

New CMS Rule Links ESRD Payments to Quality Measures

BY ADRIENNE E. MARTING
AND DANIEL F. MURPHY



Adrienne E. Marting

payment reform process. In order to monitor the impact of the payment bundle on patient care and provide CMS with tools to address unintended negative effects of the new reimbursement system, MIPPA directed CMS to implement a Quality Incentive Program (QIP).

ESRD Quality Incentive Program

CMS published a final rule on January 5, 2011 that implements the ESRD QIP. The QIP rule, which becomes effective February 4, 2011, will apply to payments for dialysis services provided on or after January 1, 2012. In general, the QIP rule (1) identifies quality measures for ESRD services, (2) establishes performance standards for those quality measures, (3) develops a scoring system to assess the performance of the provider under the quality measures, and (4) applies a payment reduction to providers who do not meet or exceed the established "total performance score."

For the initial year of the QIP (payment year 2012), the three quality measures are the percentages of Medicare patients with: average hemoglobin levels of less than 10.0g/dL, average hemoglobin level of greater than 12.0g/dL, and average urea reduction ratios (URR) greater than 65%. QIP scoring will only apply to facilities with a minimum of eleven ESRD cases in the payment year. In order for a particular patient's measures to be incorporated into a facility's scores, the patient must have received at least four dialysis treatments from the facility within the per-

formance period. Pediatric patients will not be included in calculations for the anemia management measures (hemoglobin), and home hemodialysis patients will be excluded from the hemodialysis adequacy measure (URR). The calculation of anemia measures will also disregard high and low outliers (over 20.0g/dL and under 5.0g/dL).

Each of the three quality measures will translate into 10 points out of a maximum possible total performance score of 30. The performance standard for each of the quality measures in payment 2012 will be the lesser of a national benchmark specified by CMS or the performance of the specific facility in each category in 2007. The national standards for payment year 2012 are: 2% or less for patients with hemoglobin levels of less than 10.0g/dL, 4% or less for patients with hemoglobin levels of greater than 12.0g/dL, and 96% or more patients with URR greater than 65%. For each percentage point below/above the performance standard, two points will be deducted from the provider's total performance score. No total performance score will be assigned to facilities with inadequate numbers of patients for calculating any single component of the score.

As an example, a provider to which the national benchmarks apply (i.e. not facility-specific performance) with 4% hemoglobin levels of less than 10.0g/dL would receive 6 points (10 possible, minus 2 points for each percentage point over 2%); 8 points for 5% of patients with hemoglobin levels greater than 12.0g/dL (10 points minus 2 points for one percentage point above 4%); and 10 points for 99% of patients with URR greater than 65% (maximum score for exceeding benchmark), for a total score of 24.

Payment reductions of up to 2% will be applied to a facility's ESRD reimbursement

for the entire payment year as follows: no reduction for a score of 26-30; 0.5% for a score of 21-25; 1.0% for a score of 16-20; 1.5% for a score of 11-15; and 2.0% for a score of 10 or lower. In the example above, the provider's Medicare payments for all of 2012 would be reduced by 0.5%.

In addition to quality scoring and attendant payment adjustments, the QIP rule requires CMS to post the quality data it collects from ESRD providers on its Dialysis Facility Compare website. ESRD providers must also post their total performance score on a certificate displayed for the public in their facilities. CMS must notify ESRD providers of their QIP results in advance and afford the facilities an opportunity to dispute the scores.

Conclusion

One of the stated goals of the ESRD QIP is to provide reimbursement incentives under the new payment bundle to providers for meeting objective quality of care goals. Critics of the rule have observed that the QIP as applied to payment year 2012 will do nothing to influence provider behavior under the new ESRD payment system because the total performance scores will be based on payment year 2010 data. Thus, providers' past behavior under the prior payment system will be judged against standards not in effect at the time services were delivered. After the initial year of the QIP, this discrepancy will disappear and the reimbursement penalties will be applied to performance under the new payment system. Over time, CMS will refine and most likely add further quality measures to the QIP.

For more information, contact
Adrienne Marting at (404) 962-3580 or
Daniel Murphy at (205) 226-3449 at
Balch & Bingham LLP.

WHAT'S NEW... WHAT'S NEW...WHAT'S NEW..

Triumph The Specialty Hospital Rome Expands with Relocation

Houston based Triumph HealthCare announces the opening of Triumph The Specialty Hospital Rome in its new, larger location. Formerly The Specialty Hospital, the facility is located on the campus of Floyd Medical Center.

Triumph The Specialty Hospital Rome is a joint venture partnership with Floyd Healthcare Resources Inc. and has operated in its current location on the fourth floor of Floyd Medical Center since 2000.

The new 53,000 square-foot facility will operate 45 private rooms, including a state-of-the-art 12-bed high-observation unit where patients requiring extended hospitalizations due to chronic disease or catastrophic illness or injury will receive care.



Newton Medical Center Embraces Change In The New Year

Newton Medical Center is beginning the new year with a refreshed logo and redesigned website to reinforce their vision to provide a fresh approach to medical care for residents in Covington and the surrounding areas.

"2011 will bring substantial new growth and expansion of the Newton Medical Center facility and our health care services, so it was fitting to begin the new year with a new look," said Chief Executive Officer and Administrator Jim Weadick. "The updated website will allow us to provide more accurate and timely information to our patients, keeping with our commitment to meeting the medical and surgical needs of our community."

The new logo features a more contemporary look and brighter colors, while maintaining classic icons for health care. The blue cross, a universal symbol for hospitals, is accompanied by a green leaf, which symbolizes health and wellness. The website, www.newtonmedical.com, is home to a wealth of information ranging from the current average ER wait time and physician profiles to patient services and wellness resources. The Home Page hosts a multitude of quick links and information to help visitors get the information they need quickly and efficiently. Patients also have access to financial services, such as online bill paying, as well as auxiliary and volunteer services.

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