

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: Rebalancing Medicare Advantage benchmark policy

The Congress should replace the current Medicare Advantage (MA) benchmark policy with a new MA benchmark policy that applies:

- a relatively equal blend of per capita local area fee-for-service (FFS) spending with price-standardized per capita national FFS spending;
- a rebate of at least 75 percent;
- a discount rate of at least 2 percent; and
- the Commission's prior MA benchmark recommendations—using geographic markets as payment areas, using the FFS population with both Part A and Part B in benchmarks, and eliminating the current pre-Affordable Care Act cap on benchmarks.

Yes: Casalino, Chernew, DeBusk, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Rambur, Riley, Ryu, Safran, Thompson, Wang

Absent: DeSalvo

Chapter 2: Streamlining CMS's portfolio of alternative payment models

The Secretary should implement a more harmonized portfolio of fewer alternative payment models that are designed to work together to support the strategic objectives of reducing spending and improving quality.

Yes: Casalino, Chernew, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Rambur, Riley, Ryu, Safran, Thompson, Wang

Chapter 3: Congressional request: Private equity and Medicare

No recommendations

Chapter 4: Mandated report: Evaluating the skilled nursing facility value-based purchasing program

4-1 The Congress should eliminate Medicare’s current skilled nursing facility (SNF) value-based purchasing program and establish a new SNF value incentive program (VIP) that:

- scores a small set of performance measures;
- incorporates strategies to ensure reliable measure results;
- establishes a system for distributing rewards that minimizes cliff effects;
- accounts for differences in patient social risk factors using a peer-grouping mechanism; and
- completely distributes a provider-funded pool of dollars.

Yes: Casalino, Chernew, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Rambur, Riley, Ryu, Safran, Thompson, Wang

4-2 The Secretary should finalize development of and begin to report patient experience measures for skilled nursing facilities.

Yes: Casalino, Chernew, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Rambur, Riley, Ryu, Safran, Thompson, Wang

Chapter 5: Congressional request: Medicare beneficiaries’ access to care in rural areas (interim report)

No recommendations

Chapter 6: Revising Medicare’s indirect medical education payments to better reflect teaching hospitals’ costs

The Congress should require CMS to transition to empirically justified indirect medical education adjustments to both inpatient and outpatient Medicare payments.

Yes: Casalino, Chernew, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Pyenson, Rambur, Ryu, Thompson, Wang

Abstain: Perlin, Riley

Absent: Safran

Chapter 7: Medicare vaccine coverage and payment

The Congress should:

- cover all appropriate preventive vaccines and their administration under Part B instead of Part D without beneficiary cost sharing and
- modify Medicare’s payment rate for Part B–covered preventive vaccines to be 103 percent of wholesale acquisition cost, and require vaccine manufacturers to report average sales price data to CMS for analysis.

Yes: Casalino, Chernew, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Rambur, Riley, Ryu, Thompson, Wang

Absent: Safran

Chapter 8: Improving Medicare’s policies for separately payable drugs in the hospital outpatient prospective payment system

8-1 The Congress should direct the Secretary to modify the pass-through drug policy in the hospital outpatient prospective payment system so that it:

- includes only drugs and biologics that function as supplies to a service and
- applies only to drugs and biologics that are clinically superior to their packaged analogs.

Yes: Casalino, Chernew, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Rambur, Riley, Ryu, Thompson, Wang

Absent: Safran

8-2 The Secretary should specify that the separately payable non-pass-through policy in the hospital outpatient prospective payment system applies only to drugs and biologics that are the reason for a visit and meet a defined cost threshold.

Yes: Casalino, Chernew, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Rambur, Riley, Ryu, Thompson, Wang

Absent: Safran

Chapter 9: Mandated report: Assessing the impact of recent changes to Medicare’s clinical laboratory fee schedule payment rates

No recommendations

Chapter 10: Mandated report: Relationship between clinician services and other Medicare services

No recommendations

