

A P P E N D I X

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**Commissioners' voting  
on recommendations**

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## 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: 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 Congress should direct the Secretary of Health and Human Services to:

- reduce or eliminate differences in payment rates between outpatient departments and physician offices for selected ambulatory payment classifications.
- set long-term care hospital base payment rates for non-chronically critically ill (CCI) cases equal to those of acute care hospitals and redistribute the savings to create additional inpatient outlier payments for CCI cases in inpatient prospective payment system hospitals. The change should be phased in over a three-year period from 2015 to 2017.
- increase payment rates for the acute care hospital inpatient and outpatient prospective payment systems in 2015 by 3.25 percent, concurrent with the change to the outpatient payment system discussed above and with initiating the change to the long-term care hospital payment system.

*Yes:* Armstrong, Baicker, Butler, Chernew, Christianson, Coombs, Gradison, Hackbarth, Hall, Hoadley, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello

*Abstain:* Kuhn

## Chapter 4: Physician and other health professional services

The Commission reiterates its standing position on improving Medicare's payments to physicians and other health professionals. See pp. 112–114.

## Chapter 5: Ambulatory surgical center services

The Congress should eliminate the update to the payment rates for ambulatory surgical centers for calendar year 2015. The Congress should also require ambulatory surgical centers to submit cost data.

*Yes: Armstrong, Baicker, Butler, Chernew, Christianson, Coombs, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello*

## Chapter 6: Outpatient dialysis services

**6-1** The Congress should not increase the outpatient dialysis payment rate for calendar year 2015.

*Yes: Armstrong, Baicker, Butler, Chernew, Christianson, Coombs, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello*

**6-2** The Congress should direct the Secretary to:

- include a measure that assesses poor outcomes related to anemia in the End-Stage Renal Disease Quality Incentive Program.
- redesign the low-volume payment adjustment to consider a facility's distance to the nearest facility.
- audit dialysis facilities' cost report data.

*Yes: Armstrong, Baicker, Butler, Chernew, Christianson, Coombs, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello*

## Chapter 7: Post-acute care providers: Steps toward broad payment reforms

The Congress should direct the Secretary to implement common patient assessment items for use in home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, and long-term care hospitals by 2016.

*Yes: Armstrong, Baicker, Butler, Chernew, Christianson, Coombs, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello*

## Chapter 8: Skilled nursing facility services

The Commission reiterates its previous recommendation on updating Medicare's payments to skilled nursing facilities. See text box, p. 204.

## Chapter 9: Home health care services

The Congress should direct the Secretary to reduce payments to home health agencies with relatively high risk-adjusted rates of hospital readmission.

*Yes: Armstrong, Baicker, Butler, Chernew, Christianson, Coombs, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello*

Additionally, the Commission reiterates its previous recommendations on improving the home health payment system. See text box, pp. 234–236.

## Chapter 10: Inpatient rehabilitation facility services

The Congress should eliminate the update to the Medicare payment rates for inpatient rehabilitation facilities in fiscal year 2015.

*Yes: Armstrong, Baicker, Butler, Chernew, Christianson, Coombs, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, 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 2015.

*Yes: Armstrong, Baicker, Butler, Chernew, Christianson, Coombs, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello*

The Commission's recommendation for long-term care hospital payment reform is included with its acute care hospital update recommendation, Chapter 3.

## Chapter 12: Hospice services

The Congress should eliminate the update to the hospice payment rates for fiscal year 2015.

*Yes: Armstrong, Baicker, Butler, Chernew, Christianson, Coombs, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello*

## Chapter 13: The Medicare Advantage program: Status report

**13-1** The Congress should direct the Secretary to determine payments for employer group Medicare Advantage plans in a manner more consistent with the determination of payments for comparable nonemployer plans.

*Yes: Armstrong, Baicker, Butler, Chernew, Christianson, Coombs, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello*

**13-2** The Congress should include the Medicare hospice benefit in the Medicare Advantage benefits package beginning in 2016.

*Yes: Armstrong, Baicker, Butler, Chernew, Christianson, Coombs, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello*

## **Chapter 14: Status report on Part D**

No recommendations