



CY 2023 ESRD PPS Final Rule

ESRD QIP Finalized Proposals

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Objectives



Attendees will be able to:

- Identify the finalized proposals in the Calendar Year (CY) 2023 ESRD Prospective Payment System (PPS) Final Rule for the ESRD QIP.
- State the rationale for the finalized policies and their impact on the ESRD QIP.
- Access resources for the ESRD QIP.

- CMS discussed the finalized updates for the ESRD QIP in the CY 2023 ESRD PPS Final Rule, released on October 31, 2022.
- The information provided 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*](#).

Finding the Rule



- *Federal Register:*

<https://www.federalregister.gov/documents/2022/11/07/2022-23778/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis>

- PDF version:

<https://www.govinfo.gov/content/pkg/FR-2022-11-07/pdf/2022-23778.pdf>

(ESRD QIP begins in Section IV, on page 89)



Proposals Impacting PY 2023

Measure Suppression



Proposed: Pause six measures for Program Year (PY) 2023:

- Standardized Hospitalization Ratio (SHR) clinical measure
- Standardized Readmission Ratio (SRR) clinical measure
- In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) clinical measure
- Long-Term Catheter Rate clinical measure
- Percentage of Prevalent Patients Waitlisted (PPPW) clinical measure
- Kt/V Dialysis Adequacy Comprehensive clinical measure

CMS will:

- Collect data and provide confidential feedback reports.
- Report data publicly where feasible.

- Analyses show the following:
 - Deviation in national performance during the COVID-19 Public Health Emergency (PHE)
 - National shortages in healthcare personnel or patient case volumes vary geographically

Suppression of Measures



Finalized: Pause seven program measures for PY 2023

Measure	
Long-term Catheter Rate	Standardized Fistula Rate
ICH CAHPS	SHR
Kt/V Dialysis Adequacy Comprehensive	SRR
PPPW	

- The paused measures will not be used for scoring or payment adjustments, but the measure rates will continue to be publicly reported.
- CMS will resume the use of all measure data for scoring with the PY 2024 ESRD QIP.

Proposed:

- Update the Minimum Total Performance Score (mTPS) and payment reduction scale to reflect the measures paused and to amend and codify 42 CFR 413.178(a)(8).
- Re-calculate the mTPS to 80.
- Calculate the performance standards for PY 2023 using CY 2019 data

- The COVID-19 Public Health Emergency (PHE) has ongoing effects
- CMS will not pause measures significantly impacted by the PHE
 - Will update mTPS to include only non-paused measures
- The pausing of the Standardized Fistula Rate clinical measure and impact on scoring

Finalized:

- Update the mTPS for PY 2023 to include non-paused measures
- Re-calculate the mTPS to 83 to address addition of the Standardized Fistula Rate clinical measure
- Amend regulation to state mTPS does not apply to PY 2023
- Calculate performance standards for PY 2023 using CY 2019 data

New regulation will:

- Include additional pause of the Standardized Fistula Rate clinical measure
- Specify CMS will calculate a measure rate for each of the paused measures but not score facility performance or include them in the facility's TPS for PY 2023
- Specify CMS will score facility performance on each non-paused measures

Finalized Payment Reduction Scale



PY 2023: Based on Most Recently Available Data

Total Performance Score	Reduction (%)
100–83	0%
82–73	0.5%
72–63	1.0%
62–53	1.5%
52–0	2.0%

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Technical Updates

CMS will update the technical specifications to:

- Express results of the SHR and SRR clinical measures as rates.
 - The scoring methodology for the SRR and SHR clinical measures are expressed as a rate in the performance period that is compared directly to its rate in the baseline period.
 - This will assist providers and patients in understanding a facility's performance and will align with the measure result calculation methodology used in the Dialysis Facility Compare Star Ratings Program.
- Begin with PY 2024.

Second Technical Update



- Technical measure specifications for the SHR and SRR measures will be modified to include a covariate adjustment for patient history of COVID-19 12 months prior to measure eligibility.
 - Effective beginning with the PY 2025 program year.
 - Adjustment would be applied for the purposes of calculating the performance standards that program year.
- CMS is considering the appropriateness of adding this covariate adjustment to the Standardized Transfusion Ratio (STrR) clinical measure.
 - Any technical update to STrR to include the covariate will be announced in the future.



Updates Impacting PY 2025

COVID-19 Vaccination Measure



Proposed:

- Adopt COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) reporting measure.
- Begin with the PY 2025.

- Provides the ability to incentivize and track HCP vaccination for COVID-19
- Aligns with adoption in other quality programs
- Assists patients when choosing facilities for treatment
- Addresses the quality priority of Promoting Effective Prevention and Treatment of Chronic Disease

Measure Specifics



- Percentage of a facility's healthcare workforce that has been fully vaccinated
- Denominator: Number of HCP eligible to work in the facility for at least one day during the reporting period, excluding persons with any contraindications
- Numerator: Cumulative number of HCP in the denominator who received a complete vaccination course

- Report data through the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) web-based surveillance system.
- Collect a numerator and denominator for at least one, self-selected week during each month of the reporting quarter by the deadline.
 - The CDC will calculate a single quarterly rate for each facility and the most recent recent quarterly rate will be publicly reported.
- CDC Specifications: <https://www.cdc.gov/nhsn/nqf/index.html>

Finalized:

- Adopt COVID-19 Vaccination Coverage among Healthcare Personnel measure beginning with PY 2025.
- Data will collect a numerator and denominator for at least one, self-selected week during each month of the reporting quarter by the deadline.
- CMS would publicly report each quarterly rate as calculated by the CDC.

Revision of STrR



Proposed:

- Convert the STrR reporting measure to a revised STrR clinical measure using revised specifications.
- Update the scoring methodology so facilities that meet previously finalized minimum requirements will receive a score.
- Express the measure result as a rate.
- Begin with PY 2025.

- Assist patients and providers to better understand facility's performance.
- Keep the same ESRD QIP scores.
- Align with technical updates to the SHR and SRR clinical measures.

Finalized:

- Convert the STrR reporting measure to a clinical measure.
- Update the scoring methodology so facilities would receive a score based on the actual clinical values reported by the facility.
- Express the STrR clinical measure results as a rate.
- Begin with PY 2025.

Conversion of Hypercalcemia



Proposed:

- Convert the Hypercalcemia clinical measure to a reporting measure.
- Update the scoring methodology based on successful reporting.

Scoring Equation:

$$\left(\frac{\text{number of patient-months successfully reporting data}}{\text{number of eligible patient-months}} \times 12 \right) - 2$$

This addresses concerns that:

- The measure is close to being topped out.
- Small differences in measure performance may disproportionately impact facility score.

Finalized:

- Convert the Hypercalcemia clinical measure to a reporting measure.
- Update the scoring methodology based on successful reporting.
- Incorporate in the Reporting Measure domain.
- Begin with PY 2025.

New Domains and Weights



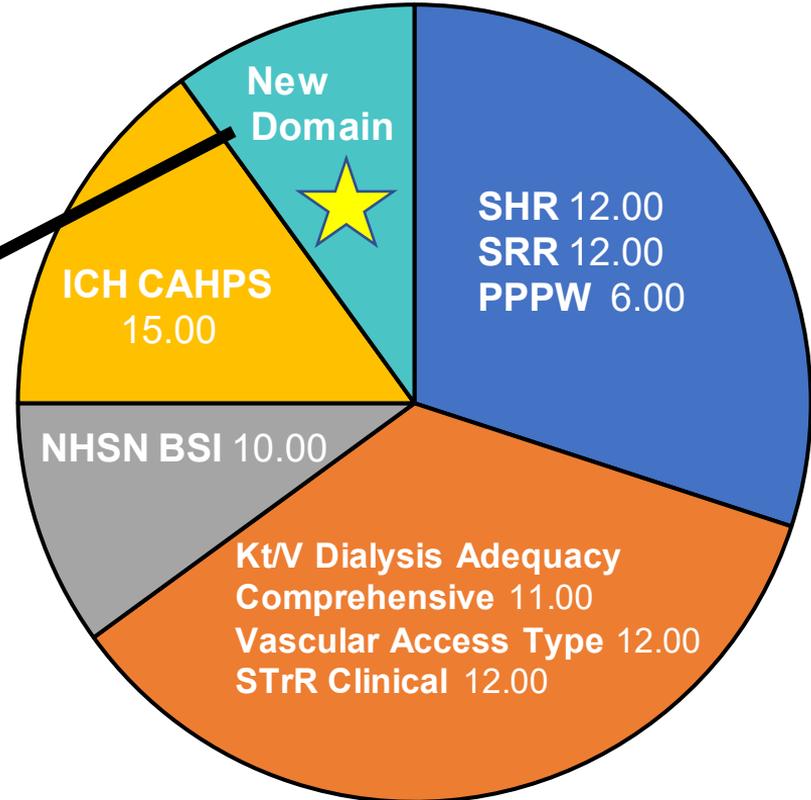
Proposed:

- Create a new Reporting Measure domain to include the following:
 - The four current reporting measures
 - Proposed COVID-19 HCP Vaccination measure
 - Hypercalcemia measure
- Place the STrR clinical measure in the Clinical Care Measure domain.
- Update the domain weights and individual measure weights in the Care Coordination, Clinical Care, and Safety domains.
- Begin with PY 2025.

- Increase incentives for improving performance by increasing weights where there is the most room for improvement.
- Address concerns regarding the impact of individual measure performance on a facility's TPS.
- Incentivize improvement.

Finalized: New domains and weights, beginning with PY 2025

- Clinical Depression and Follow-Up 1.67
- Hypercalcemia Reporting 1.67
- Ultrafiltration Rate 1.67
- MedRec 1.67
- NHSN Dialysis Event 1.67
- COVID-19 HCP Vaccination 1.67



- Care Coordination Measure Domain 30%
- Clinical Care Measure Domain 35%
- Safety Measure Domain 10%
- Patient and Family Engagement Measure Domain 15%
- Reporting Measure Domain 10% 

Finalized Performance Standards for PY 2025 ESRD QIP Clinical Measures



	Measure	Achievement Threshold (15th percentile**)	Median (50th percentile**)	Benchmark (90th percentile**)
Vascular Access Type	Standardized Fistula Rate	53.29%	64.36%	76.77%
	Catheter Rate	18.35%	11.04%	4.69%
	Kt/V Comprehensive	94.33%	97.61%	99.42%
	Standardized Readmission Ratio (SRR)	34.27	26.97	17.02
	NHSN Bloodstream Infection (NHSN BSI)	0.833	0.290	0
	Standardized Hospitalization Ratio (SHR)	187.80	148.33	105.54
	Standardized Transfusion Ratio (STR)	53.46	29.78	10.75
	Percentage of Prevalent Patient Waitlisted (PPPW)	*8.12%	*16.73%	*33.90%
	ICH CAHPS	Nephrologists' Communication and Caring	58.20%	67.90%
Quality of Dialysis Center Care and Operations		54.64%	63.08%	72.66%
Providing Information to Patients		74.49%	81.09%	87.8%
Overall Rating of Nephrologists		*49.33%	*62.22%	*76.57%
Overall Rating of Dialysis Center Staff		50.02%	63.37%	78.3%
Overall Rating of the Dialysis Facility		54.51%	69.04%	83.72%

* Values are the same final performance standards for those measures for PY 2024. In accordance with our longstanding policy, we are using those numerical values for those measures for PY 2025 because they are higher standards than the PY 2025 numerical values for those measures. **Of National Performance. ***We are finalizing our proposal to convert the Hypercalcemia clinical measure to a reporting measure beginning in PY 2025 and have updated the table accordingly in this final rule.

Finalized Payment Reduction Scale



Finalized Payment Reduction Scale for PY 2025 Based on the Most Recently Available Data

TPS	Reduction
100–55	0%
54–45	0.5%
44–35	1.0%
34–25	1.5%
24–0	2.0%

Requests for Information



Access the final rule for details and feedback regarding Requests for Information (RFIs) for:

- Home Dialysis
- Social Drivers of Health Measures
- Healthcare Disparities

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Questions and Answers

Contact Information



Question Type	Contact Information
General ESRD QIP Questions	QualityNet Q&A Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa
End-Stage Renal Disease Quality Reporting System (EQRS) System-Related Questions or Technical Issues	CCSQ Service Center: Phone: (866) 288-8912 Email: qnetsupport-esrd@hcqis.org
Final Rule in the <i>Federal Register</i>	https://www.federalregister.gov/public-inspection/2022-23778/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis

Acronyms



BSI	Bloodstream Infection	NHSN	National Healthcare Safety Network
CCSQ	Center for Clinical Standards and Quality	PHE	Public Health Emergency
CDC	Centers for Disease Control and Prevention	PPPW	Percentage of Prevalent Patient Waitlisted
CFR	Code of Federal Regulations	PPS	Prospective Payment System
CMS	Centers for Medicare & Medicaid Services	PY	Payment Year
CY	Calendar Year	QIP	Quality Incentive Program
DVIQR	Division of Value, Incentives, and Quality Reporting	RFI	Request for Information
EQRS	End Stage Renal Disease Quality Reporting System	SHR	Standardized Hospitalization Ratio
ESRD	End-Stage Renal Disease	SRR	Standardized Readmission Ratio
HCP	Healthcare Personnel	STrR	Standardized Transfusion Ratio
ICH	In-Center Hemodialysis Consumer Assessment	TPS	Total Performance Score
CAHPS	of Healthcare Providers and Systems	VAT	Vascular Access Type
mTPS	Minimum Total Performance Score		

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