Case Mix Adjusters Continue to Be Difficult to Detect

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Introduction

Beginning in 2011, the ESRD prospective payment system (PPS) increased the number of case mix adjusters (CMA) from 3 to 11, including 6 for co-morbid conditions. The additional CMAs were based on an analysis by the University of Michigan Kidney Epidemiology and Cost Center (KECC).

Our objective was to replicate in other currently available data sources the prevalence reported by KECC.

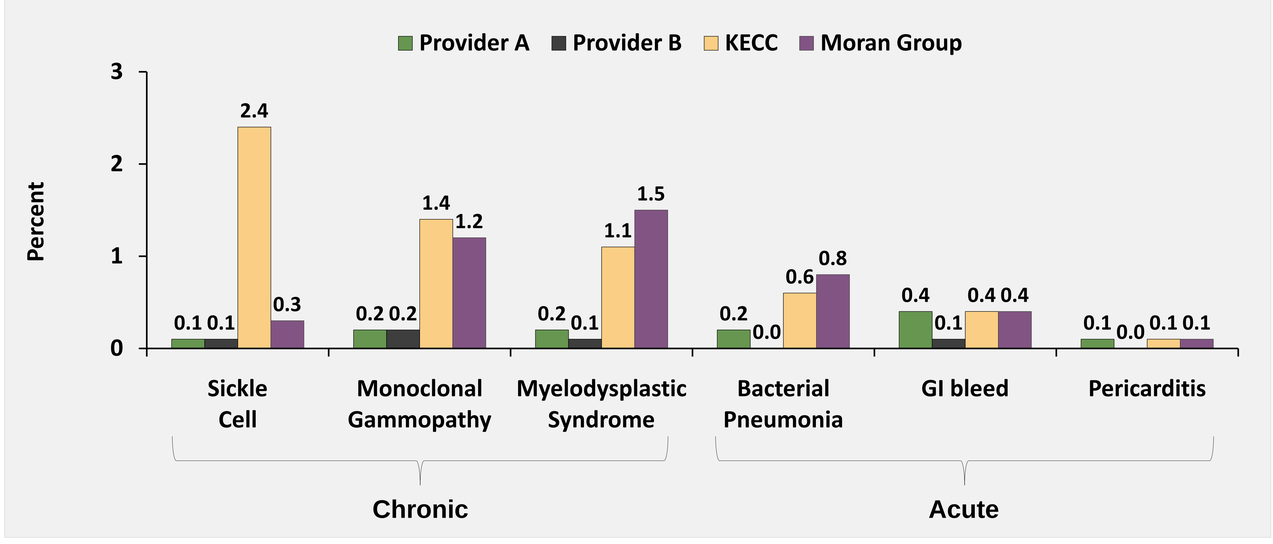
Methods

- We (The Moran Company, Arlington, VA) analyzed the 2008 5% Medicare Standard Analytic Files (SAFs) for 6 CMA co-morbidities in a large dialysis provider's database (Provider A).
- We searched for the ICD-9 codes for each adjustor as identified in the final rule, including non-nephrologist physician and hospital claims.
  - In acute conditions, we added 4th quarter 2007 ESRD, physician, and hospital claims.
  - In chronic conditions, we added all of 2007 ESRD, physician, and hospital claims.
- We then searched all available paper and electronic records at a large dialysis organization (Provider A) for documentable diagnoses of these 6 conditions. Provider B conducted a similar search and graciously provided the data to us.
- These figures were compared to published results from KECC.

Results

- The prevalence of the 6 co-morbid case mix adjusters detected in the medical records of the 2 dialysis organizations was significantly lower than the prevalence reported by KECC (Figure 1).
- Compared to KECC, the Moran analysis of the Medicare 5% SAF found:
  - significantly less sickle cell disease,
  - somewhat less monoclonal gammopathy,
  - slightly more myelodysplastic syndrome and bacterial pneumonia, and
  - equivalent GI bleed with hemorrhage and pericarditis.

Figure 1. Case Mix Adjusters Detected by Provider or Analysis



Conclusions

- The results demonstrate the difficulty for dialysis providers in documenting CMA prevalence at the level used to estimate the 2011 bundled rate.
- The inequity could potentially be corrected in all areas except sickle cell disease if CMS were to provide dialysis organizations with the prevalence of these conditions from the SAFs.
- The inability to replicate the prevalence of CMAs at a level established by CMS is financially burdensome. Of the approximate $1.15/treatment that CMS removed to fund the CMAs, only $0.06 is added back per treatment based on case mix adjusters.

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