

## Proceedings of the Annual Meeting Volume 17, PT. 2



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## PROCEEDINGS OF THE ANNUAL MEETING VOLUME 17, PT. 2



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RareBooksClub. Paperback. Book Condition: New. This item is printed on demand. Paperback. 24 pages. Original publisher: Washington, DC : Medpac, 2000. OCLC Number: (OCoLC)45696395 Subject: Medical care, Cost of. Excerpt: . . . The one quantitative analysis of hospitals and PSRCCs, conducted by the Lewin Group ICF, constructed a comparison based on payments rather than provider costs. The Medicare prospective payment system ( PPS ) rates used to estimate what would have been paid if PSRCC patients had been treated in a hospital are designed to cover the average costs of all patients in the applicable DRG. It should not be surprising that these rates are higher than those that the PSRCCs in the study reported, because PSRCCs negotiated with private insurers for a patient load that was limited to low-complexity patients. The measured difference should not be interpreted as evidence that PSRCCs have lower 2 production costs. Medicare could take short-term advantage of the fact that its DRG rates were not designed to be applied to a subset of low-acuity patients by covering care provided in ASC PSRCCs and developing a set of lower rates to pay for that care. Removing the least complex cases from hospitals patient loads would raise the average complexity level of the remaining cases, however, thus increasing hospitals average unit costs. MedPACs framework for updating PPS payments recognizes the cost-increasing impact of an increase in intra-DRG case complexity. The Commission believes that if there were evidence of such an increase resulting from widespread use of PSRCCs, the Congress should raise the payment update for the following year to compensate for hospitals added costs. That response could reduce Medicares savings significantly. In the longer run, however, expanded use of ASCs and PSRCCs may have at least a modest cost-reducing effect by better matching resources to...



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