

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: Setting a context for Medicare spending

No recommendations

Chapter 2: Quality of care for Medicare beneficiaries

No recommendations

Chapter 3: Assessing payment adequacy and updating payments in fee-for-service Medicare

Section 3A: Hospital inpatient and outpatient services

3A-1 The Congress should increase payment rates for the inpatient prospective payment system by the projected rate of increase in the hospital market basket index for fiscal year 2005.

Yes: DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Not voting: Nelson

Absent: Burke, Muller

3A-2 The Congress should increase payment rates for the outpatient prospective payment system by the projected rate of increase in the hospital market basket index for calendar year 2005.

Yes: DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Absent: Burke, Muller

3A-3 The Congress should eliminate the outlier policy under the outpatient prospective payment system.

Yes: DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Absent: Burke, Muller

Section 3B: Physician services

3B The Congress should update payments for physician services by the projected change in input prices, less an adjustment for productivity growth of 0.9 percent, in 2005.

Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Section 3C: Skilled nursing facility services

3C-1 The Congress should eliminate the update to payment rates for skilled nursing facility services for fiscal year 2005.

Yes: Burke, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

No: DeBusk

3C-2 The Secretary should develop a new classification system for care in skilled nursing facilities. Until this happens, the Congress should authorize the Secretary to:

- remove some or all of the 6.7 percent payment add-on currently applied to the rehabilitation RUG–III groups.
- reallocate the money to the nonrehabilitation RUG–III groups to achieve a better balance of resources among all of the RUG–III groups.

Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

3C-3 The Secretary should direct skilled nursing facilities to report nursing costs separately from routine costs.

Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Section 3D: Home health services

3D-1 The Congress should eliminate the update to payment rates for home health services for 2005.

Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Not voting: Raphael

3D-2 The Secretary should continue to monitor access to care, the impact of the payment system on patient selection, and the use of services across post-acute care settings.

Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Section 3E: Outpatient dialysis services

3E-1 The Congress should maintain current law and update the composite rate by 1.6 percent for 2005.

Yes: Burke, DeBusk, DeParle, Durenberger, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Not voting: Feezor

3E-2 The Congress should establish a quality incentive payment policy for physicians and facilities providing outpatient dialysis services.

Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Section 3F: Ambulatory surgical center services

3F-1 There should be no update to payment rates for ASC services for fiscal year 2005.

Yes: DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Absent: Burke, Muller

3F-2 The Secretary should revise the ASC payment system so that its relative weights and procedure groups are aligned with those in the outpatient prospective payment system. In addition:

- The Congress should require the Secretary to periodically collect ASC cost data at the procedure level to monitor the adequacy of ASC rates, refine the relative weights, and develop a conversion factor that reflects the cost of ASC services.
- The Congress should ensure that payment rates for ASC procedures do not exceed hospital outpatient PPS rates for the same procedures, accounting for differences in the bundle of services.

Yes: DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Absent: Burke, Muller

3F-3 After the ASC payment system is revised, the Congress should direct the Secretary to replace the current list of approved ASC procedures with a list of procedures that are excluded from payment based on clinical safety standards and whether the service requires an overnight stay.

Yes: DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

Absent: Burke, Muller

Chapter 4: Medicare+Choice payment and eligibility policy

4A CMS should continue to risk-adjust payments with the new CMS hierarchical condition category system, but should not continue to offset the impact of risk adjustment on overall payments in 2005 and subsequent years.

Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield, Wolter

Not voting: Rosenblatt

4B The Congress should allow all beneficiaries with end-stage renal disease to enroll in private plans.

Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rowe, Smith, Stowers, Wakefield, Wolter

Not voting: Rosenblatt

4C The Congress should establish a quality incentive payment policy for all Medicare Advantage plans.

Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter