

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 reports. 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

- 3** For fiscal year 2025, the Congress should update the 2024 Medicare base payment rates for general acute care hospitals by the amount specified in current law plus 1.5 percent.

In addition, the Congress should:

- begin a transition to redistribute disproportionate share hospital and uncompensated care payments through the Medicare Safety-Net Index (MSNI);
- add \$4 billion to the MSNI pool;
- scale fee-for-service MSNI payments in proportion to each hospital's MSNI and distribute the funds through a percentage add-on to payments under the inpatient and outpatient prospective payment systems; and
- pay commensurate MSNI amounts for services furnished to Medicare Advantage (MA) enrollees directly to hospitals and exclude them from MA benchmarks.

Yes: Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Jaffery, Konetzka, Navathe, Poulsen, Rambur, Riley, Ryu, Sarran, Upchurch

Abstain: Kan, Miller

## Chapter 4: Physician and other health professional services

4 The Congress should:

- for calendar year 2025, update the 2024 Medicare base payment rate for physician and other health professional services by the amount specified in current law plus 50 percent of the projected increase in the Medicare Economic Index; and
- enact the Commission's March 2023 recommendation to establish safety-net add-on payments under the physician fee schedule for services delivered to low-income Medicare beneficiaries.

Yes: Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Jaffery, Kan, Konetzka, Miller, Navathe, Poulsen, Rambur, Riley, Ryu, Sarran, Upchurch

## Chapter 5: Outpatient dialysis services

For calendar year 2025, the Congress should update the 2024 Medicare end-stage renal disease prospective payment system base rate by the amount determined under current law.

Yes: Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Jaffery, Kan, Konetzka, Miller, Navathe, Poulsen, Rambur, Riley, Ryu, Sarran, Upchurch

## Chapter 6: Skilled nursing facility services

For fiscal year 2025, the Congress should reduce the 2024 Medicare base payment rates for skilled nursing facilities by 3 percent.

Yes: Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Jaffery, Kan, Konetzka, Navathe, Poulsen, Rambur, Riley, Ryu, Sarran, Upchurch

Abstain: Miller

## Chapter 7: Home health care services

For calendar year 2025, the Congress should reduce the 2024 Medicare base payment rates for home health agencies by 7 percent.

Yes: Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Jaffery, Kan, Konetzka, Miller, Navathe, Poulsen, Rambur, Riley, Ryu, Sarran, Upchurch

## Chapter 8: Inpatient rehabilitation facility services

For fiscal year 2025, the Congress should reduce the 2024 Medicare base payment rate for inpatient rehabilitation facilities by 5 percent.

Yes: Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Jaffery, Kan, Konetzka, Miller, Navathe, Poulsen, Rambur, Riley, Ryu, Sarran, Upchurch

## **Chapter 9: Hospice services**

For fiscal year 2025, the Congress should eliminate the update to the 2024 Medicare base payment rates for hospice.

Yes: Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Jaffery, Kan, Konetzka, Miller, Navathe, Poulsen, Rambur, Riley, Ryu, Sarran, Upchurch

## **Chapter 10: Ambulatory surgical center services: Status report**

*The Commission reiterates its March 2022 recommendation that the Secretary require ambulatory surgical centers to report cost data.*

## **Chapter 11: The Medicare prescription drug program (Part D): Status report**

No recommendations

## **Chapter 12: The Medicare Advantage program: Status report**

No recommendations

## **Chapter 13: Estimating Medicare Advantage coding intensity and favorable selection**

No recommendations

## **Chapter 14: Mandated report: Dual-eligible special needs plans**

No recommendations

## **Chapter 15: Mandated report: Rural emergency hospitals**

No recommendations

