APPENDIX B

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: Direction for delivery system reform

No recommendations

Chapter 2: Promoting the use of primary care

2A The Congress should establish a budget-neutral payment adjustment for primary care services billed under the physician fee schedule and furnished by primary-care-focused practitioners. Primary-care-focused practitioners are those whose specialty designation is defined as primary care and/or those whose pattern of claims meets a minimum threshold of furnishing primary care services. The Secretary would use rulemaking to establish criteria for determining a primary-care-focused practitioner.

Yes: *Behroozi, Bertko, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Stuart, Wolter*
No: *Borman, Scanlon*

2B The Congress should initiate a medical home pilot project in Medicare. Eligible medical homes must meet stringent criteria, including at least the following capabilities:

- furnish primary care (including coordinating appropriate preventive, maintenance, and acute health services),
- conduct care management,
- use health information technology for active clinical decision support,
- have a formal quality improvement program,
- maintain 24-hour patient communication and rapid access,

- keep up-to-date records of beneficiaries' advance directives, and
- maintain a written understanding with each beneficiary designating the provider as a medical home.

Medicare should provide medical homes with timely data on patient utilization. The pilot should require a physician pay-for-performance program. The pilot must have clear and explicit thresholds for determining whether it can be expanded into the full Medicare program or should be discontinued.

Yes: *Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*
Absent: *DeParle*

Chapter 3: Examining hospital–physician collaborative relationships

No recommendations

Chapter 4: A path to bundled payment around a hospitalization

4A The Congress should require the Secretary to confidentially report readmission rates and resource use around hospitalization episodes to hospitals and physicians. Beginning in the third year, providers' relative resource use should be publicly disclosed.

Yes: *Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*

4B To encourage providers to collaborate and better coordinate care, the Congress should direct the Secretary to reduce payments to hospitals with relatively high readmission rates for select conditions and also allow shared accountability between physicians and hospitals. The Congress should also direct the Secretary to report within two years on the feasibility of broader approaches, such as virtual bundling, for encouraging efficiency around hospitalization episodes.

Yes: *Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*
Absent: *DeParle*

4C The Congress should require the Secretary to create a voluntary pilot program to test the feasibility of actual bundled payment for services around hospitalization episodes for select conditions. The pilot must have clear and explicit thresholds for determining whether it can be expanded into the full Medicare program or should be discontinued.

Yes: *Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*
Absent: *DeParle*

Chapter 5: Producing comparative-effectiveness information

No recommendations

Chapter 6: Public reporting of physicians' financial relationships

No recommendations

Chapter 7: A revised prospective payment system for skilled nursing facilities

7A The Congress should require the Secretary to revise the skilled nursing facility prospective payment system by:

- adding a separate nontherapy ancillary component,
- replacing the therapy component with one that establishes payments based on predicted patient care needs, and
- adopting an outlier policy.

Yes: *Behroozi, Bertko, Borman, Castellanos, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*
Absent: *Crosson*

7B The Secretary should direct skilled nursing facilities to report more accurate diagnostic and service-use information by requiring that:

- claims include detailed diagnosis information and dates of service,
- services furnished since admission to the skilled nursing facility be recorded separately in the patient assessment, and
- skilled nursing facilities report their nursing costs in the Medicare cost reports.

Yes: *Behroozi, Bertko, Borman, Castellanos, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*
Absent: *Crosson*

Chapter 8: Evaluating Medicare's hospice benefit

No recommendations

Appendix A: Review of CMS's preliminary estimate of the physician update for 2009

No recommendations