

2005 Conference

IPF PPS and ESRD Contractor Training

End Stage Renal Disease (ESRD) Composite Payment Rate System for Outpatient Maintenance Dialysis Treatments

January 2005



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ESRD Training Agenda

● Day One

- Background and Overview
- 2005 Updates
- Lunch
- Reimbursement
- Break
- Claims Processing

● Day Two

- Billing
- Break
- Questions and Answers

Materials

- Acronyms
- Glossary
- Training Guide
- Resources
 - Change Requests
 - Federal Register
 - Fact Sheet
- PowerPoint Presentation

Chapter One

Background and Overview

Objectives

- **Background information on the ESRD composite rate payment system**
- **Composite rate history**
- **Overview of changes**

Background

- **Section 623 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA)**
- **Changes are implemented in two phases**
 - **January 1, 2005**
 - **April 1, 2005**

Key Purpose

- **Eliminate cross-subsidization of composite rate payments by drug payments**
- **More accurate payment for both drugs and the composite rate**

Dialysis Treatment Composite Rate History

- The dialysis treatment composite rate was a single payment amount that did not vary according to the characteristics of the beneficiary
 - Services
 - Supplies
- Separate payments are made for
 - Non-routine drugs
 - Other drugs
 - Lab services

Methods of Payment

- **Method I**
 - Composite rate applies
 - Used for all in-facility dialysis services and home patients electing method I
 - ESRD facility must provide all services and supplies directly
- **Method II**
 - For home dialysis patients only
 - Beneficiary works with supplier to provide supplies and equipment
 - Composite rate does not apply

The Composite Rate

- The initial composite rate was effective August 1, 1983 and the changes to the rate since that time have been:
 - In 1986 there was a \$2.00 reduction to the composite rate
 - In 1991 there was a \$1.00 increase
 - In 2001 the rate was increased 1.2 percent
 - In 2002 it was increased 2.4 percent

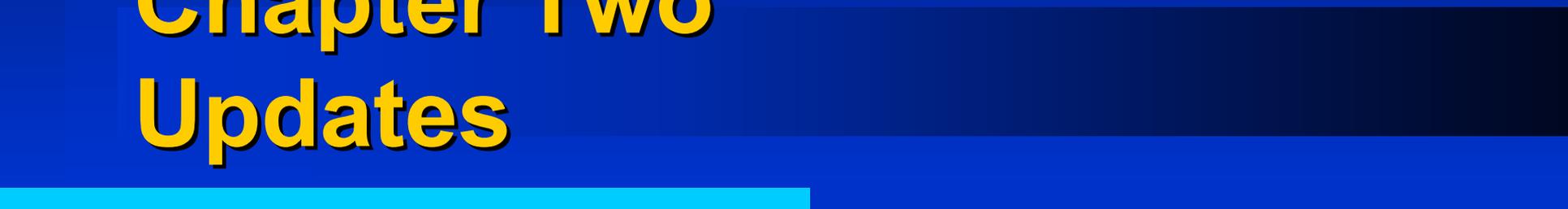
Overview of Changes

- **January 1, 2005**
 - An increase to the composite rate
 - A drug add-on
 - Changes in drug reimbursement
- **April 1, 2005**
 - Case-mix adjustments
 - Budget neutrality
 - Reinstatement of the ESRD exceptions process to pediatric facilities

Q/A Session

Chapter Two

Updates



Objectives

- Updated composite rate payments
- Reimbursement for separately billable drugs
- Case-Mix Variables
- Pediatric Adjustment
- Budget Neutrality

Changes Effective January 1, 2005

- Composite payment rates will increase by 1.6 percent
- A drug add-on adjustment of 8.7 percent
- Payment for separately billed drugs and biologicals will be paid based on:
 - Average acquisition price (AAP) or
 - Average sales price (ASP) plus 6 percent
- The cost for supplies to administer Epogen (EPO) may be separately billed
- Reporting of two new value codes:
 - A8 – patient weight in kilograms (dry)
 - A9 – patient height in centimeters (as they present)

1.6 Percent Increase

- Updates hospital-based and independent facility composite rates
- Adjusted by the wage index

	Composite Rate Prior to January 1, 2005	1.6 Percent Increase Amount	2005 Updated Composite Payment Rate
Independent	\$126.33	\$2.02	\$128.35
Hospital-based	\$130.32	\$2.09	\$132.41

8.7 Percent Drug Add-On Adjustment

- Drug add-on accounts for the drug spread
- Add-on adjustment based on:
 - Average acquisition costs for the top ten ESRD drugs updated to 2005, and
 - ASP plus 6 percent for the remaining separately billable ESRD drugs
- Regulations require ESRD facilities to provide appropriate care to each patient based on a plan of care

2005 Base Composite Rates

	2005 Base Composite Rate	8.7 percent Add-On (2005)	2005 Composite Rate With Add-On
Independent Facilities	\$128.35	\$11.17	\$139.52
Hospital-Based Facilities	\$132.41	\$11.52	\$143.93

2005 Payment for the Top 10 Most Frequently Used ESRD Drugs

The top 10 most frequently used ESRD drugs, including EPO, are paid at the 2005 AAP.

Drug	2005 Average Acquisition Payment Amounts
Epogen	\$9.76
Calcitriol	\$0.96
Doxercalciferol	\$2.60
Iron dextran	\$10.94
Iron sucrose	\$0.37
Levocarnitine	\$13.63
Paricalcitol	\$4.00
Sodium ferric gluconate	\$4.95
Alteplase, Recombinant	\$31.74
Vancomycin	\$2.98

2005 Payment for Other Drugs

- Payment for drugs that are not included in the 10 most frequently used are paid at ASP plus 6 percent
- Hospital-based ESRD facilities will continue to be paid cost for all separately billable drugs with the exception of EPO
- The list of drugs that are separately payable has not changed

Changes Effective April 1, 2005

- Implementation of case-mix variables
- Separate pediatric adjustment
- Budget neutrality

Patient Characteristic Adjustments

- **Payment will be adjusted for case-mix**
- **Case-mix is a variation in payment based on individual patient characteristics**
- **Based on a limited number of patient characteristics**

Case-Mix Adjustments

- **Case-mix variables include:**
 - Age
 - Body mass index (BMI)
 - Body surface area (BSA)
- **Separate case-mix for pediatric patients**

Facilities are encouraged to report and code co-morbidities.

New Value Codes

- Effective March 7, 2005 facilities should report two new value codes on all ESRD claims:
 - A8 – Weight in kilograms
 - A9 – Height in centimeters
- Weight reported should be the “dry” weight (after the last dialysis treatment of the month)
- Height is the actual height (including for amputees) or height as the patient presents

Example of Weight and Height Conversions

1 pound = 0.45359237 kilograms

150 lbs

X 0.45359237 kg

68.0388555

1 inch = 2.54 centimeters

5 feet 5 inches tall = 65 inches

65 in

X 2.54 cm

165.1 cm

Age Case-Mix Adjustment

- Five age groupings for the case-mix adjustment
- Depending on the age of the patient, the composite rate will be multiplied by the age multiplier
- The first of the month is the effective date of a patient's new age category

Age	Multiplier
18-44	1.223
45-59	1.055
60-69	1.000
70-79	1.094
80+	1.174

BMI and BSA

- Height and weight will be reported with value codes A8 and A9
- A low BMI is any patient with a BMI less than 18.5 kg/m^2
- BMI and BSA will be calculated by the PRICER

BSA Adjustment

- The formula to determine BSA is
$$BSA = W^{0.425} * H^{0.725} * 0.007184$$
- W = Weight in kilograms
- H = Height in centimeters
- An example of calculating patient level multipliers is:

Case-mix adjuster = Age factor * low BMI factor * BSA factor

- BSA multiplier is applied per 0.1ΔBSA of 1.84 is used as 1.037 $((BSA-1.84)/0.1)$

Case-Mix Adjustment for Pediatric Patients

- Age, BMI and BSA adjustments are not applied to patients under age 18
- A case-mix for pediatric patients is pending the development of more refined case-mix for these patients
- Pediatric patients will have a single adjustment multiplier of 1.62

Budget Neutrality for Case-Mix Adjustment

- The MMA requires the basic case-mix adjusted composite rate system result in the same aggregate amounts as if the 2005 changes did not apply
- The budget neutrality adjustment to the composite rate is 0.9116

New Exception Window

- Facilities currently receiving an exception rate must notify their FI in writing if they prefer to receive the new composite rate payment
- The MMA reinstated exceptions for qualifying pediatric facilities
- The exception window will open April 1, 2005 and close September 27, 2005
- FIs must notify ESRD providers on or before March 1, 2005 of the exception window opening

Case-Mix Adjustment Example

- Age factor = 1.055
- Low BMI factor = 1.112
- BSA = 2.0m²

Case-mix adjuster = $1.055 * 1.112 * 1.06 = 1.244$

- Case-mix adjustment factor of 1.244 is applied to the composite payment rate

Q/A Session

Chapter Three

Reimbursement

Objectives

- **Participants will learn the following information during the course of this chapter:**
 - **Home dialysis training rate**
 - **Coinsurance and deductible**
 - **Reimbursement examples**

Summary

- 1.6 Percent increase
- 8.7 Percent drug add-on
- No action to revise wage index
- Basic case-mix
- Budget neutrality adjustment 0.9116 effective April 1, 2005
- When condition code 74 is used, multiply (3/7) by the final rate for a daily rate

Home Dialysis Training

- Home training exception rate may be continued
- The following rates will apply for self-dialysis or home dialysis training sessions:
 - For IPD, CCPD and hemodialysis training, the case-mix adjusted payment will be increased by \$20 per training session, furnished up to three times per week
 - For CAPD, the facility's case-mix adjusted payment will be increased by \$12 per training session, furnished up to three times per week

Payment Calculation Under the Case-Mix

- Calculation of basic composite rate for an independent ESRD facility in Baltimore, MD
- Wage adjusted composite rate \$134.93
- Composite rate with drug add-on is \$146.67
- With budget neutrality adjustment of 0.9116 the final reimbursement is \$133.70

Patient 1

- Age – 18
- Hemodialysis
- Weight – 75.5 kg
- Height – 181.5 cm

Patient 1 Payment With Case-Mix Adjustments

$$\text{BSA} = 0.007184 \times (\text{height})^{0.725} \times (\text{weight})^{0.425}$$

$$\text{BSA} = 0.007184 \times 181.5^{0.725} \times 75.5^{0.425}$$

$$\text{BSA} = 0.007184 \times 43.4196 \times 6.2824 = \boxed{1.960}$$

$$\text{BMI} = \text{weight}/\text{height}(\text{m})^2$$

John Smith is 181.5 cm. in height, which converts to 1.815 meters.

$$\text{BMI} = 75.5/1.815^2 = \boxed{22.919}$$

Patient 1 Payment With Case-Mix Adjustments (con't)

Age adjustment factor (age 18–44) 1.223

BMI adjustment factor (BMI ≥ 18.5 kg/ m²) 1.000

BSA adjustment factor ($1.037^{1.960 - 1.84/0.1}$)= 1.0446

Case-mix adjustment factor

$(1.223 \times 1.000 \times 1.0446) = 1.2775$

Basic case-mix adjusted composite payment

$(\$133.70 \times 1.2775) = \170.80

Patient 2

- Age – 82
- Hemodialysis
- Malnourished (31.25 kg)
- Height – 158.0 cm

Patient 2 Payment With Case-Mix Adjustments

$$\text{BSA} = 0.007184 (\text{height})^{0.725} (\text{weight})^{0.425}$$

$$\text{BSA} = 0.007184 \times 158.0^{0.725} \times 31.25^{0.425}$$

$$\text{BSA} = 0.007184 \times 39.2669 \times 4.3183 = \boxed{1.2182}$$

$$\text{BMI} = \text{weight}/\text{height}(\text{m})^2$$

Jane Doe is 158 cm. in height = 1.580 meters

$$\text{BMI} = 31.25/1.580^2 = \boxed{12.5180}$$

Patient 2 Payment With Case-Mix Adjustments (con't)

Age adjustment factor (age 80+) 1.174

BMI adjustment factor (BMI ≤ 18.5 kg./ m²) 1.112

BSA adjustment factor (1.037 ^{1.2182-1.84/0.1}) 0.7978

Case-mix adjustment factor

$(1.174 \times 1.112 \times 0.7978) = 1.0415$

Basic case-mix adjusted composite payment

$(\$133.70 \times 1.0415) = \boxed{\$139.24}$

Home Dialysis Reimbursement

If patient 2 was receiving home dialysis reimbursement would be calculated as follows:

- Take the same steps as previously explained to determine the case-mix adjustment
- Multiply the adjusted composite rate by the case-mix adjustment
- Multiply the final payment by $3/7$ for the daily rate
- $\$139.24 * 3/7 = \59.67 daily rate



Example 2

Pediatric Patient

- Age – 16
- Hospital-based facility in New York City
- Weight 35 kg
- Height – 160.0 cm

Calculation of Pediatric Adjustment

Wage adjusted composite rate: \$146.35

Wage adjusted composite rate increased by drug adjustment factor ($\$146.35 \times 1.087$) = \$159.08

Adjusted Facility Composite Rate after budget neutrality adjustment ($\$159.08 \times 0.9116$) = 145.02

Pediatric adjustment of 1.62

$(\$145.02 \times 1.62) = \boxed{\$234.93}$

Q/A Session

Chapter Four

Claims Processing

Objectives

- Shared system changes
- Provider file requirements

PRICER

- **PRICER is a software module in the Medicare claims processing system used to price claims**
- **Fiscal Intermediary Standard System must pass the following claim data to the ESRD PRICER:**
 - **Through Date**
 - **Date of Birth**
 - **Condition Code 73**
 - **Condition Code 74**
 - **Value Code A8 Amount**
 - **Value Code A9 Amount**
 - **Line Revenue Code**

PRICER

- **PRICER must be installed by April 1, 2005**
- **All 72X bills without value codes A8 and A9 on April 1, 2005 will be RTP'd**
- **Claims crossing April 1, 2005 must be split**

Changes for Medicare Part B Drugs for Independent Facilities

- **For calendar year 2005, the payment limits for Medicare Part B drugs will change:**
 - **For independent ESRD facilities, the top 10 separately billable drugs will be paid at acquisition cost updated by the PPI**
 - **All other separately billable ESRD drugs will be paid at ASP plus 6 percent**
 - **EPO for hospital-based facilities will be reimbursed based on the AAP**
 - **Payment limits for Medicare Part B drugs will be updated on a quarterly basis**
 - **Payment allowance limits for influenza, pneumococcal and hepatitis B vaccines paid at 95 percent of AWP**
 - **FISS and FIs load MMA drug pricing files and accommodate a minimum of two payment limits per calendar quarter per HCPCS code**

FI Requirements

- Load the facility-specific wage/drug add-on adjusted composite rate table file
- Notify each RDF of its new composite payment rate
 - For any RDF that has an exception rate that exceeds the new composite rate, the notice must state the facility will continue to receive the exception rate
- Send copies of the written notifications to CMS
- Post the Medlearn Matters article, or a direct link of any issued Medlearn Matters articles

Provider File Requirements

- Enter a new dialysis rate(s) on FISS Maps 1105, 105A, and 105B if there is an exception rate
- Enter an exception rate for providers that have an exception rate as listed in CR 3554
- Enter zeroes for exception rate for providers that do not have an exception rate
- Populate an OPPS Provider Specific File for each ESRD Facility

FISS Requirements

- **Adjust any editing to allow for provider type 40 and 41**
- **Pass the following provider data to the ESRD PRICER:**
 - **NPI (for future FI use)**
 - **OSCAR Provider Number**
 - **Actual MSA**
 - **Actual CBSA (for future FI use)**
 - **Special Wage Index (for future FI use)**
 - **Special Payment Indicator (for future FI use)**
 - **Provider Type**
 - **Type of dialysis and the appropriate dialysis rate for the line being priced**

Q/A Session

Chapter 5

Billing

Objectives

- **Participants will learn the following information during the course of this chapter:**
 - **ESRD billing requirements**
 - **Timeline and future changes**
 - **Resources**

FL 4 Type of Bill

FL 6 From and Through Date

- FL – 4 Type of Bill
 - 721 – Admit Through Discharge
 - 722 – Interim - First Claim
 - 723 – Interim - Continuing Claim
 - 724 – Interim - Last Claim
 - 727 – Replacement of Prior Claim
 - 728 - Void/Cancel of a Prior Claim
- FL – 6 From and Through date

FL 24-30 Condition Codes

- **59 - Non-Primary ESRD Facility**
- **71 - Full Care in Unit**
- **72 - Self-Care in Unit**
- **73 - Self-Care in Training**
- **74 - Home**
- **76 - Back-up In-facility Dialysis**
- **80 - Home Dialysis in Nursing Facility (NF)**

FL 32-35 Occurrence Codes

FL 36 Occurrence Span Code

- **FL 32-25 Occurrence codes and dates**
 - 24 - Date Insurance Denied
 - 33 - First Day of Medicare Coordination Period for ESRD Beneficiaries Covered by an employer group health plan (EGHP)
- **FL 36 Occurrence span code and dates**
 - 74 - Noncovered Level of Care

FL 37 ICN / DCN

FL 39-41 Value Codes

- **FL 37 ICN / DCN**
- **FL 39-41 Value codes and amounts**
 - **13 - ESRD Beneficiary in the 30- Month Coordination Period With an EGHP**
 - **48 - Hemoglobin Reading**
 - **49 - Hematocrit Reading**
 - **67 - Peritoneal Dialysis**
 - **68 - EPO Units**
 - **A8 - Weight of Patient**
 - **A9 - Height of Patient**

FL 42 Revenue Codes

- 0634 - Erythropoietin (EPO) – Administrations less than 10,000 units
- 0635 - Erythropoietin (EPO) –Administrations 10,000 units or more
- 82X - Hemodialysis
- 83X - Peritoneal Dialysis
- 84X - Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient
- 85X - Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient
- 0880 – Miscellaneous Dialysis
- 0881 - Ultrafiltration

FL 44 HCPCS/Rates

- Report any applicable HCPCS code and necessary modifier if required
- Modifiers
 - G1 Most recent URR of less than 60%
 - G2 Most recent URR of 60% to 64%
 - G3 Most recent URR of 65% to 69.9%
 - G4 Most recent URR of 70% to 74.9%
 - G5 Most recent URR of 75% or greater
 - G6 ERSD patient for whom less than seven dialysis sessions have been provided in a month

FL 46 Units of Service

FL 47 Total Charges

- **FL 46 – Units quantify services**
- **FL 47 – Total charges**
 - **Hospital-based facilities show their customary charges that correspond to the appropriate revenue code in FL 42**
 - **Independent facilities may enter their composite and/or EPO rates**
 - **The last revenue code entered in FL 42 as 0001 represents the total of all charges billed**

Miscellaneous Billing Issues

- Use HCPCS A4657 with Revenue Code 270 for EPO administration supplies
- Use CC 59 for dialysis services that are not at the beneficiary's home facility
- Non-home facility providing dialysis services use CC 59
- Use CC 80 when an ESRD beneficiary receives Home Dialysis in NFs including SNFs
- Use CC 74 when an ESRD beneficiary receives Home Dialysis in NFs including SNFs
- Use CC 74 with CC 80

ESRD Name Address Telephone Number												3 PATIENT CONTROL NO.	4 TYPE OF BILL 721														
		5 FED. TAX NO.		6 STATEMENT COVERS		7 COV D.		8 N-C D.		9 C-I D.		10 L-R D.		11													
		FROM 01/01/05		THROUGH 01/31/05																							
12 PATIENT NAME Medicare Beneficiary's Name										13 PATIENT ADDRESS 123 XXX. City, State Zip Code																	
14 BIRTHDATE 05111930		15 SEX M		16 MS		17 DATE		18 HR		19 TYPE		20 SRC		21 D HR		22 STAT		23 MEDICAL RECORD NO.		24		26		28		30	
32 OCCURRENCE CODE		33 OCCURRENCE DATE		34 OCCURRENCE CODE		35 OCCURRENCE DATE		36 OCCURRENCE CODE		37 OCCURRENCE DATE		38 OCCURRENCE CODE		39 OCCURRENCE DATE		40 OCCURRENCE CODE		41 OCCURRENCE DATE		42 OCCURRENCE CODE		43 OCCURRENCE DATE		44 OCCURRENCE CODE		45 OCCURRENCE DATE	
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Timeline and Future Changes

- **January 1, 2005**
 - **Providers must report new value codes**
 - **New drug reimbursement**
 - **Composite rate adjustments took effect**
- **April 1, 2005**
 - **Case-mix adjustments will take effect**
 - **Budget neutrality will take effect**
- **A proposed rule in mid-2005 will be published**
- **The MMA requires the establishment of a demonstration beginning January 1, 2006**

Resources

- **Centers for Medicare & Medicaid Services
ESRD Composite Payment Rate System
Program Transmittals**
 - **Change Request 3539 / Transmittal 348**
http://www.cms.hhs.gov/manuals/pm_trans/R348CP.pdf
 - **Change Request 3554 / Transmittal 27**
http://www.cms.hhs.gov/manuals/pm_trans/R27BP.pdf
 - **Change Request 3554 / 373**
http://www.cms.hhs.gov/manuals/pm_trans/R373CP.pdf
 - **Change Request 3720/Transmittal 477**
http://www.cms.hhs.gov/manuals/pm_trans/R477CP.pdf

Resources (con't)

- Medicare Part B Drugs Average Sales Price Information Resource

<http://www.cms.hhs.gov/providers/drugs/asp.asp>

- Medicare Learning Network

<http://www.cms.hhs.gov/medlearn/>

- Medlearn Matters...Information for Medicare Providers

<http://www.cms.hhs.gov/medlearn/matters/>

- Medicare Prescription Drug, Improvement and Modernization Act of 2003 Information

<http://www.cms.hhs.gov/medicarerereform/>

- Federal Register Payment for Renal Dialysis Services Final Rule Vol. 69, No. 219, November 15, 2004

<http://a257.g.akamaitech.net/7/257/2422/15nov20040800/edocket.access.gpo.gov/2004/pdf/04-24758.pdf>