

Assessing payment adequacy: Home health care services

ISSUE: Each year the Commission examines measures of the adequacy of payments to fee-for-service providers, pursuant to the statutory framework.

KEY POINTS: The Commission's is reaffirming its payment recommendations from prior years, as our indicators of adequacy are largely unchanged. The paper also offers a draft recommendation for a policy to address readmissions for patients in home health.

ACTION: The Commissioners should review the findings and the draft recommendation and be prepared to discuss at the January meeting.

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Post-acute care providers: Steps toward broad payment reforms

ISSUE: The Commission has long-noted the shortcomings of Medicare’s payment systems for post-acute care (PAC) and the challenges faced by reform efforts. Reform efforts would move away from setting-specific payments and towards integrated payment and delivery systems. Broad reforms will rely on patient assessment information that is uniform across the PAC settings.

KEY POINTS: A common set of patient assessment information is needed to fairly compare patients treated in different PAC settings and to risk-adjust payments and outcomes. While CMS successfully developed and tested a common set of items, it does not have a timeframe for implementing them.

ACTION: Commissioners should review the findings in preparation for voting on the draft recommendation.

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