

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: 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

The Congress should direct the Secretary of the Department of Health and Human Services to:

- update inpatient and outpatient payments by the amount specified in current law,
- reduce Medicare payment rates for 340B hospitals' separately payable 340B drugs by 10 percent of the average sales price (ASP),
- direct the program savings from reducing Part B drug payment rates to the Medicare-funded uncompensated care pool, and
- distribute all uncompensated care payments using data from the Medicare cost reports' Worksheet S-10. The use of S-10 uncompensated care data should be phased in over three years.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Naylor, Redberg, Samitt, Thompson, Uccello

No: Kuhn, Nerenz, Thomas

Chapter 4: Physician and other health professional services

The Congress should increase payment rates for physician and other health professional services by the amount specified in current law for calendar year 2017.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

Chapter 5: Ambulatory surgical center services

The Congress should eliminate the update to the payment rates for ambulatory surgical centers for calendar year 2017. The Congress should also require ambulatory surgical centers to submit cost data.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

Chapter 6: Outpatient dialysis services

The Congress should increase the outpatient dialysis base payment rate by the update specified in current law for calendar year 2017.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

Additionally, the Commission reiterates its March 2014 recommendation for redesigning the low-volume payment adjustment and auditing dialysis facilities' cost reports. See text box, p. 167.

Chapter 7: Skilled nursing facility services

The Congress should eliminate the market basket update for 2017 and 2018 and direct the Secretary to revise the prospective payment system (PPS) for skilled nursing facilities. In 2019, the Secretary should report to the Congress on the effects of the reformed PPS and make any additional adjustments to payments needed to more closely align payments with costs.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

Chapter 8: Home health care services

The Congress should direct the Secretary to eliminate the payment update for 2017 and implement a two-year rebasing of the payment system beginning in 2018. The Congress should direct the Secretary to revise the prospective payment system to eliminate the use of therapy visits as a factor in payment determinations, concurrent with rebasing.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

Additionally, the Commission reiterates its March 2011 recommendations on improving the home health care benefit. See text box, pp. 218–219.

Chapter 9: Inpatient rehabilitation facility services

9-1 The Congress should eliminate the update to the Medicare payment rate for inpatient rehabilitation facilities in fiscal year 2017.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

9-2 The Secretary should conduct focused medical record review of inpatient rehabilitation facilities that have unusual patterns of case mix and coding.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

9-3 The Secretary should expand the inpatient rehabilitation facility outlier pool to redistribute payments more equitably across cases and providers.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

Chapter 10: Long-term care hospital services

The Secretary should eliminate the update to the payment rates for long-term care hospitals for fiscal year 2017.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

Chapter 11: Hospice services

The Congress should eliminate the update to the hospice payment rates for fiscal year 2017.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

Chapter 12: The Medicare Advantage program: Status report

12-1 The Congress should eliminate the cap on benchmark amounts and the doubling of the quality increases in specified counties.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

12-2 The Congress should direct the Secretary to:

- develop a risk adjustment model that uses two years of fee-for-service (FFS) and Medicare Advantage (MA) diagnostic data and does not include diagnoses from health risk assessments from either FFS or MA, and
- then apply a coding adjustment that fully accounts for the remaining differences in coding between FFS Medicare and Medicare Advantage plans.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thompson, Uccello

No: Thomas

Additionally, the Commission reiterates its March 2014 recommendations on improving the bidding rules in the MA program and integrating hospice care into the MA benefit package and its March 2004 recommendation on allowing beneficiaries with end-stage renal disease to enroll in private plans. See text box, pp. 361–363.

Chapter 13: Status report on Part D

No recommendations