after January 1, 2020,  
7 such supplier shall make reports to the Sec-  
8 retary of information described in section  
9 1121(a) in accordance with the uniform report-  
10 ing system established under such section for  
11 such suppliers and, as may be required by the  
12 Secretary, of any of the information described  
13 in subparagraph (B).

14 “(B) ADDITIONAL INFORMATION.—The  
15 Secretary may, with respect to a supplier of  
16 ground ambulance services, require the fol-  
17 lowing information (to be reported to the extent  
18 practicable under the uniform reporting system  
19 established under section 1121(a) for such sup-  
20 pliers):

21 “(i) Whether the supplier is part of  
22 an emergency services department, a gov-  
23 ernmental organization, or another type of  
24 entity (as described by the Secretary).

1                   “(ii) The number of hours in a week  
2                   during which the supplier is available for  
3                   furnishing ground ambulance services.

4                   “(iii) The average number of volun-  
5                   teer hours a week used by the supplier.

6                   “(C) SUSPENSION OF PAYMENT.—Subject  
7                   to subparagraph (E), in the case that the Sec-  
8                   retary determines that a supplier of ground am-  
9                   bulance services has not made to the Secretary  
10                  a timely report described in subparagraph (A)  
11                  with respect to a cost reporting period begin-  
12                  ning on or after January 1, 2020, and before  
13                  January 1, 2022, the Secretary may suspend  
14                  payments made under this subsection, in whole  
15                  or in part, to such supplier until the Secretary  
16                  finds that such supplier has made such a re-  
17                  port.

18                  “(D) DEEMING CERTAIN PAYMENTS OVER-  
19                  PAYMENTS.—Subject to subparagraphs (E) and  
20                  (F), in the case that the Secretary determines  
21                  that a supplier of ground ambulance services  
22                  has not made to the Secretary a complete, accu-  
23                  rate, and timely report described in subpara-  
24                  graph (A) with respect to a cost reporting pe-  
25                  riod beginning on or after January 1, 2022, the

1 Secretary may deem payments made under this  
2 subsection to such supplier for such period to  
3 be overpayments and recoup such overpay-  
4 ments.

5 “(E) HARDSHIP DELAY.—The Secretary  
6 shall establish a process whereby a supplier of  
7 ground ambulance services may request a delay  
8 in making a report described in subparagraph  
9 (A) with respect to a cost reporting period for  
10 reason of significant hardship (as determined  
11 by the Secretary).

12 “(F) AUTHORITY TO MODIFY COST RE-  
13 PORTING ELEMENTS AND ENFORCEMENT.—Not  
14 earlier than January 1, 2023, the Secretary  
15 may provide that subparagraph (D) no longer  
16 applies to ground ambulance services suppliers  
17 or a category of such suppliers after—

18 “(i) taking into account the rec-  
19 ommendation of the Medicare Payment  
20 Advisory Commission in the most recent  
21 report available to the Secretary submitted  
22 under section 307 of the HEALTHY  
23 KIDS Act regarding whether cost reports  
24 made by suppliers or a category of sup-  
25 pliers (as specified for purposes of the re-



1 port submitted under such section) should  
2 be required or modified; and

3 “(ii) undertaking notice and comment  
4 rulemaking.

5 “(G) AUDIT OF COST REPORTS.—The Sec-  
6 retary shall audit reports described in subpara-  
7 graph (A) submitted with respect to cost re-  
8 porting periods beginning on or after January  
9 1, 2021.

10 “(H) APPEALS.—The Secretary shall es-  
11 tablish a process whereby a supplier of ground  
12 ambulance services may appeal a determination  
13 described in subparagraph (C) or (D) made  
14 with respect to a cost report required to be  
15 made by such supplier under subparagraph  
16 (A).”.

17 (c) STAKEHOLDER FEEDBACK.—

18 (1) IN GENERAL.—The Secretary of Health and  
19 Human Services shall implement the provisions of  
20 this section, including the amendments made by this  
21 section, through notice and comment rulemaking  
22 and seek input from stakeholders.

23 (2) NONAPPLICATION OF PAPERWORK REDUC-  
24 TION ACT.—Chapter 35 of title 44, United States  
25 Code, shall not apply with respect to—

1 (A) the development and implementation of  
2 the uniform reporting system required under  
3 section 1121(a) of the Social Security Act (42  
4 U.S.C. 1320a(a)) for suppliers of ground ambu-  
5 lance services and reports required to be made  
6 under section 1834(l)(17) of such Act (42  
7 U.S.C. 1395m(l)(17)); and

8 (B) the modification of the uniform report-  
9 ing systems under such section 1121(a) of such  
10 Act for providers of such services and reports  
11 required to be made under section  
12 1861(v)(1)(F) of such Act (42 U.S.C.  
13 1395x(v)(1)(F)).

14 (d) IMPLEMENTATION RESOURCES.—

15 (1) IN GENERAL.—There are hereby appro-  
16 priated to the Secretary from the Federal Hospital  
17 Insurance Trust Fund under section 1817 of the So-  
18 cial Security Act (42 U.S.C. 1395i) \$8,000,000 and  
19 from the Federal Supplementary Medical Insurance  
20 Trust Fund under section 1841 of such Act (42  
21 U.S.C. 1395t) \$92,000,000 (of which not less than  
22 \$10,000,000 shall be used to fulfill the auditing re-  
23 quirement under section 1834(l)(17)(G) of such Act,  
24 as added by subsection (b) of this section) to carry  
25 out the provisions of this section, including the

1 amendments made by this section, to remain avail-  
2 able through December 31, 2022.

3 (2) FUNDING FOR EMPLOYEES.—The Secretary  
4 of Health and Human Services shall provide for the  
5 transfer to the Centers for Medicare & Medicaid  
6 Services Program Management Account, from the  
7 Federal Supplementary Medical Insurance Trust  
8 Fund under section 1841 of the Social Security Act  
9 (42 U.S.C. 1395t), of such sums as may be nec-  
10 essary in order to directly hire no more than 2 full-  
11 time employees to carry out the provisions of this  
12 section, including the amendments made by this sec-  
13 tion.

14 (e) SENSE OF CONGRESS.—It is the sense of Con-  
15 gress that—

16 (1) a cost report made by a supplier of ground  
17 ambulance services with respect to a cost reporting  
18 period beginning before January 1, 2022, may not  
19 contain complete and accurate information on  
20 ground ambulance services furnished during such a  
21 period by the supplier; and

22 (2) the Secretary should take into account only  
23 the timeliness of such a report made with respect to  
24 such a period when determining whether to suspend

1 payments to a supplier under section 1834(l) of the  
2 Social Security Act (42 U.S.C. 1395m(l)).

3 **SEC. 307. GROUND AMBULANCE SERVICES COST REPORT-**  
4 **ING STUDY.**

5 (a) IN GENERAL.—Not later than March 15, 2022,  
6 and as determined necessary by the Medicare Payment  
7 Advisory Commission thereafter, such Commission shall  
8 assess and submit to Congress a report on cost reports  
9 carried out in accordance with sections 1121(a) and  
10 1834(l) of the Social Security Act (42 U.S.C. 1320a(a),  
11 1395m(l)) and the adequacy of payments for such services  
12 made under section 1834(l) of such Act.

13 (b) CONTENTS.—The report described in subsection  
14 (a) shall contain the following:

15 (1) An analysis of cost report data submitted in  
16 accordance with such sections.

17 (2) An analysis of any burden on providers and  
18 suppliers of such services associated with reporting  
19 such data.

20 (3) A recommendation on whether or not cost  
21 reports of ambulance services made by suppliers or  
22 a category of suppliers (as specified by the Sec-  
23 retary) of such services, or the ground ambulance  
24 portion of cost reports made by providers of such  
25 services, should be required or modified, taking into

1 account the analyses described in paragraphs (1)  
2 and (2).

3 **SEC. 308. GROUND AMBULANCE SERVICES EXTENDERS.**

4 Section 1834(l) of the Social Security Act (42 U.S.C.  
5 1395m(l)) is amended—

6 (1) in paragraph (12)(A), by striking “2018”  
7 and inserting “2023”;

8 (2) in paragraph (13)(A), by striking “2018”  
9 each place it appears and inserting “2023”.

10 **SEC. 309. SPECIALIZED MEDICARE ADVANTAGE PLANS FOR**  
11 **SPECIAL NEEDS INDIVIDUALS.**

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

14 (1) by striking “and for periods before January  
15 1, 2019”; and

16 (2) by adding at the end the following new sen-  
17 tence: “In the case of a specialized MA plan for spe-  
18 cial needs individuals described in clause (ii) or (iii)  
19 of subsection (b)(6)(B), the previous sentence shall  
20 apply for periods before January 1, 2024.”.

21 (b) **INCREASED INTEGRATION OF DUAL SNPs.**—

22 (1) **IN GENERAL.**—Section 1859(f) of the Social  
23 Security Act (42 U.S.C. 1395w–28(f)) is amended—

24 (A) in paragraph (3), by adding at the end  
25 the following new subparagraph:

1           “(F) The plan meets the requirements ap-  
2           plicable under paragraph (8).”; and

3           (B) by adding at the end the following new  
4           paragraph:

5           “(8) INCREASED INTEGRATION OF DUAL  
6           SNPS.—

7           “(A) DESIGNATED CONTACT.—The Sec-  
8           retary, acting through the Federal Coordinated  
9           Health Care Office established under section  
10          2602 of Public Law 111–148, shall serve as a  
11          dedicated point of contact for States to address  
12          misalignments that arise with the integration of  
13          specialized MA plans for special needs individ-  
14          uals described in subsection (b)(6)(B)(ii) under  
15          this paragraph and, consistent with such role,  
16          shall—

17                 “(i) establish a uniform process for  
18                 disseminating to State Medicaid agencies  
19                 information under this title impacting con-  
20                 tracts between such agencies and such  
21                 plans under this subsection; and

22                 “(ii) establish basic resources for  
23                 States interested in exploring such plans  
24                 as a platform for integration, such as a

1 model contract or other tools to achieve  
2 those goals.

3 “(B) UNIFIED GRIEVANCES AND APPEALS  
4 PROCESS.—

5 “(i) IN GENERAL.—Not later than  
6 April 1, 2020, the Secretary shall establish  
7 procedures, to the extent feasible as deter-  
8 mined by the Secretary, unifying griev-  
9 ances and appeals procedures under sec-  
10 tions 1852(f), 1852(g), 1902(a)(3),  
11 1902(a)(5), and 1932(b)(4) for items and  
12 services provided by specialized MA plans  
13 for special needs individuals described in  
14 subsection (b)(6)(B)(ii) under this title  
15 and title XIX. The Secretary shall solicit  
16 comment in developing such procedures  
17 from States, plans, beneficiaries and their  
18 representatives, and other relevant stake-  
19 holders. With respect to items and services  
20 described in the previous sentence, appeals  
21 procedures established under this clause  
22 shall apply in place of otherwise applicable  
23 appeals procedures.

24 “(ii) PROCEDURES.—The procedures  
25 established under clause (i) shall be in-

1                   cluded in the plan contract under para-  
2                   graph (3)(D) and shall—

3                   “ (I) adopt the provisions for the  
4                   enrollee that are most protective for  
5                   the enrollee and, to the extent feasible  
6                   as determined by the Secretary, are  
7                   compatible with unified timeframes  
8                   and consolidated access to external re-  
9                   view under an integrated process;

10                  “ (II) take into account dif-  
11                  ferences in State plans under title  
12                  XIX to the extent necessary;

13                  “ (III) be easily navigable by an  
14                  enrollee; and

15                  “ (IV) include the elements de-  
16                  scribed in clause (iii), as applicable.

17                  “ (iii) ELEMENTS DESCRIBED.—Both  
18                  unified appeals and unified grievance pro-  
19                  cedures shall include, as applicable, the fol-  
20                  lowing elements described in this clause:

21                  “ (I) Single written notification of  
22                  all applicable grievances and appeal  
23                  rights under this title and title XIX.  
24                  For purposes of this subparagraph,  
25                  the Secretary may waive the require-



1                   ments under section 1852(g)(1)(B)  
2                   when the specialized MA plan covers  
3                   items or services under this part or  
4                   under title XIX.

5                   “(II) Single pathways for resolu-  
6                   tion of any grievance or appeal related  
7                   to a particular item or service pro-  
8                   vided by specialized MA plans for spe-  
9                   cial needs individuals described in  
10                  subsection (b)(6)(B)(ii) under this  
11                  title and title XIX.

12                  “(III) Notices written in plain  
13                  language and available in a language  
14                  and format that is accessible to the  
15                  enrollee, including in non-English lan-  
16                  guages that are prevalent in the serv-  
17                  ice area of the specialized MA plan.

18                  “(IV) Unified timeframes for  
19                  grievances and appeals processes,  
20                  such as an individual’s filing of a  
21                  grievance or appeal, a plan’s acknowl-  
22                  edgment and resolution of a grievance  
23                  or appeal, and notification of decisions  
24                  with respect to a grievance or appeal.

1                   “(V) Requirements for how the  
2                   plan must process, track, and resolve  
3                   grievances and appeals, to ensure  
4                   beneficiaries are notified on a timely  
5                   basis of decisions that are made  
6                   throughout the grievance or appeals  
7                   process and are able to easily deter-  
8                   mine the status of a grievance or ap-  
9                   peal.

10                   “(iv) CONTINUATION OF BENEFITS  
11                   PENDING APPEAL.—The unified procedures  
12                   under clause (i) shall, with respect to all  
13                   benefits under parts A and B and title  
14                   XIX subject to appeal under such proce-  
15                   dures, incorporate provisions under current  
16                   law and implementing regulations that pro-  
17                   vide continuation of benefits pending ap-  
18                   peal under this title and title XIX.

19                   “(C) REQUIREMENT FOR UNIFIED GRIEV-  
20                   ANCES AND APPEALS.—For 2022 and subse-  
21                   quent years, the contract of a specialized MA  
22                   plan for special needs individuals described in  
23                   subsection (b)(6)(B)(ii) with a State Medicaid  
24                   agency under paragraph (3)(D) shall require

1 the use of unified grievances and appeals proce-  
2 dures as described in subparagraph (B).

3 “(D) REQUIREMENTS FOR FULL INTEGRA-  
4 TION FOR CERTAIN DUAL SNPS.—

5 “(i) REQUIREMENT.—For 2022 and  
6 subsequent years, a specialized MA plan  
7 for special needs individuals described in  
8 subsection (b)(6)(B)(ii) shall meet one or  
9 more of the following requirements, to the  
10 extent allowed by the State, for integration  
11 of benefits under this title and title XIX:

12 “(I) Meet the requirements of a  
13 fully integrated plan described in sec-  
14 tion 1853(a)(1)(B)(iv)(II) (other than  
15 the requirement that the plan have  
16 similar average levels of frailty, as de-  
17 termined by the Secretary, as the  
18 PACE program).

19 “(II) Enter into a capitated con-  
20 tract with the State Medicaid agency  
21 to provide long-term services and sup-  
22 ports or behavioral health services, or  
23 both.

1                   “(III) Enter into any other type  
2                   of arrangement, as determined appro-  
3                   priate by the Secretary.

4                   “(ii) SANCTIONS.—For 2022 and sub-  
5                   sequent years, if the Secretary determines  
6                   that a specialized MA plan fails to comply  
7                   with clause (i), the Secretary may provide  
8                   for the application against the Medicare  
9                   Advantage organization offering the plan  
10                  any of the remedies described in section  
11                  1857(g)(2).”.

12                  (2) CONFORMING AMENDMENT TO RESPON-  
13                  SIBILITIES OF FEDERAL COORDINATED HEALTH  
14                  CARE OFFICE.—Section 2602(d) of Public Law 111–  
15                  148 (42 U.S.C. 1315b(d)) is amended by adding at  
16                  the end the following new paragraphs:

17                  “(6) To act as a designated contact for States  
18                  under subsection (f)(8)(A) of section 1859 of the So-  
19                  cial Security Act (42 U.S.C. 1395w–28) with respect  
20                  to the integration of specialized MA plans for special  
21                  needs individuals described in subsection  
22                  (b)(6)(B)(ii) of such section.

23                  “(7) To be responsible for developing regula-  
24                  tions and guidance related to the implementation of  
25                  a unified grievance and appeals process as described

1 in subparagraphs (B) and (C) of section 1859(f)(8)  
2 of the Social Security Act (42 U.S.C. 1395w-  
3 28(f)(8)).

4 “(8) To be responsible for developing regula-  
5 tions and guidance related to the integration or  
6 alignment of policy and oversight under the Medi-  
7 care program under title XVIII of such Act and  
8 Medicaid program under title XIX of such Act re-  
9 garding specialized MA plans for special needs indi-  
10 viduals described in subsection (b)(6)(B)(ii) of such  
11 section 1859.”.

12 (c) IMPROVEMENTS TO SEVERE OR DISABLING  
13 CHRONIC CONDITION SNPs.—

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

17 (A) by redesignating subparagraphs (A)  
18 and (B) as clauses (i) and (ii), respectively, and  
19 indenting appropriately;

20 (B) in clause (ii), as redesignated by sub-  
21 paragraph (B), by redesignating clauses (i)  
22 through (iii) as subclauses (I) through (III), re-  
23 spectively, and indenting appropriately;

24 (C) by striking “ALL SNPs.—The require-  
25 ments” and inserting “ALL SNPs.—

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

3           (D) by adding at the end the following new  
4 subparagraph:

5           “(B) IMPROVEMENTS TO CARE MANAGE-  
6 MENT REQUIREMENTS FOR SEVERE OR DIS-  
7 ABLING CHRONIC CONDITION SNPS.—For 2020  
8 and subsequent years, in the case of a special-  
9 ized MA plan for special needs individuals de-  
10 scribed in subsection (b)(6)(B)(iii), the require-  
11 ments described in this paragraph include the  
12 following:

13           “(i) The interdisciplinary team under  
14 subparagraph (A)(ii)(III) includes a team  
15 of providers with demonstrated expertise,  
16 including training in an applicable spe-  
17 cialty, in treating individuals similar to the  
18 targeted population of the plan.

19           “(ii) Requirements developed by the  
20 Secretary to provide face-to-face encoun-  
21 ters with individuals enrolled in the plan  
22 not less frequently than on an annual  
23 basis.

24           “(iii) As part of the model of care  
25 under clause (i) of subparagraph (A), the

1 results of the initial assessment and an-  
2 nual reassessment under clause (ii)(I) of  
3 such subparagraph of each individual en-  
4 rolled in the plan are addressed in the indi-  
5 vidual’s individualized care plan under  
6 clause (ii)(II) of such subparagraph.

7 “(iv) As part of the annual evaluation  
8 and approval of such model of care, the  
9 Secretary shall take into account whether  
10 the plan fulfilled the previous year’s goals  
11 (as required under the model of care).

12 “(v) The Secretary shall establish a  
13 minimum benchmark for each element of  
14 the model of care of a plan. The Secretary  
15 shall only approve a plan’s model of care  
16 under this paragraph if each element of  
17 the model of care meets the minimum  
18 benchmark applicable under the preceding  
19 sentence.”.

20 (2) REVISIONS TO THE DEFINITION OF A SE-  
21 VERE OR DISABLING CHRONIC CONDITIONS SPECIAL-  
22 IZED NEEDS INDIVIDUAL.—

23 (A) IN GENERAL.—Section  
24 1859(b)(6)(B)(iii) of the Social Security Act

1 (42 U.S.C. 1395w–28(b)(6)(B)(iii)) is amend-  
2 ed—

3 (i) by striking “who have” and insert-  
4 ing “who—

5 “(I) before January 1, 2022,  
6 have”;

7 (ii) in subclause (I), as added by  
8 clause (i), by striking the period at the end  
9 and inserting “; and”; and

10 (iii) by adding at the end the fol-  
11 lowing new subclause:

12 “(II) on or after January 1,  
13 2022, have one or more comorbid and  
14 medically complex chronic conditions  
15 that is life threatening or significantly  
16 limits overall health or function, have  
17 a high risk of hospitalization or other  
18 adverse health outcomes, and require  
19 intensive care coordination and that is  
20 listed under subsection (f)(9)(A).”.

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



1           “(9) LIST OF CONDITIONS FOR CLARIFICATION  
2           OF THE DEFINITION OF A SEVERE OR DISABLING  
3           CHRONIC CONDITIONS SPECIALIZED NEEDS INDI-  
4           VIDUAL.—

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

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

14           “(ii) Conditions that require prescrip-  
15           tion drugs, providers, and models of care  
16           that are unique to the specific population  
17           of enrollees in a specialized MA plan for  
18           special needs individuals described in such  
19           subsection on or after such date and—

20           “(I) as a result of such special  
21           needs individuals with such a condi-  
22           tion having access to and being en-  
23           rolled in such a plan, as compared to  
24           access to and enrollment in other  
25           Medicare Advantage plans under this

1 part, it is projected that such individ-  
2 uals would improve health outcomes  
3 with respect to such condition, that  
4 such individuals would have reduced  
5 overall costs under this title, and that  
6 there would not be any increase in ex-  
7 penditures under this title for such in-  
8 dividuals; or

9 “(II) have a low prevalence in the  
10 general population of beneficiaries  
11 under this title or a disproportionately  
12 high per-beneficiary cost under this  
13 title.

14 “(B) GAO STUDY ON HEALTH OUTCOMES  
15 OF INDIVIDUALS ENROLLED IN SPECIALIZED  
16 MA PLANS.—Not later than the date that is 3  
17 years after the date of the enactment of this  
18 paragraph, the Comptroller General of the  
19 United States shall conduct a study and submit  
20 to Congress a report on the extent to which  
21 health outcomes can be compared across spe-  
22 cialized MA plans for special needs individuals  
23 (as defined in section 1859(b)(6)) and other  
24 Medicare Advantage plans under this part  
25 across similar populations, using existing meas-

1           ures and that identifies any potential limita-  
2           tions where new measures may need to be de-  
3           veloped for such population.”.

4           (d) QUALITY MEASUREMENT AT THE PLAN LEVEL  
5 FOR SNPs AND DETERMINATION OF FEASIBILITY OF  
6 QUALITY MEASUREMENT AT THE PLAN LEVEL FOR ALL  
7 MA PLANS.—Section 1853(o) of the Social Security Act  
8 (42 U.S.C. 1395w–23(o)) is amended by adding at the end  
9 the following new paragraphs:

10           “(6) QUALITY MEASUREMENT AT THE PLAN  
11           LEVEL FOR SNPs.—

12           “(A) IN GENERAL.—Subject to subpara-  
13           graph (B), the Secretary may require reporting  
14           of data under section 1852(e) for, and apply  
15           under this subsection, quality measures at the  
16           plan level for specialized MA plans for special  
17           needs individuals instead of at the contract  
18           level.

19           “(B) CONSIDERATIONS.—Prior to applying  
20           quality measurement at the plan level under  
21           this paragraph, the Secretary shall—

22           “(i) take into consideration the min-  
23           imum number of enrollees in a specialized  
24           MA plan for special needs individuals in  
25           order to determine if a statistically signifi-

1 cant or valid measurement of quality at  
2 the plan level is possible under this para-  
3 graph;

4 “(ii) if quality measures are reported  
5 at the plan level, ensure that MA plans are  
6 not required to provide duplicative infor-  
7 mation; and

8 “(iii) ensure that such reporting does  
9 not interfere with the collection of encoun-  
10 ter data submitted by MA organizations or  
11 the administration of any changes to the  
12 program under this part as a result of the  
13 collection of such data.

14 “(C) APPLICATION.—If the Secretary ap-  
15 plies quality measurement at the plan level  
16 under this paragraph—

17 “(i) such quality measurement may  
18 include Medicare Health Outcomes Survey  
19 (HOS), Healthcare Effectiveness Data and  
20 Information Set (HEDIS), Consumer As-  
21 sessment of Healthcare Providers and Sys-  
22 tems (CAHPS) measures and quality  
23 measures under part D; and

24 “(ii) the Secretary shall consider ap-  
25 plying administrative actions, such as rem-

1 edies described in section 1857(g)(2), to  
2 the plan level.

3 “(7) DETERMINATION OF FEASIBILITY OF  
4 QUALITY MEASUREMENT AT THE PLAN LEVEL FOR  
5 ALL MA PLANS.—

6 “(A) DETERMINATION OF FEASIBILITY.—  
7 The Secretary shall determine the feasibility of  
8 requiring reporting of data under section  
9 1852(e) for, and applying under this subsection,  
10 quality measures at the plan level for all MA  
11 plans under this part.

12 “(B) CONSIDERATION OF CHANGE.—After  
13 making a determination under subparagraph  
14 (A), the Secretary shall consider requiring such  
15 reporting and applying such quality measures  
16 at the plan level as described in such subpara-  
17 graph.”.

18 (e) GAO STUDY AND REPORT ON STATE-LEVEL IN-  
19 TEGRATION BETWEEN DUAL SNPs AND MEDICAID.—

20 (1) STUDY.—The Comptroller General of the  
21 United States (in this paragraph referred to as the  
22 “Comptroller General”) shall conduct a study on  
23 State-level integration between specialized MA plans  
24 for special needs individuals described in subsection  
25 (b)(6)(B)(ii) of section 1859 of the Social Security

1 Act (42 U.S.C. 1395w–28) and the Medicaid pro-  
2 gram under title XIX of such Act (42 U.S.C. 1396  
3 et seq.). Such study shall include an analysis of the  
4 following:

5 (A) The characteristics of States in which  
6 the State agency responsible for administering  
7 the State plan under such title XIX has a con-  
8 tract with such a specialized MA plan and that  
9 delivers long-term services and supports under  
10 the State plan under such title XIX through a  
11 managed care program, including the require-  
12 ments under such State plan with respect to  
13 long-term services and supports.

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

16 (i) A plan described in section  
17 1853(a)(1)(B)(iv)(II) of such Act (42  
18 U.S.C. 1395w–23(a)(1)(B)(iv)(II)).

19 (ii) A plan that meets the require-  
20 ments described in subsection (f)(3)(D) of  
21 such section 1859.

22 (iii) A plan described in clause (ii)  
23 that also meets additional requirements es-  
24 tablished by the State.

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

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

7 (i) Which populations of individuals  
8 are eligible to receive such services and  
9 supports.

10 (ii) Whether all such services and sup-  
11 ports are provided on a capitated basis or  
12 if any of such services and supports are  
13 carved out and provided through fee-for-  
14 service.

15 (E) As, practicable, how the availability  
16 and variation of integration arrangements of  
17 such specialized MA plans offered in States af-  
18 fects spending, service delivery options, access  
19 to community-based care, and utilization of  
20 care.

21 (F) Barriers and opportunities for making  
22 further progress on dual integration, as well as  
23 recommend legislation to expedite or refine  
24 pathways toward fully integrated care.

1           (2) REPORT.—Not later than 2 years after the  
2           date of the enactment of this Act, the Comptroller  
3           General shall submit to Congress a report containing  
4           the results of the study conducted under paragraph  
5           (1), together with recommendations for such legisla-  
6           tion and administrative action as the Comptroller  
7           General determines appropriate.

8   **SEC. 310. EXPANDING SUPPLEMENTAL BENEFITS TO MEET**  
9                           **THE NEEDS OF CHRONICALLY ILL MEDICARE**  
10                           **ADVANTAGE ENROLLEES.**

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

13                   (1) in subparagraph (A), by striking “Each”  
14                   and inserting “Subject to subparagraph (D), each”;  
15                   and

16                   (2) by adding at the end the following new sub-  
17                   paragraph:

18                           “(D) EXPANDING SUPPLEMENTAL BENE-  
19                           FITS TO MEET THE NEEDS OF CHRONICALLY  
20                           ILL ENROLLEES.—

21                                   “(i) IN GENERAL.—For plan year  
22                                   2020 and subsequent plan years, in addi-  
23                                   tion to any supplemental health care bene-  
24                                   fits otherwise provided under this para-  
25                                   graph, an MA plan, including a specialized



1 MA plan for special needs individuals de-  
2 scribed in subsection (b)(6) of section  
3 1859, may provide supplemental benefits  
4 described in clause (ii) to a chronically ill  
5 enrollee (as defined in clause (iii)).

6 “(ii) SUPPLEMENTAL BENEFITS DE-  
7 SCRIBED.—

8 “(I) IN GENERAL.—Supplemental  
9 benefits described in this clause are  
10 supplemental benefits that, with re-  
11 spect to a chronically ill enrollee, have  
12 a reasonable expectation of improving  
13 or maintaining the health or overall  
14 function of the chronically ill enrollee  
15 and may not be limited to being pri-  
16 marily health related benefits.

17 “(II) AUTHORITY TO WAIVE UNI-  
18 FORMITY REQUIREMENTS.—The Sec-  
19 retary may, with respect to supple-  
20 mental benefits provided to a chron-  
21 ically ill enrollee under this subpara-  
22 graph, waive the uniformity require-  
23 ment, as determined appropriate by  
24 the Secretary.

1                   “(iii) CHRONICALLY ILL ENROLLEE  
2                   DEFINED.—In this subparagraph, the term  
3                   ‘chronically ill enrollee’ means an enrollee  
4                   in an MA plan that the Secretary deter-  
5                   mines—

6                   “(I) has one or more comorbid  
7                   and medically complex chronic condi-  
8                   tions that is life threatening or signifi-  
9                   cantly limits the overall health or  
10                  function of the enrollee;

11                  “(II) has a high risk of hos-  
12                  pitalization or other adverse health  
13                  outcomes; or

14                  “(III) requires intensive care co-  
15                  ordination.”.

16                  (b) GAO STUDY AND REPORT.—

17                  (1) STUDY.—The Comptroller General of the  
18                  United States (in this subsection referred to as the  
19                  “Comptroller General”) shall conduct a study on  
20                  supplemental benefits provided to enrollees in Medi-  
21                  care Advantage plans under part C of title XVIII of  
22                  the Social Security Act, including specialized MA  
23                  plans for special needs individuals described in sec-  
24                  tion 1859(b)(6) of such Act (42 U.S.C. 1395w-  
25                  28(b)(6)). Such study shall be conducted in con-

1           sultation with the Centers for Medicare & Medicaid  
2           Services and Medicare Advantage plans as necessary  
3           and, to the extent data is available, shall include an  
4           analysis of the following:

5                   (A) The type of supplemental benefits pro-  
6                   vided to such enrollees, the total number of en-  
7                   rollees receiving each supplemental benefit, and  
8                   whether the supplemental benefit is covered by  
9                   the standard benchmark cost of the benefit or  
10                  with an additional premium.

11                  (B) The frequency in which supplemental  
12                  benefits are utilized by such enrollees.

13                  (C) The impact supplemental benefits have  
14                  on—

15                           (i) indicators of the quality of care re-  
16                           ceived by such enrollees, including overall  
17                           health and function of the enrollees;

18                           (ii) the utilization of items and serv-  
19                           ices for which benefits are available under  
20                           the original Medicare fee-for-service pro-  
21                           gram option under parts A and B of such  
22                           title XVIII by such enrollees; and

23                           (iii) the amount of the bids submitted  
24                           by Medicare Advantage Organizations for

1 Medicare Advantage plans under such part

2 C.

3 (2) REPORT.—Not later than 5 years after the  
4 date of the enactment of this Act, the Comptroller  
5 General shall submit to Congress a report containing  
6 the results of the study conducted under paragraph  
7 (1), together with recommendations for such legisla-  
8 tion and administrative action as the Comptroller  
9 General determines appropriate.

