

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 (BIPA), 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: Medicare and rural health care: overview and challenges for policymakers

No recommendations

### Chapter 2: Rural beneficiaries' access to care

The Secretary should identify strategies to increase rural beneficiaries' participation in government programs that cover Medicare premiums and/or deductibles and coinsurance.

*Yes:* Braun, Hackbarth, Loop, Nelson, Newhouse, Newport, Raphael, Reischauer, Rosenblatt, Rowe, Stowers, Wakefield, Wilensky

*Absent:* DeBusk, Johnson, Smith

### Chapter 3: Quality of care in rural areas

**3A** The Secretary should require the peer review organizations to include rural populations and providers when carrying out their quality improvement activities.

*Yes:* Braun, DeBusk, Hackbarth, Loop, Nelson, Newhouse, Newport, Raphael, Reischauer, Rosenblatt, Rowe, Stowers, Wakefield, Wilensky

*Absent:* Johnson

*Not Voting:* Smith

**3B** MedPAC reiterates its June 2000 recommendation that the Congress should require the Secretary to survey at least one-third of each facility type annually to certify compliance with the conditions of participation.

*Yes:* Braun, DeBusk, Hackbarth, Loop, Nelson, Newhouse, Newport, Raphael, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wilensky

*Absent:* Johnson, Rowe

## Chapter 4: Improving payment for inpatient hospital care in rural areas

**4A** The Congress should require that rural referral centers' wages exceed the average wage in their area to qualify for geographic reclassification, but these facilities should retain their waiver from the proximity rule.

*Yes:* Braun, DeBusk, Hackbarth, Loop, Nelson, Newport, Raphael, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wilensky  
*Absent:* Johnson, Newhouse, Reischauer

**4B** The Congress should require the Secretary to develop a graduated adjustment to the rates used in the inpatient prospective payment system for hospitals with low overall volumes of discharges. This adjustment should only apply to hospitals that are more than a specified number of miles from another facility providing inpatient care, with appropriate exceptions for topography or weather conditions.

*Yes:* Braun, Hackbarth, Loop, Nelson, Newport, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wilensky  
*Absent:* DeBusk, Johnson, Newhouse

**4C** In fiscal year 2002, the Secretary should implement fully the policy of excluding from the hospital wage index salaries and hours for teaching physicians, residents, and certified registered nurse anesthetists.

*Yes:* Braun, DeBusk, Hackbarth, Loop, Nelson, Newport, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wilensky  
*Absent:* Johnson, Newhouse

**4D** To ensure accurate input-price adjustments in Medicare's prospective payment systems, the Secretary should reevaluate current assumptions about the proportions of providers' costs that reflect resources purchased in local and national markets.

*Yes:* Braun, DeBusk, Hackbarth, Loop, Nelson, Newport, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wilensky  
*Absent:* Johnson, Newhouse  
*Not Voting:* Raphael

**4E** The Congress should raise the cap on the disproportionate share add-on a rural hospital can receive from 5.25 percent to 10 percent.

*Yes:* Braun, Hackbarth, Loop, Nelson, Newport, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wilensky  
*Absent:* DeBusk, Johnson, Newhouse

**4F** The Congress should revise the target cap for inpatient psychiatric facilities in a way that better addresses differences among them.

*Yes:* Braun, DeBusk, Hackbarth, Nelson, Newport, Reischauer, Rosenblatt, Stowers, Wilensky  
*Absent:* Johnson, Loop, Newhouse, Raphael, Rowe, Smith, Wakefield

## Chapter 5: Assessing payment for outpatient hospital care in rural areas

In the short term, no outpatient payment adjustments for rural hospitals are needed in addition to the current hold-harmless provision. The Secretary should revisit outpatient payments to rural hospitals when better information on hospitals' experience with the payment system is available.

*Yes:* Braun, DeBusk, Hackbarth, Loop, Nelson, Newhouse, Newport, Raphael, Reischauer, Rosenblatt, Rowe, Stowers, Wakefield, Wilensky  
*Absent:* Johnson, Smith

## **Chapter 6: Prospective payment for home health services in rural areas**

**6A** The Congress should not exempt rural home health services from the prospective payment system.

*Yes:* Braun, DeBusk, Hackbarth, Loop, Nelson, Newport, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wilensky  
*No:* Wakefield  
*Absent:* Johnson, Newhouse

**6B** The Secretary should study a sample of home health providers: to evaluate the impact of prospective payment on home health in rural areas; to evaluate costs that may affect the adequacy of prospective payments; and to find ways to improve all cost reports.

*Yes:* Braun, Hackbarth, Loop, Nelson, Newhouse, Newport, Raphael, Reischauer, Rosenblatt, Rowe, Stowers, Wakefield, Wilensky  
*Absent:* DeBusk, Johnson, Smith

## **Chapter 7: Bringing Medicare+Choice to rural America**

No recommendations

## **Chapter 8: Reviewing the estimated payment update for physician services**

No recommendations

