

Assessing payment adequacy and updating payments: Hospital inpatient and outpatient services

ISSUE: By law, each year the Commission is required to review Medicare payment policies and to make recommendations to the Congress. The Commission asks whether Medicare payments to acute care hospitals are adequate and how they should be updated in 2018.

KEY POINTS: At this meeting, we will review information about the adequacy of hospital payment rates. We will look at information about: beneficiaries' access to care, the supply of hospitals, changes in the volume of services furnished, quality of care, providers' access to capital, and Medicare's payments and costs. We will also discuss a draft recommendation to collect data on off-campus emergency department visits.

ACTION: Commissioners should review findings and be prepared to vote on the draft recommendations.

STAFF CONTACTS: Jeff Stensland, Zach Gaumer and Craig Lisk (202-220-3700)

Assessing payment adequacy and updating payments: Physician and other health professional services

ISSUE: By law, each year the Commission is required to review Medicare payment policies and to make recommendations to the Congress. The Commission asks whether payments to physicians and other health professionals are adequate and how they should be updated in 2018.

KEY POINTS: We examine several factors to determine the adequacy of Medicare's fee-schedule payments for physicians and other health professionals, including: beneficiary access; volume growth; and variation in compensation across specialties.

ACTION: Commissioners should review the findings in preparation for a vote at the January meeting.

STAFF CONTACT: Kate Bloniarz and Ariel Winter (202-220-3700)

Assessing payment adequacy and updating payments: ambulatory surgical centers

ISSUE: By law, each year the Commission is required to review Medicare payment policies and to make recommendations to the Congress. The Commission examines whether payments to ambulatory surgical centers (ASCs) are adequate and how they should be updated in 2018.

KEY POINTS: We evaluate several factors to determine the adequacy of Medicare payments for ASC services: beneficiaries' access to services, ASCs' access to capital, quality of care in ASCs, and changes in ASC revenue from the Medicare program.

ACTION: Commissioners should review the findings in preparation for a discussion at the January 2017 meeting.

STAFF CONTACT: Zach Gaumer (202-220-3702); Dan Zabinski (202-220-3722).

Assessing payment adequacy and updating payments: Outpatient dialysis services

ISSUE: By law, each year the Commission is required to review Medicare payment policies and to make recommendations to the Congress. The Commission asks whether payments for outpatient dialysis services are adequate and how they should be updated in 2018.

KEY POINTS: At this meeting, we will examine information about the adequacy of current aggregate outpatient dialysis payments. We will look at information about:

- Access to care: supply of providers and volume of services
- Quality of dialysis care
- Access to capital
- Medicare payments and costs.

ACTION: Commissioners should review the findings and be prepared to vote on the draft payment update recommendation.

STAFF CONTACT: Nancy Ray (202-220-3723) and Andrew Johnson (202-220-3744)

Assessing payment adequacy and updating payments: Hospice services

ISSUE: By law, each year the Commission is required to review Medicare payment policies and to make recommendations to the Congress. The Commission asks whether payments to hospice providers are adequate and how they should be updated in 2018.

KEY POINTS: We use the Commission's payment adequacy framework to discuss the update for hospice services for 2018. This framework considers:

- Access to care: supply of providers and volume of services
- Quality of care
- Providers' access to capital
- Medicare payments and providers' costs

ACTION: Commissioners will vote on an update recommendation.

STAFF CONTACTS: Kim Neuman (202-220-3700)