

Impact analysis of Hypercalcemia methodology change

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For ESRD QIP Payment Year (PY) 2019 and beyond, the Hypercalcemia measure denominator definition has been changed to ensure that the measure aligns with the NQF endorsed measure. Specifically, the denominator now includes a patient regardless of whether or not the patient had any serum calcium values reported at the facility during the 3-month study period. In PY 2016, PY 2017, and PY 2018, eligible patients with missing serum calcium values were excluded from the denominator of the measure. Payment reductions were simulated for PY 2020 using the revised Hypercalcemia calculation methodology (Table 1) and using the prior methodology (Table 2).

Table 1. PY 2020 simulated Payment Reductions using revised Hypercalcemia methodology

Reduction	N (%)
0%	3311 (55.0%)
0.5%	1538 (25.5%)
1.0%	832 (13.8%)
1.5%	269 (4.5%)
2.0%	71 (1.2%)

432 facilities not scored

Table 2. PY 2020 simulated Payment Reductions using prior Hypercalcemia methodology

Reduction	N (%)
0%	3322 (55.2%)
0.5%	1552 (25.8%)
1.0%	823 (13.7%)
1.5%	255 (4.2%)
2.0%	69 (1.2%)

432 facilities not scored

Using the revised Hypercalcemia calculation methodology, we estimate that **11 additional** facilities would receive a payment reduction. The distribution of the Hypercalcemia measure scores are presented in Tables 3 and 4 below.

Table 3. Hypercalcemia Measure Scores using revised Hypercalcemia methodology

Hypercalcemia Score	N (%)
0	264 (4.2%)
1	137 (2.2%)
2	238 (3.8%)
3	49 (0.8%)
4	433 (7.0%)
5	847 (13.6%)
6	130 (2.1%)
7	1387 (22.3%)
8	117 (1.9%)
9	1752 (28.1%)
10	879 (14.1%)

Table 4. Hypercalcemia Measure Scores using prior Hypercalcemia methodology

Hypercalcemia Score	N (%)
0	144 (2.3%)
1	121 (1.9%)
2	45 (0.7%)
3	337 (5.4%)
4	79 (1.3%)
5	985 (15.8%)
6	151 (2.4%)
7	2305 (37.0%)
8	150 (2.4%)
9	11 (0.2%)
10	1905 (30.6%)

The median Hypercalcemia score for both calculation methodologies was 7. Under the revised calculation methodology, 4% of facilities are projected to receive a 0 for the measure score, and only 14% of facilities are projected to receive a 10, compared to 2.3% receiving a score of 0 and 31% receiving a 10 under the prior method. However, a high percentage of facilities received a 9 under the revised method (28%) compared to only 0.2% under the prior method. The small decrease in performance is due to the inclusion of patient-months where calcium was not reported during the 3-month period. Facilities not reporting calcium values are now included in both the numerator and denominator, whereas under the old method, patient-months with missing calcium values were excluded from the measure rate.