

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

For 2019, the Congress should update the 2018 Medicare base payment rates (inpatient and outpatient) for acute care hospitals by the amount determined under current law.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson

Absent: Samitt, Wang

Chapter 4: Physician and other health professional services

For calendar year 2019, the Congress should increase the calendar year 2018 payment rates for physician and other health professional services by the amount specified in current law.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Samitt

Chapter 5: Ambulatory surgical center services

5-1 The Congress should eliminate the calendar year 2019 update to the Medicare payment rates for ambulatory surgical centers.

Yes: Bricker, Buto, Christianson, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Coombs, Samitt

5-2 The Secretary should require ambulatory surgical centers to report cost data.

Yes: Bricker, Buto, Christianson, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Coombs, Samitt

Chapter 6: Outpatient dialysis services

For 2019, the Congress should update the calendar year 2018 Medicare end-stage renal disease prospective payment system base rate by the amount determined under current law.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Samitt

Chapter 7: Post-acute care: Increasing the equity of Medicare's payments within each setting

The Congress should direct the Secretary to begin to base Medicare payments to post-acute care (PAC) providers on a blend of each sector's setting-specific relative weights and the unified PAC prospective payment system's relative weights in fiscal year 2019.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson

Absent: Samitt, Wang

Chapter 8: Skilled nursing facility services

The Congress should:

- eliminate the market basket update for skilled nursing facilities for fiscal years 2019 and 2020;
- direct the Secretary to implement a redesigned prospective payment system (PPS) in fiscal year 2019 for skilled nursing facilities; and
- direct the Secretary to report to the Congress on the impacts of the revised PPS and make any additional adjustments to payments needed to more closely align payments with costs in fiscal year 2021.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Samitt

Chapter 9: Home health care services

The Congress should reduce Medicare payments to home health agencies by 5 percent in calendar year (CY) 2019 and implement a two-year rebasing of the payment system beginning in CY 2020. The Congress should direct the Secretary to revise the prospective payment system to eliminate the use of therapy visits as a factor in payment determinations, concurrent with rebasing.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Samitt

Chapter 10: Inpatient rehabilitation facility services

The Congress should reduce the fiscal year 2019 Medicare payment rate for inpatient rehabilitation facilities by 5 percent.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Samitt

Additionally, the Commission reiterates its March 2016 recommendations on the inpatient rehabilitation facility prospective payment system. See text box, p. 276.

Chapter 11: Long-term care hospital services

The Secretary should eliminate the fiscal year 2019 Medicare payment update for long-term care hospitals.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Samitt

Chapter 12: Hospice services

The Congress should eliminate the fiscal year 2019 update to the Medicare payment rates for hospice services.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Samitt

Chapter 13: The Medicare Advantage program: Status report

13-1 For Medicare Advantage contract consolidations involving different geographic areas, the Secretary should:

- For any consolidations effective on or after January 1, 2018, require companies to report quality measures using the geographic reporting units and definitions as they existed prior to consolidation, and
- Determine star ratings as though the consolidations had not occurred, and maintain the pre-consolidation reporting units until new geographic reporting units are implemented per Recommendation 13-2.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Samitt

13-2 The Secretary should:

- Establish geographic areas for Medicare Advantage quality reporting that accurately reflect health care market areas, and
- Calculate star ratings for each contract at that geographic level for public reporting and for the determination of quality bonuses.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Samitt

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

The Congress should change Part D's coverage-gap discount program to:

- require manufacturers of biosimilar products to pay the coverage-gap discount by including biosimilars in the definition of "applicable drugs" and
- exclude biosimilar manufacturers' discounts in the coverage gap from enrollees' true out-of-pocket spending.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Samitt

Chapter 15: Moving beyond the Merit-based Incentive Payment System

The Congress should:

- eliminate the current Merit-based Incentive Payment System; and
- establish a new voluntary value program in fee-for-service Medicare in which:
 - clinicians can elect to be measured as part of a voluntary group; and
 - clinicians in voluntary groups can qualify for a value payment based on their group's performance on a set of population-based measures.

Yes: Bricker, Buto, Christianson, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

No: Coombs, Nerenz

Absent: Samitt

Chapter 16: Mandated report: Telehealth services and the Medicare program

Vote to forward telehealth report to Congress.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Thomas, Thompson, Wang

Absent: Samitt

