

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 2017.

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 2017.

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

ACTION: Commissioners should review the findings in preparation for a vote on the draft recommendation at the January 2016 meeting.

STAFF CONTACT: Zach Gaumer; 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 2017.

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 and Andrew Johnson (202-220-3722)

Assessing payment adequacy and updating payments: Skilled nursing facility services

ISSUE: MedPAC assesses the adequacy of current payments and develops an update recommendation for skilled nursing facilities in 2017. Key questions to consider:

- Are Medicare payments for skilled nursing facility (SNF) care adequate?
- How should Medicare’s payments change for fiscal year 2017?

KEY POINTS: We use the Commission’s payment adequacy framework to discuss the payment update for SNF services for 2017. This framework considers:

- beneficiary access to care (including the supply of providers and volume of services),
- indicators of the quality of care furnished to beneficiaries,
- access to capital markets, and
- changes in Medicare costs and payments.

ACTION: Commissioners should review the findings in preparation for voting on the SNF update recommendation at the January meeting.

STAFF CONTACT: Carol Carter (202-220-3722)

Assessing payment adequacy and updating payments: Home health care services

ISSUE: Each year the Commission examines measures of the adequacy of payments to fee-for-service providers, pursuant to the statutory framework.

KEY POINTS: We examine several factors to determine the adequacy of Medicare's payments for home health services, including access to care (supply of providers and service utilization), quality of care, providers' access to capital, and Medicare payments and costs.

ACTION: The Commissioners should review the findings and be prepared to discuss the 2017 recommended payment updated for home health care at the January meeting.

STAFF CONTACT: Evan Christman (202-220-3722)

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 2017.

KEY POINTS: We use the Commission's payment adequacy framework to discuss the update for hospice services for 2017. 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)

Assessing payment adequacy and updating payments: Long-term care hospital 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 long-term care hospitals (LTCHs) are adequate and how they should be updated in 2017.

KEY POINTS: At this meeting, we will review information about the adequacy of current aggregate Medicare LTCH payments. We will look at information about: beneficiaries' access to care, the supply of LTCHs, changes in the volume of services furnished, quality of care, providers' access to capital, and Medicare's payments and costs.

ACTION: Commissioners should review findings and be prepared to discuss at the January meeting.

STAFF CONTACT: Stephanie Cameron (202-220-3700)