

Assessing payment adequacy and updating payments: Ambulatory surgical center services

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Overview of ASCs, 2016

- Medicare payments to ASCs: Nearly \$4.3 billion
- Number of ASCs: 5,532
- Beneficiaries served: 3.4 million

Results are preliminary and subject to change

ASC payment adequacy indicators

- Access to ASC services is stable. In 2016:
 - Volume per beneficiary decreased by 0.5%
 - FFS beneficiaries served decreased by 0.4%
 - Number of ASCs increased by 1.4%
- Medicare payments per beneficiary in 2016 increased by 3.5%
- Access to capital is good
- Limitations of analysis
 - Quality measures need to be improved: More claims-based measures; measures of subsequent hospitalizations
 - Lack cost data: Commission has recommended that ASCs be required to submit cost data

Assessing payment adequacy and updating payments: Outpatient dialysis services

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Overview of outpatient dialysis services, 2016

- Outpatient dialysis services used to treat individuals with end-stage renal disease
- FFS beneficiaries: about 390,000
- Providers: about 6,700
- FFS Medicare spending: \$11.4 billion

Outpatient dialysis payment adequacy indicators

- Access to care indicators are favorable
- Dialysis quality improving for some measures
- Access to capital indicators are favorable
- 2016 Medicare margin: 0.5%
- 2016 Marginal profit: 17.2%
- 2018 projected Medicare margin: 0.4%

Assessing payment adequacy and updating payments: Hospice services

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Overview of hospice, 2016

- Hospice use:
 - Over 1.4 million beneficiaries
 - About 50% of decedents
- Providers: about 4,400
- Medicare payments:
 - \$16.8 billion to hospice providers

Hospice payment adequacy indicators

- Access to care indicators are positive
 - Supply of providers continues to grow
 - Hospice use increased; length of stay increased slightly among decedents
- Limited quality data are now available
- Access to capital appears adequate
- 2015 Medicare margin: 10.0%
- 2015 marginal profit: 13%
- 2018 projected margin: 8.7%

Results are preliminary and subject to change.