

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: Realizing the promise of value-based payment in Medicare: An agenda for change

No recommendations

Chapter 2: Challenges in maintaining and increasing savings from accountable care organizations

The Secretary should use the same set of national provider identifiers to compute both performance-year and baseline assignment for accountable care organizations in the Medicare Shared Savings Program.

Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thompson, Wang

Absent: Thomas

Chapter 3: Replacing the Medicare Advantage quality bonus program

The Congress should replace the current Medicare Advantage (MA) quality bonus program with a new MA value incentive program that:

- scores a small set of population-based measures;
- evaluates quality at the local market level;
- uses a peer-grouping mechanism to account for differences in enrollees' social risk factors;

- establishes a system for distributing rewards with no “cliff” effects; and
- distributes plan-financed rewards and penalties at a local market level.

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

Chapter 4: Mandated report: Impact of changes in the 21st Century Cures Act to risk adjustment for Medicare Advantage enrollees

No recommendations

Chapter 5: Realigning incentives in Medicare Part D

5-1 The Congress should make the following changes to the Part D prescription drug benefit:

- Below the out-of-pocket threshold:
 - Eliminate the initial coverage limit.
 - Eliminate the coverage-gap discount program.
- Above the out-of-pocket threshold:
 - Eliminate enrollee cost sharing.
 - Transition Medicare’s reinsurance subsidy from 80 percent to 20 percent.
 - Require pharmaceutical manufacturers to provide a discount equal to no less than 30 percent of the negotiated price for brand drugs, biologics, biosimilars, and high-cost generic drugs.

Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson

Abstain: Wang

5-2 Concurrent with our recommended changes to the benefit design, the Congress should:

- Establish a higher copayment amount under the low-income subsidy for nonpreferred and nonformulary drugs.
- Give plan sponsors greater flexibility to manage the use of drugs in the protected classes.
- Modify the program’s risk corridors to reduce plans’ aggregate risk during the transition to the new benefit structure.

Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson

Abstain: Wang

5-3 Concurrent with our recommended changes to the benefit design, the Secretary should:

- Allow plans to establish preferred and nonpreferred tiers for specialty-tier drugs.
- Recalibrate Part D’s risk adjusters to reflect the higher benefit liability that plans bear under the new benefit structure.

Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson

Abstain: Wang

Chapter 6: Separately payable drugs in the hospital outpatient prospective payment system

No recommendations

Chapter 7: Improving Medicare’s end-stage renal disease prospective payment system

7-1 The Congress should direct the Secretary to eliminate the end-stage renal disease prospective payment system’s transitional drug add-on payment adjustment for new drugs in an existing end-stage renal disease functional category.

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

7-2 The Secretary should replace the current low-volume and rural payment adjustments in the end-stage renal disease prospective payment system with a single adjustment for dialysis facilities that are isolated and consistently have low volume, where low-volume criteria are empirically derived.

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

