

See Us In Action!

Upcoming Events

Feb 24: [Health Dimensions Group, The National Summit: The Pursuit of Value](#)

Mar 5: [Our Aging Market: Why Businesses Need to Respond](#)

Mar 26: [ASA Aging in America Conference, Potential and Strategies for Care Coordination in a "Post-Acute Care" World Symposium](#)

Mar 31: [XX in Health](#)

Previous Engagements

Jan 27: Continuum Community of Practice Meeting

Jan 29: [California Hospital Association PAC Annual Meeting](#)

Feb 10: [NASL Winter Legislative & Regulatory Conference](#)

Feb 11: VHA Webinar: PAC Redesign

Happenings at [pacrr](#)

With 2015 well underway, we have been seeing evidence of post-acute care delivery changing every day. ACO's are rapidly building PAC networks, while more bundled payment initiatives kickoff, and SNF payment is re-entering the spotlight. Given the breadth of organizations that have an interest in participating in these new delivery models, our recent column in [McKnight's](#) highlights the opportunity we have to unite and improve the delivery of PAC.

Members of Congress also recognize the opportunity we have to transform the delivery of PAC; there are two pieces of legislation circulating to address the need for a permanent Bundled Payment Policy. And, HHS announced lofty goals to increase the participation of value based reimbursement while CMS prepares to identify the points of measurement for the IMPACT Act implementation starting in January 2016.

Faculty Spotlight

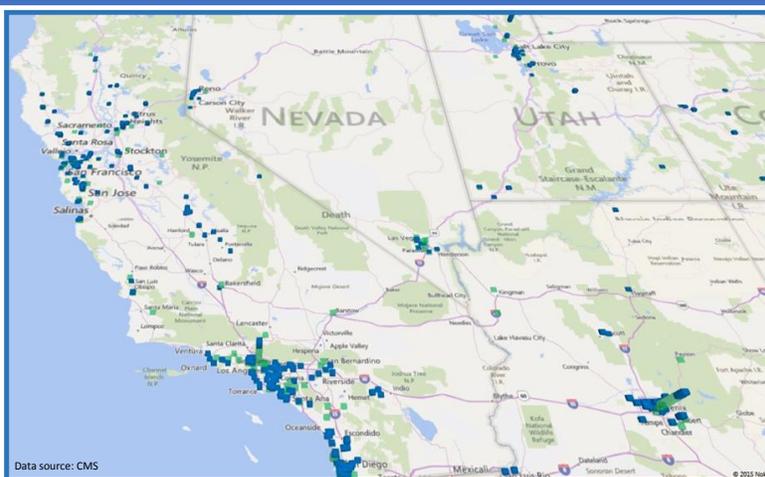
We are pleased to focus this month on Dr. Alan Jette, of Boston University, who is a national leader in the development of evidence based research for measuring functional outcomes. His success in the post-acute arena includes the development of the Activity Measure for Post-Acute Care (AM-PAC) instrument, which led the development of metrics that incorporate the patients' voice in assessing their health status. Dr. Jette's writings on patient outcomes, quality of health care delivery, and rehabilitation include over 180 peer reviewed publications. He has served as Chairperson for the Institute of Medicine's Committee on The Future of Disability in America and Dean of Boston University's Sargent College of Health & Rehabilitation Sciences. Among his many achievements, Dr. Jette directs the Boston Rehabilitation Outcome Measurement Center, serves on the Executive Committee of the Boston Claude Pepper Older Americans Independence Center, and is the Director of the New England Regional Spinal Cord Injury Center. As a leader in the field, he is an elected member of the Institute of Medicine, National Academy of Sciences, and a Fellow of the American Physical Therapy Association. Dr. Jette currently directs the Health & Disability Research Institute at Boston University and serves as a Professor in their Department of Health Policy & Management.

February Webinar Announcement

Does the First Post-Acute Care Setting Affect Patient Readmission Rates?

The hospital readmission penalty places hospitals at a risk of losing up to 3% of their Medicare payments, if a 30-day readmission occurs as a result of one of five unique conditions. Along with medical conditions, rumors abound that patients discharged to certain types of post-acute care are more likely than others to be readmitted to the hospital. Join us as we learn what national data tell us about this issue. And how will NQF readmission measures address these concerns? You will hear from Dr. Barbara Gage, the Director of Scientific Research and Evaluation at the Post-Acute Care Center for Research – and a Fellow at the Brookings Institution. [Register now!](#)

New Analysis Released: Who's Participating in BPCI Model 2?



Major Joint Replacement (Lower)

Major joint replacement of the lower extremity

AMI

Acute myocardial infarction

To continue to highlight regional variation of post-acute trends, this month we are releasing the BPCI participation maps. With many new systems and providers beginning their BPCI initiative in April and again in July, we will be updating by model and episode to see the various trends.

Maintain full access to PACCR.org

PACCR has grown tremendously since our launch in June! We have hosted webinars, released monthly Circulars, developed our post-acute care resources page, a post-acute care provider mapping series, among other initiatives. We are pleased to announce that along with the Center's growth, we have welcomed a number of new PACCR members. As of March, webinar material will be exclusively for PACCR members. Joining as a PACCR member allows your organization to gain full access to our PAC resources page, mapping series, presentations, our Best Practice Forum, among other items throughout our member portal. [Join PACCR now!](#)

March Webinar "3-Day Rule"

Medicare's 3-day rule has been a subject of much debate. The rule specifies that under the traditional Medicare benefit, a beneficiary must have spent at least three days in an acute care hospital prior to SNF admission before Medicare covers the cost of the SNF stay. However, this rule has been waived under the MA program and under select redesign initiatives stemming from the Center for Medicare and Medicaid Innovation. While CMS has been cautious about rolling back this regulation for decades due to a big spike in SNF utilization in 1989 when they tried rolling it back, they granted Pioneer ACOs a waiver last year. Find out how the waiver experiment has gone. How have Pioneer ACOs changed their post-acute strategy in response?

Tune in to PACCR's webinar on the "3-Day Rule" March 19th at 1 pm EST, to hear from Dr. Chris Chen of Massachusetts General Hospital (which founded Partners HealthCare), and Daniel Lage of Harvard Medical School.

[Register now!](#)

MedPAC- 11 Recommendations

Each year MedPAC is responsible for providing Congress with recommendations on changes to payment rates for Medicare. The commission's recommendations are traditionally included in their report to Congress in March – which reflects voting completed in January of a given year. MedPAC assesses payment adequacy for all recommendations posed, by focusing on four factors: Access (supply & volume of providers), quality, access to capital, and lastly payments and costs. This March, MedPAC will recommend to Congress that no payment rate updates are required in calendar year 2016 for ambulatory surgical centers (ASCs) and outpatient dialysis; as well as for hospice, inpatient rehabilitation facilities, and long-term care hospitals in fiscal year 2016. Similarly, the Commission will also provide Congress with recommendations which rolled over from the previous year, these include: physician (repeal SGR), hospital (increase PPS rates, eliminate payment variation between hospital outpatient services and physician visits), home health agencies (payment reform), and skilled nursing facilities (modify PPS to reconcile payment differences). MedPAC also seeks to modify the payment system in the Primary Care Incentive Program, by recommending a per beneficiary payment for primary care, rather than the current bonus system—which is set to expire by the end of 2015. Of the many recommendations, one has gathered much attention—the recommendation of site neutral payments for IRFs and SNFs, for specific conditions. Twenty-two conditions were examined by the commission to qualify for site-neutral payments, however, the Commission has left it to the liberty of the Secretary of Health and Human Services to dictate the conditions qualifying for site neutral payments. The MedPAC report to Congress will be released next month, and their next meeting will take place here in Washington, D.C. on March 5th and 6th.

Noteworthy Observations

The announcements below are worth mentioning, given the impact on the direction and pace of PAC reform and more information can be found on our website about each of the items.

1. On January 12th, a report jointly produced by MedPAC and the Urban Institute titled, "The Need to Reform Medicare's Payments to Skilled Nursing Facilities is as Strong as Ever" determined that between 2006 and 2014 SNF Payment accuracy for therapy and non-therapy ancillary (NTA) has "steadily eroded" despite CMS's changes. CMS's changes were meant to closely align facility costs while payments have had the opposite effect. Current payments actually encourages SNFs to admit rehabilitation patients and subsequently to provide unnecessary rehabilitation therapy services and discourage them from other NTA.
2. On January 26th, the Obama Administration announced a goal of accelerating the adoption of value-based Medicare payments within four years. The announcement, by Secretary Burwell provided a renewed commitment to payment models inclusive of PAC providers, like ACOs, and Bundled Payments, among other models and establishes a framework to the various value based payment models being tested today.
3. With a new Congress in DC, members are looking to establish their priorities for 2015, including several PAC related pieces of legislation; The Comprehensive Care Payment Innovation Act and the Bundling and Coordinating Post-Acute Care Act.



PACCR
Members

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