

Definition of Attribution-Eligible Beneficiary for the Comprehensive ESRD Care (CEC) Model under the Quality Payment Program

This document details the methodology for defining attribution-eligible beneficiaries for participants in the Comprehensive ESRD Care (CEC) Model for purposes of making Qualifying APM Participant (QP) determinations in the Quality Payment Program (QPP).

As described in 81 FR 77451, the purpose of using the attribution-eligible construct is to ensure that the denominator of the QP threshold calculations only includes patients (and associated payments) who could potentially be attributed to an Advanced Alternative Payment Model (APM) Entity, and thus could also appear in the numerator of the QP threshold calculations. For many APMs (such as Accountable Care Organizations [ACOs]), attribution is based on evaluation and management claims; this is therefore the basis of the standard definition of “attribution-eligible.” However, some specialty-focused or disease-specific APMs have attribution methodologies that are not based on evaluation and management services. Therefore, the QPP Final Rule allowed for alternative definitions of “attribution-eligible” for such APMs, so that the attributed beneficiary population would truly be a subset of the attribution-eligible population.

The CEC model is an instance where such an alternative definition is appropriate, since attribution of beneficiaries under CEC is based on maintenance dialysis service claims, and not evaluation and management claims. See the table below for the relevant section of the QPP Final Rule, and the comparable description of the CEC model attribution rules.

QPP Definition for Attribution Eligibility	CEC Model Attribution Rules
<p>According to the QPP Final Rule §414.1305, attribution-eligible beneficiary means a beneficiary who during the QP Performance Period:</p> <ul style="list-style-type: none"> (1) Is not enrolled in Medicare Advantage or a Medicare cost plan; (2) Does not have Medicare as a secondary payer; (3) Is enrolled in both Medicare Parts A and B; (4) Is at least 18 years of age; (5) Is a United States resident; and (6) Has a minimum of one claim for evaluation and management services furnished by an eligible clinician who is in the APM Entity for any period during the QP Performance Period or, for an Advanced APM that does not base attribution on evaluation and management services and for which attributed beneficiaries are not a subset of the attribution-eligible beneficiary population based on the requirement to have at least one claim for evaluation and management services furnished by an eligible clinician who is in the APM Entity for any period during the QP Performance Period, the attribution basis determined by CMS based upon the methodology the Advanced APM uses for attribution, which may include a combination of evaluation and management and/or other services. 	<p>Under the CEC model attribution rules, a beneficiary is aligned to an ESRD Seamless Care Organization (ESCO) if the beneficiary meets the following criteria:</p> <ul style="list-style-type: none"> (1) Must be enrolled in Medicare Parts A and B; (2) Must not be enrolled in a Medicare Advantage plan, cost plan, or other non-Medicare Advantage care plan at the time alignment is performed; (3) Must be receiving maintenance dialysis services; (4) Must be at least 18 years of age; (5) Must reside in the United States; (6) Must not be aligned to another existing Medicare shared savings program (unless otherwise determined by CMS); (7) Must not have had a kidney transplant in the last 12 months; (8) Must have Medicare as the primary payer. <p>CMS will match beneficiaries to an ESCO based on dialysis utilization using a “first touch” approach—meaning that an eligible beneficiary’s first visit to a CEC Model participant dialysis facility will prospectively match that beneficiary to the dialysis facility, and by extension the ESCO, for the life of the model, unless the beneficiary loses eligibility (e.g., ceases dialysis treatment, joins Medicare Advantage, receives a functioning transplant, etc.). This type of matching is conducted on a quarterly basis.</p>

CEC Attribution-Eligible Methodology

The methodology outlined below uses CMS' regulatory flexibility under 42 CFR § 414.1305 to appropriately define the denominator of the QP threshold calculation for participants in the Advanced APM tracks of the CEC Model. This determination will directly impact the ability of participants in CEC to meet the QP thresholds.

As an alternative to the standard QPP attribution-eligible definition used for models that align beneficiaries through evaluation and management claims, CMS will use maintenance dialysis service claims as the basis for defining attribution-eligible beneficiaries in CEC for the purpose of conducting threshold calculations for QP determination. Specifically, the definition of "attribution-eligible" for CEC will be a beneficiary that during the QP performance period meets criteria 1-5 of the QPP definition (listed above) and:

- Has a minimum of (1) one maintenance dialysis service claim (which need not be with a dialysis facility that is affiliated with an ESCO); and (2) one Part B claim with an eligible clinician in an ESCO.

Under this definition, any beneficiary who has received any Part B service from an eligible clinician participating in CEC during the performance period and who also is receiving maintenance dialysis services will be considered attribution eligible (assuming they also meet the standard QPP attribution-eligible criteria 1 – 5, shown above). We are limiting this definition to patients who receive maintenance dialysis services, since only dialysis patients are eligible for attribution under CEC. The consideration of all Part B services, rather than just evaluation and management services, is necessary because the types of eligible clinicians participating in CEC ESCOs do not necessarily provide evaluation and management services on a regular basis, and also CEC does not attribute beneficiaries based on evaluation and management services. Absent this expanded consideration, there would be the counterintuitive result that beneficiaries who were attributed to the model would not be considered "attribution eligible." Similarly, the inclusion of the requirement that the beneficiary be receiving maintenance dialysis services is necessary, because otherwise beneficiaries who are ineligible for alignment to CEC would be considered "attribution-eligible."