sified to sections 1395c et seq., 1395d et seq., 1395w-21 et seq., and 1395w-101 et seq., respectively, of this title.

Section 1395w-25(n) of this title, referred to in subsec. (c)(5)(A)(i), as relating to performance bonuses for Medicare Advantage plans, was repealed by Pub. L. 111–152, title I, §1102(a), Mar. 23, 2010, 124 Stat. 1040.

§1395kkk–1. GAO study and report on determination and implementation of payment and coverage policies under the Medicare program

2010—Subsec. (c)(1)(B). Pub. L. 111–148, §10320(a)(1)(A), inserted at end “In any year (beginning with 2014) that the Board is not required to submit a proposal under this section, the Board shall submit to Congress an advisory report on matters related to the Medicare program.”

Subsec. (c)(2)(A)(iv). Pub. L. 111–148, §10320(a)(1)(B)(i), inserted “or the full premium subsidy under section 1395w–114(a) of this title” before period at end of the last sentence.


Subsec. (c)(3)(A)(ii). Pub. L. 111–148, §10320(a)(1)(D)(i), substituted “submit a proposal under this section to Congress and the President” for “transmit a proposal submitted in a proposal year by the Board or”.


Subsec. (c)(3)(B). Pub. L. 111–148, §10320(a)(4), substituted “‘advisory reports, or advisory recommendations’” for “or advisory reports, or advisory recommendations”.


Subsec. (e)(3). Pub. L. 111–148, §10320(a)(3)(B), substituted “Exceptions” for “Exception” in par. heading, designated existing provisions as subpar. (A) and (B) as cls. (i) and (ii), respectively, of subpar. (A) and realigned margins, and added subpar. (B).

Subsec. (f)(3)(B). Pub. L. 111–148, §10320(a)(4), substituted “‘advisory reports, or advisory recommendations’” for “or advisory reports to Congress” and inserted “or produce the public report under subsection (n)” after “this section”.

Subsecs. (n), (o). Pub. L. 111–148, §10320(a)(5), added subsecs. (n) and (o).

CHANGE OF NAME

Pub. L. 111–148, title X, §10320(b), Mar. 23, 2010, 124 Stat. 952, provided that: “Any reference in the provisions of, or amendments made by, section 4303 [enacting this section and section 1395kkk–1 of this title and amending section 1395o–6 of this title and section 207 of Title 18, Crimes and Criminal Procedure] to the ‘Independent Medicare Advisory Board’ shall be deemed to be a reference to the ‘Independent Payment Advisory Board’.”

CONSTRUCTION

Pub. L. 111–148, title X, §10320(c), Mar. 23, 2010, 124 Stat. 952, provided that: “Nothing in the amendments made by this section [amending this section] shall preclude the Independent Medicare Advisory Board [now Independent Payment Advisory Board], as established under section 1899A of the Social Security Act [as added by section 3403] [42 U.S.C. 1395kkk] from solely using data from public or private sources to carry out the amendments made by subsections (a)(iii)."

§1395kkk–1. GAO study and report on determination and implementation of payment and coverage policies under the Medicare program

(1) Initial study and report

(A) Study

The Comptroller General of the United States (in this section referred to as the “Comptroller General”) shall conduct a study on changes to payment policies, methodologies, and rates and coverage policies and methodologies under the Medicare program under title XVIII of the Social Security Act [42 U.S.C. 1395 et seq.] as a result of the recommendations contained in the proposals made by the Independent Payment Advisory Board under section 1899A of such Act [42 U.S.C. 1395kkk] as added by subsection (a), including an analysis of the effect of such recommendations on—

(I) Medicare beneficiary access to providers and items and services;

(ii) the affordability of Medicare premiums and cost-sharing (including deductibles, coinsurance, and copayments);

(iii) the potential impact of changes on other government or private-sector purchasers and payers of care; and

(iv) quality of patient care, including patient experience, outcomes, and other measures of care.

1 See References in Text note below.
§ 1396. Medicaid and CHIP Payment and Access Commission

(a) Establishment
There is hereby established the Medicaid and CHIP Payment and Access Commission (in this section referred to as “MACPAC”).

(b) Duties
(1) Review of access policies for all States and annual reports
MACPAC shall—
(A) review policies of the Medicaid program established under this subchapter (in this section referred to as “Medicaid”) and the State Children’s Health Insurance Program established under subchapter XXI (in this section referred to as “CHIP”) affecting access to covered items and services, including topics described in paragraph (2);
(B) make recommendations to Congress, the Secretary, and States concerning such access policies;
(C) by not later than March 15 of each year (beginning with 2010), submit a report to Congress containing the results of such reviews and MACPAC’s recommendations concerning such policies; and
(D) by not later than June 15 of each year (beginning with 2010), submit a report to Congress containing an examination of issues affecting Medicaid and CHIP, including the implications of changes in health care delivery in the United States and in the market for health care services on such programs.

(2) Specific topics to be reviewed
Specifically, MACPAC shall review and assess the following:

(A) Medicaid and CHIP payment policies
Payment policies under Medicaid and CHIP, including—
(i) the factors affecting expenditures for the efficient provision of items and services in different sectors, including the process for updating payments to medical, dental, and health professionals, hospitals, residential and long-term care providers, providers of home and community based services, Federally-qualified health centers and rural health clinics, managed care entities, and providers of other covered items and services;
(ii) payment methodologies; and
(iii) the relationship of such factors and methodologies to access and quality of care for Medicaid and CHIP beneficiaries (including how such factors and methodologies enable such beneficiaries to obtain the services for which they are eligible, affect provider supply, and affect providers that serve a disproportionate share of low-income and other vulnerable populations).

(B) Eligibility policies
Medicaid and CHIP eligibility policies, including a determination of the degree to which Federal and State policies provide health care coverage to needy populations.

(C) Enrollment and retention processes
Medicaid and CHIP enrollment and retention processes, including a determination of the degree to which Federal and State policies encourage the enrollment of individuals who are eligible for such programs and screen out individuals who are ineligible, while minimizing the share of program expenses devoted to such processes.

(D) Coverage policies
Medicaid and CHIP benefit and coverage policies, including a determination of the degree to which Federal and State policies provide access to the services enrollees require to improve and maintain their health and functional status.

(E) Quality of care
Medicaid and CHIP policies as they relate to the quality of care provided under those programs, including an examination of the degree to which Federal and State policies achieve their stated goals and interact with similar goals established by other purchasers of health care services.