

AMENDMENT TO H.R. 2579
OFFERED BY M . _____

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Securing Care for Sen-
3 iors Act of 2015”.

4 SEC. 2. IMPROVEMENTS TO MA RISK ADJUSTMENT SYSTEM.

5 Section 1853(a)(1)(C) of the Social Security Act (42
6 U.S.C. 1395w-23(a)(1)(C)) is amended by adding at the
7 end the following new clauses:

8 “(iv) EVALUATION AND SUBSEQUENT
9 REVISION OF THE RISK ADJUSTMENT SYS-
10 TEM TO ACCOUNT FOR CHRONIC CONDI-
11 TIONS AND OTHER FACTORS FOR THE
12 PURPOSE OF MAKING THE RISK ADJUST-
13 MENT SYSTEM MORE ACCURATE, TRANS-
14 PARENT, AND REGULARLY UPDATED.—

15 “(I) REVISION BASED ON NUM-
16 BER OF CHRONIC CONDITIONS.—The
17 Secretary shall revise for 2017 and
18 periodically thereafter, the risk adjust-
19 ment system under this subparagraph

1 so that a risk score under such sys-
2 tem, with respect to an individual,
3 takes into account the number of
4 chronic conditions with which the in-
5 dividual has been diagnosed.

6 “(II) EVALUATION OF DIF-
7 FERENT RISK ADJUSTMENT MOD-
8 ELS.—The Secretary shall evaluate
9 the impact of including two years of
10 data to compare the models used to
11 determine risk scores for 2013 and
12 2014 under such system.

13 “(III) EVALUATION AND ANAL-
14 YSIS ON CHRONIC KIDNEY DISEASE
15 (CKD) CODES.—The Secretary shall
16 evaluate the impact of removing the
17 diagnosis codes related to chronic kid-
18 ney disease in the 2014 risk adjust-
19 ment model and conduct an analysis
20 of best practices of MA plans to slow
21 disease progression related to chronic
22 kidney disease.

23 “(IV) EVALUATION AND REC-
24 OMMENDATIONS ON USE OF ENCOUN-
25 TER DATA.—The Secretary shall

1 evaluate the impact of including 10
2 percent of encounter data in com-
3 puting payment for 2016 and the
4 readiness of the Centers for Medicare
5 & Medicaid Services to incorporate en-
6 counter data in risk scores. In con-
7 ducting such evaluation, the Secretary
8 shall use data collected as encounter
9 data on or after January 1, 2012,
10 shall analyze such data for accuracy
11 and completeness and issue rec-
12 ommendations for improving such ac-
13 curacy and completeness, and shall
14 not increase the percentage of such
15 encounter data used unless the Sec-
16 retary releases the data publicly, indi-
17 cates how such data will be weighted
18 in computing the risk scores, and en-
19 sures that the data reflects the degree
20 and cost of care coordination under
21 MA plans.

22 “(V) CONDUCT OF EVALUA-
23 TIONS.—Evaluations and analyses
24 under subclause (II) through (IV)
25 shall include an actuarial opinion

1 from the Chief Actuary of the Centers
2 for Medicare & Medicaid Services
3 about the reasonableness of the meth-
4 ods, assumptions, and conclusions of
5 such evaluations and analyses. The
6 Secretary shall consult with the Medi-
7 care Payment Advisory Commission
8 and accept and consider comments of
9 stakeholders, such as managed care
10 organizations and beneficiary groups,
11 on such evaluation and analyses. The
12 Secretary shall complete such evalua-
13 tions and analyses in a manner that
14 permits the results to be applied for
15 plan years beginning with the second
16 plan year that begins after the date of
17 the enactment of this clause.

18 “(VI) IMPLEMENTATION OF RE-
19 VISIONS BASED ON EVALUATIONS.—If
20 the Secretary determines, based on
21 such an evaluation or analysis, that
22 revisions to the risk adjustment sys-
23 tem to address the matters described
24 in any of subclauses (II) through (IV)
25 would make the risk adjustment sys-

1 tem under this subparagraph better
2 reflect and appropriately weight for
3 the population that is served by the
4 plan, the Secretary shall, beginning
5 with 2017, and periodically thereafter,
6 make such revisions.

7 “(VII) PERIODIC REPORTING TO
8 CONGRESS.—With respect to plan
9 years beginning with 2017 and every
10 third year thereafter, the Secretary
11 shall submit to Congress a report on
12 the most recent revisions (if any)
13 made under this clause, including the
14 evaluations conducted under sub-
15 clauses (II) through (IV).

16 “(v) NO CHANGES TO ADJUSTMENT
17 FACTORS THAT PREVENT ACTIVITIES CON-
18 SISTENT WITH NATIONAL HEALTH POLICY
19 GOALS.—In making any changes to the ad-
20 justment factors, including adjustment for
21 health status under paragraph (3), the
22 Secretary shall ensure that the changes do
23 not prevent Medicare Advantage organiza-
24 tions from performing or undertaking ac-
25 tivities that are consistent with national

1 health policy goals, including activities to
2 promote early detection and better care co-
3 ordination, the use of health risk assess-
4 ments, care plans, and programs to slow
5 the progression of chronic diseases.

6 “(vi) OPPORTUNITY FOR REVIEW AND
7 PUBLIC COMMENT REGARDING CHANGES
8 TO ADJUSTMENT FACTORS.—For changes
9 to adjustment factors effective for 2017
10 and subsequent years, in addition to pro-
11 viding notice of such changes in the an-
12 nouncement under subsection (b)(2), the
13 Secretary shall provide an opportunity for
14 review of proposed changes of not less than
15 60 days and a public comment period of
16 not less than 30 days before implementing
17 such changes.”.

18 **SEC. 3. SENSE OF CONGRESS.**

19 It is the sense of Congress that—

20 (1) the Centers for Medicare & Medicaid Serv-
21 ices has inadvertently created a star rating system
22 under section 1853(o)(4) of the Social Security Act
23 (42 U.S.C. 1395w-23(o)(4)) for Medicare Advan-
24 tage plans that lacks proper accounting for the so-
25 cioeconomic status of enrollees in such plans and the

1 extent to which such plans serve individuals who are
2 also eligible for medical assistance under title XIX
3 of such Act; and

4 (2) Congress will work with the Centers for
5 Medicare & Medicaid Services and stakeholders, in-
6 cluding beneficiary groups and managed care organi-
7 zations, to ensure that such rating system properly
8 accounts for the socioeconomic status of enrollees in
9 such plans and the extent to which such plans serve
10 such individuals described in paragraph (1).

