## AMENDMENT TO H.R. 2579

## OFFERED BY M__. _____

Strike all after the enacting clause and insert the following:

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the "Securing Care for Sen-
3 iors Act of 2015".

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

5 Section 1853(a)(1)(C) of the Social Security Act (42
6 U.S.C. 1395w–23(a)(1)(C)) is amended by adding at the
7 end the following new clauses:

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

15 "(I) REVISION BASED ON NUM-
16 BER OF CHRONIC CONDITIONS.—The
17 Secretary shall revise for 2017 and
18 periodically thereafter, the risk adjust-
19 ment system under this subparagraph

1 so that a risk score under such sys-

2 tem, with respect to an individual,

3 takes into account the number of

4 chronic conditions with which the in-

5 dividual has been diagnosed.

6 "(II) EVALUATION OF DIF-

7 FERENT RISK ADJUSTMENT MOD-

8 ELS.—The Secretary shall evaluate

9 the impact of including two years of

10 data to compare the models used to

11 determine risk scores for 2013 and

12 2014 under such system.

13 "(III) EVALUATION AND ANAL-

14 YSIS ON CHRONIC KIDNEY DISEASE

15 (CKD) CODES.—The Secretary shall

16 evaluate the impact of removing the

17 diagnosis codes related to chronic kid-

18 ney disease in the 2014 risk adjust-

19 ment model and conduct an analysis

20 of best practices of MA plans to slow

21 disease progression related to chronic

22 kidney disease.

23 "(IV) EVALUATION AND REC-

24 OMMENDATIONS ON USE OF ENCOUN-

25 TER DATA.—The Secretary shall

1 evaluate the impact of including 10

2 percent of encounter data in com-

3 puting payment for 2016 and the

4 readiness of the Centers for Medicare

5 & Medicaid Services to incorporate en-

6 counter data in risk scores. In con-

7 ducting such evaluation, the Secretary

8 shall use data collected as encounter

9 data on or after January 1, 2012,

10 shall analyze such data for accuracy

11 and completeness and issue rec-

12 ommendations for improving such ac-

13 curacy and completeness, and shall

14 not increase the percentage of such

15 encounter data used unless the Sec-

16 retary releases the data publicly, indi-

17 cates how such data will be weighted

18 in computing the risk scores, and en-

19 sures that the data reflects the degree

20 and cost of care coordination under

21 MA plans.

22 "(V) CONDUCT OF EVALUA-

23 TIONS.—Evaluations and analyses

24 under subclause (II) through (IV)

25 shall include an actuarial opinion

1         from the Chief Actuary of the Centers

2         for Medicare & Medicaid Services

3         about the reasonableness of the meth-

4         ods, assumptions, and conclusions of

5         such evaluations and analyses. The

6         Secretary shall consult with the Medi-

7         care Payment Advisory Commission

8         and accept and consider comments of

9         stakeholders, such as managed care

10        organizations and beneficiary groups,

11        on such evaluation and analyses. The

12        Secretary shall complete such evalua-

13        tions and analyses in a manner that

14        permits the results to be applied for

15        plan years beginning with the second

16        plan year that begins after the date of

17        the enactment of this clause.

18            "(VI) IMPLEMENTATION OF RE-

19        VISIONS BASED ON EVALUATIONS.—If

20        the Secretary determines, based on

21        such an evaluation or analysis, that

22        revisions to the risk adjustment sys-

23        tem to address the matters described

24        in any of subclauses (II) through (IV)

25        would make the risk adjustment sys-

1 tem under this subparagraph better

2 reflect and appropriately weight for

3 the population that is served by the

4 plan, the Secretary shall, beginning

5 with 2017, and periodically thereafter,

6 make such revisions.

7 "(VII) PERIODIC REPORTING TO

8 CONGRESS.—With respect to plan

9 years beginning with 2017 and every

10 third year thereafter, the Secretary

11 shall submit to Congress a report on

12 the most recent revisions (if any)

13 made under this clause, including the

14 evaluations conducted under sub-

15 clauses (II) through (IV).

16 "(v) NO CHANGES TO ADJUSTMENT

17 FACTORS THAT PREVENT ACTIVITIES CON-

18 SISTENT WITH NATIONAL HEALTH POLICY

19 GOALS.—In making any changes to the ad-

20 justment factors, including adjustment for

21 health status under paragraph (3), the

22 Secretary shall ensure that the changes do

23 not prevent Medicare Advantage organiza-

24 tions from performing or undertaking ac-

25 tivities that are consistent with national

1           health policy goals, including activities to

2           promote early detection and better care co-

3           ordination, the use of health risk assess-

4           ments, care plans, and programs to slow

5           the progression of chronic diseases.

6           ''(vi) OPPORTUNITY FOR REVIEW AND

7           PUBLIC COMMENT REGARDING CHANGES

8           TO ADJUSTMENT FACTORS.—For changes

9           to adjustment factors effective for 2017

10           and subsequent years, in addition to pro-

11           viding notice of such changes in the an-

12           nouncement under subsection (b)(2), the

13           Secretary shall provide an opportunity for

14           review of proposed changes of not less than

15           60 days and a public comment period of

16           not less than 30 days before implementing

17           such changes.''.

18 **SEC. 3. SENSE OF CONGRESS.**

19     It is the sense of Congress that—

20         (1) the Centers for Medicare & Medicaid Serv-

21 ices has inadvertently created a star rating system

22 under section 1853(o)(4) of the Social Security Act

23 (42 U.S.C. 1395w–23(o)(4)) for Medicare Advan-

24 tage plans that lacks proper accounting for the so-

25 cioeconomic status of enrollees in such plans and the

1    extent to which such plans serve individuals who are

2    also eligible for medical assistance under title XIX

3    of such Act; and

4        (2) Congress will work with the Centers for

5    Medicare & Medicaid Services and stakeholders, in-

6    cluding beneficiary groups and managed care organi-

7    zations, to ensure that such rating system properly

8    accounts for the socioeconomic status of enrollees in

9    such plans and the extent to which such plans serve

10    such individuals described in paragraph (1).

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