

INDUSTRY INSIGHTS



CMS Finalizes Fiercely Opposed Uncompensated-Care Rule

CMS has finalized a controversial ruling that changes how Medicaid pays hospitals that serve high levels of Medicaid and uninsured patients. With the new ruling, CMS will define the cost of uncompensated care by subtracting any payments made by Medicare or private insurance. In the past, hospitals were given the difference between the total cost of inpatient and outpatient care for Medicaid patients and the total Medicaid payments received. These included fee-for-service, managed-care and Medicaid payments. The draft rule was originally criticized by hospitals and state

Medicaid agencies because the ruling could dissuade hospitals from wanting to treat low income individuals. The changes go into effect in 60 days from April 3, and hospitals wanted a grace period to comply with the rule. Tom Nickels, executive vice president of the American Hospital Association said in a statement that hospitals need more time to make adjustments to ensure compliance. The Government Accountability Office estimates that 7.6 million out of the 56 million people enrolled in the Medicaid program in 2012 had private coverage and 10.6 million Medicaid enrollees had other public coverage, including Tricare and

Medicare. Uncompensated-care funds were on the chopping block in the Affordable Care Act, which presumed that Medicaid expansion would cover uninsured low-income patients. The fund is significant—in 2015 it totaled \$11.9 billion.

ACS: U.S. Cancer Death Rates Continue To Fall

Overall cancer death rates continued to decline from 2010 to 2014, the latest period examined in the American Cancer Society's (ACS) annual report on cancer. From 2010-2014 the overall cancer death rate fell by 1.8% per year in men, 1.4% per year in women, and 1.6% per year in children (JNCI, March 31, 2017). At the same time, death rates increased for cancers of the liver, pancreas and brain in men, and rose for liver and uterine cancer in women. Incidences of cancer rates, or rates or new cancers, fell among men but only stabilized in women during the period of 1999 to 2013. The authors attributed the decline to improvements in early detection

and treatment, as well as reductions in tobacco use. However, smoking remains the leading cause of cancer death. "While trends in death rates are the most commonly used measure to assess progress against cancer, survival trends are also an important measure to evaluate progress in improvement of cancer outcomes," said the study's lead author, Ahmedin Jemal, PhD, from the ACS. Since the last time this information was included in 2004, survival has improved for almost all cancers at almost all stages of diagnosis. At the same time, survival remains very low for some types of cancer and for most cancers diagnosed at advanced stages, he added. The

single greatest increases in survival, 25% and higher, were seen in prostate and kidney cancers, as well as for non-Hodgkins lymphoma, myeloma, and leukemia.



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