

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: Mandated report: The effects of the Hospital Readmissions Reduction Program

No recommendations

Chapter 2: Using payment to ensure appropriate access to and use of hospital emergency department services

2-1 The Congress should:

- allow isolated rural stand-alone emergency departments (more than 35 miles from another emergency department) to bill standard outpatient prospective payment system facility fees and
- provide such emergency departments with annual payments to assist with fixed costs.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Samitt, Thomas, Thompson, Wang

2-2 The Congress should reduce Type A emergency department payment rates by 30 percent for off-campus stand-alone emergency departments that are within six miles of an on-campus hospital emergency department.

Yes: Bricker, Buto, Christianson, Coombs, Crosson, DeBusk, Ginsburg, Grabowski, Hoadley, Nerenz, Pyenson, Redberg, Safran, Samitt, Thomas, Thompson, Wang

Chapter 3: Rebalancing Medicare's physician fee schedule toward ambulatory evaluation and management services

No recommendations

Chapter 4: Paying for sequential stays in a unified prospective payment system for post-acute care

No recommendations

Chapter 5: Encouraging Medicare beneficiaries to use higher quality post-acute care providers

No recommendations

Chapter 6: Issues in Medicare's medical device payment policies

No recommendations

Chapter 7: Applying the Commission's principles for measuring quality: Population-based measures and hospital quality incentives

No recommendations

Chapter 8: Medicare accountable care organization models: Recent performance and long-term issues

No recommendations

Chapter 9: Managed care plans for dual-eligible beneficiaries

No recommendations

Chapter 10: Medicare coverage policy and use of low-value care

No recommendations