

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 2011 by the projected rate of increase in the hospital market basket index, concurrent with implementation of a quality incentive payment program.

*Yes:* Behroozi, Berenson, Bertko, Borman, Butler; Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart

*Absent:* Chernew

**2A-2** To restore budget neutrality, the Congress should require the Secretary to fully offset increases in inpatient payments due to hospitals' documentation and coding improvements. To accomplish this goal, the Secretary must reduce payment rates in the inpatient prospective payment system by the same percentage (not to exceed 2 percentage points) each year in 2011, 2012, and 2013. The lower rates would remain in place until overpayments are fully recovered.

*Yes:* Behroozi, Berenson, Bertko, Borman, Butler; Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart

*Absent:* Chernew

## **Section 2B: Physician services**

The Congress should update payments for physician services in 2011 by 1.0 percent.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart*

*Not voting: Castellanos*

*Absent: Chernew*

## **Section 2C: Ambulatory surgical centers**

The Congress should implement a 0.6 percent increase in payment rates for ambulatory surgical center services in calendar year 2011 concurrent with requiring ambulatory surgical centers to submit cost and quality data.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart*

*Absent: Chernew*

## **Section 2D: Outpatient dialysis services**

The Congress should update the composite rate by the projected rate of increase in the end-stage renal disease market basket less the adjustment for productivity growth for calendar year 2011.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Milstein, Scanlon, Stuart*

*Not voting: Miller*

*Absent: Chernew*

## **Section 2E: Hospice**

The Congress should update the payment rates for hospice for fiscal year 2011 by the projected rate of increase in the hospital market basket index less the Commission's adjustment for productivity growth.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart*

*Absent: Chernew*

## **Chapter 3: Post-acute care providers: Common themes**

### **Section 3A: Skilled nursing facility services**

The Congress should eliminate the update to payment rates for skilled nursing facility services for fiscal year 2011.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart*

*Absent: Chernew*

## Section 3B: Home health services

**3B-1** The Congress should eliminate the market basket update for 2011 and direct the Secretary to rebase rates for home health care services to reflect the average cost of providing care.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart*

*Absent: Chernew*

**3B-2A** The Congress should direct the Secretary to expeditiously modify the home health payment system to protect beneficiaries from stinting or lower quality of care in response to rebasing. The approaches should include risk corridors and blended payments that mix prospective payment with elements of cost-based reimbursement.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart*

*Absent: Chernew*

**3B-2B** The Secretary should identify categories of patients who are likely to receive the greatest clinical benefit from home health care and develop outcomes measures that evaluate the quality of care for each category of patient.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart*

*Absent: Chernew*

**3B-3** The Congress should direct the Secretary to review home health agencies that exhibit unusual patterns of claims for payment. The Congress should provide the authority to the Secretary to implement safeguards, such as a moratorium on new providers, prior authorization, or suspension of prompt payment requirements, in areas that appear to be high risk.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart*

*Absent: Chernew*

## Section 3C: Inpatient rehabilitation facility services

The update to the payment rates for inpatient rehabilitation facility services should be eliminated for fiscal year 2011.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart*

*Absent: Chernew*

## Section 3D: Long-term care hospital services

The Secretary should eliminate the update to the payment rate for long-term care hospitals for rate year 2011.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart*

*Absent: Chernew*

## Chapter 4: The Medicare Advantage program

No recommendations

## Chapter 5: Status report on Part D

No recommendations

## Chapter 6: Report on comparing quality among Medicare Advantage plans and between Medicare Advantage and fee-for-service Medicare

- 6-1** The Secretary should define electronic health record “meaningful use” criteria such that all qualifying electronic health records can collect and report the data needed to compute a comprehensive set of process and outcome measures consistent with these recommendations. Qualifying electronic health records should have the capacity to include and report patient demographic data such as race, ethnicity, and language preference.

*Yes:* Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Miller, Milstein, Stuart

*Absent:* Kuhn, Scanlon

- 6-2** The Secretary should collect, calculate, and report quality measurement results in Medicare Advantage at the level of the geographic units the Commission has recommended for Medicare Advantage payments, and calculate fee-for-service quality results for purposes of comparing Medicare Advantage and fee-for-service using the same geographic units.

*Yes:* Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Miller, Milstein, Stuart

*Absent:* Kuhn, Scanlon

- 6-3** The Secretary should have all health plan types in Medicare Advantage report on the same basis, including reporting measures based on medical record review, and the Congress should remove the statutory exceptions for preferred provider organizations and private fee-for-service plans with respect to such reporting.

*Yes:* Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Miller, Milstein, Stuart

*Absent:* Kuhn, Scanlon

- 6-4** The Secretary should collect and report the same survey-based data that are collected in Medicare Advantage through the Health Outcomes Survey for the Medicare fee-for-service population, unless the Secretary determines that such data cannot meaningfully differentiate quality among Medicare Advantage plans and between fee-for-service and Medicare Advantage.

*Yes:* Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Miller, Milstein, Stuart

*Absent:* Kuhn, Scanlon

**6-5** The Secretary should expeditiously publish specifications for forthcoming Medicare Advantage plan encounter data submissions to obtain the data needed to calculate patient outcome measures.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler; Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Miller, Milstein, Stuart*

*Absent: Kuhn, Scanlon*

**6-6** The Secretary should calculate fee-for-service results for Healthcare Effectiveness Data and Information Set administrative-only measures for those measures the Secretary determines can provide a valid comparison of the two sectors.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler; Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Miller, Milstein, Stuart*

*Absent: Kuhn, Scanlon*

**6-7** The Secretary should develop and report on additional quality measures for Medicare Advantage plan and Medicare Advantage-to-fee-for-service comparisons that address gaps in current quality measures.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler; Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Miller, Milstein, Stuart*

*Absent: Kuhn, Scanlon*

**6-8** The Congress should provide the Secretary with sufficient resources to implement the Commission's recommendations in this report.

*Yes: Behroozi, Berenson, Bertko, Borman, Butler; Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Miller, Milstein, Stuart*

*Absent: Kuhn, Scanlon*