

**(h) Financial incentives to encourage consumers to choose high quality providers**

The Secretary may establish a demonstration program, not later than January 1, 2019, to provide financial incentives to Medicare beneficiaries who are furnished services by high quality physicians, as determined by the Secretary based on factors in subparagraphs (A) through (G) of subsection (a)(2). In no case may Medicare beneficiaries be required to pay increased premiums or cost sharing or be subject to a reduction in benefits under title XVIII of the Social Security Act as a result of such demonstration program. The Secretary shall ensure that any such demonstration program does not disadvantage those beneficiaries without reasonable access to high performing physicians or create financial inequities under such title.

**(i) Definitions**

In this section:

**(1) Eligible professional**

The term “eligible professional” has the meaning given that term for purposes of the Physician Quality Reporting Initiative under section 1848 of the Social Security Act (42 U.S.C. 1395w-4).

**(2) Physician**

The term “physician” has the meaning given that term in section 1861(r) of such Act (42 U.S.C. 1395x(r)).

**(3) Physician Compare**

The term “Physician Compare” means the Internet website developed under subsection (a)(1).

**(4) Secretary**

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

(Pub. L. 111-148, title X, §10331, Mar. 23, 2010, 124 Stat. 966.)

**Editorial Notes**

**REFERENCES IN TEXT**

Section 3014 of this Act, referred to in subsec. (d), is section 3014 of Pub. L. 111-148 which enacted section 1395aaa-1 of this title and amended section 1395aaa of this title.

Section 131 of the Medicare Improvements for Patients and Providers Act of 2008, referred to in subsec. (e), is section 131 of Pub. L. 110-275, 122 Stat. 2520, which amended section 1395w-4 of this title, enacted provisions set out as notes under section 1395w-4 of this title, and redesignated provisions formerly set out as a note under section 1395w-4 of this title as section 1395w-4(m).

The Social Security Act, referred to in subsecs. (g) and (h), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XVIII of the Act is classified generally to this subchapter. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

**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.

**§ 1395w-6. Empowering beneficiary choices through continued access to information on physicians’ services**

**(a) In general**

On an annual basis (beginning with 2015), the Secretary shall make publicly available, in an easily understandable format, information with respect to physicians and, as appropriate, other eligible professionals on items and services furnished to Medicare beneficiaries under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

**(b) Type and manner of information**

The information made available under this section shall be similar to the type of information in the Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use File released by the Secretary with respect to 2012 and shall be made available in a manner similar to the manner in which the information in such file is made available.

**(c) Requirements**

The information made available under this section shall include, at a minimum, the following:

(1) Information on the number of services furnished by the physician or other eligible professional under part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.), which may include information on the most frequent services furnished or groupings of services.

(2) Information on submitted charges and payments for services under such part.

(3) A unique identifier for the physician or other eligible professional that is available to the public, such as a national provider identifier.

**(d) Searchability**

The information made available under this section shall be searchable by at least the following:

(1) The specialty or type of the physician or other eligible professional.

(2) Characteristics of the services furnished, such as volume or groupings of services.

(3) The location of the physician or other eligible professional.

**(e) Integration on physician compare**

Beginning with 2016, the Secretary shall integrate the information made available under this section on Physician Compare.

**(f) Definitions**

In this section:

**(1) Eligible professional; physician; Secretary**

The terms “eligible professional”, “physician”, and “Secretary” have the meaning given such terms in section 1395w-5(i) of this title.

**(2) Physician compare**

The term “Physician Compare” means the Physician Compare Internet website of the Centers for Medicare & Medicaid Services (or a successor website).

(Pub. L. 114-10, title I, §104, Apr. 16, 2015, 129 Stat. 132.)

**Editorial Notes**

## REFERENCES IN TEXT

The Social Security Act, referred to in subsecs. (a) and (c)(1), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XVIII of the Act is classified generally to this subchapter. Part B of title XVIII of the Act is classified generally to this part. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

## CODIFICATION

Section was enacted as part of the Medicare Access and CHIP Reauthorization Act of 2015, and not as part of the Social Security Act which comprises this chapter.

## PART C—MEDICARE+CHOICE PROGRAM

**Editorial Notes**

## PRIOR PROVISIONS

A prior part C of this subchapter, consisting of section 1395x et seq., was redesignated part E of this subchapter.

**Statutory Notes and Related Subsidiaries**

## CHANGE OF NAME

References to Medicare+Choice deemed to refer to Medicare Advantage or MA, subject to an appropriate transition provided by the Secretary of Health and Human Services in the use of those terms, see section 201 of Pub. L. 108-173, set out as a note under section 1395w-21 of this title.

**§ 1395w-21. Eligibility, election, and enrollment****(a) Choice of medicare benefits through Medicare+Choice plans****(1) In general**

Subject to the provisions of this section, each Medicare+Choice eligible individual (as defined in paragraph (3)) is entitled to elect to receive benefits (other than qualified prescription drug benefits) under this subchapter—

(A) through the original medicare fee-for-service program under parts A and B, or

(B) through enrollment in a Medicare+Choice plan under this part,

and may elect qualified prescription drug coverage in accordance with section 1395w-101 of this title.

**(2) Types of Medicare+Choice plans that may be available**

A Medicare+Choice plan may be any of the following types of plans of health insurance:

**(A) Coordinated care plans (including regional plans)****(i) In general**

Coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without point of service options), plans offered by provider-sponsored organizations (as defined in section 1395w-25(d) of this title), and regional or local preferred provider organization plans (including MA regional plans).

**(ii) Specialized MA plans for special needs individuals**

Specialized MA plans for special needs individuals (as defined in section

1395w-28(b)(6) of this title) may be any type of coordinated care plan.

**(B) Combination of MSA plan and contributions to Medicare+Choice MSA**

An MSA plan, as defined in section 1395w-28(b)(3) of this title, and a contribution into a Medicare+Choice medical savings account (MSA).

**(C) Private fee-for-service plans**

A Medicare+Choice private fee-for-service plan, as defined in section 1395w-28(b)(2) of this title.

**(3) Medicare+Choice eligible individual**

In this subchapter, the term “Medicare+Choice eligible individual” means an individual who is entitled to benefits under part A and enrolled under part B.

**(b) Special rules****(1) Residence requirement****(A) In general**

Except as the Secretary may otherwise provide and except as provided in subparagraph (C), an individual is eligible to elect a Medicare+Choice plan offered by a Medicare+Choice organization only if the plan serves the geographic area in which the individual resides.

**(B) Continuation of enrollment permitted**

Pursuant to rules specified by the Secretary, the Secretary shall provide that an MA local plan may offer to all individuals residing in a geographic area the option to continue enrollment in the plan, notwithstanding that the individual no longer resides in the service area of the plan, so long as the plan provides that individuals exercising this option have, as part of the benefits under the original medicare fee-for-service program option, reasonable access within that geographic area to the full range of basic benefits, subject to reasonable cost sharing liability in obtaining such benefits.

**(C) Continuation of enrollment permitted where service changed**

Notwithstanding subparagraph (A) and in addition to subparagraph (B), if a Medicare+Choice organization eliminates from its service area a Medicare+Choice payment area that was previously within its service area, the organization may elect to offer individuals residing in all or portions of the affected area who would otherwise be ineligible to continue enrollment the option to continue enrollment in an MA local plan it offers so long as—

(i) the enrollee agrees to receive the full range of basic benefits (excluding emergency and urgently needed care) exclusively at facilities designated by the organization within the plan service area; and

(ii) there is no other Medicare+Choice plan offered in the area in which the enrollee resides at the time of the organization's election.