Established under the ACA, the HRRP requires CMS to reduce payments to acute care hospitals that see an excessive number of patients with certain conditions return within 30 days of their discharge. Through the HRRP, CMS withholds reimbursements to hospitals with high readmission rates for:

- Heart attacks
- Heart failure
- Pneumonia
- Chronic obstructive pulmonary disease
- Elective hip or knee replacements
- Coronary artery bypass grafts

Although Medicare readmission rates have fallen since 2012, CMS continues to withhold reimbursements to hospitals with relatively high readmission rates. For fiscal year 2018, CMS will reduce payments by up to 3% across all Medicare inpatient admissions for nearly four-fifths of all US hospitals regulated by the agency, according to a Kaiser Family Foundation analysis.

Who it’s for

For profit and nonprofit acute care hospitals operating in the US that are subject to CMS’ HRRP requirements.

What you get

For profit and nonprofit acute care hospitals operating in the US that are subject to CMS’ HRRP requirements.

- Limits of up to 3% of qualifying annual HRRP inpatient fiscal year Medicare revenue.
- One hour of complimentary risk mitigation consultative services with CSK Healthcare Consulting LLC.
- No claim premium credit to be applied against any renewal policy purchased.

Innovative insurance coverage

Underwritten by Ironshore and available exclusively through Marsh, our new MRR policy provides coverage to mitigate a hospital’s risk of a potential reduction in Medicare reimbursements. The MRR Policy provides limits of up to 3% of annual inpatient Medicare revenue subject to HRRP.

In addition to the coverage, the policy also provides for one hour of complimentary risk mitigation consultation with CSK Healthcare Consulting LLC, plus access to additional services at discounted rates. These services can help hospitals:

- Better understand the financial impact of CMS readmission penalties.
- Evaluate factors that can contribute to penalties.
- Gain insight into potential reduction strategies.
ABOUT MARSH

Marsh’s HealthCare Practice serves a diversified group of health care organizations that represent thousands of individual hospitals, academic medical centers and physician groups; health insurance plans; skilled nursing, assisted living, and senior residences; and more than 26,000 physicians in alternative risk programs across the US. Our global network comprises more than 275 colleagues dedicated to serving health care organizations. Marsh places more than $1 billion in premium and premium equivalents on behalf of our health care clients.

As the manager of over $10 billion in premium and loss costs annually, Marsh’s Casualty Practice brings unrivaled market experience and relationships to ensure that your insurance program structure and terms and conditions effectively manage your key risks. MPACT® is Marsh’s approach to helping clients assess and manage the five key elements of their total cost of casualty risk, and through which we provide an array of solutions to control and reduce them. MPACT® gives clients confidence that they have a strategy to achieve the most optimal results for their casualty programs. The MPACT® approach incorporates proprietary offerings from Marsh’s Casualty and Claims Practices, Marsh Risk Consulting, and Marsh Global Analytics.

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