

JUSTIFYING SPEECH-LANGUAGE PATHOLOGY SERVICES IN A TURBULENT HEALTH CARE ENVIRONMENT

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GLOSSARY OF TERMS

1. **IMPACT**-Improving Medicare Post-Acute Care Transformation Act. Signed into law in 2014. The IMPACT ACT establishes a uniform system of measure reporting across all post-acute care settings: home health, inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs) and long-term care hospitals (LTCHs). This law requires CMS to develop standardized patient assessment data on specific quality measure domains for post-acute care facilities to allow for comparisons across these settings and, possibly, for the development of one payment system for all four settings.
2. **CMS**-Center for Medicare and Medicaid- federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid ...
3. **CMS Final Rule**-Rules outlining rules for facilities and institutions providing health care services to Medicare and Medicaid beneficiaries.
4. **PPS**- A Prospective Payment System (PPS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a specific service is derived based on the classification system of that service (for example, diagnosis-related groups for inpatient hospital services).
5. **MACRA**-Medicare Access and CHIP Reauthorization Act- parent policy of MIPS- commonly called the Permanent Doc Fix, is a law that establishes a new way to pay doctors who treat Medicare patients, revising the Balanced Budget Act of 1997.
6. **MIPS**-Merit-Based Incentive Payment System-successor of PQRS-consolidation of three pay-for-performance programs.
7. **PQRS**- The Physician Quality Reporting System (PQRS), formerly known as the Physician Quality Reporting Initiative (PQRI), is a quality improvement incentive program initiated by the Centers for Medicare and Medicaid Services (CMS) in the United States in 2006.
8. **ACA**-Accountable Care Act- Affordable Care Act (ACA) The comprehensive healthcare reform law enacted in March 2010 (sometimes known as ACA, PPACA, or “Obamacare”).
9. **FFS**-Fee For Service- Fee-for-service (FFS) is a payment model where services are unbundled and paid for separately. In health care, it gives an incentive for physicians to provide more treatments because payment is dependent on the quantity of care, rather than quality of care.
10. **ACO**-Accountable Care Organization- are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients.