

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 increase payment rates for the inpatient and outpatient prospective payment systems in 2014 by 1 percent. For inpatient services, the Congress should also require the Secretary of Health and Human Services to use the difference between the statutory update and the recommended 1 percent update to offset increases in payment rates due to documentation and coding changes and to recover past overpayments.

Yes: Baicker, Butler, Coombs, Chernew, Dean, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello
Absent: Armstrong

Chapter 4: Physician and other health professional services

The Commission reiterates its previous recommendations on improving Medicare's payments to physicians and other health professionals. See Appendix B, pp. 371–392.

Chapter 5: Ambulatory surgical center services

The Congress should eliminate the update to the payment rates for ambulatory surgical centers for calendar year 2014. The Congress should also require ambulatory surgical centers to submit cost data.

Yes: Baicker, Butler, Coombs, Chernew, Dean, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello
Absent: Armstrong

Chapter 6: Outpatient dialysis services

The Congress should not increase the outpatient dialysis bundled payment rate for calendar year 2014.

Yes: Baicker, Butler, Coombs, Chernew, Dean, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello
Absent: Armstrong

Chapter 7: Post-acute care providers: Shortcomings in Medicare's fee-for-service highlight the need for broad reforms

No recommendations

Chapter 8: Skilled nursing facility services

The Commission reiterates its previous recommendation on updating Medicare's payments to skilled nursing facilities. See text box, p. 178.

Chapter 9: Home health care services

The Commission reiterates its previous recommendations on improving the home health payment system. See text box, pp. 207–209.

Chapter 10: Inpatient rehabilitation facility services

The Congress should eliminate the update to the Medicare payment rates for inpatient rehabilitation facilities in fiscal year 2014.

Yes: Baicker, Butler, Coombs, Chernew, Dean, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello
Absent: Armstrong

Chapter 11: Long-term care hospital services

The Secretary should eliminate the update to the payment rates for long-term care hospitals for fiscal year 2014.

Yes: Baicker, Butler, Coombs, Chernew, Dean, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello
Absent: Armstrong

Chapter 12: Hospice services

The Congress should eliminate the update to the hospice payment rates for fiscal year 2014.

Yes: Baicker, Butler, Coombs, Chernew, Dean, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello
Absent: Armstrong

Chapter 13: The Medicare Advantage program: Status report

No recommendations

Chapter 14: Medicare Advantage special needs plans

14-1 The Congress should permanently reauthorize institutional special needs plans.

Yes: Baicker, Butler, Coombs, Chernew, Dean, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello
Absent: Armstrong

14-2 The Congress should:

- allow the authority for chronic care special needs plans (C–SNPs) to expire, with the exception of C–SNPs for a small number of conditions, including end-stage renal disease, HIV/AIDS, and chronic and disabling mental health conditions;
- direct the Secretary, within three years, to permit Medicare Advantage plans to enhance benefit designs so that benefits can vary based on the medical needs of individuals with specific chronic or disabling conditions; and
- permit current C–SNPs to continue operating during the transition period as the Secretary develops standards. Except for the conditions noted above, impose a moratorium for all other C–SNPs as of January 1, 2014.

Yes: Baicker, Butler, Coombs, Chernew, Dean, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello
Absent: Armstrong

14-3 The Congress should permanently reauthorize dual-eligible special needs plans (D–SNPs) that assume clinical and financial responsibility for Medicare and Medicaid benefits and allow the authority for all other D–SNPs to expire.

Yes: Baicker, Butler, Coombs, Chernew, Dean, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello
Absent: Armstrong

14-4 For dual-eligible special needs plans (D–SNPs) that assume clinical and financial responsibility for Medicare and Medicaid benefits, the Congress should:

- grant the Secretary authority to align the Medicare and Medicaid appeals and grievances processes;
- direct the Secretary to allow these D–SNPs to market the Medicare and Medicaid benefits they cover as a combined benefit package;
- direct the Secretary to allow these D–SNPs to use a single enrollment card that covers beneficiaries’ Medicare and Medicaid benefits; and
- direct the Secretary to develop a model D–SNP contract.

Yes: Baicker, Butler, Coombs, Chernew, Dean, Gradison, Hackbarth, Hall, Hoadley, Kuhn, Miller, Naylor, Nerenz, Redberg, Samitt, Uccello

Absent: Armstrong

Chapter 15: Status report on Part D

No recommendations