

A P P E N D I X

A

---

**Commissioners' voting  
on recommendations**

---





## Commissioners' voting on recommendations

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: Implementing a unified payment system for post-acute care

The Congress should direct the Secretary to:

- implement a prospective payment system for post-acute care beginning in 2021 with a three-year transition;
- lower aggregate payments by 5 percent, absent prior reductions to the level of payments;
- concurrently, begin to align setting-specific regulatory requirements; and
- periodically revise and rebase payments, as needed, to keep payments aligned with the cost of care.

*Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Gradison, Hall, Hoadley, Nerenz, Pyenson, Redberg, Samitt, Thomas, Thompson, Wang*

### Chapter 2: Medicare Part B drug payment policy issues

The Congress should change Medicare's payment for Part B drugs and biologicals (products) as follows:

(1) Modify the average sales price (ASP) system in 2018 to:

- require all manufacturers of products paid under Part B to submit ASP data and impose penalties for failure to report.
- reduce wholesale acquisition cost (WAC)-based payment to WAC plus 3 percent.
- require manufacturers to pay Medicare a rebate when the ASP for their product exceeds an inflation benchmark and tie beneficiary cost sharing and the ASP add-on to the inflation-adjusted ASP.
- require the Secretary to use a common billing code to pay for a reference biologic and its biosimilars.

(2) No later than 2022, create and phase in a voluntary Drug Value Program (DVP) that must have the following elements:

- Medicare contracts with a small number of private vendors to negotiate prices for Part B products.
- Providers purchase all DVP products at the price negotiated by their selected DVP vendor.
- Medicare pays providers the DVP-negotiated price and pays vendors an administrative fee, with opportunities for shared savings.
- Beneficiaries pay lower cost sharing.
- Medicare payments under the DVP cannot exceed 100 percent of ASP.
- Vendors use tools including a formulary and, for products meeting selected criteria, binding arbitration.

(3) Upon implementation of the DVP or no later than 2022, reduce the ASP add-on under the ASP system.

*Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Gradison, Hall, Hoadley, Nerenz, Pyenson, Redberg, Samitt, Thomas, Thompson, Wang*

### **Chapter 3: Using premium support in Medicare**

No recommendations

### **Chapter 4: Mandated report: Relationship between physician and other health professional services and other Medicare services**

No recommendations

### **Chapter 5: Redesigning the Merit-based Incentive Payment System and strengthening advanced alternative payment models**

No recommendations

### **Chapter 6: Payments from drug and device manufacturers to physicians and teaching hospitals in 2015**

No recommendations

### **Chapter 7: An overview of the medical device industry**

No recommendations

### **Chapter 8: Stand-alone emergency departments**

No recommendations

### **Chapter 9: Hospital and SNF use by Medicare beneficiaries who reside in nursing facilities**

No recommendations

### **Chapter 10: Provider consolidation: The role of Medicare policy**

No recommendations