

A P P E N D I X

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**Commissioners' voting
on recommendations**



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In the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, the Congress required MedPAC to call for individual Commissioner votes on each recommendation and to document the voting record in its report. The information below satisfies that mandate.

Chapter 1: Beneficiary enrollment in Medicare: Eligibility notification, enrollment process, and Part B late-enrollment penalties

No recommendations

Chapter 2: Restructuring Medicare Part D for the era of specialty drugs

No recommendations

Chapter 3: Medicare payment strategies to improve price competition and value for Part B drugs

No recommendations

Chapter 4: Mandated report on clinician payment in Medicare

No recommendations

Chapter 5: Issues in Medicare beneficiaries' access to primary care

5-1 The Congress should require advanced practice registered nurses and physician assistants to bill the Medicare program directly, eliminating “incident to” billing for services they provide.

Yes: Bricker, Buto, Christianson, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang

5-2 The Secretary should refine Medicare’s specialty designations for advanced practice registered nurses and physician assistants.

Yes: Bricker, Buto, Christianson, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang

Chapter 6: Assessing the Medicare Shared Savings Program’s effect on Medicare spending

No recommendations

Chapter 7: Ensuring the accuracy and completeness of Medicare Advantage encounter data

The Congress should direct the Secretary to establish thresholds for the completeness and accuracy of Medicare Advantage (MA) encounter data and:

- rigorously evaluate MA organizations’ submitted data and provide robust feedback;
- concurrently apply a payment withhold and provide refunds to MA organizations that meet thresholds; and
- institute a mechanism for direct submission of provider claims to Medicare Administrative Contractors
 - as a voluntary option for all MA organizations that prefer this method
 - starting in 2024, for MA organizations that fail to meet thresholds or for all MA organizations if program-wide thresholds are not achieved.

Yes: Bricker, Buto, Christianson, Crosson, DeBusk, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang

No: DeSalvo

Chapter 8: Redesigning the Medicare Advantage quality bonus program

No recommendations

Chapter 9: Payment issues in post-acute care

No recommendations

Chapter 10: Mandated report: Changes in post-acute and hospice care after implementation of the long-term care hospital dual payment-rate structure

No recommendations

Chapter 11: Options for slowing the growth of Medicare fee-for-service spending for emergency department services

The Secretary should develop and implement a set of national guidelines for coding hospital emergency department visits under the outpatient prospective payment system by 2022.

Yes: Bricker, Buto, Christianson, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang

Chapter 12: Promoting integration in dual-eligible special needs plans

No recommendations