

115TH CONGRESS  
1ST SESSION

# H. R. 3168

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

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## IN THE HOUSE OF REPRESENTATIVES

JULY 6, 2017

Mr. TIBERI (for himself and Mr. LEVIN) 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

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## A BILL

To amend title XVIII of the Social Security Act to provide continued access to specialized Medicare Advantage plans for special needs individuals, 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. SPECIALIZED MEDICARE ADVANTAGE PLANS**

4 **FOR SPECIAL NEEDS INDIVIDUALS.**

5 (a) EXTENSION.—Section 1859(f)(1) of the Social  
6 Security Act (42 U.S.C. 1395w–28(f)(1)) is amended—

7 (1) by striking “and for periods before January  
8 1, 2019”; and

1           (2) by adding at the end the following new sen-  
2           tence: “In the case of a specialized MA plan for spe-  
3           cial needs individuals described in clause (ii) or (iii)  
4           of subsection (b)(6)(B), the previous sentence shall  
5           apply for periods before January 1, 2024.”.

6           (b) INCREASED INTEGRATION OF DUAL SNPs.—

7           (1) IN GENERAL.—Section 1859(f) of the Social  
8           Security Act (42 U.S.C. 1395w–28(f)) is amended—

9           (A) in paragraph (3), by adding at the end  
10          the following new subparagraph:

11          “(F) The plan meets the requirements ap-  
12          plicable under paragraph (8).”; and

13          (B) by adding at the end the following new  
14          paragraph:

15          “(8) INCREASED INTEGRATION OF DUAL  
16          SNPS.—

17          “(A) DESIGNATED CONTACT.—The Sec-  
18          retary, acting through the Federal Coordinated  
19          Health Care Office established under section  
20          2602 of Public Law 111–148, shall serve as a  
21          dedicated point of contact for States to address  
22          misalignments that arise with the integration of  
23          specialized MA plans for special needs individ-  
24          uals described in subsection (b)(6)(B)(ii) under

1 this paragraph and, consistent with such role,  
2 shall—

3 “(i) establish a uniform process for  
4 disseminating to State Medicaid agencies  
5 information under this title impacting con-  
6 tracts between such agencies and such  
7 plans under this subsection; and

8 “(ii) establish basic resources for  
9 States interested in exploring such plans  
10 as a platform for integration, such as a  
11 model contract or other tools to achieve  
12 those goals.

13 “(B) UNIFIED GRIEVANCES AND APPEALS  
14 PROCESS.—

15 “(i) IN GENERAL.—Not later than  
16 April 1, 2020, the Secretary shall establish  
17 procedures, to the extent feasible as deter-  
18 mined by the Secretary, unifying griev-  
19 ances and appeals procedures under sec-  
20 tions 1852(f), 1852(g), 1902(a)(3),  
21 1902(a)(5), and 1932(b)(4) for items and  
22 services provided by specialized MA plans  
23 for special needs individuals described in  
24 subsection (b)(6)(B)(ii) under this title  
25 and title XIX. The Secretary shall solicit

1 comment in developing such procedures  
2 from States, plans, beneficiaries and their  
3 representatives, and other relevant stake-  
4 holders. With respect to items and services  
5 described in the previous sentence, appeals  
6 procedures established under this clause  
7 shall apply in place of otherwise applicable  
8 appeals procedures.

9 “(ii) PROCEDURES.—The procedures  
10 established under clause (i) shall be in-  
11 cluded in the plan contract under para-  
12 graph (3)(D) and shall—

13 “(I) adopt the provisions for the  
14 enrollee that are most protective for  
15 the enrollee and, to the extent feasible  
16 as determined by the Secretary, are  
17 compatible with unified timeframes  
18 and consolidated access to external re-  
19 view under an integrated process;

20 “(II) take into account dif-  
21 ferences in State plans under title  
22 XIX to the extent necessary;

23 “(III) be easily navigable by an  
24 enrollee; and

1 “(IV) include the elements de-  
2 scribed in clause (iii), as applicable.

3 “(iii) ELEMENTS DESCRIBED.—Both  
4 unified appeals and unified grievance pro-  
5 cedures shall include, as applicable, the fol-  
6 lowing elements described in this clause:

7 “(I) Single written notification of  
8 all applicable grievances and appeal  
9 rights under this title and title XIX.  
10 For purposes of this subparagraph,  
11 the Secretary may waive the require-  
12 ments under section 1852(g)(1)(B)  
13 when the specialized MA plan covers  
14 items or services under this part or  
15 under title XIX.

16 “(II) Single pathways for resolu-  
17 tion of any grievance or appeal related  
18 to a particular item or service pro-  
19 vided by specialized MA plans for spe-  
20 cial needs individuals described in  
21 subsection (b)(6)(B)(ii) under this  
22 title and title XIX.

23 “(III) Notices written in plain  
24 language and available in a language  
25 and format that is accessible to the

1 enrollee, including in non-English lan-  
2 guages that are prevalent in the serv-  
3 ice area of the specialized MA plan.

4 “(IV) Unified timeframes for  
5 grievances and appeals processes,  
6 such as an individual’s filing of a  
7 grievance or appeal, a plan’s acknowl-  
8 edgment and resolution of a grievance  
9 or appeal, and notification of decisions  
10 with respect to a grievance or appeal.

11 “(V) Requirements for how the  
12 plan must process, track, and resolve  
13 grievances and appeals, to ensure  
14 beneficiaries are notified on a timely  
15 basis of decisions that are made  
16 throughout the grievance or appeals  
17 process and are able to easily deter-  
18 mine the status of a grievance or ap-  
19 peal.

20 “(iv) CONTINUATION OF BENEFITS  
21 PENDING APPEAL.—The unified procedures  
22 under clause (i) shall, with respect to all  
23 benefits under parts A and B and title  
24 XIX subject to appeal under such proce-  
25 dures, incorporate provisions under current

1 law and implementing regulations that pro-  
2 vide continuation of benefits pending ap-  
3 peal under this title and title XIX.

4 “(C) REQUIREMENT FOR UNIFIED GRIEV-  
5 ANCES AND APPEALS.—For 2022 and subse-  
6 quent years, the contract of a specialized MA  
7 plan for special needs individuals described in  
8 subsection (b)(6)(B)(ii) with a State Medicaid  
9 agency under paragraph (3)(D) shall require  
10 the use of unified grievances and appeals proce-  
11 dures as described in subparagraph (B).

12 “(D) REQUIREMENTS FOR FULL INTEGRA-  
13 TION FOR CERTAIN DUAL SNPS.—

14 “(i) REQUIREMENT.—For 2022 and  
15 subsequent years, a specialized MA plan  
16 for special needs individuals described in  
17 subsection (b)(6)(B)(ii) shall meet one or  
18 more of the following requirements, to the  
19 extent allowed by the State, for integration  
20 of benefits under this title and title XIX:

21 “(I) Meet the requirements of a  
22 fully integrated plan described in sec-  
23 tion 1853(a)(1)(B)(iv)(II) (other than  
24 the requirement that the plan have  
25 similar average levels of frailty, as de-

1                   terminated by the Secretary, as the  
2                   PACE program).

3                   “(II) Enter into a capitated con-  
4                   tract with the State Medicaid agency  
5                   to provide long-term services and sup-  
6                   ports or behavioral health services, or  
7                   both.

8                   “(III) Enter into any other type  
9                   of arrangement, as determined appro-  
10                  priate by the Secretary.

11                  “(ii) SANCTIONS.—For 2022 and sub-  
12                  sequent years, if the Secretary determines  
13                  that a specialized MA plan fails to comply  
14                  with clause (i), the Secretary may provide  
15                  for the application against the Medicare  
16                  Advantage organization offering the plan  
17                  any of the remedies described in section  
18                  1857(g)(2).”.

19                  (2) CONFORMING AMENDMENT TO RESPON-  
20                  SIBILITIES OF FEDERAL COORDINATED HEALTH  
21                  CARE OFFICE.—Section 2602(d) of Public Law 111–  
22                  148 (42 U.S.C. 1315b(d)) is amended by adding at  
23                  the end the following new paragraphs:

24                  “(6) To act as a designated contact for States  
25                  under subsection (f)(8)(A) of section 1859 of the So-



1       cial Security Act (42 U.S.C. 1395w–28) with respect  
2       to the integration of specialized MA plans for special  
3       needs individuals described in subsection  
4       (b)(6)(B)(ii) of such section.

5               “(7) To be responsible for developing regula-  
6       tions and guidance related to the implementation of  
7       a unified grievance and appeals process as described  
8       in subparagraphs (B) and (C) of section 1859(f)(8)  
9       of the Social Security Act (42 U.S.C. 1395w–  
10       28(f)(8)).

11              “(8) To be responsible for developing regula-  
12       tions and guidance related to the integration or  
13       alignment of policy and oversight under the Medi-  
14       care program under title XVIII of such Act and  
15       Medicaid program under title XIX of such Act re-  
16       garding specialized MA plans for special needs indi-  
17       viduals described in subsection (b)(6)(B)(ii) of such  
18       section 1859.”.

19       (c) IMPROVEMENTS TO SEVERE OR DISABLING  
20       CHRONIC CONDITION SNPs.—

21              (1) CARE MANAGEMENT REQUIREMENTS.—Sec-  
22       tion 1859(f)(5) of the Social Security Act (42  
23       U.S.C. 1395w–28(f)(5)) is amended—

1 (A) by redesignating subparagraphs (A)  
2 and (B) as clauses (i) and (ii), respectively, and  
3 indenting appropriately;

4 (B) in clause (ii), as redesignated by sub-  
5 paragraph (B), by redesignating clauses (i)  
6 through (iii) as subclauses (I) through (III), re-  
7 spectively, and indenting appropriately;

8 (C) by striking “ALL SNPS.—The require-  
9 ments” and inserting “ALL SNPS.—

10 “(A) IN GENERAL.—Subject to subpara-  
11 graph (B), the requirements”; and

12 (D) by adding at the end the following new  
13 subparagraph:

14 “(B) IMPROVEMENTS TO CARE MANAGE-  
15 MENT REQUIREMENTS FOR SEVERE OR DIS-  
16 ABLING CHRONIC CONDITION SNPS.—For 2020  
17 and subsequent years, in the case of a special-  
18 ized MA plan for special needs individuals de-  
19 scribed in subsection (b)(6)(B)(iii), the require-  
20 ments described in this paragraph include the  
21 following:

22 “(i) The interdisciplinary team under  
23 subparagraph (A)(ii)(III) includes a team  
24 of providers with demonstrated expertise,  
25 including training in an applicable spe-

1 cialty, in treating individuals similar to the  
2 targeted population of the plan.

3 “(ii) Requirements developed by the  
4 Secretary to provide face-to-face encoun-  
5 ters with individuals enrolled in the plan  
6 not less frequently than on an annual  
7 basis.

8 “(iii) As part of the model of care  
9 under clause (i) of subparagraph (A), the  
10 results of the initial assessment and an-  
11 nual reassessment under clause (ii)(I) of  
12 such subparagraph of each individual en-  
13 rolled in the plan are addressed in the indi-  
14 vidual’s individualized care plan under  
15 clause (ii)(II) of such subparagraph.

16 “(iv) As part of the annual evaluation  
17 and approval of such model of care, the  
18 Secretary shall take into account whether  
19 the plan fulfilled the previous year’s goals  
20 (as required under the model of care).

21 “(v) The Secretary shall establish a  
22 minimum benchmark for each element of  
23 the model of care of a plan. The Secretary  
24 shall only approve a plan’s model of care  
25 under this paragraph if each element of

1 the model of care meets the minimum  
2 benchmark applicable under the preceding  
3 sentence.”.

4 (2) REVISIONS TO THE DEFINITION OF A SE-  
5 VERE OR DISABLING CHRONIC CONDITIONS SPECIAL-  
6 IZED NEEDS INDIVIDUAL.—

7 (A) IN GENERAL.—Section  
8 1859(b)(6)(B)(iii) of the Social Security Act  
9 (42 U.S.C. 1395w–28(b)(6)(B)(iii)) is amend-  
10 ed—

11 (i) by striking “who have” and insert-  
12 ing “who—

13 “(I) before January 1, 2022,  
14 have”;

15 (ii) in subclause (I), as added by  
16 clause (i), by striking the period at the end  
17 and inserting “; and”; and

18 (iii) by adding at the end the fol-  
19 lowing new subclause:

20 “(II) on or after January 1,  
21 2022, have one or more comorbid and  
22 medically complex chronic conditions  
23 that is life threatening or significantly  
24 limits overall health or function, have  
25 a high risk of hospitalization or other

1                   adverse health outcomes, and require  
2                   intensive care coordination and that is  
3                   listed under subsection (f)(9)(A).”.

4                   (B) PANEL OF CLINICAL ADVISORS.—Sec-  
5                   tion 1859(f) of the Social Security Act (42  
6                   U.S.C. 1395w–28(f)), as amended by subsection  
7                   (b), is amended by adding at the end the fol-  
8                   lowing new paragraph:

9                   “(9) LIST OF CONDITIONS FOR CLARIFICATION  
10                  OF THE DEFINITION OF A SEVERE OR DISABLING  
11                  CHRONIC CONDITIONS SPECIALIZED NEEDS INDI-  
12                  VIDUAL.—

13                  “(A) IN GENERAL.—Not later than De-  
14                  cember 31, 2020, and every 5 years thereafter,  
15                  the Secretary shall convene a panel of clinical  
16                  advisors to establish and update a list of condi-  
17                  tions that meet each of the following criteria:

18                         “(i) Conditions that meet the defini-  
19                         tion of a severe or disabling chronic condi-  
20                         tion under subsection (b)(6)(B)(iii) on or  
21                         after January 1, 2022.

22                         “(ii) Conditions that require prescrip-  
23                         tion drugs, providers, and models of care  
24                         that are unique to the specific population  
25                         of enrollees in a specialized MA plan for

1 special needs individuals described in such  
2 subsection on or after such date and—

3 “(I) as a result of such special  
4 needs individuals with such a condi-  
5 tion having access to and being en-  
6 rolled in such a plan, as compared to  
7 access to and enrollment in other  
8 Medicare Advantage plans under this  
9 part, it is projected that such individ-  
10 uals would improve health outcomes  
11 with respect to such condition, that  
12 such individuals would have reduced  
13 overall costs under this title, and that  
14 there would not be any increase in ex-  
15 penditures under this title for such in-  
16 dividuals; or

17 “(II) have a low prevalence in the  
18 general population of beneficiaries  
19 under this title or a disproportionately  
20 high per-beneficiary cost under this  
21 title.

22 “(B) GAO STUDY ON HEALTH OUTCOMES  
23 OF INDIVIDUALS ENROLLED IN SPECIALIZED  
24 MA PLANS.—Not later than the date that is 3  
25 years after the date of the enactment of this

1 paragraph, the Comptroller General of the  
 2 United States shall conduct a study and submit  
 3 to Congress a report on the extent to which  
 4 health outcomes can be compared across spe-  
 5 cialized MA plans for special needs individuals  
 6 (as defined in section 1859(b)(6)) and other  
 7 Medicare Advantage plans under this part  
 8 across similar populations, using existing meas-  
 9 ures and that identifies any potential limita-  
 10 tions where new measures may need to be de-  
 11 veloped for such population.”.

12 (d) QUALITY MEASUREMENT AT THE PLAN LEVEL  
 13 FOR SNPS AND DETERMINATION OF FEASIBILITY OF  
 14 QUALITY MEASUREMENT AT THE PLAN LEVEL FOR ALL  
 15 MA PLANS.—Section 1853(o) of the Social Security Act  
 16 (42 U.S.C. 1395w–23(o)) is amended by adding at the end  
 17 the following new paragraphs:

18 “(6) QUALITY MEASUREMENT AT THE PLAN  
 19 LEVEL FOR SNPS.—

20 “(A) IN GENERAL.—Subject to subpara-  
 21 graph (B), the Secretary may require reporting  
 22 of data under section 1852(e) for, and apply  
 23 under this subsection, quality measures at the  
 24 plan level for specialized MA plans for special

1 needs individuals instead of at the contract  
2 level.

3 “(B) CONSIDERATIONS.—Prior to applying  
4 quality measurement at the plan level under  
5 this paragraph, the Secretary shall—

6 “(i) take into consideration the min-  
7 imum number of enrollees in a specialized  
8 MA plan for special needs individuals in  
9 order to determine if a statistically signifi-  
10 cant or valid measurement of quality at  
11 the plan level is possible under this para-  
12 graph;

13 “(ii) if quality measures are reported  
14 at the plan level, ensure that MA plans are  
15 not required to provide duplicative infor-  
16 mation; and

17 “(iii) ensure that such reporting does  
18 not interfere with the collection of encoun-  
19 ter data submitted by MA organizations or  
20 the administration of any changes to the  
21 program under this part as a result of the  
22 collection of such data.

23 “(C) APPLICATION.—If the Secretary ap-  
24 plies quality measurement at the plan level  
25 under this paragraph—



1           “(i) such quality measurement may  
2           include Medicare Health Outcomes Survey  
3           (HOS), Healthcare Effectiveness Data and  
4           Information Set (HEDIS), Consumer As-  
5           sessment of Healthcare Providers and Sys-  
6           tems (CAHPS) measures and quality  
7           measures under part D; and

8           “(ii) the Secretary shall consider ap-  
9           plying administrative actions, such as rem-  
10          edies described in section 1857(g)(2), to  
11          the plan level.

12          “(7) DETERMINATION OF FEASIBILITY OF  
13          QUALITY MEASUREMENT AT THE PLAN LEVEL FOR  
14          ALL MA PLANS.—

15          “(A) DETERMINATION OF FEASIBILITY.—

16          The Secretary shall determine the feasibility of  
17          requiring reporting of data under section  
18          1852(e) for, and applying under this subsection,  
19          quality measures at the plan level for all MA  
20          plans under this part.

21          “(B) CONSIDERATION OF CHANGE.—After  
22          making a determination under subparagraph  
23          (A), the Secretary shall consider requiring such  
24          reporting and applying such quality measures

1 at the plan level as described in such subpara-  
2 graph.”.

3 (e) GAO STUDY AND REPORT ON STATE-LEVEL IN-  
4 TEGRATION BETWEEN DUAL SNPs AND MEDICAID.—

5 (1) STUDY.—The Comptroller General of the  
6 United States (in this paragraph referred to as the  
7 “Comptroller General”) shall conduct a study on  
8 State-level integration between specialized MA plans  
9 for special needs individuals described in subsection  
10 (b)(6)(B)(ii) of section 1859 of the Social Security  
11 Act (42 U.S.C. 1395w–28) and the Medicaid pro-  
12 gram under title XIX of such Act (42 U.S.C. 1396  
13 et seq.). Such study shall include an analysis of the  
14 following:

15 (A) The characteristics of States in which  
16 the State agency responsible for administering  
17 the State plan under such title XIX has a con-  
18 tract with such a specialized MA plan and that  
19 delivers long-term services and supports under  
20 the State plan under such title XIX through a  
21 managed care program, including the require-  
22 ments under such State plan with respect to  
23 long-term services and supports.

24 (B) The types of such specialized MA  
25 plans, which may include the following:

1 (i) A plan described in section  
2 1853(a)(1)(B)(iv)(II) of such Act (42  
3 U.S.C. 1395w-23(a)(1)(B)(iv)(II)).

4 (ii) A plan that meets the require-  
5 ments described in subsection (f)(3)(D) of  
6 such section 1859.

7 (iii) A plan described in clause (ii)  
8 that also meets additional requirements es-  
9 tablished by the State.

10 (C) The characteristics of individuals en-  
11 rolled in such specialized MA plans.

12 (D) As practicable, the following with re-  
13 spect to State programs for the delivery of long-  
14 term services and supports under such title  
15 XIX through a managed care program:

16 (i) Which populations of individuals  
17 are eligible to receive such services and  
18 supports.

19 (ii) Whether all such services and sup-  
20 ports are provided on a capitated basis or  
21 if any of such services and supports are  
22 carved out and provided through fee-for-  
23 service.

24 (E) As, practicable, how the availability  
25 and variation of integration arrangements of

1 such specialized MA plans offered in States af-  
2 fects spending, service delivery options, access  
3 to community-based care, and utilization of  
4 care.

5 (F) Barriers and opportunities for making  
6 further progress on dual integration, as well as  
7 recommend legislation to expedite or refine  
8 pathways toward fully integrated care.

9 (2) REPORT.—Not later than 2 years after the  
10 date of the enactment of this Act, the Comptroller  
11 General shall submit to Congress a report containing  
12 the results of the study conducted under paragraph  
13 (1), together with recommendations for such legisla-  
14 tion and administrative action as the Comptroller  
15 General determines appropriate.

16 **SEC. 2. EXPANDING SUPPLEMENTAL BENEFITS TO MEET**  
17 **THE NEEDS OF CHRONICALLY ILL MEDICARE**  
18 **ADVANTAGE ENROLLEES.**

19 (a) IN GENERAL.—Section 1852(a)(3) of the Social  
20 Security Act (42 U.S.C. 1395w-22(a)(3)) is amended—

21 (1) in subparagraph (A), by striking “Each”  
22 and inserting “Subject to subparagraph (D), each”;  
23 and

24 (2) by adding at the end the following new sub-  
25 paragraph:

1           “(D) EXPANDING SUPPLEMENTAL BENE-  
2           FITS TO MEET THE NEEDS OF CHRONICALLY  
3           ILL ENROLLEES.—

4           “(i) IN GENERAL.—For plan year  
5           2020 and subsequent plan years, in addi-  
6           tion to any supplemental health care bene-  
7           fits otherwise provided under this para-  
8           graph, an MA plan, including a specialized  
9           MA plan for special needs individuals de-  
10          scribed in subsection (b)(6) of section  
11          1859, may provide supplemental benefits  
12          described in clause (ii) to a chronically ill  
13          enrollee (as defined in clause (iii)).

14          “(ii) SUPPLEMENTAL BENEFITS DE-  
15          SCRIBED.—

16          “(I) IN GENERAL.—Supplemental  
17          benefits described in this clause are  
18          supplemental benefits that, with re-  
19          spect to a chronically ill enrollee, have  
20          a reasonable expectation of improving  
21          or maintaining the health or overall  
22          function of the chronically ill enrollee  
23          and may not be limited to being pri-  
24          marily health related benefits.

1                   “(II) AUTHORITY TO WAIVE UNI-  
2                   FORMITY REQUIREMENTS.—The Sec-  
3                   retary may, with respect to supple-  
4                   mental benefits provided to a chron-  
5                   ically ill enrollee under this subpara-  
6                   graph, waive the uniformity require-  
7                   ment, as determined appropriate by  
8                   the Secretary.

9                   “(iii) CHRONICALLY ILL ENROLLEE  
10                  DEFINED.—In this subparagraph, the term  
11                  ‘chronically ill enrollee’ means an enrollee  
12                  in an MA plan that the Secretary deter-  
13                  mines—

14                         “(I) has one or more comorbid  
15                         and medically complex chronic condi-  
16                         tions that is life threatening or signifi-  
17                         cantly limits the overall health or  
18                         function of the enrollee;

19                         “(II) has a high risk of hos-  
20                         pitalization or other adverse health  
21                         outcomes; or

22                         “(III) requires intensive care co-  
23                         ordination.”.

24                  (b) GAO STUDY AND REPORT.—

1           (1) STUDY.—The Comptroller General of the  
2 United States (in this subsection referred to as the  
3 “Comptroller General”) shall conduct a study on  
4 supplemental benefits provided to enrollees in Medi-  
5 care Advantage plans under part C of title XVIII of  
6 the Social Security Act, including specialized MA  
7 plans for special needs individuals described in sec-  
8 tion 1859(b)(6) of such Act (42 U.S.C. 1395w-  
9 28(b)(6)). Such study shall be conducted in con-  
10 sultation with the Centers for Medicare & Medicaid  
11 Services and Medicare Advantage plans as necessary  
12 and, to the extent data is available, shall include an  
13 analysis of the following:

14           (A) The type of supplemental benefits pro-  
15 vided to such enrollees, the total number of en-  
16 rollees receiving each supplemental benefit, and  
17 whether the supplemental benefit is covered by  
18 the standard benchmark cost of the benefit or  
19 with an additional premium.

20           (B) The frequency in which supplemental  
21 benefits are utilized by such enrollees.

22           (C) The impact supplemental benefits have  
23 on—

1 (i) indicators of the quality of care re-  
2 ceived by such enrollees, including overall  
3 health and function of the enrollees;

4 (ii) the utilization of items and serv-  
5 ices for which benefits are available under  
6 the original Medicare fee-for-service pro-  
7 gram option under parts A and B of such  
8 title XVIII by such enrollees; and

9 (iii) the amount of the bids submitted  
10 by Medicare Advantage Organizations for  
11 Medicare Advantage plans under such part  
12 C.

13 (2) REPORT.—Not later than 5 years after the  
14 date of the enactment of this Act, the Comptroller  
15 General shall submit to Congress a report containing  
16 the results of the study conducted under paragraph  
17 (1), together with recommendations for such legisla-  
18 tion and administrative action as the Comptroller  
19 General determines appropriate.

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