

Mandated rural study: rural payment adequacy and plan for the final report

ISSUE: The Patient Protection and Affordable Care Act (PPACA) of 2010 requires MedPAC to evaluate access to care, quality of care, special rural payments, and the adequacy of Medicare payments to providers in rural areas. The report is due June 15, 2012. In December we discussed the adequacy of rural Medicare payments as part of each health care sector's payment adequacy analysis. During this meeting we will summarize those findings and set the stage for a final discussion of our rural findings in the spring.

KEY POINTS: We will summarize our prior discussions regarding the adequacy of rural Medicare payments for hospitals, physicians, home health agencies, skilled nursing facilities, rehabilitation facilities and hospice. We will also start to identify guiding principles for the rural report based on our findings regarding access to care, quality and payment adequacy.

ACTION: Commissioners will discuss the findings on rural payment adequacy and prepare for a summary of our findings on access, quality, special payments and the adequacy of payments in the spring.

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