

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: Monitoring the implementation of Part D

The Secretary should have a process in place for timely delivery of Part D data to congressional support agencies to enable them to report to the Congress on the drug benefit's impact on cost, quality, and access.

*Yes:* Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Reischauer, Scanlon, Smith, Stowers, Wolter

*Absent:* Raphael, Wakefield

### Chapter 2: Medicare Advantage payment areas and risk adjustment

**2A** The Congress should establish payment areas for Medicare Advantage local plans that have the following characteristics:

- Among counties in metropolitan statistical areas, payment areas should be collections of counties that are located in the same state and the same metropolitan statistical area.
- Among counties outside metropolitan statistical areas, payment areas should be collections of counties in the same state that are accurate reflections of health care market areas, such as health service areas.

*Yes:* Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

*Absent:* Wakefield

**2B** The Secretary should update health service areas before using them as payment areas in the Medicare Advantage program. In addition, the Secretary should make periodic updates to health service areas to reflect changes in health care market areas that occur over time.

*Yes:* Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

*Absent:* Wakefield

### **Chapter 3: The Medicare Advantage program**

**3A** The Congress should eliminate the stabilization fund for regional preferred provider organizations.

*Yes:* Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Smith, Stowers, Wolter

*No:* Scanlon

*Absent:* Wakefield

**3B** The Secretary should calculate clinical measures for the fee-for-service program that would permit CMS to compare the fee-for-service program to Medicare Advantage plans.

*Yes:* Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

*Absent:* Wakefield

**3C** The Congress should clarify that regional plans should submit bids that are standardized for the region's Medicare Advantage-eligible population.

*Yes:* Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

*Absent:* Wakefield

**3D** The Congress should remove the effect of payments for indirect medical education from the Medicare Advantage plan benchmarks.

*Yes:* Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

*Absent:* Wakefield

**3E** a) The Congress should set the benchmarks that CMS uses to evaluate Medicare Advantage plan bids at 100 percent of the fee-for-service costs.

*Yes:* Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

*Absent:* Wakefield

b) At the same time, the Congress should also redirect Medicare's share of savings from bids below the benchmarks to a fund that would redistribute the savings back to Medicare Advantage plans based on quality measures.

*Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter*

*Absent: Wakefield*

**3F** The Congress should put into law the scheduled phase-out of the hold-harmless policy that offsets the impact of risk adjustment on aggregate payments through 2010.

*Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter*

*Absent: Wakefield*

## **Chapter 4: Payment for dialysis**

**4A** The Congress should direct the Secretary to:

- eliminate differences in paying for composite rate services between hospital-based and freestanding dialysis facilities; and
- combine the base composite rate and the add-on adjustment.

*Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter*

*Absent: Wakefield*

**4B** The Secretary should:

- eliminate differences in paying for injectable drugs between hospital-based and freestanding dialysis facilities; and
- use average sales price data to base payment for all injectable dialysis drugs that are separately billable in 2006.

*Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter*

*Absent: Wakefield*

**4C** The Congress should give the Secretary the authority to periodically collect average acquisition cost data from dialysis providers and compare it with average sales price data. The Secretary should collect data on the acquisition cost and payment per unit for drugs—other than erythropoietin—that hospital-based providers furnish.

*Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter*

*Absent: Wakefield*

## **Chapter 5: Payment for post-acute care**

No recommendations

## **Chapter 6: Payment for pharmacy handling costs in hospital outpatient departments**

**6A** The Secretary should establish separate, budget-neutral payments to cover the costs that hospitals incur for handling separately paid drugs, biologicals, and radiopharmaceuticals.

*Yes:* Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

*Absent:* Wakefield

**6B** The Secretary should:

- define a set of handling fee APCs that group drugs, biologicals, and radiopharmaceuticals based on attributes of the products that affect handling costs;
- instruct hospitals to submit charges for those APCs; and
- base payment rates for the handling fee APCs on submitted charges, reduced to costs.

*Yes:* Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

*Absent:* Wakefield

## **Chapter 7: Critical access hospitals**

No recommendations

## **Chapter 8: Using clinical and cost effectiveness in Medicare**

No recommendations

## **Chapter 9: Review of CMS's preliminary estimate of the physician update for 2006**

No recommendations