DATE : November 15, 2001

LETTER TO: All Managed Care Organizations (MCOs)

SUBJECT: Implementation of 2002 Payment Initiative Relating to End Stage Renal

Disease (ESRD)—INFORMATION

The purpose of this letter is to notify you regarding how CMS will be calculating payments for members with ESRD in 2002.

ESRD - BIPA 605 PROVISION MANDATING REVISED PAYMENT METHODOLOGY for ESRD MEMBERS

CMS was directed by BIPA to revise the ESRD payment method to account for beneficiary-level factors that impacted costs. Policy has identified age and sex as major determinants in severity and, thus, the costs of treatment. Effective January 1, 2002, payments for ESRD members will be computed by multiplying the applicable state rate by factors representing the member's age and sex.

This provision applies to all Medicare+Choice organizations (M+COs) and to the Social Health Maintenance Organization and Evercare demonstrations.

Please note that CMS instructed all M+COs to use the pre-BIPA 2002 rates when preparing the Adjusted Community Rate Proposals for CY2002 that were due on September 17, since the BIPA-mandated rates were not available at the time. Although the new rates were published on October 1, 2001, M+COs were instructed to not submit any revisions to their September 17, 2002 filings.

The factors (see below) and the state rates can be accessed via

http://www.hcfa.gov/stats/hmorates/rates02/ESRDBIPA.htm.

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ESRD Factors - CY2002

Age/Sex Demographic Factors for M+C ESRD Enrollees

	Part A		Part B	
Age	Male Fem	ıale	Male Fen	ıale
0-34	.55	.70	.70	.75
35-44	.65	.70	.80	.80
45-54	.70	.85	.85	.90
55-59	.80	.95	.90	1.00
60-64	.90	1.10	.90	1.10
65-69	1.15	1.35	1.10	1.20
70-74	1.25	1.45	1.15	1.25
75-79	1.30	1.55	1.20	1.25
80-84	1.40	1.60	1.20	1.25
85+	1.45	1.60	1.20	1.25

Contact Information:

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Sincerely,

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Gary A. Bailey Director

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