

**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 3 Line 8: strike “(n)” and insert “(o)”

Page 3 Line 9: strike “(n)” and insert “(o)”

Page 3 Line 16: strike “1853(n)” and insert “section 1853(o)”

Page 3 Line 17: strike “(n)” and insert “(o)”

Page 3 Line 11: after “offered” insert “in a service area”

Page 5 Line 13: before “copayments” insert “the reduction of”

Page 14, strike lines 12-22 and insert the following “(i) In general.—Subject to clause (ii) and subparagraph (D)—

(I) in the case of an MA eligible individual who is enrolled in an MA plan, at any time during the first 3 months of a year (beginning with 2016); or

(II) in the case of an individual who first becomes an MA eligible individual during a year (beginning with 2016) and enrolls in an MA plan, during the first 3 months during such year in which the individual is an MA eligible individual;

such MA eligible individual may change the election under subsection (a)(1).

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

Page 16 after Section 3 insert the following section:

SEC 4. 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).