

Assessing payment adequacy and updating payments: Skilled nursing facility services Home health agency services Inpatient rehabilitation services Long-term care hospital services

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#### Assessing payment adequacy and updating payments: Skilled nursing facility services

Carol Carter January 13, 2022



## Overview of the skilled nursing facility industry in 2020

<u>Providers</u> About 15,000 Most also provide long- term care	Medicare spending \$28.1 billion
<u>Medicare users</u>	<u>Medicare share of:</u>
1.2 million	Facility days: 10%
3% of FFS beneficiaries	Facility revenue: 17%



## Summary: COVID-19 affected SNF adequacy indicators, but they remained generally positive

Beneficiaries' access to care	Quality of care	Access to capital	Medicare payments and SNFs' costs
<ul> <li>Stable supply</li> <li>Volume declines do not reflect adequacy of payments.</li> <li>Positive Medicare marginal profit (25%)</li> </ul>	<ul> <li>Unique circumstances of PHE confound our measurement and assessment of quality</li> </ul>	<ul> <li>Adequate access to capital</li> <li>All-payer total margin increased to 3% in 2020</li> </ul>	<ul> <li>Aggregate Medicare margin increased substantially in 2020 to 16.5% without relief funds and 19.2% with relief funds</li> <li>Median Medicare margin for relatively efficient SNFs= 22.8%</li> <li>Projected Medicare margin 2022 margin=14%</li> </ul>



Assessing payment adequacy and updating payments: Home health care services; and Mandated report on Bipartisan Budget Act of 2018 changes to the home health payment system

> Evan Christman January 13, 2022



### Overview of the home health care industry in 2020

- \$17.1 billion total Medicare expenditures (FFS)
- Over 11,300 agencies
- 3.1 million FFS Medicare beneficiaries received care
- Implementation of Bipartisan Budget Act of 2018 changes to the home health payment system:
  - 30-day unit of payment
  - Elimination of therapy as a payment factor in the case-mix system

# Summary: COVID-19 affected HHA adequacy indicators, but they remained generally positive

Beneficiaries' access to care	Quality of care	Access to capital	Medicare payments and HHA costs
<ul> <li>99% live in a county with at least one HHA</li> <li>Volume decreased; related to PHE</li> <li>Positive Medicare marginal profits (22.9%)</li> </ul>	<ul> <li>Unique circumstances of PHE confound our measurement and assessment of quality</li> </ul>	<ul> <li>Positive all-payer total profit margin (8.1%)</li> <li>Large for-profits continue to have access to capital</li> </ul>	<ul> <li>20.2% aggregate Medicare margin in 2020 (efficient provider median margins over 24%)</li> <li>Projected Medicare margin for 2022: 17%</li> </ul>

Mandated report: BBA 2018 changes to home health care payments did not appear to have a negative effect on access or quality of home health care in 2020, though PHE and lack of telehealth information confounds measuring the impact of these changes





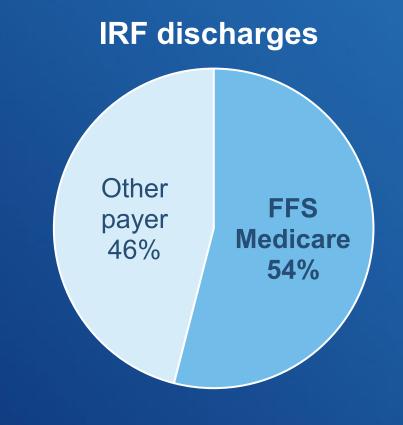
### Assessing payment adequacy and updating payments: Inpatient rehabilitation facility services

Jamila Torain January 13, 2022



#### Overview of inpatient rehabilitation facility industry in 2020

	IRF providers	1,113
	FFS users	335,000
*	FFS stays	379,000
\$	FFS spending	\$8 billion





## Summary: COVID-19 affected IRF adequacy indicators, but they remained generally positive

Beneficiaries' access to care	Quality of care	IRFs' access to capital	Medicare payments and IRFs' costs
<ul> <li>Capacity appears adequate</li> <li>Decrease in volume</li> <li>High Medicare marginal profit <ul> <li>FS: 38%</li> <li>HB: 19%</li> </ul> </li> </ul>	<ul> <li>Measure changes not indicative of changes in quality or payment adequacy</li> </ul>	<ul> <li>IRFs maintain good access to capital markets</li> <li>The all-payer total margin for freestanding IRFs is a robust 10.2%</li> </ul>	<ul> <li>2020 aggregate Medicare margin: 13.5%</li> <li>2022 projected Medicare margin: 14.0%</li> </ul>

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

Kathryn Linehan January 13, 2022



### Overview of the long-term care hospital sector in 2020

- Medicare fee-for-service
  - Average payment per case: ~\$45,000 (all cases),
     ~\$50,000 (cases meeting the LTCH PPS criteria)
  - Total cases: ~78,000
  - Spending: \$3.4 billion
- Total facilities: 348

## Summary: COVID-19 and PHE-related policies affected LTCH payment adequacy indicators in 2020

Beneficiaries' access to care	Quality of care	Access to capital	Medicare payments and costs
<ul> <li>Volume decline</li> <li>Occupancy rate steady</li> <li>Supply decreased, but less than pre- PHE</li> <li>Medicare marginal profit for all LTCHs: 18%</li> </ul>	<ul> <li>Difficult to assess in 2020</li> </ul>	<ul> <li>All-payer total margin increased</li> <li>Largest provider of LTCH services acquired multiple facilities</li> </ul>	<ul> <li>2020 aggregate Medicare margin for LTCHs with a high share of qualifying cases: 6.9%</li> <li>Projected 2022 margin: 3%</li> </ul>

MECIDAC Note: PHE (public health emergency). "LTCHS with a high share of qualifying cases" are those with more than 85% of their Medicare fee-for-service cases meeting Medicare's criteria to be paid LTCH PPS rates. Results are preliminary and subject to change.