

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

The Congress should:

- Replace Medicare's current hospital quality programs with a new hospital value incentive program (HVIP) that:
 - includes a small set of population-based outcome, patient experience, and value measures;
 - scores all hospitals based on the same absolute and prospectively set performance targets;
 - accounts for differences in patients' social risk factors by distributing payment adjustments through peer grouping, and
- For 2020, update the 2019 Medicare base payment rates for acute care hospitals by 2 percent. The difference between the update recommendation and the amount specified in current law should be used to increase payments in a new HVIP.

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

Chapter 4: Physician and other health professional services

For calendar year 2020, the Congress should increase the calendar year 2019 Medicare payment rates for physician and other health professional services by the amount specified in current law.

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

Chapter 5: Ambulatory surgical center services

5-1 The Congress should eliminate the calendar year 2020 update to the Medicare conversion factor for ambulatory surgical centers.

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

Absent: Thomas

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

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

Absent: Thomas

Chapter 6: Outpatient dialysis services

For calendar year (CY) 2020, the Congress should update the CY 2019 Medicare end-stage renal disease prospective payment system base rate by the amount determined in current law.

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

Chapter 7: Cross-cutting issues in post-acute care

No recommendations

Chapter 8: Skilled nursing facility services

8-1 The Secretary should proceed to revise the skilled nursing facility prospective payment system in fiscal year 2020 and should annually recalibrate the relative weights of the case-mix groups to maintain alignment of payments and costs.

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

8-2 The Congress should eliminate the fiscal year 2020 update to the Medicare base payment rates for skilled nursing facilities.

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

Chapter 9: Home health care services

For 2020, the Congress should reduce the calendar year 2019 Medicare base payment rate for home health agencies by 5 percent.

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

Absent: Wang

Chapter 10: Inpatient rehabilitation facility services

For 2020, the Congress should reduce the fiscal year 2019 Medicare base payment rate for inpatient rehabilitation facilities by 5 percent.

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

Additionally, the Commission reiterates its March 2016 recommendations on the inpatient rehabilitation facility prospective payment system. See text box, p. 261.

Chapter 11: Long-term care hospital services

For 2020, the Secretary should increase the fiscal year 2019 Medicare base payment rates for long-term care hospitals by 2 percent.

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

Chapter 12: Hospice services

For 2020, the Congress should reduce the fiscal year 2019 Medicare base payment rates for hospice providers by 2 percent.

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

Chapter 13: The Medicare Advantage program: Status report

No recommendations

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

No recommendations

Chapter 15: Redesigning Medicare’s hospital quality incentive programs

The Congress should:

- Replace Medicare’s current hospital quality programs with a new hospital value incentive program (HVIP) that:
 - includes a small set of population-based outcome, patient experience, and value measures;
 - scores all hospitals based on the same absolute and prospectively set performance targets;
 - accounts for differences in patients’ social risk factors by distributing payment adjustments through peer grouping, and
- For 2020, update the 2019 Medicare base payment rates for acute care hospitals by 2 percent. The difference between the update recommendation and the amount specified in current law should be used to increase payments in a new HVIP.

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

Chapter 16: Mandated report: Opioids and alternatives in hospital settings—Payments, incentives, and Medicare data

No recommendations