

[H.R. 2582, Seniors' Health Care Plan Protection Act of 2015, as amended](#)

FLOOR SITUATION

On Wednesday, June 17, 2015, the House will consider [H.R. 2582](#), *the Seniors' Health Care Plan Protection Act of 2015*, as amended, under suspension of the rules. H.R. 2582 was introduced on May 29, 2015, by Rep. Vern Buchanan (R-FL) and was referred to the Committee on Ways and Means, and in addition, to the Committee on Energy and Commerce.

SUMMARY

H.R. 2582 includes several provisions designed to ensure the integrity and viability of the Medicare Advantage (MA) program. Specifically, the bill:

- Delays the ability of the Centers for Medicare and Medicaid Services (CMS) to terminate MA plans solely on the basis of low quality ratings until the end of plan year 2018 to resolve socioeconomic status issues.
- Requires CMS to revise the MA risk adjustment model to account for chronic conditions and other factors to ensure risk adjustments are accurate; and,
- Expresses the sense of Congress that:
 - a CMS rating system used to determine the performance of MA plans lacks proper accounting for the socioeconomic status of enrollees in such plans and that Congress will work with CMS and relevant stakeholders to ensure the rating system properly accounts for such factors;
 - the Secretary of Health and Human Services should periodically monitor and improve the MA risk adjustment model to ensure that it accurately accounts for beneficiary risk, including for those individuals with complex chronic comorbid conditions; and,
 - the Secretary should ensure that risk adjustment methodology ensures that plans enrolling beneficiaries with the greatest health care needs receive adequate reimbursement to deliver high quality care.

BACKGROUND

The Centers for Medicare and Medicaid Services (CMS) uses a five-star rating system to assess the quality and performance of Medicare Advantage (MA) plans. MA plans may be evaluated on up to 48 performance measures. “A 5-star rating is excellent; a 4-star rating is above average; a 3-star rating is average; a 2-star rating is below average; and a 1-star rating is poor.”¹

There are concerns that an MA plan’s performance under this five-star rating system may be impacted by factors other than the actions of the plans and providers themselves; for example, by socioeconomic factors beyond their control, such as poverty. Failing to account for these factors may lead some plans to score more poorly on performance measures simply because of the composition of those enrolled in their plans, not on an actual inadequacy in their performance.

COST

A Congressional Budget Office (CBO) cost estimate is currently unavailable.

STAFF CONTACT

For questions or further information please contact [Jerry White](#) with the House Republican Policy Committee by email or at 5-0190.

¹ See CRS Report—“[Centers for Medicare and Medicaid Services: President’s FY2015 Budget](#),” May 15, 2014 at 22.