

Marshall University

Marshall Digital Scholar

Management Faculty Research

Management and Health Care Administration

11-2020

The effect of the Affordable Care Act on Medicaid payments in long-term care facilities

Victoria Walker

Morgan Ruley

Laikyn Nelson

Whitney Layton

Alberto Coustasse

Follow this and additional works at: https://mds.marshall.edu/mgmt_faculty



Part of the [Business Administration, Management, and Operations Commons](#), and the [Finance and Financial Management Commons](#)

**THE EFFECT OF THE AFFORDABLE CARE ACT ON MEDICAID PAYMENTS IN
LONG-TERM CARE FACILITIES**

Victoria Walker, MHA Marshall University – toribethwalker@gmail.com

Morgan Ruley, MHA Marshall University – kelley115@marshall.edu

Laikyn Nelson, MHA Marshall University – laikynnelson@gmail.com

Whitney Layton, MHA Marshall University – whitney.layton@yahoo.com

Alberto Coustasse, Dr. PH, MD, MBA, MPH Marshall University – coustassehen@marshall.edu

ABSTRACT

Long-term care has been defined as a continuation of medical services, social services, and housing for patients with chronic health conditions, limiting their abilities to partake in everyday activities. In the United States, the Affordable Care Act (ACA) was enacted to expand coverage for Medicaid and improve healthcare quality and cost. This qualitative research study aimed to evaluate the impact of the (ACA) on long-term care to determine if it has increased Medicaid payments. The methodology for this study utilized a systematic review complemented by a semi-structured interview. It was found that the ACA has increased Medicaid payments, and the number of uninsured patients has decreased. With the implementation of the ACA, nursing homes and lifelong care facilities have been required through the ACA to meet new requirements that have made it easier to file complaints about the quality of care. This study also suggested a decrease in readmission rates with Medicaid and the ACA in long-term settings. The ACA implementation has increased Medicaid payments and improved the quality of care by decreasing readmissions, ulcers, and falls in long-term care facilities.

Key Words: Affordable Care Act, Long Term Care, Medicaid, Payment, and Quality.

Word Count: 196

INTRODUCTION

Long-term care has been defined as a continuation of medical services, social services, and housing for patients with chronic health conditions, limiting their abilities to partake in everyday activities.¹ These services have been covered under the daily reimbursement of health care insurance, supporting personal and custodial care in homes, community organizations, and other facilities.² People 65 years or older eligible for Medicaid have received home services or nursing home coverage. Still, Medicaid eligibility requirements have varied from state to state.³ Despite state regulations, all persons must have met general Medicaid eligibility and functional and financial needs to receive coverage.⁴

The Affordable Care Act (ACA) was enacted in 2010 to expand coverage, improve the quality and cost of healthcare, improve the value and reduce unnecessary spending, improve access to care, and enforce strategic investments in public health.^{5,6} A critical provision within the ACA that has changed the healthcare system in the U.S. is by expanding Medicaid coverage for low-income and uninsured patients. In addition to ACA Medicaid expansions, insurance purchasing subsidies have been offered to patients with incomes under 400% Federal Poverty Line. (Sommers, and Rosenbaum (2011). Medicaid enrollment in 2015 grew by 5.6 million or by 50%. (Blumenthal, Abrams, and Nuzum. (2015)).

The Centers for Medicare and Medicaid Services [CMS] have shifted from fee-for-service to value-based reimbursement to save on costs and improve the quality of care (LaPointe, 2018). Policy changes within the U.S. have directly affected health care spending on Long Term facilities (Carey, Zha, Snow, & Hartmann, 2018). CMS has placed nursing homes under pressure to control costs by offering incentives based on reducing the readmission rates of nursing home patients (Rau, 2018). The incentive-based reimbursement model has helped to save on health care costs and help prevent avoidable hospitalizations (Rau, 2018).

Cost containment has been one of the most influential factors driving the direction of the healthcare system today. Skilled nursing facilities (nursing homes) have been reimbursed through various mechanisms, including private funds, long-term care insurance, Medicare, and Medicaid. Medicaid has paid for about 70% of the residents in nursing homes (Knickman, Kovner & Jonas, 2015).

Quality of care has become a fundamental aspect of long-term settings and one of the most critical issues nursing homes must continue to improve (CMS, 2017). This concern also has meant the Centers for Medicare and Medicaid Services (CMS) has put in place the Nursing Home Quality Initiative, which measured quality for nursing home-based on short and long stay quality measures (CMS, 2017).

The Long-Term Care Hospital Continuity Assessment Record and Evaluation (LTCH CARE) has been utilized as a part of the Long-Term Care Hospital Quality Reporting Program (LTCH QRP) and have collected and submitted data to the Centers for Medicare & Medicaid Services (CMS).⁸ The LTCH QRP was mandated by Section 3004(a) of the ACA and created quality reporting requirements, published by October 1 of each year.⁹

The ACA has improved healthcare quality in four ways: reduction of preventable errors and infection after a hospital stay resulting in **50,000 fewer deaths**; more patient time with a physician throughout the implementation of primary care medical homes or ACOs. Also, the ACA will slow growth in premiums since 2010, which indicates that the average premium for a family with job-based coverage is \$1,800 more inexpensive than if premium growth equaled its pace from 2000 to 2010. If it can maintain just one-third of the difference between the low premium increase observed in 2014, those savings will grow by another \$2,100 by 2020¹⁰.

The CBO report stated the ACA decreased the budget deficit by \$143 billion between 2010 and 2019 [CBO 2014], [AMADEO 2018]

The purpose of this research study was to evaluate the impact of the Affordable Care Act on long-term care to determine if this act has increased Medicaid payments in the United States (USA). The implication of enacting this new health reform is vital in the continuing care needed to finance the treatment of patients in Long Term Care facilities in the USA.

METHODOLOGY

The primary hypothesis was the ACA, with the Medicaid expansion, will increase payment and reimbursement to long-term facilities. A secondary hypothesis was that the Medicaid expansion would improve the quality of care measured through readmissions, ulcers, and falls in lifelong care facilities.

The method for this study was a literature review following a systematic review, combined with a semi-structured interview with the Chief Nursing Officer [CNO] and Nursing Home Administrator at Pleasant Valley Hospital, given her comprehensive expertise in Long Term facilities, their reimbursement process, and quality measurement. The interview was conducted face to face on March 12, 2018, it was not tape-recorded, and a follow-up second meeting was performed. The CNO was cited in this paper as an ‘Expert in LTC’.

The investigation was conducted in three individual stages involving: (1) developing a search strategy and gathering data for the case study; (2) determining and analyzing the relevant literature; (3) delegating articles to appropriate categories.

Step 1: Literature Identification and Collection

The electronic databases used include Jamia, Elibrary, PubMed, Medline, and Google Scholar. The terms searched within each database were: "Long-Term Care" "AND "Insurance," OR "Medicaid" OR "ACA" AND "Expenditures" OR "Payments" OR "Reimbursements" OR "Quality of Care" OR "Readmissions" OR "Ulcers" OR "Falls." Journals cited included but were not limited to: The Journal of the Medical Library Association, The Journal of the Ambulatory Care Management, Journal of Cultural Diversities, Journal of American Health Information Management Association, and other reliable medical and government websites. A schematic of the literature collection process utilizing the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flow diagram is displayed in Figure 1. The search identified 162 relevant citations, and articles were excluded (N= 129) if they did not meet inclusion principles. Articles were included (N=33) if they described the effect of long-term care and were subject to full-text review, and 12 citations were included in the introduction, methods, and discussion. At the same time, 21 references were used in the results section (see Figure 1).

Step 2: Literature Analysis

After the ACA 2010, it has become essential to know its impact on Medicaid payments in long-term care facilities. Therefore, the documents analyzed focused on the following key areas: Medicaid reimbursement rates after the ACA had been implemented and the quality of care in long-term facilities. Only sources from 2008-2020 that were written in English were used. Primary and secondary data from articles, literature reviews, research studies, and reports written in the US were included. The literature search was conducted by Morgan Ruley, Victoria Walker, Whitney Layton, and Laikyn Nelson and validated by Alberto Coustasse. He acted as the second reader and double-checked if the references met the research study inclusion criteria.

Step 3: Literature Categorization

The following themes from the systematic review are included in the results: *Long-Term Care and Medicaid Expenditures, Reimbursement Rates, Reporting Measurements with Quality of Care, ACA Effects on Long Term Care, and Readmissions with Medicaid.*

RESULTS

Long-Term Care and Medicaid Expenditures

Over the first decade of ACA implementation, it has been reported that the nation was projected to save \$2.6 trillion on healthcare.¹¹ According to the National Association of Insurance Commissioners, home and community-based Medicaid grew 50% between 2000 and 2010, with 3.2 million subscribers.¹² This author also discussed health care insurance buyers, who have been described in the middle-income range, have declined by 5% in 15 years. Medicaid spending and progress have increased the number of services and dollars spent on community-based services and support systems.¹³ Furthermore, the article reported that in 2002 Medicaid spent an estimated 32% or \$29.8 billion for long-term services and support operations; in 2014 accounted for 46% with \$56.6 billion spent. In 2009, lifelong care consisted of 32% of Medicaid expenditures, reported \$114.1 billion spent, which increased 4.5% from 2008: also, Medicaid reported spending \$360.9 billion in 2009, which increased spending by 6.9% from 2008.¹⁴ In 2012, 49.5% of Medicaid was spent on long-term care.¹⁵ In 2013, Medicaid spent \$310 billion on services and support, which equaled 51% of overall payments: out-of-pocket accounted for 19%, private insurance was 8%, and other public fees accounted for 21% of

revenues.¹³ Graham and Bilger reported the rising number of elderly Americans had driven the growth of Medicaid spending to 6% between 2012 and 2021.¹⁶

One study estimated that 20% of elders 65 and older had had lifetime expenditures of \$150,000, and 15% of all individuals stated exceeding \$250,000: the average cost before death for individuals 65 and older in 2016 through 2019 it was about \$138,000.¹⁷ This organization also reported the number of disabilities registered to grow from 6.3 million to 15.7 million individuals. Another study in 2015 described the annual cost for nursing facility care as \$91,250, home health aide costs were \$45,760, and adult day care was \$17,940, which was reported to be \$2,150 below the federal poverty level in 2015.¹³

Medicaid Reimbursement Rates After the ACA

The final funding for Skilled Nursing Facilities has been Medicaid, and an individual would have to eventually apply for nursing home Medicaid to be eligible for nursing home Medicaid. Qualifying for nursing home Medicaid would require insufficient assets, not owning a home or vehicle, and having a low income (Dickey, 2018). According to this author, an individual can make up to 300% of the Supplemental Security Income limit and would still qualify for nursing home Medicaid in all states that engaged in the Medicaid expansion

In 2014, a study showed the number of uninsured patients decreased from 18.4% to 6.3%, and the number of Medicaid patients increased from 17.3% to 30%.¹⁸ This study also showed an increase of \$3.38 in reimbursement per visit between 2013-2014. Furthermore, Medicaid reimbursements increased by 73% to providers, but the extension was not renewed after 2014. It was reported that reimbursement rates improved by 4.2% from 2013-2014.¹⁹ On January 1, 2015, after the two-year increase expired, Medicaid reimbursement rates for physicians decreased by 42.8%.²⁰

Reporting Measurements with Quality of Care in Long Term

The requirements for LTCH quality reporting requirements for the fiscal year 2019 described having to meet or exceed separate data thresholds that included an 80% set for completion of quality measures data collection that used the LTCH CARE data set and another set at 100% for quality measures data collected and used CDC's NHSN.²¹ The LTCH CARE was submitted to the Quality Improvement Evaluation System with the Assessment Submission and Processing system, and the data set measures listed: included 1) percent of residents or patients with pressure ulcers that were new or worsened and 2) the percentage of residents who were assessed and appropriately given the influenza vaccine, 3) the percentage of residents that experienced one or more falls with a significant injury, and 4) the percentage of LTCH patients with an admission and discharge functional assessment and care plan that specified that function. In addition, it included the application of the admission and discharge functional assessment, a care plan that has addressed that function, and the technical outcome measure that addressed the change in mobility among LTCH patients requiring ventilator support.²²

LTCH CARE dataset continuity assessments have been expected, and specific forms have been documented for providers to fill out for admissions, expired, and discharged patients.²² Pressure ulcers have been reported as high-cost adverse events with rates from 2.2% to 23.9% in skilled nursing facilities and 0% to 17% in-home health care.²³ Furthermore, in 2009 and 2010, pressure ulcers were estimated to have increased Medicaid and Medicare payments with a 90-day episode of care at an estimated \$18.8 million per year. It has been estimated that half of the patients fall each year, and a report in 2014 found that 10% of Medicare skilled nursing facility

residents experienced a fall that resulted in significant injury.²⁵ One researcher reported that 29% to 59% of residents had reported falls throughout their stay.²⁶

ACA Effects on Long-Term Care

Nursing homes have been obligated through the ACA to meet new requirements that have made it easier to file complaints about the quality of care, and it has also been required that the nursing home administrators inform the patients of when the home has been expected to go to close, which has given the patient enough time to be relocated.²⁷ It was suggested that by 2020 approximately 50% of Americans would have a chronic disease, which could affect the quality of care.²⁸ Besides, providers have reported significant cuts in revenue, workforce shortages worsened, and the ability to have increased quality of care with a high resident-to-low physician ratio have been suffered. The ACA has required health insurers to provide rebates to the consumer once they spend a maximum amount on health benefits and quality of care. In 2015, 5.5 million consumers received \$470 million back in rebates.¹¹

Readmissions with Medicaid and the ACA

Many projects have occurred to lower the rate of readmissions, including better coordination of care and communication, improved discharge planning and health maintenance for patients, and the use of EMR that has provided continuity of care.²⁹ Generally, most readmissions with Medicaid have been for mental health and substance abuse, accounting for 25%-35% of all Potentially Preventable Readmissions (PPR). Still, cardiovascular care has also been considered for 8%- 15% of PPRs.³⁰ These scholars also reported that 4% of Medicaid admissions were followed by a PPR within 15 days and 5% by a PPR within 30 days, and when

OB was excluded, PPR rates were in the range of 6% in 15 days and 9%- 11% within 30 days by a PPR.

Approximately 60% to 75% of PPRs were at the same hospital at the first discharge, with a higher proportion of surgical readmissions and a lower percentage of mental health and substance abuse readmissions. Also, only 60% of all the readmissions for any circumstance were accounted for as potentially preventable in the PPR algorithm.³⁰

It has been reported that many residents in long-term care had been covered under Medicaid, which had been obtained once an individual spent most of their assets, i.e., sold their personal property, spent their liquid assets, and cashed out or signed over their whole life insurance policies⁷. Additionally, specialized services have required a copay with Medicare or private insurance, although if the patient does not have insurance, they have had to pay out of pocket until they have been qualified for Medicaid. The ACA has increased the number of people with insurance; thus, it has helped pay for specialty services that long-term care hospitals have had in West Virginia. Also, a bill has been introduced that might allow trained aids to pass medication rather than only allowing the nurses to give medication.

According to the Chief Nursing Officer and Nursing Home Administrator at Pleasant Valley Hospital, Medicaid has been their biggest payer, which accounted for 80% of their current population (Expert in LTC, 2018). Furthermore, the Medicaid payment has been based on a monthly cost report submitted by each long-term care facility. There have been regulatory changes during the implementation of the ACA. A new survey process was implemented, which included three phases to focus primarily on the resident. The first phase began in 2016, the second phase started in November 2017, and the third phase began in 2019. Quality of care has

been measured by a Quality Assurance Performance Improvement Committee, which meets monthly to monitor the facility's quality data and benchmark that data (Expert in LTC, 2018).

DISCUSSION

The world's population has been increasing rapidly, with 617 million (approximately 8.5%) people worldwide aged 65 and older (He, Goodkind, & Kowal, 2016). About 69% of those aged 65 years or older have been estimated to demand Long-Term Care (LTC) throughout the rest of their lives (Doty, Cohen, Miller, and Xiaomei, 2010).

Long-term care and Medicaid expenditures have grown over the past decade. Reaves and Musumeci reported that from 2002 to 2014, there was a 14% increase in Medicaid spending for care services and support systems. Middle-income range insurance buyers have decreased by 5% over 15-year 12

Graham and Bigler, 2017 reported that elderly Americans had increased Medicaid spending by 6% from 2012 to 2022, and Medicaid adoption has increased due to private long-term care insurance decreasing.

Bowling et al. found that the number of insured patients decreased while the number of Medicaid patients increased. There was a 73% increase in Medicaid reimbursements to providers, but it was not renewed after 2014. Xenon Health reported that there was a 42.8% drop in Medicaid reimbursements to physicians without the expansion. Walker et al., the place of service represented a considerable role in payment throughout the nursing home industry³¹. Medicaid has had lower reimbursement rates compared to Medicare. LTCH stated that requirements in 2017 had to meet or exceed data thresholds that included an 80% set for

completion of quality measures data collection and another set at 100%. CMS specified that LTCH care dataset continuity assessments had been required, and detailed forms have been documented for providers to fill out for admissions, expired, and discharged patients.

Leonard 2014 reported the ACA required nursing homes to meet new requirements, which have made it easier to file complaints about the quality of care. According to Anderson, 2014, there has been a cut in revenue, workforce shortages, and the ability to increase the quality of care with a high resident-to-low physician ratio worsened. The ACA has required health insurers to provide rebates to the consumer; this rebate is granted once the member has spent a maximum amount on health benefits and quality of care (White House, 2016).

A report showed that mental health and substance abuse accounted for most Medicaid readmissions. Quinn et al. (2016) reported that Medicaid admissions were followed by potentially preventable readmission. Hospitals have had a rushed mindset to discharge patients due to reimbursements, so facilities have started to increase the understanding of patients they would accept. One of the biggest obstacles that challenge the quality administered by long-term care settings on daily has been the number of staffing shortages in Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), which had been projected to increase in demand for RNs by at least 500,000 by 2025 (Manchester Specialty Program,2017).

Limitations

This research study was not conducted without limitations and was restricted due to search strategies such as distinguishing differences between keywords, the number of databases

accessed, or the sources used, which might have impacted the quality and availability of the research. Also, the researcher's and publication bias were a limitation during this study.

Practical implications

When analyzing the future trends of nursing homes, policymakers must consider factors such as the growth of the aging population in the United States and the ways greater use of home and community-based services will affect demand for long-term care. The results reported in this study can affect healthcare management when dealing with long-term facilities, how to promote ACA, and how to enroll and manage individuals in these programs. Emphasis on increasing quality and accountability while decreasing expenditure on government insurance programs will likely be the topic of future U.S. healthcare delivery system reforms. Continual participation with Medicaid and long-term care facilities with payment and reimbursement throughout the coming years will provide more data for future research, particularly Meta-Analysis studies for Medicaid payments and the quality of long-term care.

CONCLUSION

The ACA has increased the insured U.S. citizens' population through Medicaid expansion, the long-term facilities population, and Marketplace insurance. Expenditures and reimbursement rates have shown that the ACA has increased Medicaid payments in long-term care. The literature review results have also indicated that moving to a value-based reimbursement payment model within nursing homes results in higher quality care for nursing home residents through reduced readmission rates, ulcers, and falls in the facilities. With the rise of the elderly population, government funding will need to evaluate current funding sources, such as Medicaid, further to ensure appropriate financing of those in need of health care in LTC facilities.

REFERENCES

1. **US Department of Health & Human Services [DHHS]**. What is Long-Term Care? *NIA*. 2017A Available from: <https://www.nia.nih.gov/health/what-long-term-care>.
2. **US Department of Health & Human Services [DHHS]**. *What is Long-term Care Insurance?* 2017B. Available from: <https://longtermcare.acl.gov/costs-how-to-pay/what-is-long-term-care-insurance/>.
3. **Eisenburg, R.** Medicare, Medicaid, And Long-Term Care: Your Questions Answered. *Forbes*. 2017 Available from: <https://www.forbes.com/sites/nextavenue/2017/11/21/medicare-medicaid-and-long-term-care-your-questions-answered/#5ddea61e76c9>.
4. **Sollitto, M.** Medicaid, and Long-Term Care: What's Covered and How to Qualify. *Aging Care*. Available from: <https://www.agingcare.com/articles/medicaid-and-long-term-care-133719.htm>.
5. **Agency for Healthcare Research and Quality [AHRQ]**. Affordable Care Act and Medicaid Resources. *Agency for Healthcare Research Quality*. 2019 Available from: <https://www.ahrq.gov/professionals/prevention-chronic-care/healthier-pregnancy/acaresources/index.html>.

6. **Gold, J.** Accountable Care Organizations, Explained. *Kaiser Health News* 2015 Sep 14. Available from: <https://khn.org/news/aco-accountable-care-organization-faq/>
7. **Department of Healthcare Services [DHCS].** *What is HIPAA? 2019.* Available from: <http://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/1.00WhatIsHIPAA.aspx>.
8. **Centers for Medicare & Medicaid Services [CMS].** Long-Term Care Hospital Quality Reporting Program - Specifications for the Quality Measures Adopted through the Fiscal Year 2016 Final Rule. *Centers for Medicare & Medicaid Services. 2015A* Available from: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-QRP-Measure-Specifications_August-2015.pdf.
9. **Centers for Medicare & Medicaid Services [CMS].** Long-Term Care Hospital Quality Reporting Program Guidance. *Centers for Medicare & Medicaid. 2012* Available from: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-Quality-Reporting-QGP-Guidance.pdf>.
10. **Somander, T.** 4 Ways the Affordable Care Act is Improving the Quality of Healthcare in America. *The White House, President Barack Obama. 2015 Mar 25.* Available from: <https://obamawhitehouse.archives.gov/blog/2015/03/25/4-ways-affordable-care-act-improving-quality-health-care-america>.
11. **White House.** Access to Quality, Affordable Health Care: Progress and Promise of the Affordable Care Act and Other Administration Efforts. *The White House, President Barack Obama. 2016 Oct 20.* Available from: <https://obamawhitehouse.archives.gov/the->

[press-office/2016/10/20/access-quality-affordable-health-care-progress-and-promise-affordable](http://www.naica.org/press-office/2016/10/20/access-quality-affordable-health-care-progress-and-promise-affordable).

12. **Nordman, E.** The State of Long-Term Care Insurance: The Market, Challenges, and Future Innovations. *National Association of Insurance Commissioners and The Center for Insurance Policy and Research*. 2016 Available from:
http://www.naic.org/documents/cipr_current_study_160519_ltc_insurance.pdf.
13. **Reaves, E. & Musumeci, M.** The Kaiser Commission on Medicaid and the Uninsured. *The Henry J. Kaiser Family Foundation*. 2015 Available from:
<http://files.kff.org/attachment/report-medicaid-and-long-term-services-and-supports-a-primer>.
14. **Eiken, S., Sredl, K., Burwell, B. & Gold, L.** Medicaid Long-Term Care Expenditures in FY 2009. *National Association of States United for Aging and Disabilities, (NASUAD)*. 2010. Available from:
<http://www.nasuad.org/sites/nasuad/files/hcbs/files/193/9639/2009LTCExpenditures.pdf>.
15. **Hermer, L.** Rationalizing Home and Community-Based Services Under Medicaid. *Mitchell Hamline School of Law*. 2014. Available from:
<https://open.mitchellhamline.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1328&context=facsch>.
16. **Graham, W. & Bilger, M.** Financing Long-Term Services and Supports: Ideas from Singapore. *The Milbank Quarterly*. 95 (2): 358-407. 2017. Available from:
<http://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12264/full>.
17. **ASPE.** Long-Term Services and Supports for Older Americans: Risks and Financing. *HHS Office of the Assistant Secretary for Planning and Evaluation Office of Disability*,

Aging, and Long-Term Care Policy. 2016. Available from:

<https://aspe.hhs.gov/system/files/pdf/106211/ElderLTCrb-rev.pdf>.

18. **Bowling, B., Newman, D., White, C., Wood, A., & Coustasse, A.** “Provider reimbursement following the Affordable Care Act,” *Health Care Manag (Frederick)*. 2018 Apr/Jun;37(2):129-135.
19. **Jones, C.D., Scott, S.J., Anoff, D.L., Pierce, R.G., & Glasheen, J.J.** Changes in Payer Mix and Physician Reimbursement After the Affordable Care Act and Medicaid Expansion. 2015. Available from: *Sage Journals*. 25: 52.
20. **XenonHealth.** *Impact of Affordable Care Act on Physician Reimbursements. 2019.* Available from: <https://xenonhealth.com/impact-of-the-affordable-care-act-on-physician-reimbursements/>.
21. **Centers for Medicare & Medicaid Services [CMS].** Long-Term Care Hospital Quality Reporting Program. *Centers for Medicare and Medicaid Services.2019.* Available from: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-QRP-FAQs-August-2017.pdf>.
22. **Centers for Medicare & Medicaid Services [CMS].** LTCH CARE Data Set & LTCH QRP Manual. *Centers for Medicare and Medicaid Services. 2019.* Available from: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html>.
23. **Centers for Medicare & Medicaid Services [CMS].** Home Health Quality Reporting Program: Specifications for the Cross-Setting Quality Measure CY 2016 Final HH PPS Rule. *Centers for Medicare and Medicaid Services. 2016.* Available from:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HH-QRP-Measure-Specifications_pressure_ulcer_2017_final.pdf.

24. **Centers for Disease Control and Prevention [CDC]**. The Influenza Vaccination Coverage in Long-term Settings. *Centers for Disease Control and Prevention*. 2018. Available from: <https://www.cdc.gov/flu/toolkit/long-term-care/coverage.htm>.
25. **Agency for Healthcare Research and Quality [AHRQ]**. Falls with Patient Safety Primer. *Agency for Healthcare Research and Quality*. 2019. Available from: <https://psnet.ahrq.gov/primers/primer/40/falls>.
26. **Currie, L.** Fall, and Injury Prevention. Hughes RG [Editor]. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): 2008. Available from: *Agency for Healthcare Research and Quality (US)*.
27. **Verma, S.** Ensuring Safety and Quality in America’s Nursing Homes. Centers for Medicare and Medicaid. 2019 Apr 15. Available from: <https://www.cms.gov/blog/ensuring-safety-and-quality-americas-nursing-homes>.
28. **Anderson, A.** The Impact of the Affordable Care Act on the Health Care Workforce. *The Heritage Foundation*. 2014. Available from: <https://www.heritage.org/health-care-reform/report/the-impact-the-affordable-care-act-the-health-care-workforce>.
29. **Centers for Medicare & Medicaid Services [CMS]**. The Hospital Readmissions Reduction (HRR) Program. *Centers for Medicare & Medicaid Services*. 2019B. Available from: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HRRP/Hospital-Readmission-Reduction-Program.html>.

30. **Quinn, K., Weimar, D., Gray, J., & Davies, B.** Thinking about Clinical Outcomes in Medicaid. 2016. Available from: *The Journal of Ambulatory Care Management*. 39 (2): 125-135.
31. **Walker W, Lawani, U & Coustasse, A.** Provider based billing in the United States: The effect on government reimbursement, *Int J Health Manag.*, DOI: 10.1080/20479700.2019.1652404
32. **Moher D, Liberati A, Tetzlaff J, et al. The PRISMA Group.** Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Med*. 2009; 6(7): e1000097..
- 6 Clemente, S, McGrady, R, Repass, R, Paul, D & Coustasse, A. Medicare and the affordable care act: Fraud control efforts and results. *Int J Health Manag*. 2018, 11(4) 356-362
- 7 Borella, M, De Nardi, MC and French, E, Who Receives Medicaid in Old Age? Rules and Reality. *Fiscal Studies*, 39, (1). 65–93 (2018) 0143-5671

Blumenthal, D., Abrams, M. and Nuzum, R. (2015). The Affordable Care Act at 5 Years | *NEJM*. [online] *N Engl J Med* 2015; 372:2451-2458
DOI: 10.1056/NEJMp1503614

Sommers, B. and Rosenbaum, S. (2011). Issues in Health Reform: How Changes In Eligibility May Move Millions Back And Forth Between Medicaid And Insurance Exchanges. *Health Affairs*, 30(2), pp.228-236.

LaPointe, J., 2018. "Prices, Administrative Costs Drive Higher US Healthcare Spending," *RevCycle Intelligence*, March 19, 2020. Accessed at <https://revcycleintelligence.com/news/prices-administrative-costs-drive-higher-us-healthcare-spending>

Carey, K., Zhao, S., Snow, A., & Hartmann, C. (2018). *The relationship between nursing home quality and costs: Evidence from the VA*. PLoS ONE 13(9): e0203764. <https://doi.org/10.1371/journal.pone.0203764>

Rau, J. (2018a). Medicare Take Aim at Boomerang Hospitalizations of Nursing Home Patients. *NPR*. Retrieved from: <https://www.npr.org/sections/health-shots/2018/06/13/619259541/medicare-takes-aim-at-boomerang-hospitalizations-of-nursing-home-patients>

Knickman, J., Kovner, A. R., & Jonas, S. (2015). *Jonas and Kovner's health care delivery in the United States* (11th ed.). Pg. 195. New York, NY: Springer Publishing Company.

CBO [2014] <https://www.cbo.gov/publication/45447>

Amadeo [2018] <https://www.thebalance.com/cbo-report-obamacare-3305627>

Dickey, E. (2018). When Will Medicaid Pay for a Nursing Home or Assisted Living? Retrieved March 20, 2020, from <https://www.nolo.com/legal-encyclopedia/when-will-medicaid-pay-nursing-home-assisted-living.html>

Manchester Specialty Program. (2017). *How the Nursing Shortage Potentially Impacts Home Health Care?* Retrieved from <https://www.manchesterspecialty.com/nursing-shortage-potentially-impacts-home-health-care/>

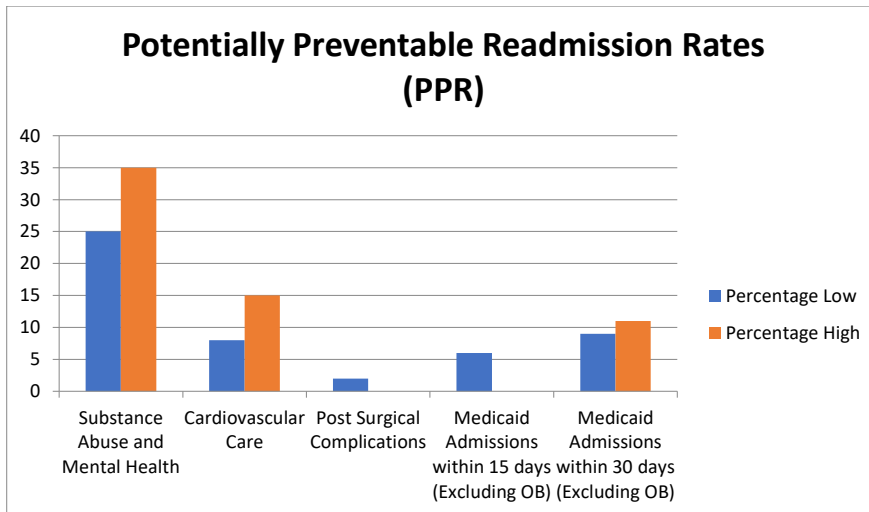
Centers for Medicare and Medicaid [CMS]. (2017). *NHQI Quality Measures*. Retrieved from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

He, W., Goodkind, D., & Kowal, P. (2016). *An Aging World:2015*. United States Census. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p95-16-1.pdf>

Doty, P. Cohen, M., Miller, J., Shi, X., Private Long-term Care Insurance: Value to Claimants and Implications for Long-term Care Financing, *The Gerontologist*, Volume 50, Issue 5, 1 October 2010, Pages 613–622, <https://doi-org.marshall.idm.oclc.org/10.1093/geront/gnq021>

Figure 2.

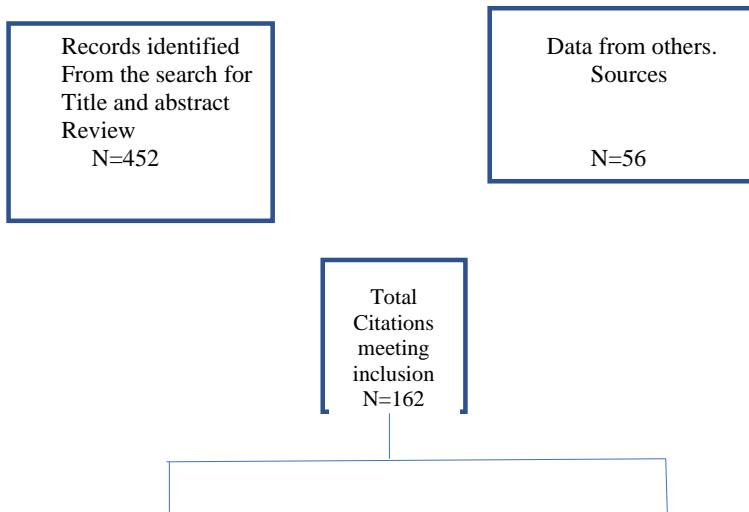
Potentially Preventable Readmission Rates (PPR)



Source:
Adapted from Quinn, Weimar, Gray, & Davies ⁽³⁰⁾.

Figure 1: Overview of Literature Evaluation.³²

Commented [CA1]: Need to move it after references



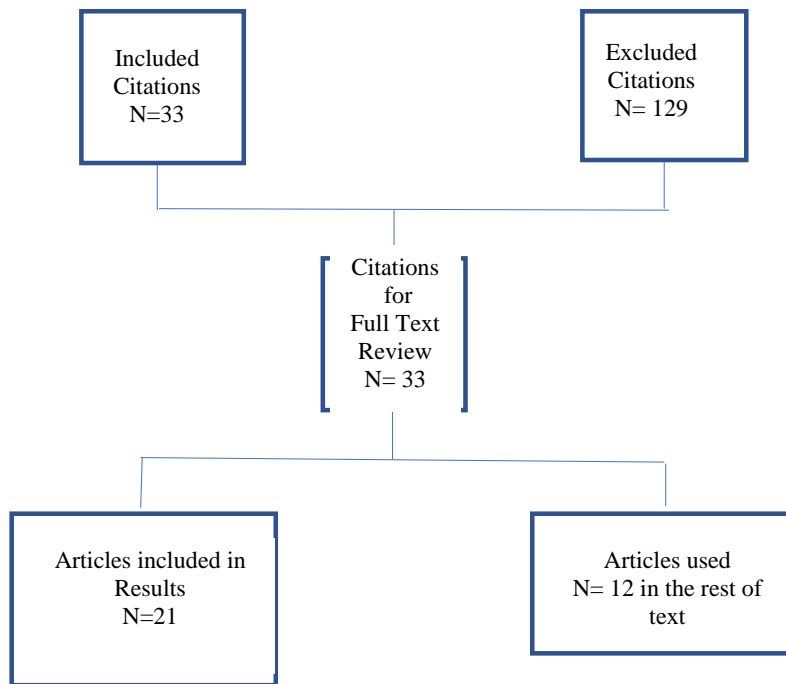
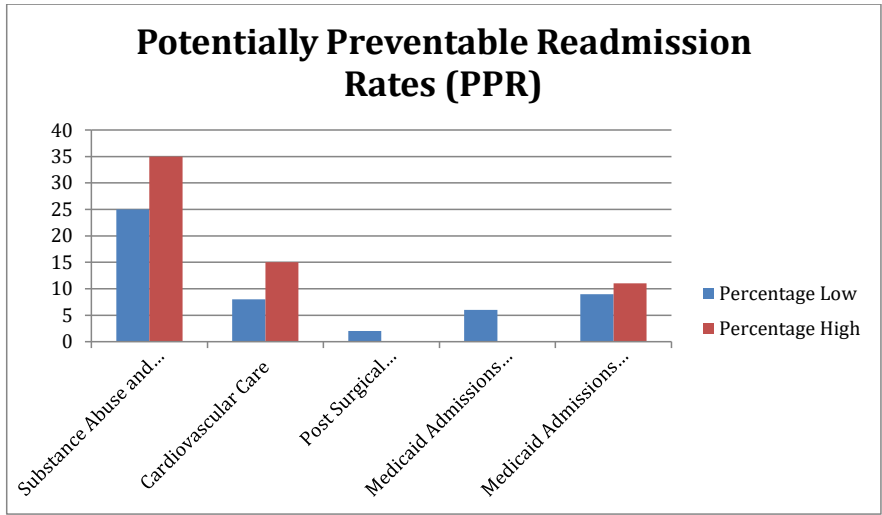


Figure 3.

Potentially Preventable Readmission Rates (PPR)



Source
Adapted from Quinn, Weimar, Gray, & Davies ⁽³⁰⁾.

Author	Year	Findings
	Published	
White House	2016	
Nordman, E.	2016	
Reaves, E. & Musumeci, M.	2015	
Eiken, S., Sredl, K., Burwell, B. & Gold, L.	2010	
Hermer, L.	2014	
Graham, W. & Bilger, M.	2017	
ASPE	2016	

Commented [CA2]: Sorry to be a PAIN but add the findings and take out the initials and should be Nordman (2016) and instead of the year published you need to add the design of the study: lit review, clinical trial and website you add if it is a report a press release of whatever. One more thing if more of TWO authors ADD Eiken et (2014)

Commented [CA3]: One more details has to be ordered by the oldest to the newest on the bottom or alphabetical order

Bowling, B., Newman, D., White, C., Wood, A., & Coustasse, A.	2017	
Jones, C.D., Scott, S.J., Anoff, D.L., Pierce, R.G., & Glasheen, J.J	2015	
XenonHealth	2019	
Centers for Medicare & Medicaid Services [CMS].	2019	
Centers for Medicare & Medicaid Services [CMS].	2016	
Centers for Disease Control and Prevention [CDC].	2018	
Agency for Healthcare Research and Quality [AHRQ].	2019	
Currie, L	2008	
Verma, S	2019	
Anderson, A	2014	
Centers for Medicare & Medicaid Services [CMS].	2019	
Quinn, K., Weimar, D., Gray, J., & Davies, B.	2016	