



January 11-12, 2018

## 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 2019.

**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 2018 meeting.





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## 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 2019.

**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.





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## 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 2019.

**KEY POINTS:** We use the Commission's payment adequacy framework to discuss the update for hospice services for 2019. 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.