## **AMENDMENT**

## Offered by M\_.

In subtitle D of title IV, add at the end the following:

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1	SEC IMPROVING RISK ADJUSTMENT UNDER MEDI-
2	CARE ADVANTAGE.
3	(a) Use of 2 Years of Diagnostic Data.—Sec-
4	tion 1853(a)(3)(C)(iii) of the Social Security Act (42
5	U.S.C. 1395w-23(a)(3)(C)(iii)) is amended—
6	(1) by striking "METHODOLOGY.—Such risk"
7	and inserting "METHODOLOGY.—
8	"(I) IN GENERAL.—Subject to
9	subclause (II), such risk"; and
10	(2) by adding at the end the following new sub-
11	clauses:
12	"(II) USE OF HEALTH STATUS
13	DATA.—For 2026 and each subse-
14	quent year, the Secretary shall use 2
15	years of diagnostic data (when avail-
16	able) under such risk adjustment
17	methodology.".
18	(b) Exclusion of Diagnoses Collected From
19	CHART REVIEWS AND HEALTH RISK ASSESSMENTS.—

1	(1) In General.—Section 1853(a)(1)(C) of
2	such Act (42 U.S.C. 1395w-23(a)(1)(C)) is amend-
3	ed by adding at the end the following new clause:
4	"(iv) Exclusion of diagnoses col-
5	LECTED FROM CHART REVIEWS AND
6	HEALTH RISK ASSESSMENTS.—
7	"(I) In General.—For 2026
8	and each subsequent year, for pur-
9	poses of establishing the payment ad-
10	justment factors and adjusting pay-
11	ment based on health status under
12	clause (i), the Secretary shall not take
13	into account a diagnosis collected
14	from a chart review or a health risk
15	assessment.
16	"(II) Identification of diag-
17	NOSES COLLECTED FROM CHART RE-
18	VIEWS AND HEALTH RISK ASSESS-
19	MENTS.—The Secretary shall estab-
20	lish procedures to provide for the
21	identification and verification of diag-
22	noses collected from chart reviews and
23	health risk assessments.".

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1	(c) Application of Coding Adjustment.—Sec-
2	tion 1853(a)(1)(C)(ii) of such Act (42 U.S.C. 1395w-
3	23(a)(1)(C)(ii)) is amended—
4	(1) in subclause (III), by striking "In calcu-
5	lating" and inserting "Subject to subclause (V), in
6	calculating"; and
7	(2) by adding at the end the following new sub-
8	clause:
9	"(V) In calculating such adjust-
10	ment for 2026 and each subsequent
11	year, the Secretary shall evaluate the
12	impact on risk scores for Medicare
13	Advantage enrollees of differences in
14	coding patterns between Medicare Ad-
15	vantage plans and providers under
16	parts A and B and publicly report the
17	results of such evaluation. The Sec-
18	retary shall ensure that such adjust-
19	ment, which may include adjustment
20	on a plan or contract level, fully ac-
21	counts for the impact of coding pat-
22	tern differences not otherwise ac-
23	counted for to the extent that the Sec-
24	retary identifies such differences
25	through annual evaluation.".

1	SEC TRANSITION TO AN UPDATE TO A SINGLE CON-
2	VERSION FACTOR UNDER THE MEDICARE
3	PHYSICIAN FEE SCHEDULE BASED ON THE
4	MEDICARE ECONOMIC INDEX.
5	(a) In General.—Section 1848(d)(20) of the Social
6	Security Act (42 U.S.C. 1395w-4(d)(20)) is amended to
7	read as follows:
8	"(20) UPDATE FOR 2026 AND SUBSEQUENT
9	YEARS.—The update to the single conversion factor
10	established in paragraph (1)(C) for 2026 and each
11	subsequent year shall be equal to the Secretary's es-
12	timate of the percentage increase in the MEI (as de-
13	fined in section 1842(i)(3)) for the year.".
14	(b) Conforming Amendment to Provide for A
15	SINGLE CONVERSION FACTOR AFTER 2025.—Section
16	1848(d)(1) of the Social Security Act (42 U.S.C. 1395w-
17	4(d)(1)) is amended—
18	(1) in subparagraph (A)—
19	(A) by striking "and ending with 2025";
20	and
21	(B) by striking "There shall be two sepa-
22	rate conversion factors" and all that follows
23	through the end of the subparagraph; and
24	(2) in subparagraph (D), by striking "(or, be-
25	ginning with 2026, applicable conversion factor)".

