

A P P E N D I X

A

**Commissioners' voting
on recommendations**



Commissioners' voting on recommendations

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: Synchronizing Medicare policy across payment models

No recommendations

Chapter 2: The next generation of Medicare beneficiaries

No recommendations

Chapter 3: Part B drug payment policy issues

No recommendations

Chapter 4: Value-based incentives for managing Part B drug use

No recommendations

Chapter 5: Polypharmacy and opioid use among Medicare Part D enrollees

No recommendations

Chapter 6: Sharing risk in Medicare Part D

No recommendations

Chapter 7: Hospital short-stay policy issues

7-1 The Secretary should:

- direct recovery audit contractors (RACs) to focus reviews of short inpatient stays on hospitals with the highest rates of this type of stay,
- modify each RAC's contingency fees to be based, in part, on its claim denial overturn rate,
- ensure that the RAC look-back period is shorter than the Medicare rebilling period for short inpatient stays, and
- withdraw the “two-midnight” rule.

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

Absent: Baicker

7-2 The Secretary should evaluate establishing a penalty for hospitals with excess rates of short inpatient stays to substitute, in whole or in part, for recovery audit contractor review of short inpatient stays.

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

Absent: Baicker

7-3 The Congress should revise the skilled nursing facility three-inpatient-day hospital eligibility requirement to allow for up to two outpatient observation days to count toward meeting the criterion.

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

Absent: Baicker

7-4 The Congress should require acute-care hospitals to notify beneficiaries placed in outpatient observation status that their observation status may affect their financial liability for skilled nursing facility care. The notice should be provided to patients in observation status for more than 24 hours and who are expected to need skilled nursing services. The notice should be timely, allowing patients to consult with their physicians and other health care professionals before discharge planning is complete.

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

Absent: Baicker

7-5 The Congress should package payment for self-administered drugs provided during outpatient observation on a budget-neutral basis within the hospital outpatient prospective payment system.

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

Absent: Baicker

Chapter 8: Next steps in measuring quality of care in Medicare

No recommendations