



mln call

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Calendar Year (CY) 2020 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Final Rule: ESRD Quality Incentive Program (ESRD QIP)

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Acronyms in this Presentation

CDC: Centers for Disease Control and Prevention

CMS: Centers for Medicare & Medicaid Services

CY: Calendar Year

ECE: Extraordinary Circumstances Exception

ESRD: End-Stage Renal Disease

ESRD QIP: End-Stage Renal Disease Quality Incentive Program

FDA: Food & Drug Administration

ICH CAHPS: In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems

Kt/V: K (dialyzer clearance of urea) * t (dialysis time) / V (patient's total body water)

MAP: Measures Application Partnership

MedRec: Medication Reconciliation

mTPS: Minimum Total Performance Score

MIPPA: Medicare Improvements for Patients and Providers Act of 2008

NQF: National Quality Form

NHSN: National Healthcare Safety Network

PAMA: Protecting Access to Medicare Act of 2014

PPPW: Percentage of Prevalent Patient Waitlisted

PPS: Prospective Payment System

PSC: Performance Score Certificate

PSR: Performance Score Report

PY: Payment Year

SHR: Standardized Hospital Ratio

SRR: Standardized Readmission Ratio

STrR: Standardized Transfusion Ratio

SWR: First Kidney Transplant Waitlist Ratio for Incident Dialysis Patient

TPS: Total Performance Score

UFR: Ultrafiltration Rate



Objectives

At the conclusion of today's call, the participants will:

- Be familiar with statutory foundations
- Understand the CMS Meaningful Measures Initiative as it relates to the ESRD QIP Program
- Understand the finalized proposals for the ESRD QIP program
- Recognize the rationale for the modifications and impacts to ESRD QIP Program
- Have access to resources for the ESRD QIP Program



Today's Call

- CMS will provide information regarding requirements for the ESRD QIP contained within the CY 2020 ESRD PPS Final Rule released on November 8, 2019.
- The information provided during this presentation is offered as an informal reference and does not constitute official CMS guidance.
- CMS encourages stakeholders, advocates, and others to refer to the Final Rule located in the [Federal Register](#).



Statutory Foundations & Legislative Drivers



Legislative Drivers

The ESRD QIP is described in Section 1881(h) of the Social Security Act, as added by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

- **Program intent:** Promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care.
- **Section 188(h):** Authorizes payment reductions of up to 2% if a facility does not meet or exceed the minimum Total Performance Score (TPS).

The Protect Access to Medicare Act of 2014 (PAMA) added section 1881(h)(2)(A)(iii).

- ESRD QIP must include measures specific to the conditions treated with oral-only drugs, these measures are required to be outcome-based, to the extent feasible.



Statutory Overview

MIPPA requires the Health and Human Services Secretary to create an ESRD QIP that will:

- Select measures that address:
 - Anemia management
 - Dialysis adequacy
 - Patient satisfaction
 - Iron Management, bone mineral metabolism, and vascular access
- Establish performance standards
- Specify the performance period
- Develop a methodology for calculating Total Performance Scores
- Apply an appropriate payment percentage reduction
- Publicly report results



Key Initiatives



Meaningful Measures



● Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

● Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

● Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

● Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

● Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

● Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes



Patients Over Paperwork

The “Patients over Paperwork” Initiative was in accordance with President Trump’s Executive Order that directs federal agencies to cut the red tape.

- To reduce unnecessary regulatory burden and to allow providers to concentrate on improving patient health outcomes, CMS is:
 - Eliminating overly-burdensome regulations
 - Removing barriers to unleash innovation
 - Partnering with clinicians, providers, and administrators to ensure the focus is on the needs of the patients.
- These actions have:
 - Saved at least 5.7 billion dollars through 2021
 - Eliminated at least 40 million hours of burden through 2021
 - Removed unnecessary billing documentation requirements



Finalized Changes



PY 2022 & PY 2023 Measure Set

A facility must be eligible to receive a score on at least one measure in any two domains to receive a Total Performance Score (TPS).

Clinical Care Domain

40% of TPS

- Kt/V Dialysis Adequacy (comprehensive)
- VAT Measure Topic:
 - Standardized Fistula Rate
 - Long-Term Catheter Rate
- Hypercalcemia
- Standardized Transfusion Ratio (STrR)
- Ultrafiltration Rate reporting measure

Care Coordination Domain

30% of TPS

- Standardized Readmission Ratio (SRR)
- Standardized Hospitalization Ratio (SHR)
- Clinical Depression Screening & Follow-Up
- Percentage of Prevalent Patients Waitlisted (PPPW)

Safety Domain

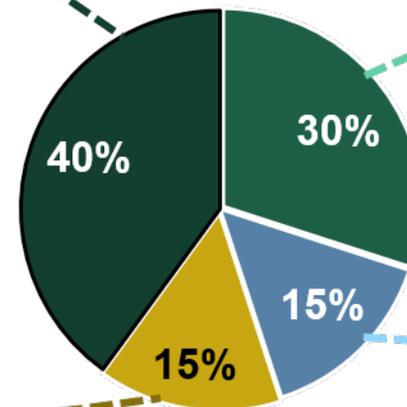
15% of TPS

- NHSN Bloodstream Infection (BSI)
- NHSN Dialysis Event reporting measure
- Medication Reconciliation

Patient & Family Engagement Domain

15% of TPS

- ICH CAHPS



Summary of Proposals

- Codify program requirements in regulation text: **Finalized**
- Update the scoring methodology for the NHSN Dialysis Event reporting measure: **Finalized**
- Convert STrR clinical measure to a reporting measure: **Finalized**
- Revise the MedRec reporting measure's scoring equation: **Not Finalized**
- Continue data validation in PY 2022 and subsequent years: **Finalized**



Updates to Regulation Text

Codify the:

- Automatic adoption of baseline and performance periods for each payment year
- Data submission requirements for all measures
- ECE process
 - Including a new option to provide facilities with flexibility to reject an ECE granted by CMS



Rationale

- Finalized policies will be easier to locate
- Data submission requirements will be easier to understand
- Guidance for ECE policies will be clearer and provide additional flexibility to facilities in affected areas
- **Finalized:** proposed regulation text with one technical change
 - Section 413.178(d)(5) now clarifies that CMS will not consider an ECE request unless the facility making the request has complied with the requirements.



NHSN Updated Scoring Methodology

- Update scoring methodology for the NHSN Dialysis Event reporting measure
 - Remove the exclusion of facilities with fewer than 12 eligible reporting months
 - Assess facilities based on number of months eligible to report
 - Remove the requirement that new facilities must have a CCN Open Date before October first prior to the performance period.



Updated Scoring Distribution

Finalized Scoring Distribution	
Percentage of Eligible Months* Reported	Points Awarded
100% of eligible months	10 points
Less than 100% but no less than 50% of eligible months	2 points
Less than 50% of eligible months	0 points

*Eligible Months: the months in which dialysis facilities are required to report dialysis event data to NHSN per the measure eligibility criteria. Includes facilities that offer in-center hemodialysis and facilities that treat at least 11 eligible in-center hemodialysis patients during the performance period



Rationale

- Recognize the need for adjustment:
 - Effort from facilities ineligible to submit 12 months of data
 - New facilities
 - Facilities with approved ECE
- Obtain complete and accurate reporting
- Incentivize reporting for facilities eligible to report data for fewer than 12 months
- **Finalized:** Beginning with the PY 2022



STrR Clinical Measure Conversion

- Convert the STrR clinical measure into a reporting measure
- Facility must report the data required to determine the number of eligible patient-years at risk plus have a minimum of 10 patient-years at risk to receive ten points
 - Multiple patients can be included within one patient year



Determining Patient-Years at Risk

1. **First determine each individual patient's time at risk (measured in days). Time at risk:**
 - a. Is based on CROWNWeb admit/discharge data, Medicare claims data, and other administrative data
 - b. Begins at the start of the facility treatment period and continues until the earliest occurrence of one of the following:
 - It is three days prior to a transplant
 - It is the date of death
 - It is the end of facility treatment
 - It is December 31 of the year
 - c. Is excluded if there is a Medicare claim within one year of their patient at-risk time for any of the following:
 - Hemolytic and aplastic anemia
 - Solid organ cancer
 - Lymphoma
 - Carcinoma in situ
 - Coagulation disorders
 - Multiple myeloma
 - Myelodysplastic syndrome and myelofibrosis
 - Leukemia
 - Head and neck cancer
 - Metastatic Cancer
 - Sickle cell anemia



Determining Patient-Years at Risk (cont.)

- d. A patient is required to be on ESRD treatment for at least 90 days and to be treated to be at a facility and to be at a facility for at least 60 days before being attributed to that facility
- e. A patient-month is considered eligible within two months of a month in which a patient has either of the following:
 - Nine hundred dollars of Medicare-paid dialysis claims
 - At least one Medicare inpatient claim



Determining Patient-Years at risk (cont.)

2. Next, the patient time at risk is aggregated across all patients treated at a facility during the performance year.
3. Then, it is converted into patient-years
 - Example: A facility with 4,000 days at risk during a performance year would have 10.96 patient-years at risk.



Example

CY 2020/PY 2022



Rationale

- Addresses concerns raised about the STrR clinical measure's validity
- Fulfills the statutory requirement to include a measure of anemia management
- Ensures facilities are not adversely affected during examination of the measure and scoring methodology results in fair STrR measure scores
- **Finalized:** Beginning with the PY 2022



MedRec Scoring Revision

- We proposed to revise the scoring equation for the MedRec reporting measure so that it accurately describes our intended policy.
 - The use of facility-months was consistent with other reporting measures requiring monthly reporting.
- We also clarified that facilities with a CCN Open Date before the first of October prior to the performance period must begin collecting data on that measure.



Rationale

- Recognition of alignment with NQF measure specifications
- Focus on more outcome-based measures
- Continue to calculate the measure using patient-months instead of facility-months
- **Not finalized**



NHSN Validation Study

- Becomes a permanent feature in PY 2022 and beyond and will:
 - Continue using PY 2022 methodology for PY 2023 and subsequent years
 - Adopt the NHSN validation study as a permanent feature of the program



Rationale

- Signals CMS' commitment to accurate reporting of the NHSN measures
- Belief that the refinement of our methodology reflects best practices
- **Finalized:** Continuation of PY 2022 in PY 2023 and subsequent years



Updates to Regulatory Text for ESRD QIP



Performance Period: PY 2023 and Subsequent Years

The 12-month performance and baseline periods would provide sufficient and reliable quality measure data.

- Establish:
 - CY 2021 as the performance period for all measures
 - CY 2020 as the baseline period for the purposes of calculating the improvement threshold
 - CY 2019 as the baseline period for all measures for the purposes of calculating the achievement threshold, benchmark, and minimum TPS



PY 2024 and 2025

We would automatically adopt a performance and baseline period for each year that is 1-year advanced from those specified for the previous payment year.

PY 2024		
CY 2022 Performance Period	CY 2020 Baseline Period (calculating achievement threshold, benchmark and mTPS)	CY 2021 Baseline Period (calculating the improvement threshold)

PY 2025		
CY 2023 Performance Period	CY 2021 Baseline Period (calculating achievement threshold, benchmark and mTPS)	CY 2022 Baseline Period (calculating the improvement threshold)



Rationale

- Provide clear guidance to the public on policies for PY 2023 and future payment years
- **Finalized**



PY 2022 Finalized Payment Reduction Scale

Using CY 2018 Data

Total Performance Score	Reduction (%)
100-54	No reduction
53-44	0.5% reduction
43-34	1.0% reduction
33-24	1.5% reduction
23-0	2.0% reduction



Estimated Distribution of ESRD QIP Payment Reductions

For PY 2022 and PY 2023

Payment Reduction	Number of Facilities	Percent of Facilities*
0.0%	5,293	73.88%
0.5%	1,339	18.69%
1.0%	432	6.03%
1.5%	81	1.13%
2.0%	19	0.27%

*223 facilities not scored due to insufficient data



Resources

Resource	Location
Program (General)	ESRD QIP Section on CMS.gov ESRD QIP Section on QualityNet
ESRD QIP Measures	Technical Specifications on CMS.gov CMS ESRD Measures Manual on CMS.gov ESRD QIP Measures on CMS.gov ICH CAHPS on CMS.gov ESRD QIP Measures on QualityNet
QualityNet	QualityNet Secure Portal
Public Reporting	Dialysis Facility Compare
Stakeholder Partners	Partners in ESRD Care
Final Rule	Federal Register

To reach us for comment: Contact vis the [ESRD QIP Q&A Tool](#) or at ESRDQIP@CMS.HHS.gov



Question & Answer Session



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