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# Assessing payment adequacy and updating payments: Ambulatory surgical center services

Ariel Winter and Daniel Zabinski

January 15, 2015

# Summary of key facts and payment adequacy measures

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- Facts from 2013
  - Medicare payments to ASCs: \$3.7 billion
  - Number of ASCs: 5,364
  - Beneficiaries served: 3.4 million
- Access to ASC services continued to increase
- Medicare payments per beneficiary increased
- Access to capital has been adequate
- Limitations of analysis
  - Insufficient data to assess quality
  - Lack cost data: Commission has recommended that ASCs be required to submit cost data



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# Assessing payment adequacy and updating payments: outpatient dialysis services

Nancy Ray  
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# Summary of outpatient dialysis payment adequacy

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- Medicare paid \$11 billion to 6,000 dialysis facilities for care furnished to about 376,000 beneficiaries
- Access to care indicators are favorable
- Dialysis quality improving for some measures
- Access to capital indicators are favorable
- 2013 Medicare margin: 4.3%
- 2015 projected Medicare margin: 2.4%



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# Assessing payment adequacy and updating payments: hospice services


Kim Neuman  
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# Hospice payment adequacy indicators

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- Medicare paid ~\$15.1 B to >3,900 hospices for care furnished to >1.3 M beneficiaries in 2013
- Indicators of access to care are favorable
  - Supply of providers continues to grow, driven by for-profit hospices
  - Hospice users increased; ALOS held steady
- Quality data are unavailable
- Access to capital appears adequate
- 2012 margin is 10.1%
- 2015 projected margin is 6.6%

Results are preliminary and subject to change.



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# Assessing payment adequacy and updating payments: Inpatient rehabilitation facility services

Dana Kelley  
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# Inpatient rehabilitation facilities: Summary

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- 1,160 IRFs treated 373,000 FFS cases in 2013
- Medicare FFS spending = \$6.8B
- Access: Supply and volume stable
  - Average occupancy rate = 63 percent
- Quality: Small improvement from 2011–2013
- Access to capital very good for many facilities
- 2013 margin = 11.4 percent
- Projected margin for 2015: 12.6 percent

Results are preliminary and subject to change.





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# Assessing payment adequacy and updating payments: Long-term care hospital services

Stephanie Cameron  
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# Long-term care hospital payment adequacy indicators

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- Medicare FFS spending totaled \$5.5 billion for ~138,000 cases in 2013
- Indicators of access to care are favorable
  - Growth in payment per case between 2012 and 2013
  - Volume decreases similar to other inpatient settings
  - Many beneficiaries receive similar services in other settings
- Quality data are stable for limited available measures
- Access to capital adequate with limited activity from prior and current moratoria
- 2013 margin is 6.6%
- 2015 projected margin is 4.6%