

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: Context for Medicare payment policy

No recommendations

Chapter 2: Assessing payment adequacy and updating payments in fee-for-service Medicare

No recommendations

Chapter 3: Hospital inpatient and outpatient services

3-1 The Secretary should require hospitals to add a modifier on claims for all services provided at off-campus stand-alone emergency department facilities.

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

3-2 The Congress should update the inpatient and outpatient payments by the amounts specified in current law.

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

Additionally, the Commission reiterates its March 2012 and March 2014 recommendations on hospital outpatient department site-neutral payments. See text box, p. 71.

Chapter 4: Physician and other health professional services

The Congress should increase payment rates for physician and other health professional services by the amount specified in current law for calendar year 2018.

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

Chapter 5: Ambulatory surgical center services

The Congress should eliminate the update to the payment rates for ambulatory surgical centers for calendar year 2018. The Congress should also require ambulatory surgical centers to submit cost data.

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

Chapter 6: Outpatient dialysis services

The Congress should increase the outpatient dialysis base payment rate by the update specified in current law for calendar year 2018.

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

Chapter 7: Post-acute care: The Congress and CMS must act to implement recommended changes to PAC payments

No recommendations

Chapter 8: Skilled nursing facility services

The Congress should eliminate the market basket updates for 2018 and 2019 and direct the Secretary to revise the prospective payment system (PPS) for skilled nursing facilities. In 2020, the Secretary should report to the Congress on the impacts of the reformed PPS and make any additional adjustments to payments needed to more closely align payments with costs.

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

Chapter 9: Home health care services

The Congress should reduce home health payment rates by 5 percent in 2018 and implement a two-year rebasing of the payment system beginning in 2019. The Congress should direct the Secretary to revise the prospective payment system to eliminate the use of the number of therapy visits as a factor in payment determinations, concurrent with rebasing.

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

Chapter 10: Inpatient rehabilitation facility services

The Congress should reduce the Medicare payment rate for inpatient rehabilitation facilities by 5 percent for fiscal year 2018.

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

Additionally, the Commission reiterates its March 2016 recommendations on the inpatient rehabilitation facility prospective payment system. See text box, p. 269.

Chapter 11: Long-term care hospital services

The Congress should eliminate the update to the payment rates under the long-term care hospital prospective payment system for fiscal year 2018.

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

Chapter 12: Hospice services

The Congress should eliminate the update to the hospice payment rates for fiscal year 2018.

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

Chapter 13: Status report on the Medicare Advantage program

The Secretary should calculate Medicare Advantage benchmarks using fee-for-service spending data only for beneficiaries enrolled in both Part A and Part B.

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

Chapter 14: Status report on the Medicare prescription drug program (Part D)

No recommendations

