

Evaluating patient functional assessment data used in Medicare payment and quality measurement

ISSUE: The majority of post-acute care (PAC) patients receive a mix of rehabilitation services, so improvement in or maintenance of function is a key outcome for that care. Function information is provider-reported; using that information in payment systems or value-based purchasing may create inappropriate provider responses. Indeed, there is some evidence that the some of the functional status information submitted to CMS may not be accurate.

KEY POINTS: This year, staff plan to evaluate the accuracy of the functional assessment information submitted by PAC providers.

ACTION: At the November meeting, we will discuss staff's planned analyses.