

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: Context for Medicare payment policy

No recommendations

### Chapter 2: Assessing payment adequacy and updating payments in fee-for-service Medicare

#### Section 2A: Hospital inpatient and outpatient services

**2A-1** The Congress should increase payment rates for the acute inpatient and outpatient prospective payment systems in 2009 by the projected rate of increase in the hospital market basket index, concurrent with implementation of a quality incentive payment program.

*Yes:* Behroozi, Bertko, Borman, Castellanos, Crosson, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter

*Absent:* Dean

**2A-2** The Congress should reduce the indirect medical education adjustment in 2009 by 1 percentage point to 4.5 percent per 10 percent increment in the resident-to-bed ratio. The funds obtained by reducing the indirect medical education adjustment should be used to fund a quality incentive payment program.

*Yes:* Behroozi, Bertko, Borman, Castellanos, Crosson, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter

*Absent:* Dean

## Section 2B: Physician services

The Congress should update payments for physician services in 2009 by the projected change in input prices less the Commission's adjustment for productivity growth. The Congress should enact legislation requiring CMS to establish a process for measuring and reporting physician resource use on a confidential basis for a period of two years.

*Yes:* Behroozi, Bertko, Borman, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart

*No:* Castellanos, Wolter

*Not voting:* Crosson

*Absent:* Dean

## Section 2C: Outpatient dialysis services

The Congress should update the composite rate in calendar year 2009 by the projected rate of increase in the end-stage renal disease market basket index less the Commission's adjustment for productivity growth. The Commission reiterates its recommendation that the Congress implement a quality incentive program for physicians and facilities that treat dialysis patients.

*Yes:* Behroozi, Bertko, Borman, Castellanos, Crosson, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter

*Absent:* Dean

## Section 2D: Skilled nursing facility services

**2D-1** The Congress should eliminate the update to payment rates for skilled nursing facility services for fiscal year 2009.

*Yes:* Behroozi, Bertko, Borman, Castellanos, Crosson, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Reischauer, Scanlon, Stuart, Wolter

*Absent:* Dean, Milstein

**2D-2** The Congress should establish a quality incentive payment policy for skilled nursing facilities in Medicare.

*Yes:* Behroozi, Castellanos, Crosson, DeParle, Ebeler, Hackbarth, Hansen, Kane, Reischauer, Stuart

*No:* Bertko, Durenberger, Scanlon

*Not voting:* Borman, Wolter

*Absent:* Dean, Milstein

**2D-3** To improve quality measurement for skilled nursing facilities, the Secretary should:

- add the risk-adjusted rates of potentially avoidable rehospitalizations and community discharge to its publicly reported post-acute care quality measures;
- revise the pain, pressure ulcer, and delirium measures currently reported on CMS's Nursing Home Compare website; and
- require skilled nursing facilities to conduct patient assessments at admission and discharge.

*Yes:* Behroozi, Bertko, Borman, Castellanos, Crosson, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Reischauer, Scanlon, Stuart, Wolter

*Absent:* Dean, Milstein

### **Section 2E: Home health services**

The Congress should eliminate the update to payment rates for home health care services for calendar year 2009.

*Yes:* Behroozi, Bertko, Borman, Castellanos, Crosson, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter

*Absent:* Dean

### **Section 2F: Inpatient rehabilitation facility services**

The update to the payment rates for inpatient rehabilitation facility services should be eliminated for fiscal year 2009.

*Yes:* Behroozi, Bertko, Borman, Castellanos, Crosson, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter

*Absent:* Dean

### **Section 2G: Long-term care hospital services**

The Secretary should update payment rates for long-term care hospitals for rate year 2009 by the projected rate of increase in the rehabilitation, psychiatric, and long-term care hospital market basket index less the Commission's adjustment for productivity growth.

*Yes:* Behroozi, Bertko, Borman, Castellanos, Crosson, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter

*Absent:* Dean

## Chapter 3: Update on the Medicare Advantage program

- 3-1** The Congress should require the Secretary to establish additional, tailored performance measures for special needs plans and evaluate their performance on those measures within three years.

*Yes: Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*

- 3-2** The Secretary should furnish beneficiaries and their counselors with information on special needs plans that compares their benefits, other features, and performance with other Medicare Advantage plans and traditional Medicare.

*Yes: Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*

- 3-3** The Congress should direct the Secretary to require chronic condition special needs plans to serve only beneficiaries with complex chronic conditions that influence many other aspects of health, have a high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery systems.

*Yes: Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*

- 3-4** The Congress should require dual-eligible special needs plans within three years to contract, either directly or indirectly, with states in their service areas to coordinate Medicaid benefits.

*Yes: Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*

- 3-5** The Congress should require special needs plans to enroll at least 95 percent of their members from their target population.

*Yes: Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Milstein, Reischauer, Scanlon, Stuart, Wolter*

*Not voting: Kane*

- 3-6** The Congress should eliminate dual-eligible and institutionalized beneficiaries' ability to enroll in Medicare Advantage plans, except special needs plans with state contracts, outside of open enrollment. They should also continue to be able to disenroll and return to fee-for-service at any time during the year.

*(Note: This recommendation includes a two-word, technical correction that Commissioners voted on at their January meeting. That vote was 14 yes and 3 absent.)*

*Yes: Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*

- 3-7** The Congress should extend the authority for special needs plans that meet the conditions specified in Recommendations 3-1 through 3-6 for three years.

*Yes: Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*

## Chapter 4: Part D enrollment, benefit offerings, and plan payments

The Congress should direct the Secretary to make Part D claims data available regularly and in a timely manner to congressional support agencies and selected executive branch agencies for purposes of program evaluation, public health, and safety.

*Yes: Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Milstein, Reischauer, Scanlon, Stuart, Wolter*

## Chapter 5: Increasing participation in the Medicare Savings Programs and the low-income drug subsidy

**5-1** The Secretary should increase State Health Insurance Assistance Program funding for outreach to low-income Medicare beneficiaries.

*Yes: Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Reischauer, Scanlon, Stuart, Wolter*

*Absent: Milstein*

**5-2** The Congress should raise Medicare Savings Program income and asset criteria to conform to low-income drug subsidy criteria.

*Yes: Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Reischauer, Scanlon, Stuart, Wolter*

*Absent: Milstein*

**5-3** The Congress should change program requirements so that Social Security Administration screens low-income drug subsidy applicants for federal Medicare Savings Program eligibility and enrolls them if they qualify.

*Yes: Behroozi, Bertko, Borman, Castellanos, Crosson, Dean, DeParle, Durenberger, Ebeler, Hackbarth, Hansen, Kane, Reischauer, Scanlon, Stuart, Wolter*

*Absent: Milstein*