

Explanation of Changes Reflected in the Chairman’s Amendment in the Nature of a Substitute

(Compared with H.R. 2581, A bill To amend title XVIII of the Social Security Act to establish a 3-year demonstration program to test the use of value based insurance design methodologies under eligible Medicare Advantage plans, to preserve Medicare beneficiary choice under Medicare Advantage, to revise the treatment under the Medicare program of infusion drugs furnished through durable medical equipment, and for other purposes., as introduced)

June 2, 2015

The Chairman’s amendment in the nature of a substitute modifies H.R. 2581.

Page 2, before line 1, insert the following new section (and redesignate the succeeding section accordingly):

SECTION 1. SHORT TITLE.

This Act may be cited as the “Preservation of Access for Seniors in Medicare Advantage Act of 2015)

Page 2 Line 9: add at the end the following: “The Secretary may extend the program to a duration of 4 or 5 years, as determined necessary by the Secretary in coordination with the Centers for Medicare and Medicaid Innovation.”

Page 4 Line 11: after “offered” insert “in a service area”

Page 5 Line 15: before “copayments” insert “the reduction of”

Page 14, lines 16 and 17, strike “a Medicare Advantage eligible individual” and insert “a Medicare eligible individual (and does not have coverage under the original Medicare fee-for-service program under parts A and B) during a year (beginning with 2016),”

Page 15, line 23, insert after “such clause” the following: “, notwithstanding marketing guidelines established by the Centers for Medicare & Medicaid Services.”.

At the end, add the following new section:

SEC 5. SENSE OF CONGRESS REGARDING THE IMPLEMENTATION AND DISTRIBUTION OF QUALITY INCENTIVE PAYMENTS TO MEDICARE ADVANTAGE HEALTH PLANS.

It is the sense of Congress that—

- (1) the Centers for Medicare & Medicaid Services has incorrectly interpreted subsection (n) of section 1853 of the Social Security Act (42 U.S.C. 1395w 23) as prohibiting the provision of any Medicare quality incentive payments under subsection (o) of such Act to Medicare Advantage plans that exceed the payment

benchmark cap under such subsection (n) for the area served by such plans; and
(2) the Centers for Medicare & Medicaid Services should immediately apply quality incentive payments under such subsection (o) to such Medicare Advantage plans without regard to the limits set forth in such subsection (n).