

113TH CONGRESS
2D SESSION

H. R. 4484

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

IN THE HOUSE OF REPRESENTATIVES

APRIL 10, 2014

Ms. SINEMA (for herself, Mr. GIBSON, Mr. BARBER, Mr. BILIRAKIS, and Mr. MURPHY of Florida) 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 provide improvements for Medicare Advantage special needs plans, 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 “Strengthening
5 Healthcare Options for Vulnerable Populations Act”.

1 **SEC. 2. REAUTHORIZATION OF CERTAIN MEDICARE ADVAN-**
2 **TAGE SPECIAL NEEDS PLANS.**

3 (a) PERMANENT EXTENSION OF MEDICARE ADVAN-
4 TAGE DUAL SPECIAL NEEDS PLANS AUTHORITY.—Sec-
5 tion 1859(f)(1) of the Social Security Act (42 U.S.C.
6 1395w–28(f)(1)) is amended by inserting “, in the case
7 of a specialized MA plan for special needs individuals who
8 are not described in section 1859(b)(6)(B)(ii),” before
9 “for periods before January 1, 2015”.

10 (b) MEDICARE ADVANTAGE DUAL SPECIAL NEEDS
11 PLANS REQUIRED TO PROVIDE INTEGRATED CARE.—
12 Section 1859(f)(3) of the Social Security Act (42 U.S.C.
13 1395w–28(f)(3)) is amended by adding at the end the fol-
14 lowing new subparagraph:

15 “(F) Not later than December 31, 2018,
16 the plan is fully integrated with capitated con-
17 tracts with States for any Medicaid benefits, in-
18 cluding long-term care and behavioral health, to
19 the extent State law permits capitation of such
20 services under such plan.”.

21 (c) CLEARLY DEFINED ROLE OF STATE MEDICAID
22 AGENCY.—Section 1852(a)(1)(B) of the Social Security
23 Act (42 U.S.C. 1395w–22(a)(1)(B)) is amended by adding
24 at the end the following new clause:

25 “(vi) DEFINED ROLE OF STATE MED-
26 ICAID AGENCIES WITH RESPECT TO FULLY

1 INTEGRATED DUAL SPECIAL NEEDS
 2 PLANS.—The Secretary, in coordination
 3 with State Medicaid Directors, shall de-
 4 velop a clearly defined role for State Med-
 5 icaid agencies in contracting and oversight
 6 of plans described in clause (v)(II).”.

7 **SEC. 3. IMPROVEMENTS TO MEDICARE ADVANTAGE 5-STAR**
 8 **QUALITY RATING SYSTEM FOR PLANS WITH**
 9 **PREDOMINATELY DUAL ELIGIBLE ENROLL-**
 10 **EES.**

11 (a) TREATMENT OF PLANS WITH DISPROPORTION-
 12 ATELY HIGH DUAL ELIGIBLE ENROLLEES.—Section
 13 1853(o) of the Social Security Act (42 U.S.C. 1395w-
 14 23(o)) is amended by adding at the end the following new
 15 paragraph:

16 “(6) TREATMENT OF PLANS WITH DISPROPOR-
 17 TIONATELY HIGH DUAL ELIGIBLE ENROLLEES.—

18 “(A) IN GENERAL.—In implementing this
 19 subsection, the Secretary shall take such steps
 20 as are necessary to ensure that the quality rat-
 21 ing for a plan—

22 “(i) does not disadvantage such a plan
 23 that enrolls—

1 “(I) full-benefit dual eligible indi-
2 vidual (as defined in section
3 1935(c)(6));

4 “(II) qualified Medicare bene-
5 ficiaries (as defined in section
6 1905(p)(1)); or

7 “(III) individuals with complex
8 health care needs, such as individuals
9 with multiple conditions or individuals
10 who require chronic care or institu-
11 tional care; and

12 “(ii) accounts for differences in socio-
13 economic and demographic characteristics
14 of enrollees of such a plan that result in
15 significant variation in health outcomes.

16 “(B) SPECIFIC STEPS.—The steps de-
17 scribed in subparagraph (A) shall include at
18 least the following:

19 “(i) Comparing specialized MA plans
20 for special needs individuals (as defined in
21 section 1859(b)(6)) for special needs indi-
22 viduals who are described in subparagraph
23 (B)(ii) of such section only against other
24 plans with the same types of enrollment.

1 “(ii) Developing a methodology spe-
2 cific to specialized MA plans for special
3 needs individuals (as defined in section
4 1859(b)(6)) for special needs individuals
5 who are described in subparagraph (B)(ii)
6 of such section for determining a quality
7 rating under this subsection for such
8 plans.

9 “(iii) Developing appropriate case mix
10 adjustment to Healthcare Effectiveness
11 Data and Information Set (HEDIS) and
12 Health Outcomes Survey (HOS) measures
13 for specialized MA plans for special needs
14 individuals (as defined in section
15 1859(b)(6)) for special needs individuals
16 who are described in subparagraph (B)(ii)
17 of such section that account for factors be-
18 yond the control of the health system, such
19 as the management of conditions.

20 “(iv) Identifying and implementing
21 those quality measures that are appro-
22 priate for evaluating the performance of
23 specialized MA plans for special needs indi-
24 viduals (as defined in section 1859(b)(6))
25 for special needs individuals who are de-

1 scribed in subparagraph (B)(ii) of such
2 section.

3 “(v) Eliminating duplicative or sub-
4 stantially similar measures applied under
5 this title or title XIX with respect to spe-
6 cialized MA plans.”.

7 (b) TEMPORARY TREATMENT OF CERTAIN DUAL
8 SPECIAL NEEDS PLANS.—Section 1853(o) of the Social
9 Security Act (42 U.S.C. 1395w–23(o)), as amended by
10 subsection (a), is further amended by adding at the end
11 the following new paragraph:

12 “(7) TEMPORARY TREATMENT OF CERTAIN
13 DUAL SPECIAL NEEDS PLANS.—In implementing this
14 subsection during the period beginning on the date
15 of the enactment of this paragraph and ending one
16 year after the date on which the Secretary has taken
17 such steps as are required under paragraph (6), the
18 Secretary may increase the quality rating that a spe-
19 cialized MA plans for special needs individuals (as
20 defined in section 1859(b)(6)) for special needs indi-
21 viduals who are described in subparagraph (B)(ii) of
22 such section would otherwise receive under this sub-
23 section for a year by 0.5 stars if the plan dem-
24 onstrates to the satisfaction of the Secretary that
25 the quality rating the plan would have otherwise re-

1 ceived is predominately attributable to socio-economic,
 2 economic, demographic, or pre-existing complex health
 3 care needs of the population enrolled in such plan
 4 with respect to such year instead of the performance
 5 of the plan with respect to such year.”.

6 (c) GAO REPORT.—Not later than one year after the
 7 date on which the Secretary of Health and Human Services
 8 has taken such steps as are required under paragraph
 9 (6) of section 1853(o) of the Social Security Act (42
 10 U.S.C. 1395w–23(o)), as added by subsection (a), and annually
 11 thereafter for the following four years, the Comptroller
 12 General of the United States shall submit to Congress
 13 a report that includes a comprehensive review of the
 14 effectiveness of, and recommendations to improve, such
 15 steps so taken for improving health outcomes, cost controls,
 16 and beneficiary satisfaction.

17 **SEC. 4. ADDITIONAL IMPROVEMENTS TO THE OVERSIGHT**
 18 **AND OPERATION OF MEDICARE ADVANTAGE**
 19 **DUAL SPECIAL NEEDS PLANS BY THE FEDERAL**
 20 **COORDINATED HEALTH CARE OFFICE.**

21 (a) DEDICATED POINT OF CONTACT FOR ASSISTING
 22 STATES WITH ADMINISTRATION.—Section 2602(d) of the
 23 Patient Protection and Affordable Care Act (42 U.S.C.
 24 1315b(d)) is amended by adding at the end the following
 25 new paragraph:

1 “(6) Serving as the dedicated point of contact
2 within the Centers for Medicare & Medicaid Services
3 to assist States with ongoing issues related to the
4 administration of specialized MA plans for special
5 needs individuals (as defined in section 1859(b)(6)
6 of the Social Security Act) for special needs individ-
7 uals who are described in subparagraph (B)(ii) of
8 such section, including—

9 “(A) addressing any misalignment between
10 the contracting timelines, processes, and dead-
11 lines under title XVIII of such Act, with respect
12 to such plans for such individuals and con-
13 tracting timelines, processes, and deadlines
14 under title XIX of such Act, with respect to
15 such plans and individuals; and

16 “(B) streamlining the flow of information
17 to dual eligible individuals and establishing a
18 single set of rules for outreach and marketing
19 to such individuals.”.

20 (b) AUTHORITY TO WAIVE CERTAIN REQUIRE-
21 MENTS.—

22 (1) IN GENERAL.—Subject to paragraph (2),
23 the Secretary of Health and Human Services,
24 through the Federal Coordinated Health Care Office
25 established under section 2602 of the Patient Pro-

1 tection and Affordable Care Act (42 U.S.C. 1315b)
2 and in coordination with the appropriate State Med-
3 icaid agency, may waive the application of require-
4 ments under title XVIII of the Social Security Act
5 to promote the integration, alignment, and delivery
6 of items and services under the Medicare program
7 under title XVIII of such Act and the Medicaid pro-
8 gram under title XIX of such Act, with respect to
9 dual eligible individuals (as defined in section
10 2602(f) of the Patient Protection and Affordable
11 Care Act (42 U.S.C. 1315b(f)), and to ensure the
12 seamless delivery of patient-centered services across
13 the continuum of care with respect to such individ-
14 uals.

15 (2) PUBLIC NOTICE REQUIREMENT.—The Sec-
16 retary may not waive the application of a require-
17 ment pursuant to paragraph (1) unless the Sec-
18 retary makes such waiver publicly available (whether
19 on the public Internet website of Department of
20 Health and Human Services, or otherwise) at least
21 30 days before the effective date of such waiver.

1 **SEC. 5. IMPROVEMENTS TO DISPUTE RESOLUTION FOR**
2 **CLAIMS AND APPEALS UNDER MEDICARE AD-**
3 **VANTAGE DUAL SPECIAL NEEDS PLANS.**

4 (a) MEDICARE ADVANTAGE DUAL SPECIAL NEEDS
5 PLANS REQUIRED TO PROVIDE COVERAGE DURING AP-
6 PEALS PROCESS.—Section 1859(f)(3) of the Social Secu-
7 rity Act (42 U.S.C. 1395w–28(f)(3)), as amended by sec-
8 tion 2(b), is further amended by adding at the end the
9 following new subparagraph:

10 “(G) For plan years beginning after De-
11 cember 31, 2015, coverage under this title and
12 title XIX of an individual enrolled under such
13 respective title shall continue during any deter-
14 mination, reconsideration, or appeals proceeding
15 described in section 1852(g), with respect to
16 such individual.”.

17 (b) STREAMLINED PATHWAY FOR DISPUTE RESOLU-
18 TION.—Not later than December 31, 2015, the Secretary
19 of Health and Human Services shall establish a stream-
20 lined process for dispute resolution for claims and appeals,
21 with respect items and services furnished to special needs
22 individuals described in section 1859(b)(6)(B)(ii) of the
23 Social Security Act (42 U.S.C. 1395w–28(b)(6)(B)(ii)), to
24 align such process under the Medicare program under title
25 XVIII of the Social Security Act with such process under
26 the Medicaid program under title XIX of such Act. Such

1 streamlined process shall take into account various State
 2 requirements and promote a pathway that would be the
 3 most beneficial for individuals entitled to benefits under
 4 part A of title XVIII of such Act or enrolled under part
 5 B of such Act and to individuals enrolled under a State
 6 plan under title XIX of such Act.

7 **SEC. 6. REPORT ON IMPLEMENTATION OF CERTAIN MEDI-**
 8 **CARE AND MEDICAID FRAUD DETECTION**
 9 **AND PROGRAM INTEGRITY PROVISIONS.**

10 Section 1128J(a)(1)(A) of the Social Security Act
 11 (42 U.S.C. 1320a–7k(a)(1)(A)) is amended by adding at
 12 the end the following new clause:

13 “(iii) REPORT ON INTEGRATED DATA
 14 REPOSITORY AND ONE PROGRAM INTEG-
 15 RITY SYSTEM.—Not later than six months
 16 after the date of enactment of this clause,
 17 the Secretary shall submit to the appro-
 18 priate Congressional committees a report
 19 on the following:

20 “(I) INTEGRATED DATA REPOSI-
 21 TORY.—Efforts to finalize plans and
 22 schedules for fully implementing and
 23 expanding the use of the Integrated
 24 Data Repository, including actions
 25 taken to finalize, implement, and

1 manage plans for incorporating data
2 into the Integrated Data Repository
3 and actions taken to define measur-
4 able financial benefits expected from
5 the implementation of the Integrated
6 Data Repository.

7 “(II) ONE PROGRAM INTEGRITY
8 SYSTEM.—Actions taken to plan,
9 schedule, and conduct training on the
10 One Program Integrity System, a
11 Web-based portal and suite of soft-
12 ware tools used to analyze and extract
13 data from the Integrated Data Repos-
14 itory, and actions taken to define
15 measurable financial benefits expected
16 from the use of the One Program In-
17 tegrity System.”.

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