

Revenue Code of 1986 with respect to the manufacturer.

(d) Definition of manufacturer

In this section, the term “manufacturer” has the meaning given such term in section 1395w-114a(g)(5) of this title.

(Aug. 14, 1935, ch. 531, title XVIII, §1860D-43, as added Pub. L. 111-148, title III, §3301(a), Mar. 23, 2010, 124 Stat. 461; amended Pub. L. 111-152, title I, §1101(b)(1), Mar. 30, 2010, 124 Stat. 1037; Pub. L. 117-169, title I, §§11001(b)(1)(G)(i), 11201(e)(7), Aug. 16, 2022, 136 Stat. 1853, 1892.)

Editorial Notes

REFERENCES IN TEXT

Section 5000D(c)(1) of the Internal Revenue Code of 1986, referred to in subsec. (c)(2), is classified to section 5000D(c)(1) of Title 26, Internal Revenue Code.

AMENDMENTS

2022—Subsec. (a)(1). Pub. L. 117-169, §11201(e)(7)(A)(i), added par. (1) and struck out former par. (1) which read as follows: “participate in the Medicare coverage gap discount program under section 1395w-114a of this title;”.

Subsec. (a)(2). Pub. L. 117-169, §11201(e)(7)(A)(ii), added par. (2) and struck out former par. (2) which read as follows: “have entered into and have in effect an agreement described in subsection (b) of such section with the Secretary; and”.

Subsec. (a)(3). Pub. L. 117-169, §11201(e)(7)(A)(iii), substituted “section 1395w-114a of this title” for “such section”.

Subsec. (b). Pub. L. 117-169, §11201(e)(7)(B), added subsec. (b) and struck out former subsec. (b). Prior to amendment, text read as follows: “Subsection (a) shall apply to covered part D drugs dispensed under this part on or after January 1, 2011.”

Subsec. (c). Pub. L. 117-169, §11001(b)(1)(G)(i), designated existing provisions as par. (1) and inserted heading, substituted “Subject to paragraph (2), subsection” for “Subsection” in introductory provisions, redesignated former pars. (1) and (2) as subpars. (A) and (B), respectively, of par. (1), and added par. (2).

2010—Subsec. (b). Pub. L. 111-152, §1101(b)(1)(A), substituted “January 1, 2011” for “July 1, 2010”.

Subsec. (c)(2). Pub. L. 111-152, §1101(b)(1)(B), substituted “January 1, 2011, and December 31, 2011,” for “July 1, 2010, and ending on December 31, 2010,”.

§ 1395w-154. Improved Medicare prescription drug plan and MA-PD plan complaint system

(a) In general

The Secretary shall develop and maintain a complaint system, that is widely known and easy to use, to collect and maintain information on MA-PD plan and prescription drug plan complaints that are received (including by telephone, letter, e-mail, or any other means) by the Secretary (including by a regional office of the Department of Health and Human Services, the Medicare Beneficiary Ombudsman, a subcontractor, a carrier, a fiscal intermediary, and a Medicare administrative contractor under section 1395kk-1 of this title) through the date on which the complaint is resolved. The system shall be able to report and initiate appropriate interventions and monitoring based on substantial complaints and to guide quality improvement.

(b) Model electronic complaint form

The Secretary shall develop a model electronic complaint form to be used for reporting

plan complaints under the system. Such form shall be prominently displayed on the front page of the Medicare.gov Internet website and on the Internet website of the Medicare Beneficiary Ombudsman.

(c) Annual reports by the Secretary

The Secretary shall submit to Congress annual reports on the system. Such reports shall include an analysis of the number and types of complaints reported in the system, geographic variations in such complaints, the timeliness of agency or plan responses to such complaints, and the resolution of such complaints.

(d) Definitions

In this section:

(1) MA-PD plan

The term “MA-PD plan” has the meaning given such term in section 1395w-151(a)(9) of this title.

(2) Prescription drug plan

The term “prescription drug plan” has the meaning given such term in section 1395w-151(a)(14) of this title.

(3) Secretary

The term “Secretary” means the Secretary of Health and Human Services.

(4) System

The term “system” means the plan complaint system developed and maintained under subsection (a).

(Pub. L. 111-148, title III, §3311, Mar. 23, 2010, 124 Stat. 475.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Social Security Act which comprises this chapter.

PART E—MISCELLANEOUS PROVISIONS

Editorial Notes

CODIFICATION

Pub. L. 108-173, title I, §101(a)(1), Dec. 8, 2003, 117 Stat. 2071, redesignated part D of this subchapter as part E.
 Pub. L. 105-33, title IV, §4001, Aug. 5, 1997, 111 Stat. 275, redesignated part C of this subchapter as part D.

§ 1395x. Definitions

For purposes of this subchapter—

(a) Spell of illness

The term “spell of illness” with respect to any individual means a period of consecutive days—

(1) beginning with the first day (not included in a previous spell of illness) (A) on which such individual is furnished inpatient hospital services, inpatient critical access hospital services or extended care services, and (B) which occurs in a month for which he is entitled to benefits under part A, and

(2) ending with the close of the first period of 60 consecutive days thereafter on each of which he is neither an inpatient of a hospital or critical access hospital nor an inpatient of a facility described in section 1395i-3(a)(1) of this title or subsection (y)(1).