

114TH CONGRESS
1ST SESSION

H. R. 2579

To amend title XVIII of the Social Security Act to improve the risk adjustment under the Medicare Advantage program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 29, 2015

Mrs. BLACK (for herself, Mr. BLUMENAUER, Mr. GUTHRIE, and Mr. LOEBSACK) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to improve the risk adjustment under the Medicare Advantage program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. IMPROVEMENTS TO MA RISK ADJUSTMENT SYSTEM.**

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

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

12 “(I) REVISION BASED ON NUM-
13 BER OF CHRONIC CONDITIONS.—The
14 Secretary shall revise for 2017 and
15 periodically thereafter, the risk adjust-
16 ment system under this subparagraph
17 so that a risk score under such sys-
18 tem, with respect to an individual,
19 takes into account the number of
20 chronic conditions with which the in-
21 dividual has been diagnosed.

22 “(II) EVALUATION OF DIF-
23 FERENT RISK ADJUSTMENT MOD-
24 ELS.—The Secretary shall evaluate
25 the impact of including two years of
26 data to compare the models used to

1 determine risk scores for 2013 and
2 2014 under such system.

3 “(III) EVALUATION AND ANAL-
4 YSIS ON CHRONIC KIDNEY DISEASE
5 (CKD) CODES.—The Secretary shall
6 evaluate the impact of removing the
7 diagnosis codes related to chronic kid-
8 ney disease in the 2014 risk adjust-
9 ment model and conduct an analysis
10 of best practices of MA plans to slow
11 disease progression related to chronic
12 kidney disease.

13 “(IV) EVALUATION AND REC-
14 OMMENDATIONS ON USE OF ENCOUN-
15 TER DATA.—The Secretary shall
16 evaluate the impact of including 10
17 percent of encounter data in com-
18 puting payment for 2016 and the
19 readiness of the Centers for Medicare
20 & Medicaid Services to incorporate en-
21 counter data in risk scores. In con-
22 ducting such evaluation, the Secretary
23 shall use data collected as encounter
24 data on or after January 1, 2012,
25 shall analyze such data for accuracy

1 and completeness and issue rec-
2 ommendations for improving such ac-
3 curacy and completeness, and shall
4 not increase the percentage of such
5 encounter data used unless the Sec-
6 retary releases the data publicly, indi-
7 cates how such data will be weighted
8 in computing the risk scores, and en-
9 sures that the data reflects the degree
10 and cost of care coordination under
11 MA plans.

12 “(V) CONDUCT OF EVALUA-
13 TIONS.—Evaluations and analyses
14 under subclauses (II) through (IV)
15 shall include an actuarial opinion
16 from the Chief Actuary of the Centers
17 for Medicare & Medicaid Services
18 about the reasonableness of the meth-
19 ods, assumptions, and conclusions of
20 such evaluations and analyses. The
21 Secretary shall consult with the Medi-
22 care Payment Advisory Commission
23 and accept and consider comments of
24 stakeholders, such as managed care
25 organizations and beneficiary groups,

1 on such evaluation and analyses. The
2 Secretary shall complete such evalua-
3 tions and analyses in a manner that
4 permits the results to be applied for
5 plan years beginning with the second
6 plan year that begins after the date of
7 the enactment of this clause.

8 “(VI) IMPLEMENTATION OF RE-
9 VISIONS BASED ON EVALUATIONS.—If
10 the Secretary determines, based on
11 such an evaluation or analysis, that
12 revisions to the risk adjustment sys-
13 tem to address the matters described
14 in any of subclauses (II) through (IV)
15 would make the risk adjustment sys-
16 tem under this subparagraph better
17 reflect and appropriately weight for
18 the population that is served by the
19 plan, the Secretary shall, beginning
20 with 2017, and periodically thereafter,
21 make such revisions.

22 “(VII) PERIODIC REPORTING TO
23 CONGRESS.—With respect to plan
24 years beginning with 2017 and every
25 third year thereafter, the Secretary

1 shall submit to Congress a report on
2 the most recent revisions (if any)
3 made under this clause, including the
4 evaluations conducted under sub-
5 clauses (II) through (IV).

6 “(v) NO CHANGES TO ADJUSTMENT
7 FACTORS THAT PREVENT ACTIVITIES CON-
8 SISTENT WITH NATIONAL HEALTH POLICY
9 GOALS.—In making any changes to the ad-
10 justment factors, including adjustment for
11 health status under paragraph (3), the
12 Secretary shall ensure that the changes do
13 not prevent Medicare Advantage organiza-
14 tions from performing or undertaking ac-
15 tivities that are consistent with national
16 health policy goals, including activities to
17 promote early detection and better care co-
18 ordination, the use of health risk assess-
19 ments, care plans, and programs to slow
20 the progression of chronic diseases.

21 “(vi) OPPORTUNITY FOR REVIEW AND
22 PUBLIC COMMENT REGARDING CHANGES
23 TO ADJUSTMENT FACTORS.—For changes
24 to adjustment factors effective for 2017
25 and subsequent years, in addition to pro-

1 viding notice of such changes in the an-
2 nouncement under subsection (b)(2), the
3 Secretary shall provide an opportunity for
4 review of proposed changes and a public
5 comment period of not less than 60 days
6 before implementing such changes.”.

7 **SEC. 3. SENSE OF CONGRESS.**

8 It is the sense of Congress that—

9 (1) the Centers for Medicare & Medicaid Serv-
10 ices has inadvertently created a star rating system
11 under section 1853(o)(4) of the Social Security Act
12 (42 U.S.C. 1395w-23(o)(4)) for Medicare Advan-
13 tage plans that lacks proper accounting for the so-
14 cioeconomic status of enrollees in such plans and the
15 extent to which such plans serve individuals who are
16 also eligible for medical assistance under title XIX
17 of such Act; and

18 (2) Congress will work with the Centers for
19 Medicare & Medicaid Services and stakeholders, in-
20 cluding beneficiary groups and managed care organi-
21 zations, to ensure that such rating system properly
22 accounts for the socioeconomic status of enrollees in
23 such plans and the extent to which such plans serve
24 such individuals described in paragraph (1).

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