AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 4093 OFFERED BY MR. SMITH OF MISSOURI

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Apples to Apples Comparison Act''.

SEC. 2. REQUIRING THE SECRETARY OF HEALTH AND HUMAN SERVICES TO PUBLISH INFORMATION ON EXPENDITURES UNDER THE MEDICARE PROGRAM.

(a) IN GENERAL.—Section 1874 of the Social Security Act (42 U.S.C. 1395kk) is amended—

(1) in subsection (g)—

(A) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by striking ''report on'' and inserting ''report on, and, beginning with 2030, publish on the public website of the Centers for Medicare & Medicaid Services in machine-readable files containing information on,'';

(ii) in subparagraph (A), by inserting ''(and, beginning with 2030, by county and Metropolitan Statistical Area)'' after ''State''; and

(iii) in subparagraph (B)—

(I) in clause (ii), by striking ''and'' at the end;

(II) in clause (iii), by striking the period and inserting ''; and''; and

(III) by adding at the end the following new clause:

''(iv) beginning with 2030, each category of individuals described in subsection (h)(1).''; and

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

''(3) SPECIAL RULE FOR 2030 REPORT AND PUBLICATION OF INFORMATION.—As part of the report and publication of information required under paragraph (1) for 2030, the Secretary shall include enrollment data in reports submitted under this subsection for each preceding year (beginning with 2015), broken down by county and Metropolitan Statistical Area and provided for each category of individuals described in subsection (h)(1).''; and

(2) by adding at the end the following new subsection:

''(h) INFORMATION ON EXPENDITURES.—

''(1) IN GENERAL.—Not later than 18 months after the last day of each year (beginning with 2030), the Secretary shall, for each county and each Metropolitan Statistical Area, publish on the public website of the Centers for Medicare & Medicaid Services in machine-readable files, for each quarter occurring in the specified historical period and for each quarter occurring in the specified projected period with respect to such year, the total expenditures and average per-individual expenditures (or, with respect to quarters occurring in such specified projected period, the estimated total expenditures and estimated average per-individual expenditures) under this title for items and services furnished to individuals entitled to benefits under part A or enrolled under part B residing in such county or Metropolitan Statistical Area, broken down by the following categories of individuals:

''(A) Individuals entitled to benefits under part A and not enrolled under part B.

''(B) Individuals who are—

''(i) not entitled to benefits under part A; and

''(ii) enrolled under part B.

''(C) Individuals who are—

''(i) entitled to benefits under part A and enrolled under part B; and

''(ii) not enrolled in a Medicare Advantage plan under part C.

''(D) Individuals described in subparagraph (A) who are enrolled in a prescription drug plan under part D.

''(E) Individuals described in subparagraph (B) who are enrolled in such a prescription drug plan.

''(F) Individuals described in subparagraph (C) who are enrolled in such a prescription drug plan.

''(G) Individuals described in subparagraph (A) who are not enrolled in such a prescription drug plan.

''(H) Individuals described in subparagraph (B) who are not enrolled in such a prescription drug plan.

''(I) Individuals described in subparagraph (C) who are not enrolled in such a prescription drug plan.

''(J) Individuals described in subparagraph (A) who are enrolled in a Federal health care program or a health benefits plan under chapter 89 of title 5, United States Code.

''(K) Individuals described in subparagraph (B) who are enrolled in such a program or health benefits plan.

''(L) Individuals described in subparagraph (C) who are enrolled in such a program or health benefits plan.

''(M) Individuals described in subparagraph (A) who are not enrolled in such a program or health benefits plan.

''(N) Individuals described in subparagraph (B) who are not enrolled in such a program or health benefits plan.

''(O) Individuals described in subparagraph (C) who are not enrolled in such a program or health benefits plan.

''(P) Individuals described in subparagraph (A) who are enrolled in a group health plan (as

defined in section 2791 of the Public Health Service Act).

''(Q) Individuals described in subparagraph (B) who are enrolled in such a group health plan.

''(R) Individuals described in subparagraph (C) who are enrolled in such a group health plan or a medicare supplemental policy under section 1882.

''(S) Individuals described in subparagraph (A) who are not enrolled in such a group health plan.

''(T) Individuals described in subparagraph (B) who are not enrolled in such a group health plan.

''(U) Individuals described in subparagraph (C) who are not enrolled in such a group health plan or policy.

''(V) Individuals who are enrolled in a specialized MA plan for special needs individuals (as defined in section 1859(b)(6)(A)), broken down by each type of such plan.

''(W) Individuals who are enrolled in a Medicare Advantage plan under part C other than a plan described in subparagraph (V).

''(X) Individuals who are enrolled in a Medicare Advantage plan under part C.

''(Y) Individuals described in subparagraph (X) who are enrolled in a Federal health care program or a health benefits plan under chapter 89 of title 5, United States Code.

''(Z) Individuals described in subparagraph (X) who are not enrolled in such a program or health benefits plan.

''(AA) Individuals described in subparagraph (X) who are enrolled in a group health plan (as defined in section 2791 of the Public Health Service Act).

''(BB) Individuals described in subparagraph (X) who are not enrolled in such a group health plan.

''(CC) Individuals enrolled in a plan described in subparagraph (B) or (C) of section 1851(a)(2) and who are enrolled in a prescription drug plan under part D.

''(DD) Individuals enrolled in a plan described in subparagraph (B) or (C) of section 1851(a)(2) and who are not enrolled in a prescription drug plan under part D.

''(EE) Individuals who are enrolled in an MA–PD plan.

''(FF) Individuals described in subparagraph (X) who are not enrolled in such an MA–PD plan.

''(GG) Individuals described in subparagraph (CC) or (EE) who are enrolled in a Federal health care program or a health benefits plan under chapter 89 of title 5, United States Code.

''(HH) Individuals described in subparagraph (CC) or (EE) who are not enrolled in such a program or health benefits plan.

''(II) Individuals who are enrolled in Medicare Advantage plan described in section 1857(i)(2).

''(2) CLARIFICATION OF MEASURE OF EXPENDITURES.—For purposes of paragraph (1), with respect to the reporting of expenditures (including estimated expenditures) under this title, such expenditures shall be treated as consisting of—

''(A) with respect to individuals entitled to benefits under part A or enrolled under part B who are not enrolled in a Medicare Advantage plan under part C, Federal payments for items

and services furnished under part A or part B (and, in the case such individual is enrolled in a prescription drug plan under part D, payments made by such plan for covered part D drugs); and

''(B) with respect to individuals enrolled in a Medicare Advantage plan under part C, payments made by such plan for items and services furnished under such plan.

''(3) DEFINITIONS.—For purposes of this subsection:

''(A) FEDERAL HEALTH CARE PROGRAM.—The term 'Federal health care program' has the meaning given such term in section 1128B(f), except that such term does not include the program established under this title.

''(B) SPECIFIED HISTORICAL PERIOD.—The term 'specified historical period' means, with respect to a year, the 10-year period ending on the last day of such year.

''(C) SPECIFIED PROJECTED PERIOD.—The term 'specified projected period' means, with respect to a year, the period (as specified by the Secretary but not to exceed 5 years) be-

ginning on the first day of the subsequent year.''.

(b) REPORTING REQUIREMENT.—Section 1859 of the Social Security Act (42 U.S.C. 1395w–28) is amended by adding at the end the following new subsection:

''(j) REPORTING OF PAYMENT INFORMATION.—An MA organization offering an MA plan for a plan year beginning on or after January 1, 2030, shall report to the Secretary, at a time and in a form and manner specified by the Secretary, such information as the Secretary determines necessary to make public information in accordance with section 1874(h).''.

SEC. 3. MEDPAC ANALYSIS OF MEDICARE ADVANTAGE AND FEE-FOR-SERVICE EXPENDITURES.

Section 1805(b) of the Social Security Act (42 U.S.C. 1395b–6(b)) is amended by adding at the end the following new paragraph:

''(12) ANALYSIS OF MEDICARE ADVANTAGE AND FEE-FOR-SERVICE EXPENDITURES.—

''(A) IN GENERAL.—The Commission shall, not later than the second March 15 occurring after the date of the enactment of this paragraph and not less frequently than once every 3 years thereafter, submit to Congress a report that—

''(i) includes a retrospective analysis of average expenditures under this title for individuals enrolled in a Medicare Advantage plan under part C compared to average expenditures under this title for individuals entitled to benefits under part A and enrolled under part B who are eligible to enroll under such a plan but who are not so enrolled;

''(ii) includes, to the extent practicable, an evaluation of differences in value provided under Medicare Advantage plans compared to the value provided under parts A and B, such as the existence of out-of-pocket expenditure caps, supplemental benefits available under such plans, and the integration of benefits for covered part D drugs under certain such plans;

''(iii) identifies any gaps in Federal data collection affecting such evaluation; and

''(iv) include, as appropriate, recommendations relating to—

''(I) data and data collection mechanisms that would provide a

more comprehensive assessment of value provided under Medicare Advantage plans compared to the value provided under parts A and B, including with respect to patient outcomes;

''(II) policies to improve incentives for the delivery of improved patient outcomes under Medicare Advantage plans; and

''(III) policies to harmonize the measurement and comparison of quality outcomes with respect to individuals enrolled under such plans and individuals entitled to benefits under part A or enrolled under part B and not enrolled under such plans.

''(B) CONSIDERATIONS.—In preparing each analysis described in subparagraph (A), the Commission shall—

''(i) use data provided by the Chief Actuary of the Centers for Medicare & Medicaid Services and the Boards of Trustees of the Federal Hospital Insurance Trust Fund established under section 1817 and the Federal Supplementary Medical

Insurance Trust fund established under section 1841 and such other data as the Commission determines appropriate;

''(ii) take into account demographic differences of individuals enrolled in Medicare Advantage plans compared to individuals entitled to benefits under part A and enrolled under part B who are not enrolled in such a plan;

''(iii) take into account differences in HCC risk scores; and

''(iv) prepare one such analysis that takes into account favorable selection differences with respect to enrollment in such plans and one such analysis that does not take such differences into account.

''(C) PUBLICATION REQUIREMENTS.—With respect to each analysis described in subparagraph (A), the Commission shall make public the methodology used in preparing such analysis in a manner that—

''(i) allows replication of such analysis;

''(ii) protects the confidentiality of personal information of individuals entitled

to benefits under part A or enrolled under part B; and

''(iii) protects data confidentiality and complies with applicable data use agreements.''.

SEC. 4. TRUSTEES REPORT OF EXPENDITURE INFORMATION.

(a) IN GENERAL.—Section 1874 of the Social Security Act (42 U.S.C. 1395kk), as amended by section 2, is further amended by adding at the end the following new subsection:

''(i) TRUSTEES' REPORT OF EXPENDITURE INFORMATION.—

''(1) IN GENERAL.—The Boards of Trustees of the Federal Hospital Insurance Trust Fund established under section 1817 and the Federal Supplementary Medical Insurance Trust Fund established under section 1841 shall jointly, as part of the reports described in sections 1817(b)(2) and 1841(b)(2) submitted for a year (beginning with 2030), include information on aggregate and average expenditures under this title for the following categories of individuals, broken down, in the case of the category described in subparagraph (C), by ex-

penditures under part A and expenditures under part B:

''(A) Individuals entitled to benefits under part A and not enrolled under part B.

''(B) Individuals enrolled under part B and not entitled to benefits under part A.

''(C) Individuals entitled to benefits under part A, enrolled under part B, and not enrolled in a Medicare Advantage plan under part C.

''(2) PROVISION OF DISAGGREGATED INFORMATION.—The Boards of Trustees described in paragraph (1) shall, as part of applicable expenditure data (including data tables) made public by such Boards, disaggregate such data, to the extent practicable, based on the categories of individuals described in paragraph (1).''.

(b) CONFORMING AMENDMENTS.—

(1) FEDERAL HOSPITAL INSURANCE TRUST FUND.—Section 1817(b) of the Social Security Act (42 U.S.C. 1395i(b)) is amended—

(A) in paragraph (2), by striking ''Each report'' and all that follows through the period; and

(B) by adding at the end the following new sentences: ''Each report provided under para-

graph (2) beginning with the report in 2005 shall include the information specified in section 801(a) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Each report provided under paragraph (2) beginning with the report in 2029 shall include the information specified in section 1874(i).''.

(2) FEDERAL SUPPLEMENTARY MEDICAL INSURANCE TRUST FUND.—Section 1841(b) of the Social Security Act (42 U.S.C. 1395t(b)) is amended—

(A) in paragraph (2), by striking ''Each report'' and all that follows through the period; and

(B) by adding at the end the following new sentences: ''Each report provided under paragraph (2) beginning with the report in 2005 shall include the information specified in section 801(a) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Each report provided under paragraph (2) beginning with the report in 2029 shall include the information specified in section 1874(i).''.

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