

Mandated report: Developing a unified payment system for post-acute care

ISSUE: Section 2(b)(1) of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 requires the Commission to develop a prototype prospective payment system (PPS) spanning the post-acute care (PAC) settings, using the uniform assessment data gathered previously during CMS’s Post-Acute Care Payment Reform Demonstration (PAC-PRD) (completed in 2011). The Act requires the Commission to submit a report by June 30, 2016, presenting an approach for a unified, cross-setting PAC payment system and, to the extent feasible, consider the impacts of moving to such a system.

KEY POINTS: This month we will finalize the report on key design features of a unified payment system, impacts on payments, conforming regulatory requirements, implementation issues, companion policies that should accompany a PAC PPS, and the monitoring of provider responses. All topics have been discussed at previous Commission meetings (September 2015, November 2015, January 2016, and March 2016).

ACTION: Commissioners will provide final comments on the report and vote on recommending the full report to the Congress in June.

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