

# Union Calendar No. 353

115TH CONGRESS  
1ST SESSION

# H. R. 3168

**[Report No. 115–478, Part I]**

To amend title XVIII of the Social Security Act to provide continued access to specialized Medicare Advantage plans for special needs individuals, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 6, 2017

Mr. TIBERI (for himself and Mr. LEVIN) 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

DECEMBER 21, 2017

Reported from the Committee on Ways and Means with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]

DECEMBER 21, 2017

The Committee on Energy and Commerce discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[For text of introduced bill, see copy of bill as introduced on July 6, 2017]

# **A BILL**

To amend title XVIII of the Social Security Act to provide continued access to specialized Medicare Advantage plans for special needs individuals, 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 “Special Needs Plans Re-*  
5 *authorization Act of 2017” or the “SNP Reauthorization*  
6 *Act of 2017”.*

7 **SEC. 2. SPECIALIZED MEDICARE ADVANTAGE PLANS FOR**  
8 **SPECIAL NEEDS INDIVIDUALS.**

9        (a) *EXTENSION.*—*Section 1859(f)(1) of the Social Se-*  
10 *curity Act (42 U.S.C. 1395w–28(f)(1)) is amended—*

11            (1) *by striking “and for periods before January*  
12 *1, 2019”; and*

13            (2) *by adding at the end the following new sen-*  
14 *tence: “In the case of a specialized MA plan for spe-*  
15 *cial needs individuals described in clause (ii) or (iii)*  
16 *of subsection (b)(6)(B), the previous sentence shall*  
17 *apply for periods before January 1, 2024.”.*

18        (b) *INCREASED INTEGRATION OF DUAL SNPs.*—

19            (1) *IN GENERAL.*—*Section 1859(f) of the Social*  
20 *Security Act (42 U.S.C. 1395w–28(f)) is amended—*

21            (A) *in paragraph (3), by adding at the end*  
22 *the following new subparagraph:*

23            “(F) *The plan meets the requirements ap-*  
24 *plicable under paragraph (8).”; and*

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

3           “(8) *INCREASED INTEGRATION OF DUAL SNPS.*—

4           “(A) *DESIGNATED CONTACT.*—*The Sec-*  
5 *retary, acting through the Federal Coordinated*  
6 *Health Care Office established under section*  
7 *2602 of Public Law 111–148, shall serve as a*  
8 *dedicated point of contact for States to address*  
9 *misalignments that arise with the integration of*  
10 *specialized MA plans for special needs individ-*  
11 *uals described in subsection (b)(6)(B)(ii) under*  
12 *this paragraph and, consistent with such role,*  
13 *shall—*

14                   “(i) *establish a uniform process for dis-*  
15 *seminating to State Medicaid agencies in-*  
16 *formation under this title impacting con-*  
17 *tracts between such agencies and such plans*  
18 *under this subsection; and*

19                   “(ii) *establish basic resources for States*  
20 *interested in exploring such plans as a plat-*  
21 *form for integration, such as a model con-*  
22 *tract or other tools to achieve those goals.*

23           “(B) *UNIFIED GRIEVANCES AND APPEALS*  
24 *PROCESS.*—

1           “(i) *IN GENERAL.*—Not later than  
2           *April 1, 2020, the Secretary shall establish*  
3           *procedures, to the extent feasible as deter-*  
4           *mined by the Secretary, unifying grievances*  
5           *and appeals procedures under sections*  
6           *1852(f), 1852(g), 1902(a)(3), 1902(a)(5),*  
7           *and 1932(b)(4) for items and services pro-*  
8           *vided by specialized MA plans for special*  
9           *needs individuals described in subsection*  
10           *(b)(6)(B)(ii) under this title and title XIX.*  
11           *The Secretary shall solicit comment in de-*  
12           *veloping such procedures from States, plans,*  
13           *beneficiaries and their representatives, and*  
14           *other relevant stakeholders. With respect to*  
15           *items and services described in the previous*  
16           *sentence, appeals procedures established*  
17           *under this clause shall apply in place of*  
18           *otherwise applicable appeals procedures.*

19           “(ii) *PROCEDURES.*—The procedures  
20           *established under clause (i) shall be in-*  
21           *cluded in the plan contract under para-*  
22           *graph (3)(D) and shall—*

23                   “(I) *adopt the provisions for the*  
24                   *enrollee that are most protective for the*  
25                   *enrollee and, to the extent feasible as*

1           *determined by the Secretary, are com-*  
2           *patible with unified timeframes and*  
3           *consolidated access to external review*  
4           *under an integrated process;*

5           *“(II) take into account differences*  
6           *in State plans under title XIX to the*  
7           *extent necessary;*

8           *“(III) be easily navigable by an*  
9           *enrollee; and*

10           *“(IV) include the elements de-*  
11           *scribed in clause (iii), as applicable.*

12           *“(iii) ELEMENTS DESCRIBED.—Both*  
13           *unified appeals and unified grievance pro-*  
14           *cedures shall include, as applicable, the fol-*  
15           *lowing elements described in this clause:*

16           *“(I) Single written notification of*  
17           *all applicable grievances and appeal*  
18           *rights under this title and title XIX.*  
19           *For purposes of this subparagraph, the*  
20           *Secretary may waive the requirements*  
21           *under section 1852(g)(1)(B) when the*  
22           *specialized MA plan covers items or*  
23           *services under this part or under title*  
24           *XIX.*

1           “(II) *Single pathways for resolution*  
2           *of any grievance or appeal related*  
3           *to a particular item or service pro-*  
4           *vided by specialized MA plans for spe-*  
5           *cial needs individuals described in sub-*  
6           *section (b)(6)(B)(ii) under this title*  
7           *and title XIX.*

8           “(III) *Notices written in plain*  
9           *language and available in a language*  
10          *and format that is accessible to the en-*  
11          *rollee, including in non-English lan-*  
12          *guages that are prevalent in the service*  
13          *area of the specialized MA plan.*

14          “(IV) *Unified timeframes for*  
15          *grievances and appeals processes, such*  
16          *as an individual’s filing of a grievance*  
17          *or appeal, a plan’s acknowledgment*  
18          *and resolution of a grievance or ap-*  
19          *peal, and notification of decisions with*  
20          *respect to a grievance or appeal.*

21          “(V) *Requirements for how the*  
22          *plan must process, track, and resolve*  
23          *grievances and appeals, to ensure bene-*  
24          *ficiaries are notified on a timely basis*  
25          *of decisions that are made throughout*

1                   *the grievance or appeals process and*  
2                   *are able to easily determine the status*  
3                   *of a grievance or appeal.*

4                   “(iv) *CONTINUATION OF BENEFITS*  
5                   *PENDING APPEAL.—The unified procedures*  
6                   *under clause (i) shall, with respect to all*  
7                   *benefits under parts A and B and title XIX*  
8                   *subject to appeal under such procedures, in-*  
9                   *corporate provisions under current law and*  
10                  *implementing regulations that provide con-*  
11                  *tinuation of benefits pending appeal under*  
12                  *this title and title XIX.*

13                  “(C) *REQUIREMENT FOR UNIFIED GRIEV-*  
14                  *ANCES AND APPEALS.—For 2022 and subsequent*  
15                  *years, the contract of a specialized MA plan for*  
16                  *special needs individuals described in subsection*  
17                  *(b)(6)(B)(ii) with a State Medicaid agency*  
18                  *under paragraph (3)(D) shall require the use of*  
19                  *unified grievances and appeals procedures as de-*  
20                  *scribed in subparagraph (B).*

21                  “(D) *REQUIREMENTS FOR FULL INTEGRA-*  
22                  *TION FOR CERTAIN DUAL SNPS.—*

23                  “(i) *REQUIREMENT.—For 2021 and*  
24                  *subsequent years, a specialized MA plan for*  
25                  *special needs individuals described in sub-*



1            *section (b)(6)(B)(ii) shall meet one or more*  
2            *of the following requirements for integration*  
3            *of benefits under this title and title XIX:*

4            *“(I) Meet the requirements of a*  
5            *fully integrated plan described in sec-*  
6            *tion 1853(a)(1)(B)(iv)(II) (other than*  
7            *the requirement that the plan have*  
8            *similar average levels of frailty, as de-*  
9            *termined by the Secretary, as the*  
10           *PACE program).*

11           *“(II) Enter into a capitated con-*  
12           *tract with the State Medicaid agency*  
13           *to provide long-term services and sup-*  
14           *ports or behavioral health services, or*  
15           *both.*

16           *“(III) To the extent the State does*  
17           *not allow for or require such a special-*  
18           *ized MA plan to enter into a capitated*  
19           *contract described in subclause (II),*  
20           *enter into another type of integration*  
21           *arrangement, as determined appro-*  
22           *priate by the Secretary after consulta-*  
23           *tion with stakeholders, such as by—*

24           *“(aa) entering into a con-*  
25           *tract with the State that requires*

1           *notifying the State in a timely*  
2           *manner of hospitalizations, emer-*  
3           *gency room visits, and hospital or*  
4           *nursing home discharges of enroll-*  
5           *ees or otherwise requires sharing*  
6           *data that would benefit the co-*  
7           *ordination of items and services*  
8           *under this title and the State plan*  
9           *under title XIX; or*

10           *“(bb) offering, by a parent*  
11           *organization, a Medicaid man-*  
12           *aged care plan that provides long*  
13           *term services and supports or be-*  
14           *havioral health services to the*  
15           *same enrollees as under such spe-*  
16           *cialized MA plan.*

17           *“(ii) SANCTIONS.—For 2021 and sub-*  
18           *sequent years, if the Secretary determines*  
19           *that a specialized MA plan fails to comply*  
20           *with clause (i), the Secretary may provide*  
21           *for the application against the Medicare*  
22           *Advantage organization offering the plan*  
23           *any of the remedies described in section*  
24           *1857(g)(2).”.*

1           (2) *CONFORMING AMENDMENT TO RESPONSIBIL-*  
2           *ITIES OF FEDERAL COORDINATED HEALTH CARE OF-*  
3           *FICE.—Section 2602(d) of Public Law 111–148 (42*  
4           *U.S.C. 1315b(d)) is amended by adding at the end the*  
5           *following new paragraphs:*

6           “(6) *To act as a designated contact for States*  
7           *under subsection (f)(8)(A) of section 1859 of the So-*  
8           *cial Security Act (42 U.S.C. 1395w–28) with respect*  
9           *to the integration of specialized MA plans for special*  
10           *needs individuals described in subsection (b)(6)(B)(ii)*  
11           *of such section.*

12           “(7) *To be responsible for developing regulations*  
13           *and guidance related to the implementation of a uni-*  
14           *fied grievance and appeals process as described in*  
15           *subparagraphs (B) and (C) of section 1859(f)(8) of*  
16           *the Social Security Act (42 U.S.C. 1395w–28(f)(8)).*

17           “(8) *To be responsible for developing regulations*  
18           *and guidance related to the integration or alignment*  
19           *of policy and oversight under the Medicare program*  
20           *under title XVIII of such Act and Medicaid program*  
21           *under title XIX of such Act regarding specialized MA*  
22           *plans for special needs individuals described in sub-*  
23           *section (b)(6)(B)(ii) of such section 1859.”.*

24           (c) *IMPROVEMENTS TO SEVERE OR DISABLING CHRON-*  
25           *IC CONDITION SNPs.—*

1           (1) *CARE MANAGEMENT REQUIREMENTS.*—*Sec-*  
2           *tion 1859(f)(5) of the Social Security Act (42 U.S.C.*  
3           *1395w-28(f)(5)) is amended—*

4                   (A) *by redesignating subparagraphs (A)*  
5                   *and (B) as clauses (i) and (ii), respectively, and*  
6                   *indenting appropriately;*

7                   (B) *in clause (ii), as redesignated by sub-*  
8                   *paragraph (A), by redesignating clauses (i)*  
9                   *through (iii) as subclauses (I) through (III), re-*  
10                   *spectively, and indenting appropriately;*

11                   (C) *by striking “ALL SNPS.—The require-*  
12                   *ments” and inserting “ALL SNPS.—*

13                   *“(A) IN GENERAL.—Subject to subpara-*  
14                   *graph (B), the requirements”; and*

15                   (D) *by adding at the end the following new*  
16                   *subparagraph:*

17                   “(B) *IMPROVEMENTS TO CARE MANAGE-*  
18                   *MENT REQUIREMENTS FOR SEVERE OR DIS-*  
19                   *ABLING CHRONIC CONDITION SNPS.—For 2020*  
20                   *and subsequent years, in the case of a specialized*  
21                   *MA plan for special needs individuals described*  
22                   *in subsection (b)(6)(B)(iii), the requirements de-*  
23                   *scribed in this paragraph include the following:*

24                           “(i) *The interdisciplinary team under*  
25                           *subparagraph (A)(ii)(III) includes a team*

1           *of providers with demonstrated expertise,*  
2           *including training in an applicable spe-*  
3           *cialty, in treating individuals similar to the*  
4           *targeted population of the plan.*

5           “(ii) *Requirements developed by the*  
6           *Secretary to provide face-to-face encounters*  
7           *with individuals enrolled in the plan not*  
8           *less frequently than on an annual basis.*

9           “(iii) *As part of the model of care*  
10           *under clause (i) of subparagraph (A), the*  
11           *results of the initial assessment and annual*  
12           *reassessment under clause (ii)(I) of such*  
13           *subparagraph of each individual enrolled in*  
14           *the plan are addressed in the individual’s*  
15           *individualized care plan under clause*  
16           *(ii)(II) of such subparagraph.*

17           “(iv) *As part of the annual evaluation*  
18           *and approval of such model of care, the Sec-*  
19           *retary shall take into account whether the*  
20           *plan fulfilled the previous year’s goals (as*  
21           *required under the model of care).*

22           “(v) *The Secretary shall establish a*  
23           *minimum benchmark for each element of the*  
24           *model of care of a plan. The Secretary shall*  
25           *only approve a plan’s model of care under*

1                    *this paragraph if each element of the model*  
2                    *of care meets the minimum benchmark ap-*  
3                    *plicable under the preceding sentence.”.*

4                    (2) *REVISIONS TO THE DEFINITION OF A SEVERE*  
5                    *OR DISABLING CHRONIC CONDITIONS SPECIALIZED*  
6                    *NEEDS INDIVIDUAL.—*

7                    (A)                *IN                GENERAL.—Section*  
8                    *1859(b)(6)(B)(iii) of the Social Security Act (42*  
9                    *U.S.C. 1395w–28(b)(6)(B)(iii)) is amended—*

10                    *(i) by striking “who have” and insert-*  
11                    *ing “who—*

12                    *“(I) before January 1, 2022,*  
13                    *have”;*

14                    *(ii) in subclause (I), as added by*  
15                    *clause (i), by striking the period at the end*  
16                    *and inserting “; and”; and*

17                    *(iii) by adding at the end the following*  
18                    *new subclause:*

19                    *“(II) on or after January 1, 2022,*  
20                    *have one or more comorbid and medi-*  
21                    *cally complex chronic conditions that*  
22                    *is life threatening or significantly lim-*  
23                    *its overall health or function, have a*  
24                    *high risk of hospitalization or other*  
25                    *adverse health outcomes, and require*

1                    *intensive care coordination and that is*  
2                    *listed under subsection (f)(9)(A).”.*

3                    (B) *PANEL OF CLINICAL ADVISORS.—Section*  
4                    *1859(f) of the Social Security Act (42*  
5                    *U.S.C. 1395w–28(f)), as amended by subsection*  
6                    *(b), is amended by adding at the end the fol-*  
7                    *lowing new paragraph:*

8                    “(9) *LIST OF CONDITIONS FOR CLARIFICATION OF*  
9                    *THE DEFINITION OF A SEVERE OR DISABLING CHRON-*  
10                    *IC CONDITIONS SPECIALIZED NEEDS INDIVIDUAL.—*

11                    “(A) *IN GENERAL.—Not later than Decem-*  
12                    *ber 31, 2020, and every 5 years thereafter, the*  
13                    *Secretary shall convene a panel of clinical advi-*  
14                    *sors to establish and update a list of conditions*  
15                    *that meet each of the following criteria:*

16                    “(i) *Conditions that meet the defini-*  
17                    *tion of a severe or disabling chronic condi-*  
18                    *tion under subsection (b)(6)(B)(iii) on or*  
19                    *after January 1, 2022.*

20                    “(ii) *Conditions that require prescrip-*  
21                    *tion drugs, providers, and models of care*  
22                    *that are unique to the specific population of*  
23                    *enrollees in a specialized MA plan for spe-*  
24                    *cial needs individuals described in such sub-*  
25                    *section on or after such date and—*

1           “(I) as a result of such special  
2           needs individuals with such a condi-  
3           tion having access to and being en-  
4           rolled in such a plan, as compared to  
5           access to and enrollment in other Medi-  
6           care Advantage plans under this part,  
7           it is projected that such individuals  
8           would improve health outcomes with  
9           respect to such condition, that such in-  
10          dividuals would have reduced overall  
11          costs under this title, and that there  
12          would not be any increase in expendi-  
13          tures under this title for such individ-  
14          uals; or

15           “(II) have a low prevalence in the  
16          general population of beneficiaries  
17          under this title or a disproportionately  
18          high per-beneficiary cost under this  
19          title.

20           “(B) GAO STUDY ON HEALTH OUTCOMES  
21          OF INDIVIDUALS ENROLLED IN SPECIALIZED MA  
22          PLANS.—Not later than the date that is 3 years  
23          after the date of the enactment of this paragraph,  
24          the Comptroller General of the United States  
25          shall conduct a study and submit to Congress a



1           *report on the extent to which health outcomes*  
 2           *can be compared across specialized MA plans for*  
 3           *special needs individuals (as defined in section*  
 4           *1859(b)(6)) and other Medicare Advantage plans*  
 5           *under this part across similar populations, using*  
 6           *existing measures and that identifies any poten-*  
 7           *tial limitations where new measures may need to*  
 8           *be developed for such population.”.*

9           *(d) QUALITY MEASUREMENT AT THE PLAN LEVEL FOR*  
 10          *SNPs AND DETERMINATION OF FEASIBILITY OF QUALITY*  
 11          *MEASUREMENT AT THE PLAN LEVEL FOR ALL MA*  
 12          *PLANS.—Section 1853(o) of the Social Security Act (42*  
 13          *U.S.C. 1395w–23(o)) is amended by adding at the end the*  
 14          *following new paragraphs:*

15                   “(6) *QUALITY MEASUREMENT AT THE PLAN*  
 16                   *LEVEL FOR SNPs.—*

17                           “(A) *IN GENERAL.—Subject to subpara-*  
 18                           *graph (B), the Secretary may require reporting*  
 19                           *of data under section 1852(e) for, and apply*  
 20                           *under this subsection, quality measures at the*  
 21                           *plan level for specialized MA plans for special*  
 22                           *needs individuals instead of at the contract level.*

23                           “(B) *CONSIDERATIONS.—Prior to applying*  
 24                           *quality measurement at the plan level under this*  
 25                           *paragraph, the Secretary shall—*

1           “(i) take into consideration the min-  
2           imum number of enrollees in a specialized  
3           MA plan for special needs individuals in  
4           order to determine if a statistically signifi-  
5           cant or valid measurement of quality at the  
6           plan level is possible under this paragraph;

7           “(ii) if quality measures are reported  
8           at the plan level, ensure that MA plans are  
9           not required to provide duplicative informa-  
10          tion; and

11          “(iii) ensure that such reporting does  
12          not interfere with the collection of encounter  
13          data submitted by MA organizations or the  
14          administration of any changes to the pro-  
15          gram under this part as a result of the col-  
16          lection of such data.

17          “(C) APPLICATION.—If the Secretary ap-  
18          plies quality measurement at the plan level  
19          under this paragraph—

20               “(i) such quality measurement may in-  
21               clude Medicare Health Outcomes Survey  
22               (HOS), Healthcare Effectiveness Data and  
23               Information Set (HEDIS), Consumer As-  
24               sessment of Healthcare Providers and Sys-

1            *tems (CAHPS) measures and quality meas-*  
 2            *ures under part D; and*

3            *“(ii) the Secretary shall consider ap-*  
 4            *plying administrative actions, such as rem-*  
 5            *edies described in section 1857(g)(2), to the*  
 6            *plan level.*

7            *“(7) DETERMINATION OF FEASIBILITY OF QUAL-*  
 8            *ITY MEASUREMENT AT THE PLAN LEVEL FOR ALL MA*  
 9            *PLANS.—*

10            *“(A) DETERMINATION OF FEASIBILITY.—*  
 11            *The Secretary shall determine the feasibility of*  
 12            *requiring reporting of data under section 1852(e)*  
 13            *for, and applying under this subsection, quality*  
 14            *measures at the plan level for all MA plans*  
 15            *under this part.*

16            *“(B) CONSIDERATION OF CHANGE.—After*  
 17            *making a determination under subparagraph*  
 18            *(A), the Secretary shall consider requiring such*  
 19            *reporting and applying such quality measures at*  
 20            *the plan level as described in such subpara-*  
 21            *graph.”.*

22            *(e) GAO STUDY AND REPORT ON STATE-LEVEL INTE-*  
 23            *GRATION BETWEEN DUAL SNPs AND MEDICAID.—*

24            *(1) STUDY.—The Comptroller General of the*  
 25            *United States (in this paragraph referred to as the*

1       “Comptroller General”) shall conduct a study on  
2       State-level integration between specialized MA plans  
3       for special needs individuals described in subsection  
4       (b)(6)(B)(ii) of section 1859 of the Social Security  
5       Act (42 U.S.C. 1395w–28) and the Medicaid program  
6       under title XIX of such Act (42 U.S.C. 1396 et seq.).  
7       Such study shall include an analysis of the following:

8               (A) The characteristics of States in which  
9               the State agency responsible for administering  
10              the State plan under such title XIX has a con-  
11              tract with such a specialized MA plan and that  
12              delivers long term services and supports under  
13              the State plan under such title XIX through a  
14              managed care program, including the require-  
15              ments under such State plan with respect to long  
16              term services and supports.

17             (B) The types of such specialized MA plans,  
18             which may include the following:

19                   (i) A plan described in section  
20                   1853(a)(1)(B)(iv)(II) of such Act (42 U.S.C.  
21                   1395w–23(a)(1)(B)(iv)(II)).

22                   (ii) A plan that meets the requirements  
23                   described in subsection (f)(3)(D) of such sec-  
24                   tion 1859.

1                   (iii) A plan described in clause (ii)  
2                   that also meets additional requirements es-  
3                   tablished by the State.

4                   (C) The characteristics of individuals en-  
5                   rolled in such specialized MA plans.

6                   (D) As practicable, the following with re-  
7                   spect to State programs for the delivery of long  
8                   term services and supports under such title XIX  
9                   through a managed care program:

10                   (i) Which populations of individuals  
11                   are eligible to receive such services and sup-  
12                   ports.

13                   (ii) Whether all such services and sup-  
14                   ports are provided on a capitated basis or  
15                   if any of such services and supports are  
16                   carved out and provided through fee-for-  
17                   service.

18                   (E) As, practicable, how the availability  
19                   and variation of integration arrangements of  
20                   such specialized MA plans offered in States af-  
21                   fects spending, service delivery options, access to  
22                   community-based care, and utilization of care.

23                   (F) Barriers and opportunities for making  
24                   further progress on dual integration, as well as

1           *recommend legislation to expedite or refine path-*  
 2           *ways toward fully integrated care.*

3           (2) *REPORT.*—*Not later than 2 years after the*  
 4           *date of the enactment of this Act, the Comptroller*  
 5           *General shall submit to Congress a report containing*  
 6           *the results of the study conducted under paragraph*  
 7           *(1), together with recommendations for such legisla-*  
 8           *tion and administrative action as the Comptroller*  
 9           *General determines appropriate.*

10 **SEC. 3. EXPANDING SUPPLEMENTAL BENEFITS TO MEET**  
 11                           **THE NEEDS OF CHRONICALLY ILL MEDICARE**  
 12                           **ADVANTAGE ENROLLEES.**

13           (a) *IN GENERAL.*—*Section 1852(a)(3) of the Social Se-*  
 14           *curity Act (42 U.S.C. 1395w–22(a)(3)) is amended—*

15                   (1) *in subparagraph (A), by striking “Each”*  
 16                   *and inserting “Subject to subparagraph (D), each”;*  
 17                   *and*

18                   (2) *by adding at the end the following new sub-*  
 19                   *paragraph:*

20                           “(D) *EXPANDING SUPPLEMENTAL BENEFITS*  
 21                           *TO MEET THE NEEDS OF CHRONICALLY ILL EN-*  
 22                           *ROLLEES.*—

23                                   “(i) *IN GENERAL.*—*For plan year 2020*  
 24                                   *and subsequent plan years, in addition to*  
 25                                   *any supplemental health care benefits other-*

1                    *wise provided under this paragraph, an MA*  
2                    *plan, including a specialized MA plan for*  
3                    *special needs individuals described in sub-*  
4                    *section (b)(6) of section 1859, may provide*  
5                    *supplemental benefits described in clause*  
6                    *(ii) to a chronically ill enrollee (as defined*  
7                    *in clause (iii)).*

8                    *“(ii) SUPPLEMENTAL BENEFITS DE-*  
9                    *SCRIBED.—*

10                    *“(I) IN GENERAL.—Supplemental*  
11                    *benefits described in this clause are*  
12                    *supplemental benefits that, with respect*  
13                    *to a chronically ill enrollee, have a rea-*  
14                    *sonable expectation of improving or*  
15                    *maintaining the health or overall func-*  
16                    *tion of the chronically ill enrollee and*  
17                    *may not be limited to being primarily*  
18                    *health related benefits.*

19                    *“(II) AUTHORITY TO WAIVE UNI-*  
20                    *FORMITY REQUIREMENTS.—The Sec-*  
21                    *retary may, with respect to supple-*  
22                    *mental benefits provided to a chron-*  
23                    *ically ill enrollee under this subpara-*  
24                    *graph, waive the uniformity require-*

1                   *ment, as determined appropriate by*  
2                   *the Secretary.*

3                   “(iii) *CHRONICALLY ILL ENROLLEE*  
4                   *DEFINED.—In this subparagraph, the term*  
5                   *‘chronically ill enrollee’ means an enrollee*  
6                   *in an MA plan that the Secretary deter-*  
7                   *mines—*

8                   *“(I) has one or more comorbid*  
9                   *and medically complex chronic condi-*  
10                  *tions that is life threatening or signifi-*  
11                  *cantly limits the overall health or func-*  
12                  *tion of the enrollee;*

13                  *“(II) has a high risk of hos-*  
14                  *pitalization or other adverse health*  
15                  *outcomes; or*

16                  *“(III) requires intensive care co-*  
17                  *ordination.”.*

18                  ***(b) GAO STUDY AND REPORT.—***

19                  ***(1) STUDY.—The Comptroller General of the***  
20                  ***United States (in this subsection referred to as the***  
21                  ***“Comptroller General”) shall conduct a study on sup-***  
22                  ***plemental benefits provided to enrollees in Medicare***  
23                  ***Advantage plans under part C of title XVIII of the***  
24                  ***Social Security Act, including specialized MA plans***  
25                  ***for special needs individuals described in section***



1        *1859(b)(6) of such Act (42 U.S.C. 1395w-28(b)(6)).*  
2        *Such study shall be conducted in consultation with*  
3        *the Centers for Medicare & Medicaid Services and*  
4        *Medicare Advantage plans as necessary and, to the*  
5        *extent data is available, shall include an analysis of*  
6        *the following:*

7                *(A) The type of supplemental benefits pro-*  
8                *vided to such enrollees, the total number of en-*  
9                *rollees receiving each supplemental benefit, and*  
10              *whether the supplemental benefit is covered by*  
11              *the standard benchmark cost of the benefit or*  
12              *with an additional premium.*

13              *(B) The frequency in which supplemental*  
14              *benefits are utilized by such enrollees.*

15              *(C) The impact supplemental benefits have*  
16              *on—*

17                      *(i) indicators of the quality of care re-*  
18                      *ceived by such enrollees, including overall*  
19                      *health and function of the enrollees;*

20                      *(ii) the utilization of items and serv-*  
21                      *ices for which benefits are available under*  
22                      *the original Medicare fee-for-service pro-*  
23                      *gram option under parts A and B of such*  
24                      *title XVIII by such enrollees; and*

1                   *(iii) the amount of the bids submitted*  
2                   *by Medicare Advantage Organizations for*  
3                   *Medicare Advantage plans under such part*  
4                   *C.*

5                   *(2) REPORT.—Not later than 5 years after the*  
6                   *date of the enactment of this Act, the Comptroller*  
7                   *General shall submit to Congress a report containing*  
8                   *the results of the study conducted under paragraph*  
9                   *(1), together with recommendations for such legisla-*  
10                  *tion and administrative action as the Comptroller*  
11                  *General determines appropriate.*



Union Calendar No. 353

115<sup>TH</sup> CONGRESS  
1<sup>ST</sup> Session

**H. R. 3168**

[Report No. 115-478, Part I]

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## **A BILL**

To amend title XVIII of the Social Security Act to provide continued access to specialized Medicare Advantage plans for special needs individuals, and for other purposes.

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DECEMBER 21, 2017

Reported from the Committee on Ways and Means with  
an amendment

DECEMBER 21, 2017

The Committee on Energy and Commerce discharged,  
committed to the Committee of the Whole House on  
the State of the Union and ordered to be printed