

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

No recommendations

### Chapter 3: Hospital inpatient and outpatient services

The Congress should:

- for fiscal year 2021, update the fiscal year 2020 Medicare base payment rates for acute care hospitals by 2 percent; and
- provide hospitals with an amount equal to the difference between the update recommendation and the amount specified in current law through the Commission's recommended hospital value incentive program (HVIP).

*Yes:* Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang

### Chapter 4: Physician and other health professional services

For calendar year 2021, the Congress should update the calendar year 2020 Medicare payment rates for physician and other health professional services by the amount determined under current law.

*Yes:* Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Thomas, Thompson, Wang

*Absent:* Safran

## **Chapter 5: Ambulatory surgical center services**

**5-1** The Secretary should require ambulatory surgical centers to report cost data.

*Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang*

**5-2** For calendar year 2021, in the absence of cost report data, the Congress should eliminate the update to the calendar year 2020 Medicare conversion factor for ambulatory surgical centers.

*Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang*

## **Chapter 6: Outpatient dialysis services**

For calendar year 2021, the Congress should update the calendar year 2020 Medicare end-stage renal disease prospective payment system base rate by the amount determined under current law.

*Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Thomas, Thompson, Wang*

*Absent: Safran*

## **Chapter 7: Improving Medicare payment for post-acute care**

No recommendations

## **Chapter 8: Skilled nursing facility services**

For fiscal year 2021, the Congress should eliminate the update to the fiscal year 2020 Medicare base payment rates for skilled nursing facilities.

*Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang*

## **Chapter 9: Home health care services**

For calendar year 2021, the Congress should reduce the calendar year 2020 Medicare base payment rate for home health agencies by 7 percent.

*Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang*

## **Chapter 10: Inpatient rehabilitation facility services**

For fiscal year 2021, the Congress should reduce the fiscal year 2020 Medicare base payment rate for inpatient rehabilitation facilities by 5 percent.

*Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang*

Additionally, the Commission reiterates its March 2016 recommendations on the inpatient rehabilitation facility prospective payment system. See text box, p. 281.

## **Chapter 11: Long-term care hospital services**

For fiscal year 2021, the Secretary should increase the fiscal year 2020 Medicare base payment rates for long-term care hospitals by 2 percent.

*Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang*

## **Chapter 12: Hospice services**

The Congress should:

- for fiscal year 2021, eliminate the update to the fiscal year 2020 Medicare base payment rates for hospice and
- wage adjust and reduce the hospice aggregate cap by 20 percent.

*Yes: Buto, Casalino, Crosson, DeBusk, DeSalvo, M. Ginsburg, P. Ginsburg, Grabowski, Jaffery, Navathe, Perlin, Pyenson, Ryu, Safran, Thomas, Thompson, Wang*

## **Chapter 13: The Medicare Advantage program: Status report**

No recommendations

## **Chapter 14: The Medicare prescription drug program (Part D): Status report**

No recommendations

## **Chapter 15: Congressional request on health care provider consolidation**

No recommendations

