

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: The sustainable growth rate system: Policy considerations for adjustments and alternatives

No recommendations

Chapter 2: Improving payment accuracy and appropriate use of ancillary services

2-1 The Secretary should accelerate and expand efforts to package discrete services in the physician fee schedule into larger units for payment.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Stuart, Uccello

Absent: Naylor

2-2 The Congress should direct the Secretary to apply a multiple procedure payment reduction to the professional component of diagnostic imaging services provided by the same practitioner in the same session.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Stuart, Uccello

Absent: Naylor

2-3 The Congress should direct the Secretary to reduce the physician work component of imaging and other diagnostic tests that are ordered and performed by the same practitioner.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Stuart, Uccello

Absent: Naylor

2-4 The Congress should direct the Secretary to establish a prior authorization program for practitioners who order substantially more advanced diagnostic imaging services than their peers.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Chernew, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Stuart, Uccello

No: Castellanos

Absent: Naylor

Chapter 3: Medicare's fee-for-service benefit design

No recommendations

Chapter 4: Enhancing Medicare's technical assistance to and oversight of providers

4-1 The Congress should redesign the current Quality Improvement Organization program to allow the Secretary to provide funding for time-limited technical assistance directly to providers and communities. The Congress should require the Secretary to develop an accountability structure to ensure these funds are used appropriately.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Stuart, Uccello

Absent: Naylor

4-2 The Congress should authorize the Secretary to define criteria to qualify technical assistance agents so that a variety of entities can compete to assist providers and to provide community-level quality improvement. The Congress should remove requirements that the agents be physician sponsored, serve a specific state, and have regulatory responsibilities.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Stuart, Uccello

Absent: Naylor

4-3 The Secretary should make low-performing providers and community-level initiatives a high priority in allocating resources for technical assistance for quality improvement.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Stuart, Uccello

Absent: Naylor

4-4 The Secretary should regularly update the conditions of participation so that the requirements incorporate and emphasize evidence-based methods of improving quality of care.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Stuart, Uccello

Absent: Naylor

4-5 The Congress should require the Secretary to expand interventions that promote systemic remediation of quality problems for persistently low-performing providers.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Stuart, Uccello

Absent: Naylor

4-6 The Secretary should establish a public recognition program for high-performing providers that participate in collaboratives or learning networks, or otherwise act as mentors, to improve the quality of lower performing providers.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Stuart, Uccello

Absent: Naylor

Chapter 5: Coordinating care for dual-eligible beneficiaries

No recommendations

Chapter 6: Federally qualified health centers

No recommendations

Chapter 7: Variation in private-sector payment rates

No recommendations

Appendix A: Review of CMS's preliminary estimate of the 2012 update for physician and other professional services

No recommendations