

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 Commission reiterates its March 2014 recommendation on hospital payment. See text box, pp. 71–72.

Chapter 4: Physician and other health professional services

The Congress should establish a prospective per beneficiary payment to replace the Primary Care Incentive Payment program (PCIP) after it expires at the end of 2015. The per beneficiary payment should equal the average per beneficiary payment under the PCIP and should be exempt from beneficiary cost sharing. Funding for the per beneficiary payment should protect PCIP-defined primary care services regardless of the practitioners furnishing the services and should come from reduced fees for all other services in the fee schedule.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Uccello

Additionally, the Commission reiterates its 2011 recommendations on moving forward from the sustainable growth rate system. See text box, p. 104.

Chapter 5: Ambulatory surgical center services

The Congress should eliminate the update to the payment rates for ambulatory surgical centers for calendar year 2016. The Congress should also require ambulatory surgical centers to submit cost data.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Uccello

Chapter 6: Outpatient dialysis services

The Congress should eliminate the update to the outpatient dialysis payment rate for calendar year 2016.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Uccello

Chapter 7: Medicare's post-acute care: Trends and ways to rationalize payments

The Congress should direct the Secretary of Health and Human Services to eliminate the differences in payment rates between inpatient rehabilitation facilities (IRFs) and skilled nursing facilities for selected conditions. The reductions to IRF payments should be phased in over three years. IRFs should receive relief from regulations specifying the intensity and mix of services for site-neutral conditions.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Uccello

Chapter 8: Skilled nursing facility services

The Commission reiterates its March 2012 recommendation on updating Medicare's payments to skilled nursing facilities. See text box, p. 203.

Chapter 9: Home health care services

The Commission reiterates its March 2011 recommendations on improving the home health payment system. See text box, pp. 232–234.

Chapter 10: Inpatient rehabilitation facility services

The Congress should eliminate the update to the Medicare payment rates for inpatient rehabilitation facilities in fiscal year 2016.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Uccello

Chapter 11: Long-term care hospital services

The Secretary should eliminate the update to the payment rates for long-term care hospitals for fiscal year 2016.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Uccello

Chapter 12: Hospice services

The Congress should eliminate the update to the hospice payment rates for fiscal year 2016.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Uccello

Additionally, the Commission reiterates its March 2009 recommendations on hospice. See text box, pp. 292–293.

Chapter 13: The Medicare Advantage program: Status report

The Commission reiterates its March 2014 recommendations on improving the bidding rules in the Medicare Advantage (MA) program and integrating hospice care into the MA benefit package. See text box, pp. 340–341.

Chapter 14: Status report on Part D

No recommendations

