

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: Reforming Medicare's benefit design

The Congress should direct the Secretary to develop and implement a fee-for-service benefit design that would replace the current design and would include:

- an out-of-pocket maximum;
- deductible(s) for Part A and Part B services;
- replacing coinsurance with copayments that may vary by type of service and provider;
- secretarial authority to alter or eliminate cost sharing based on the evidence of the value of services, including cost sharing after the beneficiary has reached the out-of-pocket maximum;
- no change in beneficiaries' aggregate cost-sharing liability; and
- an additional charge on supplemental insurance.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Dean, Gradison, Hackbarth, Hall, Kuhn, Miller, Naylor, Stuart, Uccello

Chapter 2: Care coordination in fee-for-service Medicare

No recommendations

Chapter 3: Care coordination programs for dual-eligible beneficiaries

- 3-1** The Congress should direct the Secretary to improve the Medicare Advantage (MA) risk-adjustment system to more accurately predict risk across all MA enrollees. Using the revised risk-adjustment system, the Congress should direct the Secretary to pay Program of All-Inclusive Care for the Elderly providers based on the MA payment system for setting benchmarks and quality bonuses. These changes should occur no later than 2015.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Gradison, Hackbarth, Hall, Kuhn, Miller, Naylor, Stuart, Uccello

Absent: Dean

- 3-2** After the changes in Recommendation 3-1 take effect, the Congress should change the age eligibility criteria for the Program of All-Inclusive Care for the Elderly to allow nursing home–certifiable Medicare beneficiaries under the age of 55 to enroll.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Gradison, Hackbarth, Hall, Kuhn, Miller, Naylor, Stuart, Uccello

Absent: Dean

- 3-3** After the changes in Recommendation 3-1 take effect, the Secretary should provide prorated Medicare capitation payments to Program of All-Inclusive Care for the Elderly providers for partial-month enrollees.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Gradison, Hackbarth, Hall, Kuhn, Miller, Naylor, Stuart, Uccello

Absent: Dean

- 3-4** After the changes in Recommendation 3-1 take effect, the Secretary should establish an outlier protection policy for new Program of All-Inclusive Care for the Elderly sites to use during the first three years of their programs to help defray the exceptionally high acute care costs for Medicare beneficiaries.

The Secretary should establish the outlier payment caps so that the costs of all Chapter 3 recommendations do not exceed the savings achieved by the changes in Recommendation 3-1.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Gradison, Hackbarth, Hall, Kuhn, Miller, Naylor, Stuart, Uccello

Absent: Dean

- 3-5** The Congress should direct the Secretary to publish select quality measures on Program of All-Inclusive Care for the Elderly (PACE) providers and develop appropriate quality measures to enable PACE providers to participate in the Medicare Advantage quality bonus program by 2015.

Yes: Armstrong, Baicker, Behroozi, Berenson, Borman, Butler, Castellanos, Chernew, Gradison, Hackbarth, Hall, Kuhn, Miller, Naylor, Stuart, Uccello

Absent: Dean

Chapter 4: Issues for risk adjustment in Medicare Advantage

No recommendations

Chapter 5: Serving rural Medicare beneficiaries

No recommendations

Chapter 6: Medicare coverage of and payment for home infusion therapy

No recommendations

Appendix A: Review of CMS's preliminary estimate of the 2013 update for physician and other professional services

No recommendations

