

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: To fulfill the Congressional mandate, we use the PAC-PRD data to develop a model that predicts the costs of skilled nursing facility, home health agency, inpatient rehabilitation facility, and long-term care hospital stays in the sample. In this session, we will present the results of the model.

ACTION: Commissioners should discuss the material presented and provide guidance to staff on the overall approach to fulfilling the mandate and initial findings.

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