

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: 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