



Calendar Year (CY) 2021 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Final Rule

ESRD Quality Incentive Program (QIP) Finalized Proposals

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Objectives

Attendees will be able to:

- Recognize statutory and legislative components for ESRD QIP.
- Understand the finalized proposals in the CY 2021 ESRD PPS Final Rule for the ESRD QIP program.
- State the rationale for the finalized policies and impacts to the ESRD QIP Program.
- Access resources for the ESRD QIP.

- During today's call, CMS will provide information regarding requirements for the ESRD QIP contained within the CY 2021 ESRD PPS Final Rule released on November 9, 2020.
- 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*](#).



Legislative Drivers and Statutory Foundations

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).

- The program's intent is to promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care.
- Section 1881(h) authorizes payment reductions of up to 2 percent 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 (HHS) Secretary to create an ESRD QIP that will:

- Select measures that address the following:
 - 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 TPSs.
- Apply an appropriate payment percentage reduction.
- Publicly report results.



Finalized Changes for Payment Years 2023 and 2024

Scoring Methodology



Update the scoring methodology for the Ultrafiltration Rate (UFR) reporting measure, beginning in Payment Year (PY) 2023.

- This will modify the scoring methodology for the UFR reporting measure.
- Facilities will be scored based on the number of eligible patient-months instead of facility-months.

$$\left[\frac{\text{Number of patient-months successfully reporting data}}{\text{Number of eligible patient-months}} \times 12 \right] - 2$$

- The patient-month scoring methodology:
 - Is more objective as it scores facilities based on the percentage of eligible patients across the performance period.
 - Better supports CMS' goal of assessing performance on whether the facility is documenting UFR for its eligible patients.
- The change is more consistent with the:
 - National Quality Forum (NQF) measure upon which it is based.
 - The methodology used for the Medication Reconciliation (MedRec) reporting measure.
- This proposal was **finalized** beginning with PY 2023.

Clarification



With the clarification of the timeline for facilities to make changes to their NHSN BSI* Clinical Measure and the NHSN Dialysis Event Reporting Measure data:

- Facilities can make changes to their quarterly NHSN data at any point until the applicable quarterly submission deadline for the purposes of the ESRD QIP.
- Any changes made to data **after** the deadline will not be included in the in the ESRD QIP Final Compliance File.

* NHSN BSI: National Healthcare Safety Network Bloodstream Infection

- Each quarter the Centers for Disease Control and Prevention (CDC) takes a snapshot of the facility's data for the quarter and creates a permanent data file.
 - These are aggregated to create the annual ESRD QIP Final Compliance File.
- The permanent data file cannot be updated after the submission deadline for the purposes of the ESRD QIP due to operational and timing issues.
 - Any changes in their data **after** the submission deadlines would be for the purposes of CDC surveillance, and not their data for purposes of the ESRD QIP.

NHSN Validation Study



Reduction in the number of records a selected facility is required to submit for NHSN validation study

- Allow facilities selected to participate to submit a total of 20 records for the applicable calendar year
- Submit patient records from any two quarters during the year

- This reduction in record submission will:
 - Reduce facility burden by decreasing the number of patient records.
 - Allow more flexibility for facilities to choose the records to be submitted.
 - Provide an adequate sample size for validation.
 - Meet the CDC's recommended sample estimate.
- This proposal was **finalized** beginning with PY 2023.

Summary of Proposals



- Updates to the scoring methodology for the UFR reporting measure: **Finalized**
- Clarification of both the reporting requirements for the NHSN BSI measure and the NHSN validation study: **Finalized**
- Changing the number of records a selected facility is required to submit for NHSN Validation: **Finalized**



Finalized Performance Standards and Payment Reduction

Performance Period



The Performance Period for PY 2023 and subsequent years CMS continues with:

- The 12-month performance and baseline periods provides reliable quality measure data.
- A performance and baseline period for each year that is one year advanced from those specified for the previous payment year.

Performance Standards



- The Performance Standards for the Clinical Measures in the PY 2024 ESRD QIP:
 - Recently codified definitions for “achievement threshold,” “benchmark,” “improvement threshold,” and “performance standard” in regulation.
- Currently, CMS does not have the necessary data to assign numerical values to the achievement thresholds, benchmarks, and 50th percentiles of national performance.
- The data may be impacted by the nationwide Extraordinary Circumstances Exception (ECE) granted in response to COVID-19.
 - CMS is considering ways to address and will provide guidance in the CY 2022 ESRD PPS Proposed Rule.

Domain Weights

A facility must be eligible to receive a score on at least one measure in any two domains to receive a 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)

Patient & Family Engagement Domain

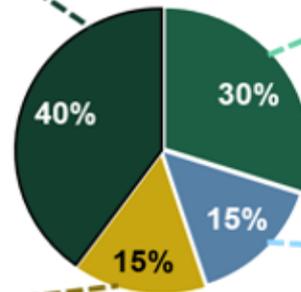
15% of TPS

- ICH CAHPS

Safety Domain

15% of TPS

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



Finalized Payment Reduction



Final Payment Reduction for PY 2023:

- A facility will not receive a payment reduction if it achieves a TPS that is at or above the minimum TPS (mTPS).
- A payment reduction on a sliding scale uses ranges that reflect payment reductions differentials of 0.5 percent for each 10 points below the mTPS.

Payment Reduction Scale



Finalized mTPS for PY 2023

TPS	Reduction (%)
100–57	0%
56–47	0.5%
46–37	1.0%
36–27	1.5%
26–0	2.0%

A decorative graphic on the left side of the slide, consisting of a large, dark blue triangle pointing to the right. The interior of this triangle is filled with a pattern of smaller, lighter blue triangles, creating a complex, geometric, low-poly effect.

Interim Final Rule with Comment Period (IFC)

The [IFC](#) revised regulation in response to the Public Health Emergency (PHE) related to COVID-19.

- CMS worked to revise and implement regulations that support infection prevention and treatment practices.
- There are additional flexibilities in furnishing and providing services to combat the PHE.
- Comment period ended on November 2, 2020.

Program-Specific Updates



CMS adopted two updates to the current ECE policy.

- To state that a facility has opted out of the ECE for COVID-19 with respect to the reporting of Quarter (Q)4 2019 NHSN data if the facility reported data by the deadline but did not notify CMS that it would do so.
- Removed the ability of facilities to opt-out of the ECE granted for Q1 and Q2 2020 ESRD QIP 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 ESRD QIP Measures on CMS.gov ICH CAHPS on CMS.gov ESRD QIP Measures on QualityNet
Public Reporting	Dialysis Facility Compare
Stakeholder Partners	Partners in ESRD Care
Final Rule	ESRD QIP Final Rule

To reach us for comment:

Contact us via the [ServiceNow Q&A Tool](#) or ESRDQIP@CMS.HHS.gov.

Acronyms



BSI	Bloodstream infection	NHSN	National Healthcare Safety Network
CDC	Centers for Disease Control and Prevention	NQF	National Quality Forum
CMS	Centers for Medicare & Medicaid Services	PAMA	Protecting Access to Medicare Act of 2014
CY	Calendar Year	PHE	Public Health Emergency
DVIQR	Division of Value, Incentives, and Quality Reporting	PPPW	Percentage of Prevalent Patient Waitlisted
ECE	Extraordinary Circumstances Exception	PPS	Prospective Payment System
ESRD QIP	End-Stage Renal Disease Quality Incentive Program	PY	Payment Year
HHS	Health and Human Services	Q	Quarter
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems	SHR	Standardized Hospitalization Ratio
IFC	Interim Final Rule with Comment Period	SRR	Standardized Readmission Ratio
Kt/V	K (dialyzer clearance of urea) *t (dialysis time)/V (patient's total body water)	STrR	Standardized Transfusion Ratio
MedRec	Medication Reconciliation	TPS	Total Performance Score
MIPPA	Medicare Improvements for Patients and Providers Act of 2008	UFR	Ultrafiltration Rate
mTPS	minimum Total Performance Score	VAT	Vascular Access Type

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