

117TH CONGRESS
2D SESSION

S. 4635

To amend the Social Security Act to establish an optional State-administered program to provide fully integrated, comprehensive, coordinated care for full-benefit dual eligible individuals under the Medicare and Medicaid programs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 27, 2022

Mr. BROWN (for himself and Mr. PORTMAN) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To amend the Social Security Act to establish an optional State-administered program to provide fully integrated, comprehensive, coordinated care for full-benefit dual eligible individuals under the Medicare and Medicaid programs, 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. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Comprehensive Care for Dual Eligible Individuals Act”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Establishment of All Inclusive Medicare-Medicaid Program for Full-Benefit Dual Eligible Individuals.

“TITLE XXII—ALL INCLUSIVE MEDICARE-MEDICAID (AIM)
PROGRAM FOR FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS

“Sec. 2201. Purpose; General requirements.

“Sec. 2202. Eligibility.

“Sec. 2203. Enrollment.

“Sec. 2204. Benefits.

“Sec. 2205. Beneficiary protections.

“Sec. 2206. Federal administration.

“Sec. 2207. Selection and role of AIM-administering entities.

“Sec. 2208. Program financing.

“Sec. 2209. Accountability and oversight.

“Sec. 2210. Definitions; miscellaneous provisions.

Sec. 3. MedPAC study and report.

1 **SEC. 2. ESTABLISHMENT OF ALL INCLUSIVE MEDICARE-**
2 **MEDICAID PROGRAM FOR FULL-BENEFIT**
3 **DUAL ELIGIBLE INDIVIDUALS.**

4 (a) IN GENERAL.—The Social Security Act is amend-
5 ed by adding at the end the following new title:

6 **“TITLE XXII—ALL INCLUSIVE**
7 **MEDICARE-MEDICAID (AIM)**
8 **PROGRAM FOR FULL-BEN-**
9 **EFIT DUAL ELIGIBLE INDI-**
10 **VIDUALS**

11 **“SEC. 2201. PURPOSE; GENERAL REQUIREMENTS.**

12 “(a) PURPOSE.—The purpose of this title is to pro-
13 vide, at the option of a State, for a program implemented
14 and administered by the State of comprehensive, coordi-
15 nated care for individuals eligible for benefits under the
16 Medicare program under title XVIII and for full benefits
17 under the Medicaid program under title XIX in order to

1 improve quality, control costs, address health disparities,
2 and support independence, community participation, and
3 quality of life.

4 “(b) REQUIREMENT FOR APPROVED AIM PROGRAM
5 APPLICATION.—A State may not be approved to imple-
6 ment an AIM program under this title unless, consistent
7 with the process specified for approval of AIM programs
8 under subsection (c)—

9 “(1) the State has completed, in a pre-printed
10 format and manner specified by the Secretary, a no-
11 tice of intent to establish such a program not earlier
12 than 3 years after the date on which the State sub-
13 mits the notice of intent to the Secretary, and which
14 includes a plan for such a program (or the State is
15 working with the Federal Coordinated Health Care
16 Office to transition an integrated care program of
17 the State into an AIM program under this title);
18 and

19 “(2) the Secretary has received assurances, sat-
20 isfactory to the Secretary, that the proposed State
21 AIM program and its plan (or, in the case of a State
22 working with the Federal Coordinated Health Care
23 Office to transition an integrated care program of
24 the State into an AIM program under this title, the
25 State AIM program after such transition is com-

1 pleted) meet the applicable requirements for such a
2 program under this title, including the requirements
3 specified in subsection (c).

4 “(c) GENERAL REQUIREMENTS.—The requirements
5 specified in this subsection for an AIM program of a State
6 are as follows:

7 “(1) ELIGIBILITY AND ENROLLMENT.—The
8 program provides for eligibility and enrollment of
9 AIMP-eligible individuals under the program in ac-
10 cordance with sections 2202 and 2203.

11 “(2) BENEFITS.—The program provides for
12 benefits for AIMP enrollees under the program in
13 accordance with section 2204.

14 “(3) BENEFICIARY PROTECTIONS.—The pro-
15 gram provides for beneficiary protections for AIMP
16 enrollees under the program that are not less than
17 those required under section 2205.

18 “(4) COORDINATING AND INTEGRATION OF
19 BENEFITS.—The program provides for the coordina-
20 tion and integration of benefits by AIM-admin-
21 istering entities in accordance with section 2205.

22 “(5) PROGRAM ACCOUNTABILITY.—The pro-
23 gram provides for accountability in administration
24 and financing in accordance with section 2208.

1 “(6) OTHER REQUIREMENTS.—The program
2 meets such other requirements as the Secretary may
3 establish to carry out this title.

4 “(d) PROGRAM APPROVAL PROCESS.—The Secretary
5 shall establish a process for the initial approval of AIM
6 programs of States based on the process used for approval
7 of waivers under section 1115 with respect to title XIX.
8 The process established under this subsection shall include
9 at least the following elements:

10 “(1) NOTICE OF INTENT.—

11 “(A) IN GENERAL.—Subject to subpara-
12 graph (B), the State submits to the Secretary
13 a notice of intent to establish the AIMP.

14 “(B) CONDITIONS FOR TRANSPARENT
15 PROCESS.—The Secretary shall not accept a no-
16 tice of intent submitted under subparagraph
17 (A) unless, before the date of such submission,
18 the State—

19 “(i) has provided a period of not less
20 than 90 days for notice and public com-
21 ment on the proposed establishment of the
22 program in the State;

23 “(ii) has held at least 2 public meet-
24 ings regarding the establishment of the
25 program; and

1 “(iii) has conducted relevant consulta-
2 tion with any relevant tribal authorities of
3 Federally recognized Indian tribes located
4 in the State.

5 “(2) FEDERAL READINESS REVIEW COM-
6 PLETED.—At least 1 year before the identified ini-
7 tial implementation date for an AIM program in a
8 State, the State has passed a review by the Sec-
9 retary of the State’s readiness to implement the pro-
10 gram.

11 “(3) STATE READINESS REVIEW OF AIM-ADMIN-
12 ISTERING ENTITIES.—After a State passes the Fed-
13 eral readiness review under paragraph (2), the State
14 shall conduct a review of the proposed AIM-admin-
15 istering entities under proposed AIMP contracts
16 with the State with respect to their readiness to ad-
17 minister the program for benefits for AIMP enroll-
18 ees assigned to such entities. Such review—

19 “(A) shall include elements specified by the
20 Secretary, including a network adequacy review;

21 “(B) may include activities such as a desk
22 review, separate network validation review, and
23 site visit; and

24 “(C) must be passed by an AIMP-admin-
25 istering entity before any outreach or marketing

1 of or by that entity is permitted under a State
2 AIM program.

3 “(e) TECHNICAL ASSISTANCE PLANNING GRANTS.—

4 “(1) ELIGIBILITY.—A State that has provided
5 a notice of intent under subsection (d)(1) to imple-
6 ment an AIM program is eligible for funding assist-
7 ance with technical planning necessary to implement
8 the program. Such funding shall be provided in
9 amounts of up to \$10,000,000 per State, and under
10 such conditions as the Secretary shall specify.

11 “(2) USE OF FUNDS.—Funding made available
12 to a State under this subsection may be used to as-
13 sist the State with the staffing, information tech-
14 nology, planning and evaluation, and initial imple-
15 mentation of the AIM program in the State for ex-
16 penses incurred during the 3-year period that begins
17 on the date the State submits a notice of intent
18 under subsection (d)(1).

19 “(3) FUNDING.—For the purpose of providing
20 funding assistance under this subsection, there is
21 appropriated, out of any money in the Treasury not
22 otherwise appropriated, such sums as may be nec-
23 essary to carry out this subsection.

1 **“SEC. 2202. ELIGIBILITY.**

2 “(a) IN GENERAL.—In this title, the term ‘AIMP-
3 eligible individual’ means, with respect to an AIMP-par-
4 ticipating State, an individual who—

5 “(1) is 21 years of age or older;

6 “(2) is entitled (or eligible to be enrolled) under
7 part A or part B, or both, of title XVIII;

8 “(3) subject to subsection (c), is eligible for
9 medical assistance under the State plan (including a
10 waiver thereof) under title XIX as a full-benefit dual
11 eligible individual; and

12 “(4) meets such income and asset standards as
13 the State may establish for the AIM program in ac-
14 cordance with subsection (d) (and which shall be ap-
15 plied in addition to the income and asset standards
16 the individual is required to meet for purposes of eli-
17 gibility for medical assistance under the State plan
18 (or a waiver) under title XIX).

19 “(b) PROCESS FOR DETERMINATION OF ELIGI-
20 BILITY.—Except as otherwise provided in this title, the de-
21 termination of whether an individual is an AIMP-eligible
22 individual with respect to the AIM program of a State
23 shall be made in accordance with the processes used to
24 determine the individual’s eligibility for medical assistance
25 under the State plan (or waiver thereof) under title XIX
26 of the State.

1 “(c) FLEXIBILITY PERMITTED.—

2 “(1) GEOGRAPHIC SCOPE.—

3 “(A) STATEWIDE.—Except as provided in
4 subparagraph (B), an AIMP-participating State
5 shall provide for the implementation of its AIM
6 program on a statewide basis.

7 “(B) PHASE-IN PERMITTED ON A TIME-
8 LIMITED BASIS.—An AIMP-participating State
9 may provide for the implementation of its AIM
10 program not on a statewide basis so long as the
11 program is phased in geographically in a man-
12 ner so that it is implemented statewide no later
13 than the 4th year of implementation, except
14 that the Secretary may permit a longer phase-
15 in period due to extenuating circumstances.

16 “(2) NEW POPULATION PHASE-IN PER-
17 MITTED.—

18 “(A) CARVE-OUTS NOT PERMITTED.—Ex-
19 cept as provided in subparagraph (B), an
20 AIMP-participating State may not deny eligi-
21 bility under its AIM program to subpopulations
22 of AIMP-eligible individuals and shall enroll all
23 AIMP-eligible individuals under the program
24 without the application of any waiting lists.

1 “(B) TIME-LIMITED EXCEPTION PER-
2 MITTED.—The Secretary may allow States to
3 phase in the enrollment of certain subpopula-
4 tions over a specified period, not to exceed a pe-
5 riod of 4 years.

6 “(3) PACE CONTINUATION PERMITTED.—Noth-
7 ing in this title shall be construed as preventing an
8 AIMP-participating State from continuing to offer a
9 Program of All-Inclusive Care for the Elderly
10 (PACE) under section 1894 or 1934.

11 “(d) INCOME AND ASSET STANDARDS.—

12 “(1) INCOME ELIGIBILITY FLOOR.—In no case
13 shall an AIMP-participating State have an income
14 eligibility threshold under its AIM program that is
15 less than 73 percent of the official poverty line (as
16 defined by the Office of Management and Budget,
17 and revised annually in accordance with section
18 673(2) of the Omnibus Budget Reconciliation Act of
19 1981) applicable to a family of the size involved or,
20 if greater, the income threshold applied during the
21 fiscal year preceding the year in which this title is
22 enacted.

23 “(2) ASSET THRESHOLD FLOOR.—In no case
24 shall an AIMP-participating State apply an asset

1 threshold for eligibility for a fiscal year that is less
2 than the following:

3 “(A) FOR FIRST FISCAL YEAR.—For the
4 1st fiscal year (or portion of a fiscal year) in
5 which the AIM program is implemented in the
6 State, the greater of—

7 “(i) \$2,000; and

8 “(ii) the asset eligibility standard ap-
9 plied under the State plan (including a
10 waiver thereof) under title XIX for a full-
11 benefit dual eligible individual during the
12 fiscal year preceding the fiscal year in
13 which this title is enacted.

14 “(B) FOR SUBSEQUENT FISCAL YEAR.—
15 For a subsequent fiscal year, the minimum
16 asset threshold applied under this paragraph
17 for the previous fiscal year increased (and
18 rounded to the nearest \$10) by the annual in-
19 crease in the consumer price index for all urban
20 consumers (United States city average).

21 “(3) FLEXIBILITY.—Nothing in this subsection
22 shall be construed as limiting the ability of an
23 AIMP-participating State to increase the income eli-
24 gibility threshold, asset eligibility threshold, or in-
25 come or asset disregards, including by allowing buy-

1 ins or spenddowns, above the minimum levels re-
2 quired under this subsection.

3 “(4) ELIGIBILITY THRESHOLD.—The income
4 and asset thresholds that a State establishes under
5 this subsection shall be applied under the State AIM
6 program to determine whether an individual is an
7 AIMP-eligible individual without regard to whether
8 the individual elects to enroll, or is enrolled, in the
9 State AIM program.

10 “(e) USE OF STREAMLINED ELIGIBILITY DETER-
11 MINATION AND ENROLLMENT PROCESSES.—

12 “(1) IN GENERAL.—Each AIMP-participating
13 State shall use streamlined eligibility and enrollment
14 processes in order to promote continuity and
15 incentivize States that invest in improving quality
16 and costs, including those specified in this sub-
17 section.

18 “(2) SPECIFIC STREAMLINED ELIGIBILITY RE-
19 QUIRED.—Each AIMP-participating State shall uti-
20 lize the following with respect to streamlining the
21 eligibility determination and enrollment of individ-
22 uals in the State’s AIM program:

23 “(A) 12-month continuous eligibility.

24 “(B) Use of electronic data matches with
25 trusted third-party sources (such as the Social

1 Security Administration or the Supplemental
2 Nutrition Assistance Program) to verify eligi-
3 bility under the State AIM program both for
4 initial eligibility applications and for renewals.

5 “(C) Streamlined eligibility recertification
6 every 12 months, including—

7 “(i) for individuals who have been de-
8 termined eligible and enrolled, only requir-
9 ing submission of information on any
10 changes to their financial or disability sta-
11 tus (instead of submitting an entire re-
12 newal application);

13 “(ii) with respect to verification of eli-
14 gibility, initially using of available informa-
15 tion to auto-verify eligibility;

16 “(iii) if additional information is need-
17 ed for renewal of eligibility, using pre-pop-
18 ulated forms and allowing submission of
19 information online, in person, by telephone,
20 fax, or mail; and

21 “(iv) using a standard reconsideration
22 period of 90 days from the time of termi-
23 nation of coverage.

1 “(3) USE OF DEEMING.—Each AIMP-partici-
2 pating State shall use deemed eligibility for a period
3 of not less than 6 months.

4 “(4) DATA SHARING ON ENROLLMENT.—Under
5 an AIMP contract, an AIMP-participating State, the
6 Secretary, and AIM-administering entities shall rou-
7 tinely and frequently share data among themselves
8 with regard to eligibility and enrollment of individ-
9 uals under AIM programs. Such data sharing may
10 include monthly changes in program enrollment and
11 eligibility, beneficiary opt-out rates, and other
12 changes specified by the Secretary.

13 “(f) RULE OF CONSTRUCTION OF CONTINUATION AS
14 A MEDICARE AND MEDICAID BENEFICIARY FOR PUR-
15 POSES OTHER THAN BENEFITS.—The fact that an indi-
16 vidual qualifies as an AIMP-eligible individual shall not
17 be construed as removing the individual’s status as an in-
18 dividual entitled to benefits under title XVIII or XIX, but
19 insofar as the individual becomes an AIMP enrollee enti-
20 tled to benefits under this title, such entitlement to bene-
21 fits under titles XVIII and XIX shall be considered as met
22 through the provision of benefits under this title.

23 **“SEC. 2203. ENROLLMENT.**

24 “(a) BENEFICIARY CHOICE.—In an AIMP-partici-
25 pating State under its AIM program, an AIMP-eligible in-

1 individual may select (in a manner specified by the State
2 consistent with this section) to receive benefits through
3 any of the following:

4 “(1) The State AIM program.

5 “(2) A PACE program (if available to the indi-
6 vidual in the State).

7 “(3) A combination of Medicare fee-for-service
8 program (under parts A, B, and D, as applicable, of
9 title XVIII) and medical assistance under title XIX
10 (whether delivered through fee-for-service or man-
11 aged care, as provided by the State under such
12 title).

13 “(b) INITIAL ASSIGNMENT AT TIME OF PROGRAM IM-
14 PLEMENTATION OR INITIAL ENROLLMENT.—An AIMP-
15 participating State may provide that all AIMP-eligible in-
16 dividuals in the State who are not enrolled in a PACE
17 program under section 1894 or 1934 and who do not make
18 an affirmative selection under subsection (a)(3) shall be
19 deemed to have elected to enroll in the AIM program of
20 the State.

21 “(c) COORDINATION OF SELECTION AND ENROLL-
22 MENT WITH MEDICARE ENROLLMENT PROCESSES.—The
23 process for selection and enrollment of AIMP-eligible indi-
24 viduals in AIM programs shall be consistent and coordi-
25 nated with the processes for enrollment in Medicare Ad-

1 vantage plans under part C of title XVIII during open
2 and special enrollment periods. Such processes shall, con-
3 sistent with section 423.38(c) of title 42, Code of Federal
4 Regulations (or any successor regulation) and any other
5 applicable regulations, provide—

6 “(1) a special enrollment period for individuals
7 who—

8 “(A) are dually eligible individuals enrolled
9 in fee-for-service Medicare when the State AIM
10 program is first established to permit such indi-
11 viduals to elect to enroll in the State AIM pro-
12 gram; or

13 “(B) become AIMP-eligible individuals;
14 and

15 “(2) for the right of an AIMP-enrolled indi-
16 vidual to disenroll from the AIM program and to
17 otherwise to make changes in the selection in enroll-
18 ment described in subsection (a).

19 “(d) ASSISTANCE IN ENROLLMENT CHOICE.—An
20 AIMP-participating State must contract with 1 or more
21 independent enrollment brokers, at least 1 of which is a
22 nonprofit, community-based organization, and all of which
23 are approved by the Secretary, to assist AIMP-eligible in-
24 dividuals in understanding the AIM program and making
25 enrollment choices under this section in the same manner

1 as such brokers are permitted with respect to enrollment
2 of individuals under its State plan under title XIX (or
3 waiver thereof), except that no individual sales commis-
4 sions shall be permitted (including to the extent such com-
5 missions may otherwise be permitted by brokers and em-
6 ployed or captive agents under the Medicare Advantage
7 program under part C of title XVIII).

8 “(e) CONSTRUCTION REGARDING CONTINUED MED-
9 ICAID USE OF MANAGED CARE.—Nothing in this sub-
10 section shall be construed as affecting the authority of an
11 AIMP-participating State to require, in the case of an
12 AIMP-eligible individual who makes the election described
13 in subsection (a)(3) (or otherwise opts-out of enrollment
14 in the AIM program and into benefits under title XIX),
15 to obtain benefits for covered services under title XIX
16 through participation in a managed care plan or arrange-
17 ment.

18 “(f) ASSIGNMENT OF ENROLLEES TO AIMP-ADMIN-
19 ISTERING ENTITIES.—

20 “(1) IN GENERAL.—An AIMP-eligible indi-
21 vidual enrolled under an AIM program shall be pro-
22 vided with a choice of the AIMP-administering enti-
23 ty to which the individual is assigned for purposes
24 of obtaining benefits under the program.

1 “(2) INITIAL ASSIGNMENT AT TIME OF PRO-
2 GRAM IMPLEMENTATION OR INITIAL ENROLL-
3 MENT.—

4 “(A) IN GENERAL.—In the case of an
5 AIMP-eligible individual who, at the time of en-
6 rollment under an AIM program, is enrolled in
7 an integrated program for individuals dually eli-
8 gible for Medicare and Medicaid participating
9 in the Financial Alignment Initiative of the
10 Federal Coordinated Health Care Office, or en-
11 rolled in a Medicare Advantage plan that is a
12 highly integrated dual eligible special needs
13 plan or a fully integrated dual eligible special
14 needs plan, the State AIM program may ini-
15 tially assign the individual to the AIMP-admin-
16 istering entity for such Medicare Advantage
17 plan (or, in the case of an AIMP-eligible indi-
18 vidual who, at the time of enrollment under an
19 AIM program, is enrolled in an integrated pro-
20 gram for individuals dually eligible for Medicare
21 and Medicaid participating in the Financial
22 Alignment Initiative of the Federal Coordinated
23 Health Care Office, to the AIMP-administering
24 entity designated by the State), or another
25 AIMP-administering entity, if necessary if—

1 “(i) the provider network of such enti-
2 ty under the AIM program is substantially
3 similar to the network used under the plan
4 offered by the entity that the individual is
5 enrolled in prior to such assignment; and

6 “(ii) the individual is provided with—

7 “(I) at least 1 written notice of
8 such assignment at least 60 days in
9 advance of the effective date of the as-
10 signment; and

11 “(II) at least 1 phone call noti-
12 fying the individual of the assignment
13 in advance of the effective date of the
14 assignment.

15 “(B) CONTINUITY OF CARE.—To the ex-
16 tent possible to prevent disruption and promote
17 continuity of care, a State AIM program shall
18 seek to ensure that individuals described in sub-
19 paragraph (A) are assigned to the AIMP-ad-
20 ministering entity that offers the plan or pro-
21 gram in which the individual is enrolled in prior
22 to the individual’s transfer to, and enrollment
23 in, the State AIM program.

24 “(C) CONDITIONAL INITIAL ASSIGNMENT
25 FOR OTHER AIMP-ELIGIBLE INDIVIDUALS.—In

1 the case of an AIMP-eligible individual who, at
2 the time of enrollment under a State AIM pro-
3 gram is enrolled in a Medicare Advantage plan
4 that is operating as an AIMP-administering en-
5 tity other than a plan described in subpara-
6 graph (A), or is enrolled in a Medicaid managed
7 care plan offered by the same entity that is op-
8 erating as an AIMP-administering entity in the
9 State AIM Program, the State AIM program
10 may initially assign the individual to that
11 AIMP-administering entity if—

12 “(i) the provider network of such enti-
13 ty under the State AIM program is sub-
14 stantially similar to the network used
15 under the Medicare Advantage plan or
16 Medicaid managed care plan offered by the
17 entity that the individual is enrolled in
18 prior to such assignment; and

19 “(ii) the individual is provided with—
20 “(I) at least 1 written notice of
21 such assignment at least 60 days in
22 advance of the effective date of the as-
23 signment; and

24 “(II) at least 1 phone call noti-
25 fying the individual of the assignment

1 in advance of the effective date of the
2 assignment.

3 “(3) RULE OF CONSTRUCTION.—Nothing in
4 this subsection shall be construed as—

5 “(A) preventing an individual from choos-
6 ing to be assigned to a different participating
7 AIMP-administering entity;

8 “(B) preventing an individual from chang-
9 ing their assignment to an AIMP-administering
10 entity or from opting-out of participating in the
11 State AIM program; or

12 “(C) constraining or changing the author-
13 ity of a State under the State plan under title
14 XIX or under a waiver of such plan to require
15 a Medicaid-eligible individual to enroll with a
16 managed care entity if the individual chooses
17 not to participate in the AIM Program.

18 “(4) CHOICE OF ENROLLMENT FROM FEE-FOR-
19 SERVICE MEDICARE.—An AIMP-eligible individual
20 who, as of the date on which a State first imple-
21 ments the State AIM program, is enrolled in the
22 Medicare fee-for-service program under title XVIII,
23 may elect to enroll in the State AIM Program
24 through a special enrollment period established for
25 such individuals, consistent with the requirements of

1 section 423.38(c)(4) of title 42, Code of Federal
2 Regulations (or a successor regulation).

3 “(g) EFFECT OF ENROLLMENT ON MEDICARE AND
4 MEDICAID PAYMENTS TO STATES.—Except as provided in
5 this title, in the case of an individual who is enrolled as
6 an AIMP enrollee under a State AIM program under this
7 title, during the period of such enrollment payment to the
8 State under this title shall be instead of the payment
9 amounts which would otherwise be payable under title
10 XVIII or XIX for items and services furnished to the en-
11 rollee.

12 “(h) OUTREACH AND ENROLLMENT SUPPORT.—

13 “(1) FUNDING.—For the purpose of providing
14 funding assistance to AIMP-participating States for
15 outreach to, and enrollment support of, AIMP-eli-
16 gible individuals, there is appropriated, out of any
17 money in the Treasury not otherwise appropriated,
18 such sums as may be necessary for each fiscal year
19 beginning with the first fiscal year that begins on or
20 after the date of enactment of this title.

21 “(2) USE OF FUNDS.—An AIMP-participating
22 State shall use funds provided to the State under
23 this subsection for outreach to, and enrollment sup-
24 port of, AIMP-eligible individuals, that includes the
25 following:

1 “(A) Distributing outreach and enrollment
2 materials printed in accessible language formats
3 (including primary languages, Braille, large
4 print, and alternative texts).

5 “(B) Engaging community-based organiza-
6 tions to conduct outreach to, and provide enroll-
7 ment assistance for, AIMP-eligible individuals.

8 “(C) Referring AIMP-eligible individuals to
9 the State long-term care ombudsman, the quali-
10 fied nonprofit AIM Ombudsman selected for the
11 AIM program under section 2205(c), and other
12 beneficiary support entities for enrollment as-
13 sistance and information.

14 **“SEC. 2204. BENEFITS.**

15 “(a) COVERED BENEFITS.—

16 “(1) IN GENERAL.—A State AIM program shall
17 provide a core package of covered benefits to address
18 medical, behavioral, long-term care, and social needs
19 of AIMP enrollees in accordance with an individual
20 assessment and plan of care. Such core package of
21 available benefits shall include the following:

22 “(A) MEDICARE BENEFITS.—All benefits
23 available under parts A, B, and D of title
24 XVIII, including with respect to benefits avail-

1 able under such part D, coverage of the 6 pro-
2 tected classes and 2 drugs from each class.

3 “(B) MEDICAID MANDATORY BENEFITS.—
4 All benefits otherwise required to be provided to
5 AIMP-eligible individuals under title XIX in the
6 State if they were not AIMP enrollees.

7 “(C) HISTORIC BENEFITS.—All Medicaid
8 services and benefits offered as of 1 year prior
9 to the enactment of this title, as required by
10 section 2204(d).

11 “(D) DRUGS.—All prescription drugs and
12 covered outpatient drugs available under the
13 State Medicaid program, including any such
14 drugs that are available under a prescription
15 drug plan under part D of title XVIII.

16 “(E) ADDITIONAL SERVICES.—An AIMP-
17 participating State may, with approval from the
18 Federal Coordinated Health Care Office, make
19 available under the State AIM program addi-
20 tional behavioral health, social, and supportive
21 services that enable flexibility to achieve person-
22 centered outcomes in the most cost-effective set-
23 ting.

24 “(2) LIMITATION ON BENEFIT CARVE-OUTS.—
25 The Secretary may permit a State AIM program to

1 exclude benefits for some services under paragraph
2 (1)(C) if the Secretary determines that such an ex-
3 clusion is essential for the State to implement the
4 AIM program but such exclusion may not extend
5 over a period of longer than 4 years.

6 “(b) BENEFIT ASSESSMENT PROCESS.—

7 “(1) ASSESSMENT TOOL AND PLAN OF CARE.—

8 “(A) DEVELOPMENT.—Not later than 18
9 months after the date of the enactment of this
10 title, the Secretary, in consultation with State
11 agencies administering State plans or waivers
12 under title XIX and with input from other
13 stakeholders, shall develop and publish a ro-
14 bust, comprehensive standard assessment tool
15 for use by all AIM programs in evaluating the
16 condition and needs of AIMP enrollees for ben-
17 efits under the program.

18 “(B) APPLICATION TO PLAN OF CARE.—

19 Each AIM program shall provide for an assess-
20 ment for each AIMP enrollee, using such stand-
21 ard assessment tool, to form a basis for the en-
22 rollee’s plan of care under the program. Such
23 an assessment shall be conducted at least annu-
24 ally, and when a triggering event (as defined by

1 the Secretary) affecting the enrollee’s need for
2 care occurs.

3 “(C) APPLICATION OF GRIEVANCE AND AP-
4 PEALS PROCEDURES.—Disagreements con-
5 cerning the plan of care for an AIM enrollee
6 shall be subject to grievance and appeal rights
7 under section 2205(b).

8 “(2) STANDARD ASSESSMENT TOOL.—The
9 standard assessment tool under paragraph (1)
10 shall—

11 “(A) contain a required set of core ele-
12 ments, to which States and AIMP-admin-
13 istering entities may add additional require-
14 ments so long as the requirements a State or
15 AIMP administering entity uses contain at a
16 minimum the core set of elements;

17 “(B) cover multiple domains, including
18 medical, functional, behavioral, and social do-
19 mains; and

20 “(C) be applicable to the full range of
21 AIMP enrollees, including individuals with seri-
22 ous mental illness and with needs for assistance
23 with activities of daily living.

24 “(c) STATE PROVISION OF COVERED BENEFITS.—

1 “(1) USE OF TIERED-BENEFIT MODEL.—An
2 AIMP-participating State may establish a tiered-
3 benefit design structure for benefits so that special-
4 ized benefits may be available to meet the needs of
5 specific subpopulations of AIMP enrollees so long as
6 such tiering—

7 “(A) only applies to benefits described in
8 subparagraph (E) of subsection (a)(1) and does
9 not limit the coverage of core covered benefits
10 described in subparagraphs (A) and (B) of such
11 subsection; and

12 “(B) is no more restrictive than the benefit
13 structure in place in the State under title XIX
14 in the year before the date of the enactment of
15 this title.

16 “(2) IN-LIEU-THEREOF ALTERNATIVE SERVICES
17 PERMITTED.—An AIMP-participating State may
18 permit AIMP-administering entities to cover benefits
19 for cost-effective alternative services (known as ‘in
20 lieu of services’) instead of benefits for services oth-
21 erwise included under the AIM program but in no
22 case shall an AIMP enrollee be required to use such
23 alternative services.

24 “(3) CONTINUITY OF SERVICES.—

1 “(A) IN GENERAL.—Except as provided in
2 subparagraph (B), during the first 6 months of
3 an AIM enrollee’s enrollment in an AIM pro-
4 gram (or for such longer period as the AIM
5 program may provide) an AIMP-participating
6 State shall continue to provide access to all
7 medically necessary covered items and services
8 and providers (for continuity of care) that were
9 being provided at the time of enrollment.

10 “(B) EXCEPTION.—Subparagraph (A)
11 shall not apply in cases in which it is deter-
12 mined by the State, and agreed to by the Sec-
13 retary, that the AIMP enrollee was not eligible
14 for such services at the time of enrollment or
15 was enrolled in the AIM program due to error
16 or fraud.

17 “(d) MAINTENANCE OF EFFORT.—As a condition for
18 approval of an AIM program of a State, the State shall
19 maintain levels of benefits for AIM enrollees under the
20 program that are not less than the level of benefits under
21 its State plan (including under a waiver) under title XIX
22 for full-benefit dual eligible individuals as of fiscal year
23 2021, as of the fiscal year before the fiscal year in which
24 this title is enacted, or as of the fiscal year before the
25 1st fiscal year in which the program is implemented in

1 the State, whichever fiscal year has the highest level of
2 benefits.

3 “(e) ADMINISTRATION OF BENEFITS THROUGH AIM-
4 ADMINISTERING ENTITIES.—AIMP-participating States
5 shall provide for the coordination of, and the responsibility
6 for the delivery of covered services through AIM-admin-
7 istering entities under an AIM contract under section
8 2207.

9 **“SEC. 2205. BENEFICIARY PROTECTIONS.**

10 “(a) IN GENERAL.—Except as otherwise provided,
11 the beneficiary protections applicable to individuals en-
12 rolled under plans under parts C and D of title XVIII
13 and under a State plan under title XIX shall apply in a
14 manner specified by the Secretary to AIMP enrollees
15 under an AIM program under this title and are in addition
16 to beneficiary protections provided under this title.

17 “(b) APPLICATION OF GRIEVANCES AND INTERNAL
18 AND EXTERNAL APPEALS UNDER AIMP CONTRACTS.—
19 The rights of individuals with respect to internal and ex-
20 ternal complaints and appeals processes shall be specified
21 in the contract between the AIMP-participating State and
22 an AIMP-administering entity. Such processes shall, at a
23 minimum, incorporate relevant rights and processes from
24 the requirements for plans under parts C and D of title

1 XVIII as well as requirements for Medicaid managed care
2 organizations under title XIX.

3 “(c) REQUIREMENT FOR QUALIFIED AIM OMBUDS-
4 MAN PROGRAM.—

5 “(1) IN GENERAL.—As a condition for approval
6 of an AIM program for a State under this title—

7 “(A) the State shall have established and
8 have ready for implementation not later than
9 18 months prior to implementing the AIM pro-
10 gram, a qualified nonprofit AIM Ombudsman
11 program run by a community-based organiza-
12 tion for such AIM program; and

13 “(B) the State, before implementation of
14 its AIM program, shall demonstrate to the sat-
15 isfaction of the Secretary (through an applica-
16 tion of certification process specified by the
17 Secretary) that its AIM Ombudsman program
18 has the capacity to carry out its functions in
19 the State, including that the program has the
20 independence, expertise, and adequate resources
21 in place to serve AIMP-eligible individuals and
22 AIMP enrollees under the State AIM program.

23 “(2) QUALIFICATIONS FOR QUALIFIED AIM OM-
24 BUDSMAN PROGRAM.—

1 “(A) IN GENERAL.—In order to be a quali-
2 fied AIM Ombudsman program, such program
3 must meet the requirements of this subsection
4 for such a program.

5 “(B) CONSTRUCTION.—Nothing in this
6 subsection shall be construed as preventing a
7 qualified AIM Ombudsman program from being
8 structured as part of another protection service
9 (including those specified in paragraph (3)), so
10 long as such other protection service meets the
11 requirements of this subsection for a qualified
12 AIM Ombudsman program.

13 “(3) COORDINATION WITH OTHER BENEFICIARY
14 PROTECTION SERVICES.—A qualified AIM Ombuds-
15 man program shall coordinate with State and Fed-
16 eral beneficiary protection services, including the fol-
17 lowing:

18 “(A) Demonstration Ombudsman Pro-
19 grams Serving Medicare-Medicaid Enrollees.

20 “(B) Managed Care Beneficiary Support
21 Systems.

22 “(C) Long-Term Care Ombudsman Pro-
23 grams.

24 “(D) Disability Protection and Advocacy
25 Programs.

1 “(4) CORE SERVICES.—A qualified AIM Om-
2 budsman program for an AIMP-participating State
3 shall have authority to provide the following core
4 services with respect to the AIM program in the
5 State:

6 “(A) Individual assistance (including con-
7 sumer education and empowerment, assistance
8 with and representation in beneficiary appeals,
9 fair hearings, and grievances, guidance regard-
10 ing plan and provider selection, and support
11 during enrollment and disenrollment) for
12 AIMP-eligible individuals considering enroll-
13 ment in the State AIM program and for AIMP
14 enrollees in such program.

15 “(B) Systemic monitoring and reporting to
16 the State regarding compliance with applicable
17 requirements.

18 “(5) PROVIDING REPORTS TO CONSUMER ADVI-
19 SORY BOARDS.—A qualified AIM Ombudsman pro-
20 gram for a State shall provide, on a timely basis,
21 any reports it produces to the consumer advisory
22 boards (established under subsection (e)) for the
23 State and shall make them publicly available.

24 “(6) FUNDING AND OVERSIGHT.—

1 “(A) IN GENERAL.—The Secretary shall
2 oversee and administer Federal funding directly
3 to qualified AIM Ombudsman programs estab-
4 lished by States.

5 “(B) FUNDING LEVEL.—For the purpose
6 of providing funding to qualified AIMP Om-
7 budsman programs in each State over a period
8 of 3 fiscal years, there is appropriated, out of
9 any money in the Treasury not otherwise ap-
10 propriated, not less than \$1,000,000, and not
11 more than \$5,000,000. The Secretary shall de-
12 termine the funding for each such program
13 based on the estimated number of AIMP-eli-
14 gible individuals in each State.

15 “(C) SUPPLEMENTAL FUNDING.—Nothing
16 in this paragraph shall be construed as pre-
17 venting an AIMP-participating State from pro-
18 viding supplemental funding for the qualified
19 AIM Ombudsman program for the State.

20 “(d) BENEFICIARY ADVISORY COUNCIL.—Each
21 AIMP-participating State shall have in operation a Bene-
22 ficiary Advisory Council to advise the State regarding the
23 treatment of AIMP-eligible individuals and AIMP enroll-
24 ees under this title. The composition and specific functions
25 and authority of such a Council shall be delineated in

1 readiness review requirements specified by the Secretary
2 in carrying out paragraphs (2) and (3) of section 2201(d).

3 “(e) CONSUMER ADVISORY BOARDS.—

4 “(1) IN GENERAL.—Each AIMP-participating
5 State and each AIMP-administering entity in each
6 such State shall establish a consumer advisory board
7 that will provide regular feedback to the State or
8 governing board of the entity, respectively, on issues
9 of care of AIMP enrollees under the AIM program
10 in that State or through that entity, respectively.

11 “(2) COMPOSITION; FUNCTIONS.—Each such
12 consumer advisory board shall—

13 “(A) meet at least quarterly;

14 “(B) be comprised of members who—

15 “(i) may be subject to approval by the
16 Secretary and the AIMP-participating
17 State;

18 “(ii) are AIMP enrollees;

19 “(iii) are family members and other
20 caregivers for AIMP enrollees; and

21 “(iv) are chosen in a manner that re-
22 flects the demographic diversity of the pop-
23 ulation of AIMP enrollees, including with
24 respect to race, ethnicity, age, and urban

1 and rural populations, and which includes
2 individuals with disabilities;

3 “(C) meet the requirements for member
4 advisory committees under section 438.110 of
5 title 42, Code of Federal Regulations; and

6 “(D) file and make publicly available an
7 annual report that includes at least information
8 on—

9 “(i) the dates for its meetings held
10 within the reporting year;

11 “(ii) the names of board members in-
12 vited and of those members in attendance
13 at each such meeting; and

14 “(iii) the agenda and minutes for each
15 such meeting.

16 **“SEC. 2206. FEDERAL ADMINISTRATION.**

17 “(a) PRIMARY ADMINISTRATION THROUGH THE
18 FEDERAL COORDINATED HEALTH CARE OFFICE.—

19 “(1) IN GENERAL.—The Secretary shall carry
20 out this title through the Federal Coordinated
21 Health Care Office, except that with respect to pay-
22 ments under section 2208, the Secretary may dele-
23 gate such authority to the Administrator of the Cen-
24 ters for Medicare & Medicaid Services.

1 “(2) APPROPRIATIONS.—There are hereby ap-
2 propriated to the Secretary to carry out this title,
3 out of any funds in the Treasury not otherwise ap-
4 propriated—

5 “(A) for each of fiscal years 2022, 2023,
6 and 2024, \$100,000,000; and

7 “(B) for each succeeding fiscal year,
8 \$30,000,000.

9 “(b) STANDARDS AND PROCESS.—

10 “(1) FEDERAL STANDARDS.—In carrying out
11 this title, the Secretary shall specify a minimum set
12 of Federal standards, including standards relating to
13 access to care, quality of care, beneficiary protec-
14 tions, marketing and enrollment, grievances and ap-
15 peals, and procurement.

16 “(2) TRANSPARENCY IN RULEMAKING.—In im-
17 plementing the provisions of this title, to the extent
18 practical, the Secretary shall utilize notice and com-
19 ment rulemaking to ensure transparency for stake-
20 holders.

21 “(3) APPLICATION OF KNOWLEDGE GAINED
22 FROM DEMONSTRATION PROJECTS AND CONTRACT
23 MANAGEMENT TEAMS UNDER THE FINANCIAL
24 ALIGNMENT INITIATIVE.—The Secretary shall carry
25 out this title taking into account the knowledge

1 gained from the use of contract management teams
 2 in demonstration projects under the Financial Align-
 3 ment Initiative for Medicare-Medicaid Enrollees ad-
 4 ministered by the Federal Coordinated Health Care
 5 Office.

6 “(c) **DIRECT-HIRE AUTHORITY.**—In carrying out
 7 this title, the Secretary (acting through the Federal Co-
 8 ordinated Health Care Office) shall have direct-hire au-
 9 thority to the extent required to implement and administer
 10 this title on a timely basis.

11 **“SEC. 2207. SELECTION AND ROLE OF AIM-ADMINISTERING**
 12 **ENTITIES.**

13 “(a) **REQUIREMENTS FOR STATE SELECTION OF**
 14 **AIM-ADMINISTERING ENTITIES.**—The Secretary, in con-
 15 sultation with States, shall develop (not later than 1 year
 16 after the date of the enactment of this title) a set of stand-
 17 ardized requirements for the selection of qualified organi-
 18 zations to serve as AIMP-administering entities in the
 19 AIM programs in each AIMP-participating State.

20 “(b) **APPLICATION OF CRITERIA FOR THE QUALI-**
 21 **FICATION AND SELECTION OF AIMP-ADMINISTERING EN-**
 22 **TITIES.**—

23 “(1) **IN GENERAL.**—Each AIM program in an
 24 AIMP-participating State shall be implemented
 25 through contracts entered into by the AIMP-partici-

1 pating State and organizations that qualify as
2 AIMP-administering entities under this title. A con-
3 tract with an AIMP-administrating entity shall re-
4 quire the entity to assume 2-sided financial risk in
5 return for payment for the arrangement and delivery
6 of covered benefits to AIMP enrollees assigned to
7 the entity under the program.

8 “(2) SPECIFICATION OF CRITERIA.—The Sec-
9 retary and AIMP-participating States shall establish
10 basic national criteria for the qualification and selec-
11 tion of organizations to be AIMP-administering enti-
12 ties. Such criteria shall take into account the prior
13 experience (including under both the Medicare pro-
14 gram under title XVIII and Medicaid programs
15 under title XIX) of such an organization in serving
16 the population of AIMP-eligible individuals as well
17 as other criteria, including the following:

18 “(A) The organization’s experience serving
19 AIMP-eligible individuals in that State (or an-
20 other State), including the organization’s expe-
21 rience in providing covered services described in
22 section 2204(a)(1) (including long-term services
23 and supports and behavioral health services) to
24 such individuals, and in integrating all of those

1 services and supports for such individuals in
2 that State (or another State).

3 “(B) The organization’s performance on
4 key quality measures in providing such services,
5 such as on measures of key health outcomes
6 and enrollee satisfaction.

7 “(C) The adequacy of the organization’s
8 provider network in ensuring timely access to
9 care.

10 “(D) The organization’s demonstrated ex-
11 perience in implementing models of care for the
12 full range of such services, including with re-
13 spect to non-medical services described in sec-
14 tion 2204(a)(1).

15 “(3) ADDITIONAL STATE-SPECIFIC CRITERIA.—
16 Nothing in this subsection shall be construed as pre-
17 venting a State, with the approval of the Secretary,
18 from applying additional criteria or requirements re-
19 garding health care quality, equity, or access on
20 AIMP-administering entities specific to quality, eq-
21 uity, or access, so long as such requirements and cri-
22 teria—

23 “(A) can be applied consistently to all
24 AIMP-administering entities; and

1 “(B) are made available for public com-
2 ment prior to being imposed.

3 “(4) APPLICATION OF MEDICAL LOSS RATIO RE-
4 QUIREMENTS.—

5 “(A) IN GENERAL.—Any AIMP contract
6 between an AIMP-participating State and an
7 AIMP-administering entity to administer bene-
8 fits under an AIM program shall include a re-
9 quirement that the medical loss ratio under the
10 AIM program shall not be not less than a per-
11 centage (not less than 85 percent) specified by
12 the State and that the entity shall return to the
13 State payment amounts that result in the med-
14 ical loss ratio being below such percentage.

15 “(B) SPECIAL RULES.—If an admin-
16 istering entity who is contracting with a partici-
17 pating State to administer a program under
18 this title is an entity bearing 2-sided risk, the
19 State shall establish with the approval of the
20 Secretary a mechanism comparable to a medical
21 loss ratio target to ensure appropriate spending
22 on services by the entity.

23 “(c) STATE PROCUREMENT PROCESS FOR AIMP-AD-
24 MINISTERING ENTITIES.—

1 “(1) IN GENERAL.—Each AIMP-participating
2 State shall be responsible for establishing and imple-
3 menting a process for the procurement and selection
4 of AIMP-administering entities for the State AIM
5 program, subject to the approval of the Secretary.
6 The Secretary shall not approve such a process un-
7 less the State demonstrates to the Secretary’s satis-
8 faction that the process results in the selection of
9 AIMP-administering entities that meet the require-
10 ments of this title and are qualified to serve the
11 needs of AIMP enrollees in the State under the
12 State’s AIM program. An AIMP-participating State
13 may add additional requirements specific to quality,
14 equity, or access that further the State’s overall in-
15 tegrated care strategy and goals, so long as such re-
16 quirements are posted for public comment and ap-
17 proved by the Federal Coordinated Health Care Of-
18 fice.

19 “(2) SEPARATE PROCUREMENT PROCESS RE-
20 QUIRED FOR INITIAL PROCUREMENT.—For the ini-
21 tial procurement executed to establish an AIM pro-
22 gram in an AIMP-participating State, the State
23 shall not combine its AIM administering entity pro-
24 curement process with a procurement process that is
25 also used for procurement under the State plan or

1 waiver under title XIX and shall select AIM admin-
2 istering entities through a standalone procurement
3 process.

4 “(d) PAYMENTS TO AIM-ADMINISTERING ENTI-
5 TIES.—Each AIMP-participating State shall make pay-
6 ments to AIM-administering entities under a risk-adjusted
7 payment model that—

8 “(1) reflects the risk of the population of AIMP
9 enrollees served by each entity;

10 “(2) ensures that there are appropriate re-
11 sources to serve the AIMP enrollees in the State;
12 and

13 “(3) protects against any adverse selection of
14 AIMP enrollees by entities.

15 **“SEC. 2208. PROGRAM FINANCING.**

16 “(a) PAYMENTS TO STATES WITH AIM PRO-
17 GRAMS.—

18 “(1) FOR PROGRAM BENEFITS.—

19 “(A) IN GENERAL.—From the sums appro-
20 priated under paragraph (3), the Secretary
21 shall pay to each AIMP-participating State for
22 each quarter in a fiscal year (beginning with
23 the first fiscal year that begins after the date
24 of enactment of this title), an amount equal to
25 the Federal AIMP matching percentage (as de-

1 fined in subsection (b)(1)) of the total amount
2 expended during the quarter as AIMP assist-
3 ance (as defined in subparagraph (B)).

4 “(B) AIMP ASSISTANCE DEFINED.—In
5 this title, the term ‘AIMP assistance’ has the
6 meaning given the term ‘medical assistance’
7 under section 1905(a), except that in applying
8 such term under this subparagraph—

9 “(i) the services described in section
10 2204(a)(1) shall be substituted for the
11 services described in paragraph (1) and the
12 subsequent paragraphs of such section
13 1905(a);

14 “(ii) an AIMP enrollee shall be treat-
15 ed as an individual referred to in the mat-
16 ter in section 1905(a) before paragraph (1)
17 of such section; and

18 “(iii) the exclusion in the subdivision
19 (B) following the last paragraph of the
20 first sentence of section 1905(a) shall not
21 apply.

22 “(2) FOR ADMINISTRATIVE EXPENSES.—In ad-
23 dition to the amount paid for each quarter in a fis-
24 cal year to an AIMP-participating State under para-
25 graph (1), the Secretary shall pay to each such

1 State for each quarter in a fiscal year (beginning
2 with the first fiscal year that begins after the date
3 of enactment of this title), from the sums appro-
4 priated under paragraph (3), not less than 50 per-
5 cent of the total amount expended during such quar-
6 ter as found necessary by the Secretary for the prop-
7 er and efficient administration of the State AIM
8 program under this title.

9 “(3) APPROPRIATION.—There is appropriated,
10 out of any money in the Treasury not otherwise ap-
11 propriated, such amounts as may be required to pro-
12 vide payments to States under this section, reduced
13 by any amounts made available from the Medicare
14 trust funds under paragraph (5).

15 “(4) RELATION TO OTHER PAYMENTS.—Pay-
16 ment amounts provided under this subsection are in
17 addition to payments provided under other provi-
18 sions of this title.

19 “(5) RELATION TO MEDICARE TRUST FUNDS.—
20 There shall be made available for application under
21 this title from the Federal Hospital Insurance Trust
22 Fund (under section 1817) and from the Federal
23 Supplementary Medical Insurance Trust Fund
24 (under section 1841) (and from the Medicare Pre-
25 scription Drug Account (under section 1860D–16)

1 within such Trust Fund) such amounts as the Sec-
2 retary determines appropriate, taking into account
3 the reductions in payments from such Trust Funds
4 and Account that are attributable to the coverage of
5 AIMP enrollees under AIM programs under this
6 title.

7 “(b) FEDERAL AIMP MATCHING PERCENTAGE.—

8 “(1) IN GENERAL.—In this section, the term
9 ‘Federal AIMP matching percentage’ means, for an
10 AIMP-participating State for a fiscal year, 100 per-
11 cent minus the State contribution percentage (as de-
12 fined in paragraph (2)) for the State and fiscal year.

13 “(2) STATE CONTRIBUTION PERCENTAGE FOR-
14 MULA.—

15 “(A) IN GENERAL.—In this section, the
16 term ‘State contribution percentage’ means,
17 subject to adjustment under the subsequent
18 provisions of this paragraph, with respect to an
19 AIMP-participating State for—

20 “(i) the 1st fiscal year of the AIM
21 program in the State, the base AIMP
22 State percentage computed under sub-
23 section (c); or

24 “(ii) a subsequent fiscal year, the
25 State contribution percentage under this

1 paragraph for the previous fiscal year ad-
2 justed in accordance with subparagraph
3 (B) or (C), as applicable.

4 “(B) ANNUAL ADJUSTMENT BASED ON
5 CHANGES IN EXPENDITURES.—For an AIMP-
6 participating State for a fiscal year after such
7 1st fiscal year, if the expenditures for AIMP as-
8 sistance for which payment is made under sub-
9 section (a)(1) under the State AIM program for
10 the second previous fiscal year—

11 “(i) are not greater than 110 percent,
12 or less than 90 percent, of the AIMP as-
13 sistance expenditures for the previous fis-
14 cal year, there shall be no adjustment for
15 the fiscal year involved under this subpara-
16 graph;

17 “(ii) is greater than 110 percent of
18 the AIMP assistance expenditures for the
19 previous fiscal year, the adjustment under
20 this subparagraph for the fiscal year in-
21 volved shall be an increase in the State
22 contribution percentage of 1 percentage
23 point for each multiple of 10 percentage
24 points by which such AIMP assistance ex-
25 penditures exceed 110 percent; or

1 “(iii) is less than 90 percent of the
2 AIMP assistance expenditures for the pre-
3 vious fiscal year, the adjustment under this
4 subparagraph for the fiscal year involved
5 shall be a decrease in the State contribu-
6 tion percentage of 1 percentage point for
7 each multiple of 10 percentage points by
8 which such AIMP assistance expenditures
9 is less than 90 percent.

10 “(C) ADDITIONAL ADJUSTMENTS FOR EX-
11 CEPTIONS.—The Secretary shall provide a proc-
12 ess by which adjustments may be made to the
13 State contribution percentage to take into ac-
14 count increases and decreases in AIMP expend-
15 itures described in clause (ii) or (iii) of sub-
16 paragraph (B) in which the adjustments under
17 such clauses would not apply, such as in cases
18 of a significant increase or decrease in AIMP
19 enrollees, a declaration of a national emergency
20 that impacts on AIMP expenditures under this
21 title, or a significant cost increase beyond the
22 control of the State, as determined by the Sec-
23 retary.

24 “(c) BASELINE EXPENDITURE AND PERCENTAGE
25 COMPUTATIONS.—

1 “(1) IN GENERAL.—Using the data reported
2 under paragraph (2):

3 “(A) COMPUTATION OF BASE AIMP PER-
4 CENTAGES.—For the base Federal fiscal year
5 (as defined in paragraph (3)), the Secretary
6 shall compute and publish for each State—

7 “(i) the base AIMP State percentage
8 (as defined in subparagraph (B)) for the
9 State and such fiscal year; and

10 “(ii) the Federal AIMP matching per-
11 centage for the State and such fiscal year.

12 “(B) BASE AIMP STATE PERCENTAGE DE-
13 FINED.—In this section, the ‘base AIMP State
14 percentage’ means the amount equal to the
15 ratio (expressed as a percentage) of—

16 “(i) the sum of—

17 “(I) the amount of the State
18 share of expenditures under title XIX
19 for medical assistance during the base
20 Federal fiscal year attributable to full-
21 benefit dual eligible individuals; and

22 “(II) the amount of the payment
23 made to the Federal Government dur-
24 ing the base Federal fiscal year under
25 section 1935(c) (commonly referred to

1 as the ‘part D clawback’) attributable
2 to such individuals; to

3 “(ii) the sum of—

4 “(I) the total expenses paid
5 under title XVIII that are attributable
6 to full-benefit dual eligible individuals
7 for services (or periods of coverage)
8 occurring the base Federal fiscal year
9 (as estimated by the Secretary); and

10 “(II) the total amount expended
11 on items and services described in sec-
12 tion 2204(a)(1) paid under title XIX
13 (including any waivers under title XI)
14 for full-benefit dual eligible individuals
15 in the base Federal fiscal year.

16 “(C) ADJUSTMENTS TO BASE AIMP PER-
17 CENTAGES.—With respect to the base AIMP
18 State percentages and the Federal AIMP
19 matching percentages otherwise computed
20 under this paragraph for the base Federal fiscal
21 year, the Secretary shall adjust such percent-
22 ages to take into account material changes in
23 the programs under titles XVIII and XIX be-
24 tween the base Federal fiscal year and the first
25 fiscal year for which AIM programs may be im-

1 plemented under this title insofar as such mate-
2 rial changes have a direct material impact on
3 AIMP expenditures relating to AIMP-eligible
4 individuals.

5 “(2) DATA REPORTING FOR BASELINE COM-
6 PUTATIONS.—Each State, in its application for ap-
7 proval of its AIM program, shall provide the Sec-
8 retary (in such form and manner as the Secretary
9 may require) such financial data (including detailed
10 and aggregate, historical and projected expenditures
11 data) on its expenditures under title XIX as the Sec-
12 retary may require to carry out the computations re-
13 quired under this section. The Secretary shall share
14 with the State, in a process defined by the Sec-
15 retary, Medicare expenditure data (including de-
16 tailed and aggregate historical and projected expend-
17 itures data) for services and benefits for full-benefit
18 dual eligible individuals in such State.

19 “(3) BASE FEDERAL FISCAL YEAR DEFINED.—
20 In this section, the term ‘base Federal fiscal year’
21 means the Federal fiscal year that is the second pre-
22 ceding fiscal year to the 1st fiscal year for which
23 AIM programs may be implemented under this title.

24 “(d) REINVESTMENT OF SHARED SAVINGS.—

25 “(1) IN GENERAL.—

1 “(A) IN GENERAL.—If, with respect to a
2 fiscal year, an AIMP-participating State has ex-
3 penditures under this title for AIMP assistance
4 that for the preceding fiscal year, are less than
5 85 percent of the expenditures for such assist-
6 ance under the State AIM program for the sec-
7 ond preceding fiscal year, the Secretary shall
8 ensure that for each quarter in the following
9 fiscal year, the State spends at least the shared
10 savings amount determined for the State for
11 the fiscal year on 1 or more of the core applica-
12 tions described in paragraph (3). Amounts ex-
13 pended by a State to meet the requirement of
14 the preceding sentence shall not be subject to
15 any Federal matching payments under this
16 title.

17 “(B) SHARED SAVINGS AMOUNT DE-
18 FINED.—In this subsection, the term ‘shared
19 savings amount’ means, with respect to an
20 AIMP-participating State for a fiscal year, the
21 amount by which the AIMP assistance expendi-
22 tures for the fiscal year is less than 85 percent
23 of the expenditures for such assistance under
24 the State AIM program for the second pre-
25 ceding fiscal year.

1 “(2) APPLICATION OF SHARED SAVINGS.—The
2 Secretary shall issue guidance outlining allowable
3 use of the shared savings payments under paragraph
4 (1). Under such guidance, the Secretary shall outline
5 the types of services and benefits for which a State
6 has the authority to apply the payments for the ben-
7 efit of consumers who are AIMP-eligible individuals.
8 Such guidance shall permit the use of such pay-
9 ments consistent with the core applications described
10 in paragraph (3) and with paragraph (4), and may
11 be used for existing State-funded health programs or
12 new health-related initiatives that serve full-benefit
13 dual eligible individuals under this title.

14 “(3) CORE APPLICATIONS.—The core applica-
15 tions described in this paragraph for such consumers
16 are as follows:

17 “(A) CONSUMER POWER AND CHOICE.—To
18 provide such consumers more information and
19 control over their health care and community
20 support options.

21 “(B) EQUITY AND ACCESS TO CARE.—To
22 improve access to, and quality of, care across
23 populations, advance health equity for con-
24 sumers, and reduce health disparities and elimi-
25 nate barriers to care.

1 “(C) PREVENTION AND WELLNESS.—To
2 strive to better enable such consumers to re-
3 ceive individualized health care that is out-
4 comes-oriented and focused on prevention,
5 wellness, recovery and maintaining independ-
6 ence.

7 “(D) PAY FOR PERFORMANCE.—To employ
8 purchasing and payment methods that encour-
9 age and reward service quality and cost-effec-
10 tiveness by linking reimbursements for services
11 to such consumers to common, evidence-based
12 quality performance measures, including patient
13 satisfaction.

14 “(E) INNOVATIVE ADVANCEMENT.—To im-
15 plement innovative and technological advance-
16 ments that facilitate such consumers remaining
17 in the community.

18 “(F) SERVICE INTEGRATION.—To increase
19 integration of services with social needs to im-
20 prove health outcomes for such consumers.

21 “(G) STATE PERSONNEL.—To hire addi-
22 tional State personnel to carry out this title.

23 “(H) CAPACITY BUILDING.—To expand ca-
24 pacity in providing services to such consumers,
25 such as in—

1 “(i) community-based care; and

2 “(ii) caregiver assistance.

3 “(I) IMPROVE ENROLLMENT POLICIES AND
4 PROCESS.—To improve the ability to enroll in
5 the State AIMP program through streamlining
6 enrollment policies and processes.

7 “(J) INCREASE EDUCATION FOR PRO-
8 VIDERS AND BENEFICIARIES.—To ensure pro-
9 viders and beneficiaries understand the State
10 AIMP program and the choices available under
11 such program.

12 “(K) IMPROVE DATA COLLECTION RE-
13 GARDING RACIAL DISPARITIES AND HEALTH IN-
14 EQUITIES.—To ensure appropriate data is col-
15 lected and used to determine program inequi-
16 ties.

17 “(L) OTHER SERVICES AND INITIA-
18 TIVES.—Other services and initiatives approved
19 by the Secretary that serve full-benefit dual eli-
20 gible individuals under this title.

21 “(4) LIMITATION ON PAYMENT TO AIMP-ADMIN-
22 ISTERING ENTITIES.—An AIMP-participating State
23 may use payments under this subsection for an
24 AIMP-administering entity only if the State dem-
25 onstrates, to the satisfaction of the Secretary, that

1 the State’s AIM program provides appropriate main-
2 tenance of access to and quality of care based on the
3 requirements imposed by the State on the applicable
4 AIMP-administering entities.

5 “(e) APPLICATION OF MEDICAID PAYMENT METH-
6 ODOLOGIES FINANCING LIMITATIONS FOR THE NON-FED-
7 ERAL SHARE OF EXPENDITURES.—

8 “(1) IN GENERAL.—Except as the Secretary
9 may otherwise provide through notice and comment
10 regulation, the following provisions of title XIX (and
11 related regulations) shall apply to AIMP-partici-
12 pating States’ expenditures in the AIM program in
13 a manner similar to the manner in which such provi-
14 sions apply under title XIX:

15 “(A) Section 1903(d) (relating to esti-
16 mated payments, recovery of overpayments, dis-
17 allowance of provisions).

18 “(B) Section 1903(w) (relating to pro-
19 vider-related donations, health care related
20 taxes, and broad-based health care related
21 taxes).

22 “(C) Section 1903(w)(6) (relating to cer-
23 tified public expenditures and intergovern-
24 mental transfers).

1 “(D) Other provisions relating to deferral
2 of payments, preventing fraud and abuse, and
3 ensuring program integrity.

4 “(2) PROCESSES AND FORMS.—

5 “(A) IN GENERAL.—The Secretary shall
6 establish appropriate forms and processes (in-
7 cluding expenditure reconciliation processes) for
8 submission of information on State expendi-
9 tures under this title in a manner similar to the
10 processes used for purposes of payments to
11 States under title XIX, but through the use of
12 such alternative forms as may be appropriate in
13 implementing this title.

14 “(B) REPORTING OF ESTIMATED EXPENDI-
15 TURES BY QUARTER.—An AIMP-participating
16 State shall estimate matchable expenditures (in-
17 cluding both total expenditures as well as the
18 estimated Federal share of those expenditures)
19 and separately report these expenditures by
20 quarter for each fiscal year for its AIM pro-
21 gram. The Secretary shall make Federal funds
22 available based upon the State’s estimate, as
23 approved by the Secretary.

24 “(C) REPORTING AND RECONCILIATION OF
25 ACTUAL EXPENDITURES ON A QUARTERLY

1 BASIS.—Not later than 30 days after the end of
2 each quarter, each AIMP-participating State
3 shall submit to the Secretary (on an appro-
4 priate form) a quarterly expenditure report,
5 showing expenditures made in the quarter just
6 ended under its AIM program. The Secretary
7 shall reconcile expenditures so reported with
8 Federal funding previously made available to
9 the State under this section and include the
10 reconciling adjustment in the finalization of the
11 grant award to the State.

12 “(3) RULE OF CONSTRUCTION.—Nothing in
13 this title shall be construed as constraining or lim-
14 iting the authority of the Secretary, the Adminis-
15 trator of the Centers for Medicare & Medicaid Serv-
16 ices, the Inspector General of the Department of
17 Health and Human Services, or the Comptroller
18 General of the United States, to conduct routine and
19 targeted program and financial management audits
20 and other oversight activities of funds expended
21 under this title, including oversight activities relating
22 to the allowable use of funds.

23 “(f) OPTION FOR MULTI-YEAR INVESTMENT INITIA-
24 TIVE.—The Secretary may specify a process by which an
25 AIM-participating State may elect to participate in a

1 multi-year investment initiative during the first 3-year pe-
2 riod in which the State participates in the AIM program.
3 Under such option, an AIM-participating State shall be
4 eligible for additional Federal financial participation (as
5 determined by the Secretary) for expenditures under this
6 title that do not exceed an annual budget target estab-
7 lished for the State, based on the expenditures of the State
8 used to determine the base AIMP State percentage under
9 subsection (c)(1)(B), and increased for the 2d and 3rd
10 years of such period, by 9.99 percent over the budget tar-
11 get established for the preceding year.

12 **“SEC. 2209. ACCOUNTABILITY AND OVERSIGHT.**

13 “(a) **QUALITY ASSESSMENT.**—To ensure that full-
14 benefit dual eligible individuals receive high quality care
15 and to encourage quality improvement under AIM pro-
16 grams, each AIM-participating State shall establish a
17 quality incentive program that uses financial rewards,
18 penalties, or both that are meaningful enough to influence
19 the administering entity’s behavior and is approved by the
20 Federal Coordinated Health Care Office. Each AIM pro-
21 gram will be expected to tie financial incentives to per-
22 formance either in the form of quality withholds or incen-
23 tives, such as making additional quality payments to an
24 AIMP-administering entity that achieves quality or equity
25 goals or the withholding of a portion of a capitation pay-

1 ment to an entity that fails to achieve such goals. Each
2 AIM-participating State shall publicly post and seek com-
3 ment on its proposed quality incentive program prior to
4 submitting to the Federal Coordinated Health Care Office
5 for approval.

6 “(b) MONITORING AND PROGRAM EVALUATION.—

7 “(1) CONSOLIDATED REPORTING REQUIRE-
8 MENTS FOR AIM-ADMINISTERING ENTITIES.—The
9 Secretary and each AIMP-participating State shall
10 define and specify in the contract for each AIMP-ad-
11 ministering entity under this title a consolidated re-
12 porting process that ensures the provision of the
13 necessary data on diagnosis, HEDIS measures, en-
14 counter reports, enrollee satisfaction, and evidence-
15 based measures and other information as may be
16 useful in order to monitor each AIMP-administering
17 entity’s performance under the AIMP contract.

18 “(2) EVALUATION.—The Secretary and each
19 AIMP-participating State shall develop processes
20 and protocols for collecting (or ensuring that AIMP-
21 administering entities collect) and reporting to the
22 Secretary and the State the data needed for an eval-
23 uation by the Secretary to measure the impact of
24 AIMP-administering entities, the effectiveness of the
25 process in enrolling AIMP-eligible individuals under

1 the AIM program, and the effectiveness of the AIM
2 program in reducing disparities, improving quality of
3 care, and advancing health equity.

4 “(3) COLLABORATIVE EVALUATION.—The Sec-
5 retary and AIMP-participating States shall collabo-
6 rate on and coordinate during any evaluation activ-
7 ity conducted under this subsection.

8 “(c) ADMINISTRATIVE OVERSIGHT RESPONSIBIL-
9 ITIES.—

10 “(1) STATE ROLE.—Each AIMP-participating
11 State shall be responsible for day-to-day oversight of
12 the AIMP-administering entities providing services
13 with respect to AIMP enrollees under the AIMP
14 contract with the State under its AIM program.
15 Such oversight shall include the following activities:

16 “(A) Conducting a comprehensive readi-
17 ness review of each entity (as required under
18 section 2201(d)).

19 “(B) Monitoring compliance of the entity
20 with the terms of its AIMP contract under the
21 AIM program, including—

22 “(i) ensuring adherence to and protec-
23 tion of enrollee rights as provided under
24 this title;

1 “(ii) monitoring the entity to ensure it
2 authorizes, arranges, coordinates, and pro-
3 vides all covered and medically necessary
4 services (as required under this title) to
5 AIMP enrollees receiving benefits adminis-
6 tered by the entity, in accordance with the
7 requirements of the AIMP contract; and

8 “(iii) ensuring compliance with appli-
9 cable reporting requirements under this
10 title.

11 “(C) Reviewing, approving, and moni-
12 toring—

13 “(i) the entity’s network adequacy;

14 “(ii) the outreach and orientation ma-
15 terials and procedures of the entity;

16 “(iii) the complaint and appeals pro-
17 cedures carried out by the entity;

18 “(iv) the utilization management func-
19 tions of the entity;

20 “(v) the entity’s adherence to required
21 continuity of care provisions under section
22 2204(c)(3);

23 “(vi) the entity’s use of required
24 standard assessment tool under section
25 2204(b);

1 “(vii) the entity’s informational mate-
2 rials, particularly for those individuals who
3 will be assigned to the entity under section
4 2203(f); and

5 “(viii) the entity’s use of streamlined
6 eligibility processes under this title.

7 “(D) Conducting monthly (or more fre-
8 quent) performance review meetings with the
9 entity.

10 “(E) Conducting periodic audits of the en-
11 tity, including at least an annual independent
12 external review and an annual site visit.

13 “(F) Receiving and responding to com-
14 plaints about the entity.

15 “(G) Conducting annual surveys of AIMP
16 enrollees and providing the entity with written
17 results of such surveys.

18 “(H) Applying 1 or more sanctions (such
19 as those provided under title XIX), which may
20 include termination of the contract, if the State
21 or the Secretary determines that the entity is in
22 material violation of any of the terms of the
23 AIMP contract.

24 “(2) FEDERAL OVERSIGHT ROLE.—

1 “(A) IN GENERAL.—The Secretary shall be
2 responsible for the oversight of AIMP-partici-
3 pating States. Such oversight shall include ac-
4 tivities developed through engagement with
5 stakeholders, including consumer advocates,
6 and shall include at the least the following ac-
7 tivities:

8 “(i) Monitoring the process to select
9 organizations to serve as AIMP-admin-
10 istering entities under the AIM program.

11 “(ii) Conducting a thorough readiness
12 review of the State (before readiness re-
13 views for such organizations) under section
14 2201(d)(2).

15 “(iii) Ensuring, including through
16 complaint tracking and secret shopping,
17 the State creates and maintains a highly
18 functional, dedicated AIMP Ombudsman
19 program under section 2205(c).

20 “(iv) Ensuring, through direct moni-
21 toring, State oversight of compliance of
22 AIMP-administering entities with the
23 terms of their AIMP contracts under the
24 AIM program.

1 “(v) Reviewing eligibility and enroll-
2 ment processes and procedures.

3 “(vi) Monitoring State data systems
4 to ensure they are sufficient for providing
5 timely data on program performance.

6 “(vii) Ensuring payment rates to
7 AIMP-administering entities under the
8 AIMP contract are actuarially sound, in-
9 cluding by establishing a rate setting proc-
10 ess established through rulemaking where-
11 by, at a minimum—

12 “(I) States and the Secretary
13 provide AIMP-administering entities
14 with comprehensive and timely data
15 as part of the rate setting process and
16 procurement, including historical
17 Medicaid and Medicare cost and utili-
18 zation data for full-benefit dual eligi-
19 ble individuals by region and including
20 detailed categories of service;

21 “(II) States may elect to share
22 the final rate certification package
23 provided to the Secretary with AIMP-
24 administering entities; and

1 “(III) an opportunity for public
2 input is established for annual rate
3 setting or when rates are significantly
4 modified whereby stakeholders, includ-
5 ing patient advocacy groups, health
6 care providers, and AIMP-admin-
7 istering entities, can provide feedback
8 to the Secretary prior to rate ap-
9 proval.

10 “(viii) Coordinating periodic audits of
11 the State with respect o its AIM program.

12 “(ix) Conducting regular meetings
13 with the State.

14 “(x) Applying discretionary action, if
15 warranted.

16 “(xi) Ensuring regular engagement
17 with dually eligible individuals and their
18 caregivers.

19 “(B) COMPLIANCE AUTHORITY.—If the
20 Secretary finds with respect to a State AIM
21 program that the State failed to achieve the ap-
22 propriate performance levels or compliance with
23 the activities required under subparagraph (A),
24 the Secretary shall take such action as is nec-
25 essary to address and correct the State failures,

1 which may include, to the extent the Secretary
2 determines appropriate, 1 or more of the fol-
3 lowing:

4 “(i) Developing in consultation with
5 the State, a corrective compliance plan for
6 achieving appropriate performance levels or
7 compliance.

8 “(ii) Remedial education and super-
9 vised training.

10 “(iii) Imposition of penalties or sanc-
11 tions.

12 “(iv) Removal of the State from the
13 AIM program.

14 “(3) STATE-FEDERAL PARTNERSHIP ROLE
15 THROUGH JOINT CONTRACT MANAGEMENT TEAMS
16 (CMT).—

17 “(A) ESTABLISHMENT.—The Secretary
18 shall, jointly with each AIMP-participating
19 State, establish a Joint Contract Management
20 Team (in this paragraph referred to as a
21 ‘CMT’) following the model used in the dem-
22 onstration projects conducted under the Finan-
23 cial Alignment Initiative for Medicare-Medicaid
24 Enrollees administered by the Federal Coordi-
25 nated Health Care Office.

1 “(B) COMPOSITION AND STRUCTURE.—

2 “(i) IN GENERAL.—Each CMT shall
3 include at least 1 contract officer from the
4 Centers for Medicare & Medicaid Services
5 and at least 1 contract officer from the
6 AIMP-participating State, each of whom is
7 authorized and empowered to represent the
8 Secretary and the State, respectively,
9 about all aspects of the AIMP contract
10 with an AIMP-administering entity under
11 the AIM program of the State.

12 “(ii) LEAD.—The representation from
13 the Federal Government shall be led by the
14 individual from the Federal Coordinated
15 Health Care Office who is assigned to
16 work with the State, who will bring in ad-
17 ditional individuals, as appropriate.

18 “(iii) STATE LEAD.—The representa-
19 tion from the AIMP-participating State
20 shall be led by the Director of the State
21 Medicaid program under title XIX (or such
22 Director’s designee) who will bring in addi-
23 tional individual to represent the State, as
24 appropriate.

1 “(C) RESPONSIBILITIES OF CMT.—Each
2 CMT for a State shall act as a liaison among
3 the AIMP-administering entity, the Secretary,
4 and the State for the duration of the AIMP
5 contract with such entity and shall serve to fa-
6 cilitate communications and operations among
7 the 3 parties. Each CMT shall, among other
8 functions—

9 “(i) receive and respond to com-
10 plaints;

11 “(ii) conduct quarterly meetings
12 among the parties;

13 “(iii) establish a mechanism for ongo-
14 ing consumer engagement;

15 “(iv) coordinate requests for assist-
16 ance from the entity and assign Federal
17 and State staff with appropriate expertise
18 to provide technical assistance to the enti-
19 ty;

20 “(v) make best efforts to resolve any
21 issues applicable to the parties; and

22 “(vi) monitor any discretionary action
23 by the State or the Secretary under the
24 provisions of the AIMP contract.

1 **“SEC. 2210. DEFINITIONS; MISCELLANEOUS PROVISIONS.**

2 “(a) DEFINITIONS.—In this title:

3 “(1) TERMS RELATING TO AIMP.—

4 “(A) AIMP-ADMINISTERING ENTITY.—The
5 term ‘AIMP-administering entity’ means an or-
6 ganization that has been determined to meet
7 the requirements for such an entity under this
8 title and has an AIMP contract with an AIMP-
9 participating State under this title.

10 “(B) AIMP ASSISTANCE.—The term
11 ‘AIMP assistance’ has the meaning given such
12 term in section 2208(a)(1)(B).

13 “(C) AIMP CONTRACT.—The term ‘AIMP
14 contract’ is a contract described in section
15 2207(b)(1).

16 “(D) AIMP-ELIGIBLE INDIVIDUAL.—The
17 term ‘AIMP-eligible individual’ has the meaning
18 given such term in section 2202(a).

19 “(E) AIMP ENROLLEE.—The term ‘AIMP
20 enrollee’ means an individual who is enrolled in
21 an AIM program under this title.

22 “(F) AIMP-PARTICIPATING STATE.—The
23 term ‘AIMP-participating State’ means a State
24 administering an AIM program under this title.

25 “(G) AIM PROGRAM; AIMP.—The terms
26 ‘AIM program’ and ‘AIMP’ mean, with respect

1 to a State, the program established by the State
2 under this title.

3 “(2) OTHER DEFINITIONS.—

4 “(A) FULL-BENEFIT DUAL ELIGIBLE INDI-
5 VIDUAL.—The term ‘full-benefit dual eligible in-
6 dividual’ has the meaning given such term in
7 section 1935(c)(6) but without the application
8 of subparagraph (A)(i) of such section.

9 “(B) FEDERAL COORDINATED HEALTH
10 CARE OFFICE.—The term ‘Federal Coordinated
11 Health Care Office’ means the office established
12 under section 2602 of the Patient Protection
13 and Affordable Care Act.

14 “(C) MEDICAID MANAGED CARE ORGANI-
15 ZATION.—The term ‘medicaid managed care or-
16 ganization’ has the meaning given that term in
17 section 1903(m)(1)(A) and includes a prepaid
18 inpatient health plan, as defined in section
19 438.2 of title 42, Code of Federal Regulations
20 (or any successor regulation) and a prepaid am-
21 bulatory health plan, as defined in such section
22 (or any successor regulation).

23 “(b) MISCELLANEOUS PROVISIONS.—

24 “(1) RELATION TO OTHER REQUIREMENTS.—

25 Except as otherwise provided under this title or by

1 regulation, the requirements of title XIX shall apply
2 under an AIM program in relation to AIMP-eligible
3 individuals, AIMP enrollees, and the provision of
4 benefits under an AIM program, in the same man-
5 ner as such requirements apply with respect to indi-
6 viduals eligible for medical assistance who are en-
7 rolled in under a medicaid managed care organiza-
8 tion.

9 “(2) LIMITATION ON WAIVER AUTHORITY.—Ex-
10 cept as provided in this title, the Secretary is not
11 authorized (under section 1115, 1115A, or other-
12 wise) to waive the requirements specified in this
13 title.”.

14 (b) CONFORMING AMENDMENTS TO MEDICARE.—

15 (1) ENROLLMENT.—Section 1851(a) of the So-
16 cial Security Act (42 U.S.C. 1395w–21(a)) is
17 amended by adding at the end the following new
18 paragraph:

19 “(4) ADDITIONAL ENROLLMENT OPTION FOR
20 CERTAIN FULL-BENEFIT DUAL ELIGIBLE INDIVID-
21 UALS.—Full-benefit dual eligible individuals may
22 also be eligible to enroll under a State AIM program
23 under title XXII.”.

24 (2) PROHIBITION.—During the period in which
25 an AIM program is fully implemented in an AIMP-

1 participating State under title XXII, AIMP-eligible
2 individuals in the State may not enroll in a managed
3 Medicare and other integrated duals product (other
4 than a PACE program).

5 (c) CONFORMING AMENDMENTS TO MEDICAID.—

6 (1) PREVENTING DUPLICATE PAYMENTS.—Sec-
7 tion 1903(i) of the Social Security Act (42 U.S.C.
8 1396(i)) is amended—

9 (A) by striking “or” at the end of para-
10 graph (26);

11 (B) by striking the period at the end of
12 paragraph (27) and inserting “; or”; and

13 (C) by inserting after paragraph (27) the
14 following new paragraph:

15 “(28) with respect to any amount expended for
16 medical assistance for an individual who is an AIMP
17 enrollee under a State AIM program under title
18 XXII, except specifically permitted under such
19 title.”.

20 (2) Note: Additional conforming amendments to
21 be provided.

22 (d) CONFORMING AMENDMENT.—Section 2602(d) of
23 the Patient Protection and Affordable Care Act (42
24 U.S.C. 1315b(d)) is amended by adding at the end the
25 following:

1 “(9) To be primarily responsible for the Federal
2 administration of title XXII of the Social Security
3 Act.”.

4 (e) OTHER CONFORMING AMENDMENTS.—Section
5 1101(a)(1) of the Social Security Act (42 U.S.C.
6 1301(a)(1)) is amended—

7 (1) by striking “XIX, and XXI” and inserting
8 “XIX, XXI, and XXII”; and

9 (2) by striking “XIX and XXI” and inserting
10 “XIX, XXI, and XXII”.

11 **SEC. 3. MEDPAC STUDY AND REPORT.**

12 (a) STUDY.—The Medicare Payment Advisory Com-
13 mission shall conduct a study for purposes of making rec-
14 ommendations regarding how to improve health care and
15 other support needs of individuals who are eligible for and
16 are receiving medical assistance for the payment of medi-
17 care cost-sharing under a State Medicaid program pursu-
18 ant to clause (i), (iii), or (iv) of section 1902(a)(10)(E)
19 of the Social Security Act (42 U.S.C. 1396a(a)(10)(E)).

20 (b) REPORT.—Not later than 18 months after the
21 date of enactment of this Act, the Medicare Payment Ad-
22 visory Commission shall submit to Congress a report on
23 the study conducted under subsection (a), together with

- 1 recommendations for such legislation and administrative
- 2 action as the Commission determines to be appropriate.

○