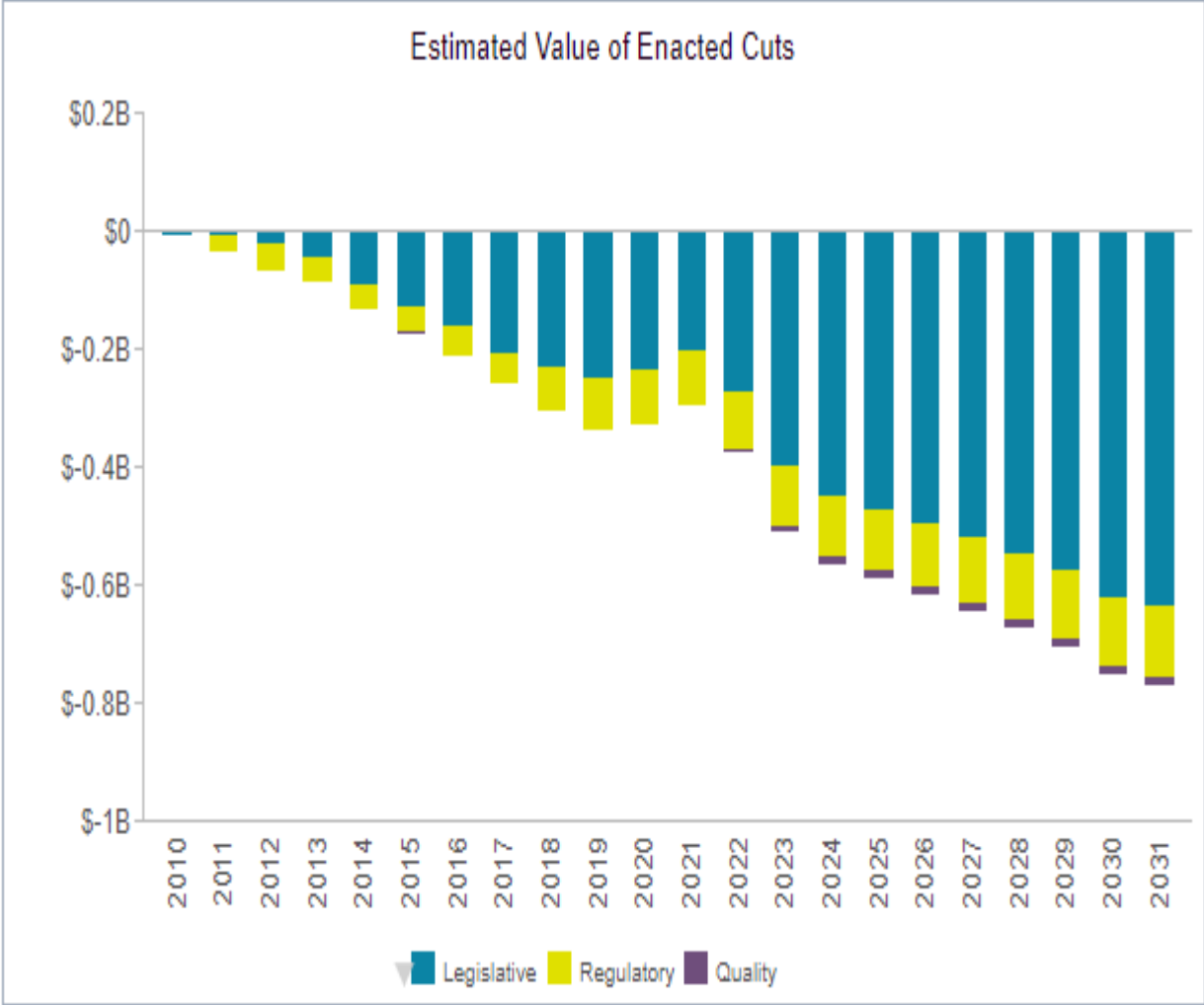


Enacted Medicare Cuts

Oregon

	2010-2021	2022-2031	Total
Legislative			
2.0% Sequestration Reduction	(\$269,130,000)	(\$505,980,700)	(\$775,110,700)
4.0% PAYGO Reduction		(\$918,255,700)	(\$918,255,700)
ACA Marketbasket Impact	(\$808,854,700)	(\$3,064,037,300)	(\$3,872,892,000)
ATRA/MACRA IPPS Retro Coding Adj	(\$199,311,500)	(\$132,397,300)	(\$331,708,800)
BBA PostAcute MB Caps	(\$371,200)	(\$2,531,400)	(\$2,902,600)
Bad Debt Reimbursement at 65%	(\$30,682,400)	(\$49,222,000)	(\$79,904,400)
HH PPS PDGM	\$3,841,600	\$26,211,000	\$30,052,600
Hospice Transfer Adjustment	(\$4,700,300)	(\$18,377,200)	(\$23,077,500)
MACRA PostAcute MB Caps	(\$848,600)	(\$2,641,400)	(\$3,490,000)
Medicare DSH UCC Pool Reduction	(\$216,480,500)	(\$210,145,900)	(\$426,626,400)
OPPS SN (PN modifier)	(\$4,683,100)	(\$17,859,100)	(\$22,542,200)
PAMA CLFS Adjustment	(\$13,005,200)	(\$64,418,400)	(\$77,423,600)
Quality			
IPPS HAC	(\$13,181,000)	(\$27,155,300)	(\$40,336,300)
IPPS RRP	(\$10,183,100)	(\$22,122,400)	(\$32,305,500)
IPPS VBP	\$25,526,000	(\$71,519,400)	(\$45,993,400)
Regulatory			
340B Reduction	(\$108,336,800)	(\$351,793,300)	(\$460,130,100)
HH Prospective Coding Reduction	(\$33,984,700)	(\$47,106,700)	(\$81,091,400)
IPPS Coding Adjustments	(\$434,614,400)	(\$490,873,600)	(\$925,488,000)
LTCH Prospective BN Adjustment	(\$11,698,400)	(\$17,120,100)	(\$28,818,500)
LTCH SN Adjustment	(\$2,508,500)	(\$5,325,500)	(\$7,834,000)
OPPS Clinic SN (PO modifier)	(\$14,243,700)	(\$53,787,400)	(\$68,031,100)
OPPS Packaging Inflation Adjustment	(\$55,482,100)	(\$114,279,100)	(\$169,761,200)
WAC Drug Payments Reduced to 103%	(\$1,068,700)	(\$6,980,000)	(\$8,048,700)



For a more detailed year by year breakout of each legislative, quality and regulatory cut, please contact staff at Apprise Health Insights.

This analysis is intended for advocacy purposes only and indicates to what extent that hospital providers have been impacted by existing Medicare provider payment cuts enacted by Congress to achieve Medicare payment policy and/or long-term deficit reduction goals. The impacts shown in this analysis include the major cuts enacted since 2010.

Below are all of the cuts included in this analysis. Some cuts were rolled into a larger category based on common behavior. Cut names between brackets [] are the display names on this analysis for that cut.

All impacts in this analysis reflect Medicare FFS payments. Dollar impacts may differ from those provided by other organizations due to differences in source data and analytic methods. Unless otherwise noted, dollar impacts have been rounded to the nearest hundred dollars; totals may not foot due to rounding; dollar amounts less than \$50 will appear as zeros.

Legislative Cuts include:

- 2% Sequestration Reduction
- ACA of 2010 MB Impact [ACA Marketbasket Impact]
 - ACA HHA PPS MB Impact
 - ACA IPF PPS MB Impact
 - ACA IPPS MB Impact
 - ACA IRF PPS MB Impact
 - ACA LTCH PPS MB Impact
 - ACA OPSS MB Impact
 - ACA SNF PPS MB Impact
- ATRA of 2012/MACRA IPPS Retrospective Coding Adjustment [ATRA/MACRA IPPS Retro Coding Adj]
 - ATRA IPPS Retrospective Coding Adjustment
 - Partial Return of ATRA Coding Reduction
- Bad Debt Reimbursement at 65%
 - CAH Bad Debt Reimbursement at 65%
 - PPS Bad Debt Reimbursement at 65%
- BiBA of 2018 PostAcute MB Caps [BiBA PostAcute MB Caps]
 - BiBA HHA MB Cap
 - BiBA SNF MB Cap
- HHA PPS PDGM
- Hospice Transfer Adjustment
- MACRA PostAcute MB Caps
 - MACRA HHA MB Cap
 - MACRA IRF MB Cap
 - MACRA LTCH MB Cap
 - MACRA SNF MB Cap
- Medicare DSH UCC Pool Reduction
- OPSS SN (PN modifier)
- PAYGO Act of 2010 4.0% Sequestration Reduction [4.0% PAYGO Reduction]
- PAMA CLFS Adjustment

Quality Cuts include:

- IPPS HAC
- IPPS RRP
- IPPS VBP

Regulatory Cuts include:

- 340B Reduction
- HHA Prospective Coding Reduction
- IPPS Coding Adjustments
 - IPPS Capital Coding Adjustments
 - IPPS Coding Adjustments
- LTCH Prospective BN Adjustment

ACA: Affordable Care Act
ASP: Average Sale Price
ATRA: American Taxpayer Relief Act
BCA: Budget Control Act
BiBA: Bipartisan Budget Act
BN: Budget Neutral/Budget Neutrality
CAH: Critical Access Hospital
CLFS: Clinical Laboratory Fee Schedule
CMS: Centers for Medicare and Medicaid Services
CY: Calendar Year
DRG: Diagnosis Related Group
DSH: Disproportionate Share Hospital
FFY: Federal Fiscal Year
HAC: Hospital Acquired Condition Program
HHA: Home Health Agency
IPF: Inpatient Psychiatric Facility
IPPS: Inpatient Prospective Payment System
IRF: Inpatient Rehabilitation Facility
LTCH: Long-Term Care Hospital
MACRA: Medicare Access and CHIP Reauthorization Act
MB: Marketbasket
MPFS: Medicare Physician Fee Schedule
MS-DRG: Medicare Severity Diagnosis Related Group
OACT: Office of the Actuary
OPSS: Outpatient Prospective Payment System
PAMA: Protecting Access to Medicare Act
PAYGO: Pay-As-You-Go Act
PBD: Provider Based Department
PDGM: Patient-Driven Grouping Model
PDPM: Patient-Driven Payment Model
PPS: Prospective Payment System
QBPR: Quality Based Payment Reform
RRP: Readmission Reduction Program
SN: Site-Neutral
SNF: Skilled Nursing Facility
UCC: Uncompensated Care
UCP: Uncompensated Care Pool
VBP: Value-Based Purchasing Program
WAC: Wholesale Acquisition Cost