

A P P E N D I X

C

**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: How Medicare pays for services: an overview

No recommendations

Chapter 2: Assessing payment adequacy and updating payments in traditional Medicare

Section 2A: Accounting for changes in input prices

2A The Secretary should use the wage and benefit proxies that most closely match the training and skill requirements of health care occupations in all input price indexes used for updating payments. In determining index weights, measures specific to the health sector and to occupation categories in which health care plays a major role should be emphasized.

Yes: Braun, Burke, DeBusk, Feezor, Hackbarth, Loop, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Smith, Stowers, Wakefield

Absent: Rosenblatt, Rowe

Section 2B: Hospital inpatient and outpatient services

2B-1 The Congress should gradually eliminate the differential in inpatient payment rates between hospitals in large urban and other areas.

Yes: Braun, Burke, DeBusk, Feezor, Hackbarth, Loop, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

Absent: Rosenblatt

2B-2 The Congress should increase the base rate for inpatient services covered by Medicare's prospective payment system in fiscal year 2003 by market basket minus 0.55 percent for hospitals in large urban areas and by market basket for hospitals in all other areas.

Yes: Braun, Burke, DeBusk, Feezor, Hackbarth, Loop, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

Absent: Rosenblatt

2B-3 For calendar year 2003, the Secretary should increase the payment rates for services covered by the outpatient prospective payment system by the rate of increase in the hospital market basket.

Yes: Braun, Burke, DeBusk, Feezor, Hackbarth, Loop, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

Absent: Rosenblatt

Section 2C: Physician services

2C-1 The Congress should repeal the sustainable growth rate system and instead require that the Secretary update payments for physician services based on the estimated change in input prices for the coming year, less an adjustment for growth in multifactor productivity.

Yes: Braun, Burke, DeBusk, Feezor, Hackbarth, Loop, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

Absent: Rosenblatt

2C-2 The Secretary should revise the productivity adjustment for physician services and make it a multifactor instead of labor-only adjustment.

Yes: Braun, Burke, DeBusk, Feezor, Hackbarth, Loop, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

Absent: Rosenblatt

2C-3 The Congress should update payments for physician services by 2.5 percent for 2003.

Yes: Braun, Burke, DeBusk, Feezor, Hackbarth, Loop, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

Absent: Rosenblatt

Section 2D: Skilled nursing facility services

2D-1 The Secretary should develop a new classification system for care in skilled nursing facilities.

Yes: Braun, Burke, DeBusk, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

Absent: Feezor, Loop, Newport, Rosenblatt

2D-2 If the Centers for Medicare & Medicaid Services refines the classification system for care in skilled nursing facilities, the temporary payment increase, previously implemented to allow time for refinement, will end. The Congress should retain this money in the base payment rate for skilled nursing facilities.

Yes: Braun, Burke, DeBusk, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

Absent: Feezor, Loop, Newport, Rosenblatt

2D-3 For fiscal year 2003, the Congress should update payments to skilled nursing facilities as follows. For freestanding facilities, no update is necessary. For hospital-based facilities, update payments by market basket and increase payments by 10 percent until a new classification system is developed.

Yes: Braun, Burke, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

No: DeBusk

Absent: Feezor, Loop, Newport, Rosenblatt

Section 2E: Home health services

2E-1 The Congress should extend for two years the 10 percent add-on payments for home health services provided in rural areas.

Yes: Braun, Burke, DeBusk, Feezor, Hackbarth, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Smith, Stowers, Wakefield

Absent: Loop, Rosenblatt, Rowe

2E-2 The Congress should update home health payments by market basket for fiscal year 2003.

Yes: Braun, Burke, DeBusk, Feezor, Hackbarth, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Smith, Stowers, Wakefield

Absent: Loop, Rosenblatt, Rowe

2E-3 The Congress should eliminate the payment cut for home health services scheduled for October 2002 in current law.

Yes: Braun, Burke, DeBusk, Feezor, Hackbarth, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Smith, Stowers, Wakefield

Absent: Loop, Rosenblatt, Rowe

Section 2F: Outpatient dialysis services

2F For calendar year 2003, the Congress should update the composite rate payment for outpatient dialysis services by 2.4 percent.

Yes: Braun, Burke, DeBusk, Hackbarth, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

Not Voting: Feezor

Absent: Loop, Rosenblatt

Chapter 3: Paying for new technology in the outpatient prospective payment system

3A The Congress should:

- Replace hospital-specific payments for pass-through devices with national rates.
- Give the Secretary authority to consider alternatives to average wholesale price when determining payments for pass-through drugs and biologicals.

Yes: Braun, Burke, DeBusk, Hackbarth, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

Absent: Feezor, Loop, Rosenblatt

3B The Secretary should:

- Ensure additional payments are made only for new or substantially improved technologies that are expensive in relation to the applicable ambulatory payment classification payment rate.
- Avoid basing national rates only on reported costs.
- Ensure that the same broad principles guide payments for new technologies in the inpatient and outpatient payment systems.

Yes: Braun, Burke, DeBusk, Hackbarth, Muller, Nelson, Newhouse, Newport, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield

Absent: Feezor, Loop, Rosenblatt

Chapter 4: What next for Medicare+Choice?

The Congress should set payments to Medicare+Choice plans at 100 percent of per capita local fee-for-service spending as soon as possible, and an adequate risk-adjustment mechanism should be phased in at least as rapidly as called for in current law.

Yes: Braun, Burke, DeBusk, Feezor, Hackbarth, Muller, Newhouse, Newport, Raphael, Reischauer, Rowe, Stowers

No: Nelson, Smith

Not Voting: Wakefield

Absent: Loop, Rosenblatt