

SUPPORT THE QUALITY PAYMENT RELIEF ACT

Seniors Deserve Equitable Access to High Quality Health Care

Medicare Advantage (MA) provides America's seniors a convenient, coordinated option for health coverage and drives greater value and accountability in Medicare. The program provides all the benefits of traditional fee-for-service (FFS) Medicare, plus enhanced benefits, high-value coverage, better health outcomes, greater transparency and superior customer experience to more than 28 million Americans — all at a lower cost.

Seniors are Being Penalized by Current Law

Current law prevents most seniors in high-quality MA plans from receiving expanded benefits, reduced premiums and/or lower co-pays.

Counties across the country are hurt by the MA benchmark cap. It is unfair to penalize seniors based on where they live.

Examples of Counties Penalized by Cap

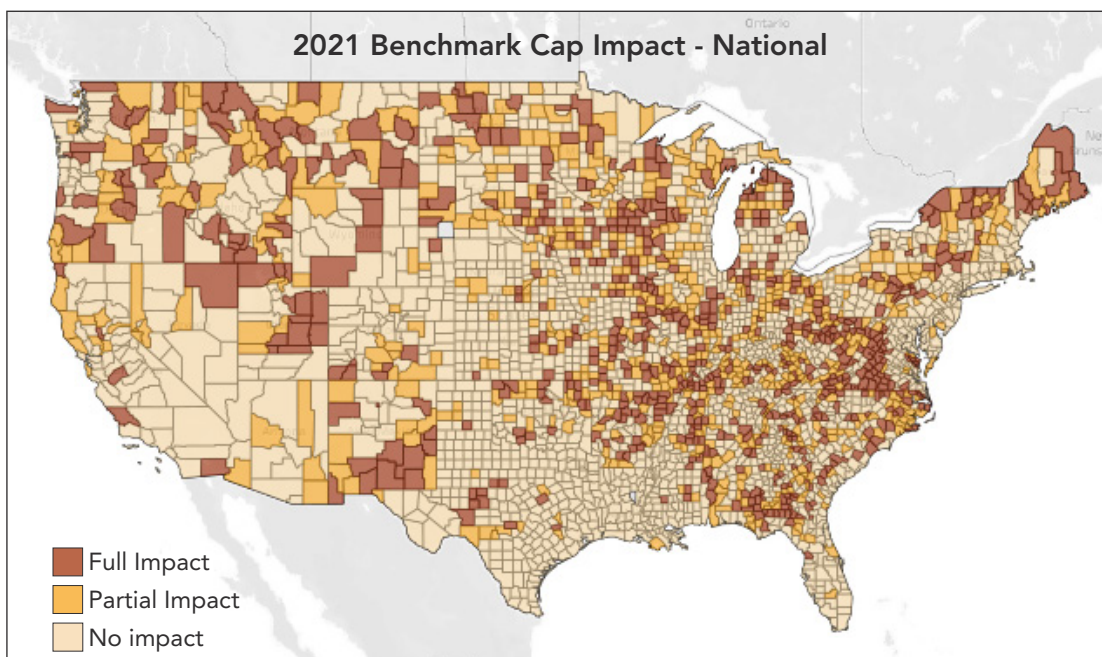
State	County	Annual benefits lost per senior
California	Imperial	\$1,860
New Mexico	Curry	\$1,748
Wisconsin	Vernon	\$1,482
Minnesota	Mower	\$1,459

The Solution: The Quality Payment Relief Act

Congress can pass legislation to ensure that seniors enrolled in high quality MA plans receive full benefits and are not hurt by the MA benchmark cap.

The **Medicare Advantage Quality Payment Relief Act (QPR, S. 4050/H.R. 4911)**, introduced in the Senate by Senators Steve Daines (R-MT), Angus King (I-ME), Tim Scott (R-SC) and Tina Smith (D-MN) and in the House by Representatives Ron Kind (D-WI), Mike Kelly (R-PA), Mike Doyle (D-PA) and Brett Guthrie (R-KY) ensures seniors enrolled in high quality MA plans receive full benefits and are not hurt by the MA benchmark cap.

The QPR builds on the success of the MA program by fixing the flawed benchmark calculation that currently penalizes seniors enrolled in high quality MA plans. The bill will remedy the unintended consequence of current law and ensure that seniors have access to expanded benefits, reduced premiums and/or lower co-pays.



Background

The Secretary of Health and Human Services (HHS) is required by law to measure the quality of MA plans. CMS developed the Star Ratings System to measure and publicly report MA plan quality performance based on 1 to 5 stars (5 being the highest quality).

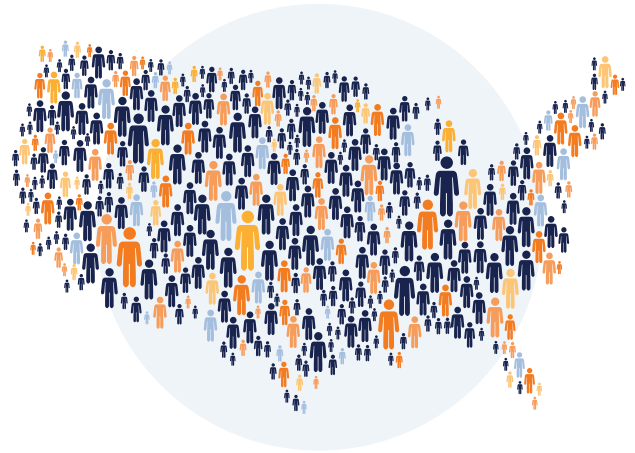
Congress designed the Quality Bonus Program (QBP) to incentivize MA plans to achieve high quality. Four- and five-star plans receive a 5 percent bonus that is reinvested into additional benefits and/or cost reductions to seniors.

The Affordable Care Act (ACA) created a new formula for setting MA benchmarks to create geographic equity based on average traditional FFS Medicare spending. To generate scoreable cost-savings, Congress did not want the new benchmark to exceed pre-ACA levels.

Congress did not intend for the QBP to be included in the benchmark cap calculation. Unfortunately, HHS has interpreted the statute to require the QBP be included in the benchmark before the comparison to the pre-ACA rate is made.

In fact, MedPAC has recommended that the benchmark cap be eliminated entirely.

HHS has consistently stated that the Secretary does not have the authority to interpret the statute differently.



Fixing the Benchmark Cap Could Provide Seniors:

- Enhanced Part D benefits
- Over-the-counter benefit
- Expanded dental benefit
- Fitness Memberships

- Lower premiums and reduced out-of-pocket costs
- Special benefits for the chronically ill
- Hearing assistive technology

- Nutritional programs
- Transportation benefit
- Home meal delivery
- Expanded hearing benefit

The Alliance of Community Health Plans (ACHP) represents the nation's top-performing nonprofit health plans to improve affordability and outcomes in the health care system. ACHP member companies provide high-quality coverage and care to nearly 22 million Americans across 35 states and D.C.

