

The Employment Cost Index and the Impact on Medicare Reimbursements

Since the mid-1980's, the Bureau of Labor Statistics Employment Cost Index (ECI) has been a major source of data used by the Centers for Medicare and Medicaid Services (CMS) to determine the annual adjustment to Medicare reimbursements for health care service providers. CMS issues reimbursement guidelines under Medicare's Prospective Payment Systems (PPS), determining reimbursement rates (subject to approval by Congress) for Medicare-covered products and services to over one million health care providers. The PPS designates the level of payment for Medicare-covered products and services, adjusted annually, based on a number of factors including labor cost changes. The ECI measures the change in labor costs which CMS uses (in part) to determine annual adjustments to Medicare reimbursements made to health care providers in nine payment categories, resulting in an over \$6.0 billion reimbursement increase for 2018.¹ (See Table 1.)

Medicare payment provider category	2018 CMS Medicare reimbursements (in millions) ⁽¹⁾	Percent of update based on ECI ⁽²⁾	Percent change in Medicare payments due to ECI	Increase resulting from change in ECI (in millions)
Home healthcare	19,217	88.8%	2.61%	\$500.5
Inpatient psychiatric facilities	4,307	77.0%	2.20%	\$94.7
Hospital inpatient and acute care	148,380	76.4%	1.96%	\$2,914.2
Hospital outpatient care	58,656	76.4%	1.96%	\$1,152.0
Hospice	20,479	76.4%	1.96%	\$402.2
Inpatient rehabilitation facilities	8,248	73.1%	1.87%	\$154.3
Skilled nursing facilities	29,171	71.7%	2.03%	\$591.4
Long term care facilities	4,452	68.7%	1.77%	\$78.8
End stage renal disease	10,177	43.1%	1.13%	\$115.3
Total⁽³⁾	303,087	N/A	N/A	\$6,003.4

Footnotes:

(1) Source: Centers for Medicare and Medicaid Services, Office of the Actuary reimbursement estimates provided for President's 2018 budget.

(2) Table ordered by percent of update based on ECI.

(3) Estimates may not add to total due to rounding.

The PPS Hospital Price Index is a "market basket"² used for three payment provider categories (hospital inpatient and acute care, hospital outpatient care, and hospice), resulting in an increase in reimbursements of nearly \$4.5 billion based on ECI. The remaining six payment provider categories accounted for over \$1.5 billion in reimbursement increases based on the ECI.

The example below provides information on how increases in a specific payment provider category are estimated using various ECI components.

Estimated Payment Example (using December 2018 ECI)

The PPS Hospital Price Index uses several ECI components to make annual adjustments to payments for various Medicare hospital-related payment provider categories. For example, Medicare reimbursements for hospital inpatient and acute care were approximately \$148 billion, according to 2018 CMS data. Approximately 76.4 percent of the Medicare update for the payment provider category is based on the ECI. Thus, a 1-percent increase in the ECI would result in a 0.764-percent increase in hospital payments. (See Table 2.)

Applying the total ECI-related weight (76.4 percent) to the calculated percent change using the December 2018 ECI (1.96%), would result in an approximate \$2.9 billion increase in Medicare payments for hospital inpatient and acute care.

Table 2. Impact of ECI on Medicare reimbursements, hospital inpatient and acute care, December 2018			
ECI Component	Weight	12-month percent change	Percent change in Medicare payments due to ECI
Civilian, hospital, wages	43.4%	2.5%	1.09%
Civilian, hospital, benefits ⁽¹⁾	12.4%	2.4%	0.30%
Private, professional and related occupations, compensation	11.9%	2.5%	0.30%
Private, financial activities occupations, compensation	3.0%	3.3%	0.10%
Civilian, installation, maintenance, and repair occupations, compensation	2.4%	2.8%	0.07%
Private, service occupations, compensation	2.3%	3.6%	0.08%
Private, office and administration support occupations, compensation	1.0%	3.5%	0.04%
Total ⁽²⁾	76.4%	N/A	1.96%
Footnotes:			
(1) The 12-month percent change is an unpublished estimate from the Bureau of Labor Statistics, National Compensation Survey.			
(2) Estimates may not add to total due to rounding.			

END NOTES

⁽¹⁾ The estimated reimbursement is a hypothetical example and does not factor in any changes to payments based on other patient or provider specific characteristics.

⁽²⁾ [Medicare Program Rates & Statistics: Market Basket Data](#) provide quarterly index levels and 4-quarter moving average percent changes for the market baskets.

See the articles *Using the Employment Cost Index to adjust Medicare payments* (PDF) by Albert Schwenk and William Wiatrowski, October 2002, Monthly Labor Review, and *The Employment Cost Index and the Impact on Medical Reimbursements* (PDF) by Jeffrey Schildkraut, October 26, 2009, Compensation and Working Conditions for data and information on how Medicare adjustment calculations are made.

NOTE: Current physician Medicare reimbursements are based on the [Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\)](#).

