

METHODOLOGY FOR MONITORING CHANGES IN ACCESS TO DIALYSIS

This document outlines the Centers for Medicare & Medicaid Services' (CMS) methodology for monitoring changes in access to dialysis following the implementation of two End-Stage Renal Disease Quality Incentive Program (ESRD QIP) measures, the standardized readmission ratio (SRR) for payment year (PY) 2017 and the standardized transfusion ratio (STrR) measure for PY 2018.

CMS will examine changes between the periods before and after implementation of each of the two case-mix-adjusted ESRD QIP measures. The monitoring period will encompass a baseline period—a period of time prior to the implementation of a given measure—and a post-implementation period following the implementation of the measure. For the SRR measure, monitoring will identify changes in outcomes after January 2015, the start of the performance period for the PY 2017 ESRD QIP. For the STrR measure, monitoring will examine changes in outcomes after January 2016, the start of the performance period for the PY 2018 ESRD QIP.

The goal of this monitoring effort is to evaluate access to dialysis for beneficiaries and identify changes in facility admissions and discharges that may indicate unintended consequences resulting from the implementation of the SRR and the STrR. CMS will use the findings and data analysis resulting from this study to ensure that ESRD QIP program incentives appropriately support quality patient care, and identify areas for policy refinements for future consideration.

Monitoring Requirements

In the ESRD QIP final rule for PY 2017 and PY 2018 (79 FR 66189), CMS committed to investigating potential changes in admission and discharge practices among dialysis facilities following the implementation of the SRR and STrR measures. Specifically, CMS stated that it would:

- Examine the characteristics of ESRD beneficiaries newly admitted to dialysis facilities.
- Stratify the characteristics of newly admitted beneficiaries by location, facility size, and setting.
- Determine whether there are changes over time in dialysis facility admissions and discharge practices.

Research Questions and Data Sources

The following research questions focus on changes to be observed after implementation of the new measures:

1. Are there significant changes in a facility enrollment post measures implementation?
2. Are there significant changes in the composition of the patient population?

CMS shall rely upon Medicare claims and enrollment data. Claims data will support the monitoring of service utilization across all health care settings, and diagnoses reported on claims will help identify comorbidities. Enrollment data will be used to identify the characteristics of beneficiaries, including beneficiary demographics and coverage information. Other CMS administrative data sources will be used to supplement claims and enrollment data; in particular, Consolidated Renal Operations in a Web-Enabled Network (CROWNWeb) and Renal Management Information System (REMIS).