

Key Medicare Provisions in CHAMP Act

Asset Tests	Asset limits for Medicare Savings Programs (MSP) and Part D low-income subsidy (LIS) increased to \$17,000/individual and \$34,000/couple; increase annually starting 2010
Medicare Advantage Payment Formula	\$50.4 billion in savings (2008-2012) by phasing-down MA plan payments to 100% of FFS county costs by 2011.
QI Program	Makes permanent and increases eligibility to 150% FPL
MSP and LIS Enrollment simplification	Coordinates LIS and MSP application process; Allows Social Security to use IRS data to identify potential eligibles
Part D Cost-sharing	Eliminates cost-sharing for full dual eligibles in home & community based care waivers; Caps Part D cost-sharing for low-income Medicare beneficiaries at 2.5% of annual income
Part D LIS Improvements	Eliminates pensions, retirement plans, and life insurance as countable assets; eliminates in-kind support as countable income
Part D Enrollment	Requires assignment of dual eligible beneficiaries to Part D plans to be based on patient needs; Permits beneficiaries to change Part D plans if plan formulary changes
Part D Late enrollment penalty	Eliminates Part D late-enrollment penalties for LIS-eligibles
Data collection on race, ethnicity, and primary language	Requires collection, analysis, and report on race, ethnicity, and primary language of Medicare beneficiaries
Culturally and linguistically appropriate services (CLAS)	Demonstration of Medicare payments for culturally and linguistically appropriate services; Directs OIG to study and report compliance with CLAS standards among Medicare providers Requires IOM report on effect of language access services on access and quality of care
Quality improvements	Demonstration to improve care for previously uninsured
Regional PPO Stabilization Fund	Eliminates remaining funds
Medicare Advantage standardization	Requests NAIC to develop model protections for marketing, advertising and other beneficiary issues.
Medicare Advantage Out-of-Pocket costs	Limits out-of-pocket costs in MA plans to the maximum allowed under FFS (or under Medicaid for dual eligibles in MA)
Medicare Advantage Enrollment	Continuous open enrollment for dual eligibles and QMBs; Allows beneficiaries to return to Medigap plans for up to 24 months; prohibits auto-enrollment of dual eligibles into an MA plan
Private fee for service plans	Requires all PFFS and PPOs report same quality data as other plans
Addressing disparities	Requires MA plans to adopt new measures to assess health disparities; Reinstates biennial reports on disparities in MA plans.
Premium support	Premium support demonstration repealed
Preventative care	Eliminates cost-sharing for preventive benefits
Mental health care	Lowers cost-sharing for outpatient mental health care to traditional Medicare levels
SHIPs	Increases funding for State Health Insurance Assistance Programs (SHIPs)
45 Percent Trigger	Repeals provision

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