



CY 2023 ESRD PPS Proposed Rule

ESRD QIP Proposals

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Objectives



Attendees will be able to:

- Recognize statutory and legislative components for the End-Stage Renal Disease Quality Incentive Program (ESRD QIP).
- Understand the proposals in the Calendar Year (CY) 2023 ESRD Prospective Payment System (PPS) Proposed Rule for the ESRD QIP program.
- Recall the steps to submit comments.
- Access resources for the ESRD QIP.

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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).

- The 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
 - 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.

- During today's call, we will discuss the proposed updates for the ESRD QIP in the CY 2023 ESRD PPS Proposed Rule, published on June 28, 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 proposed rule located in the [*Federal Register*](#).



CY 2023 ESRD QIP Proposals

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Proposed Rule Summary



- Suppression of six measures under the measure suppression policy for Payment Year (PY) 2023 program year
- Update Minimum Total Performance Score (mTPS), payment reduction scale, and use of CY2019 data to calculate performance standards
- Technical measure specification updates to include a covariate adjustment for COVID-19 for SHR and SRR
- Technical measure specifications updates for the scoring methodology and expressing the Standardized Hospitalization Ratio (SHR) clinical measure and Standardized Readmission Ratio (SRR) clinical measure results as rates
- Adopt COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure to the ESRD QIP measure set

Proposed Rule Summary (continued)



- Convert the Standardized Transfusion Ratio (STrR) reporting measure to a clinical measure and update the scoring methodology
- Convert the Hypercalcemia clinical measure to a reporting measure
- Create a new Reporting Measure domain and re-weight current domains
- Requests for information
 - Potential quality measures for home dialysis
 - Expansion of CMS programs to provide more actionable and comprehensive information across settings to address health care disparities
 - Possible future inclusion of two potential social drivers of health screening measures



Proposals Impacting PY 2023

Propose to Suppress Measures



We propose to:

- Suppress the following measures for the 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
- Continue to collect data and provide confidential feedback reports
- Intend to publicly report data where feasible

We invite public comment on our proposal.

- Use our previously finalized measure suppression policy
- Concern that the COVID-19 Public Health Emergency (PHE) would continue to affect measure performance for CY 2021 data
- Change in HCP and staffing shortages may have had an impact on healthcare
- Will address concerns about the potential unintended consequences of penalizing facilities for deviations in measure performance resulting from the impact of the COVID-19 PHE
 - Intend to resume measure data for scoring and payment adjustment beginning with PY 2024

Proposal to Update the mTPS



We propose to:

- Update the minimum Total Performance Score (mTPS) and payment reduction scale and to amend regulation.
 - If all six measures suppressions are finalized, the re-calculated mTPS would be 80.
 - If one or more suppression proposals are not finalized, CMS will revise the mTPS to include all measures finalized for scoring.

We invite public comment on our proposal.

Proposal



We propose to:

- Calculate the performance standards for PY 2023 using CY 2019 data.
 - The most current full calendar year of data

We invite public comment on our proposal.

- Impact of CY 2020 data excluded from ESRD QIP for scoring
- Excluded data could create inflated performance standards for the PY 2023
- Potential to skew achievement and improvement thresholds and may result in inaccurate levels of achievement and improvement
- Concerns of a performance standard that would be difficult to attain with 12 months of data
- Intend to resume the use of all measure data for scoring and payment adjustments with PY 2024



Proposals Impacting PY 2024

CMS will update the technical specifications to:

- Express results of the SHR and SRR clinical measures so that results are expressed as a Risk-Standardized Hospitalization Rate (RSHR) and a Risk-Standardized Readmission Rate (RSRR).
- Change the scoring methodology for the SRR and SHR clinical measures to be expressed as a rate in the performance period that is compared directly to its rate in the baseline period.
- Begin with PY 2024.

- This addresses stakeholder concerns with:
 - Interpreting and tracking performance when expressed as ratios.
 - Understanding and determining how to use ratios for quality improvement efforts.
- Expressing the measure performance as a rate would:
 - Communicate the same information in a clearer way.
 - Help providers and patients better understand performance.
 - Enhance a facility's ability to track performance.
- This aligns with measure result calculation methodology used in the Dialysis Facility Compare Star Ratings Program.

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Proposals Impacting PY 2025

Proposal



We propose to:

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

We invite public comment on our proposal.

- 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

Reporting



- 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.
 - If a facility submits more than one week in a month, the most recent data will be used to calculate the measure.
 - The most recent quarterly rate as calculated by the CDC will be publicly reported.
- Specifications: <https://www.cdc.gov/nhsn/nqf/index.html>

We propose to:

- Convert the Standardized Transfusion Ratio (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.

We invite public comment on our proposal.

- Address concerns about validity of the STrR measure.
 - The new level of coding specificity led to hospitals inaccurately coding blood transfusions.
 - The rise of inaccurate blood transfusion coding negatively affected validity.
- Mitigate coding bias with conversation from ICD-9 to ICD-10.
- Align with National Quality Forum measure specifications.
- Assist providers and patients with understanding the facility's performance and ease in tracking performance.
- Align with proposed updates to SHR and SRR clinical measures.

We propose to:

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

If finalized, the measure will be in the Reporting Measure domain.

Scoring Equation:

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

We invite public comment on our proposal.

This addresses concerns that:

- The measure is close to being topped out.
- It is the best measure to impact patient outcomes.
- The previously adopted methodology may mean that small differences in measure performance may disproportionately impact facility score.

Technical Updates: PY 2025



- Technical measure specifications for the SHR and SRR measures will be modified to include a covariate adjustment for patient history of COVID-19.
 - 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 to add this covariate adjustment to the STrR clinical measure.
 - Any technical update to STrR to include the covariate will be announced in the future.

We propose to:

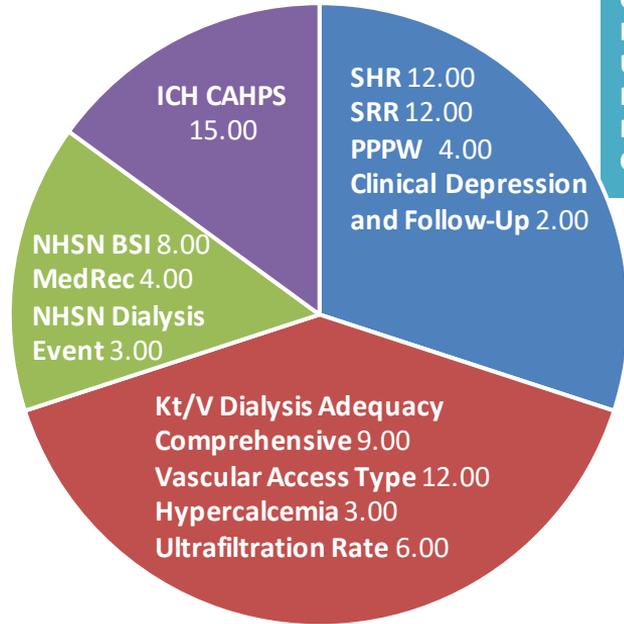
- Create a new Reporting Measure domain to include the following:
 - The four current reporting measures
 - Proposed COVID-19 HCP Vaccination Measure
 - Hypercalcemia reporting measure
- Place proposed STrR clinical measure in the Clinical Care Measure domain.
- Update the domain weights and individual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

We invite public comment on our proposal.

Rationale

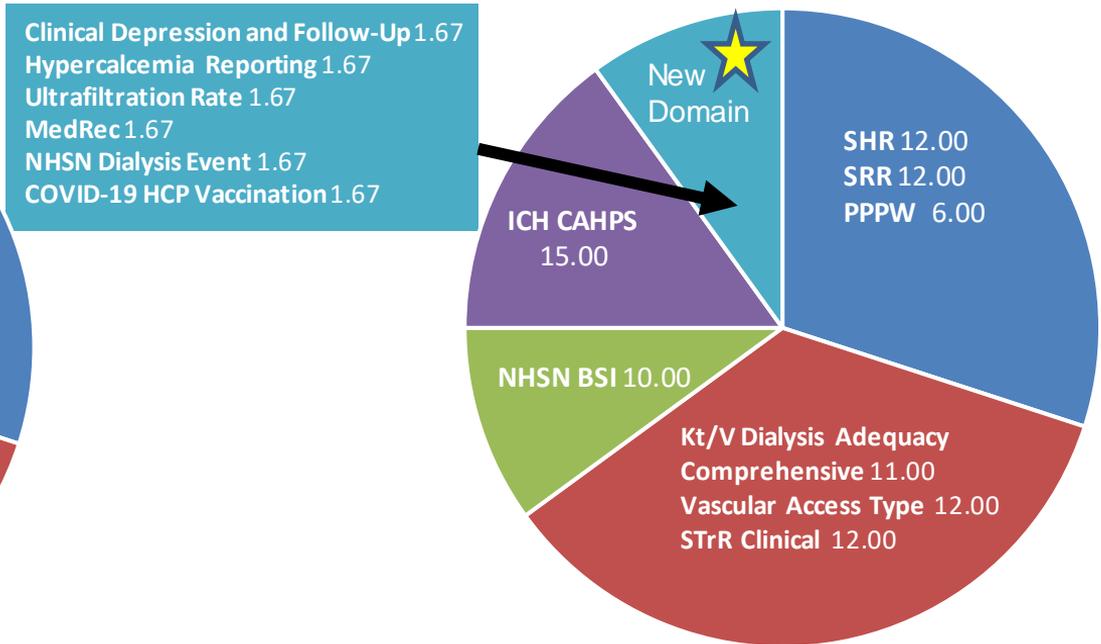
- Increase incentives for improving performance by increasing weights where there is the most room for improvement.
- Address concerns regarding the impact of individual measure performance on a facility's TPS.
- Incentivize improvement.

Current Domains and Weights



- Care Coordination Measure Domain 30%
- Clinical Care Measure Domain 40%
- Safety Measure Domain 15%
- Patient and Family Engagement Measure Domain 15%

Proposed Domains and Weights



- 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%

Performance Standards PY 2025



CMS proposed to:

- Use CY 2019 data as the baseline period for the proposed six suppressed measures.
- Estimate the performance standards using CY 2019 data.
- Update these standards for non-suppressed measures using CY 2021 data in the CY 2023 ESRD PPS Final Rule.

Estimated Payment Reduction Scale



Estimated 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

Home Dialysis

Requests for information on strategies to monitor and assess quality of care for those receiving dialysis at home and how to support equitable access to home dialysis.

- Two general types of dialysis are hemodialysis (HD) and peritoneal dialysis (PD).
- Increasing rates of home dialysis has potential to reduce Medicare expenditures and enhance quality of care for beneficiaries.

Social Drivers of Health Measures



Requests for information on Potential Future Inclusion of two social drivers of health measures

- Screening for Social Drivers of Health Measure
- Screening Positive Rate for Social Drivers of Health Measure
- Addressing the quality priority Promoting Effective Prevention and Treatment of Chronic Disease

Healthcare Disparities



Request for information on overarching principles for measuring healthcare quality disparities across CMS quality programs and identify:

- Goals and approaches for measuring healthcare disparities and using measure stratification
- The guiding principles for selecting and prioritizing measures for disparity reporting
- Principles for social risk factor and demographic data selection and use
- The meaningful performance differences
- The guiding principles for reporting disparity results

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Commenting

Public Role in Rulemaking

CMS writes the proposed rule.

CMS publishes in the *Federal Register*.

Public comment period opens.

CMS reviews all public comments.

CMS publishes the final rule in the *Federal Register* (becomes regulation).

Your Comments Matter
The comment period is open
until August 22, 2022

Submitting Comments



- Comments must be received by August 22, 2022.
- CMS encourages submission of electronic comments to [Regulations.gov](https://www.regulations.gov).
 - Comments may also be submitted by regular mail, express mail, or overnight mail to the designated addresses provided.
- Responses to comments will be in the final rule.

The Publication of the Rule



The proposed rule can be found:

- In the [*Federal Register*](#).
 - As a [PDF](#). The ESRD QIP begins at Section IV, on page 67.

Locating the Rule



 **FEDERAL REGISTER**
The Daily Journal of the United States Government 

Proposed Rule

Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model

A Proposed Rule by the Centers for Medicare & Medicaid Services on 06/28/2022

This document has a comment period that ends in 52 days. (08/22/2022) [SUBMIT A FORMAL COMMENT](#)

PUBLISHED DOCUMENT Start Printed Page 38464

AGENCY:
Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION:
Proposed rule.

SUMMARY:
This proposed rule would update and revise the End-Stage Renal Disease (ESRD) Prospective Payment System for calendar year 2023. This proposed rule also

DOCUMENT DETAILS

Printed version:
[PDF](#)

Publication Date:
06/28/2022

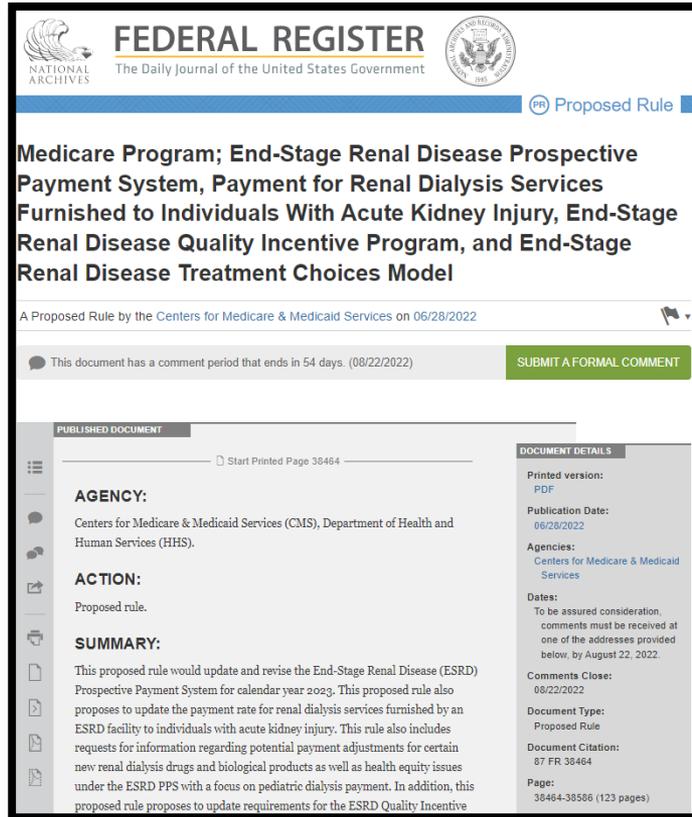
Agencies:
[Centers for Medicare & Medicaid Services](#)

Dates:
To be assured consideration, comments must be received at one of the addresses provided below, by August 22, 2022.

Comments Close:
08/22/2022

From the [Federal Register](#), you can scroll down the page or select the PDF option.

To Comment



FEDERAL REGISTER
The Daily Journal of the United States Government

Proposed Rule

Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model

A Proposed Rule by the Centers for Medicare & Medicaid Services on 06/28/2022

This document has a comment period that ends in 54 days. (08/22/2022)

SUBMIT A FORMAL COMMENT

PUBLISHED DOCUMENT

Start Printed Page 38464

AGENCY:
Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION:
Proposed rule.

SUMMARY:
This proposed rule would update and revise the End-Stage Renal Disease (ESRD) Prospective Payment System for calendar year 2023. This proposed rule also proposes to update the payment rate for renal dialysis services furnished by an ESRD facility to individuals with acute kidney injury. This rule also includes requests for information regarding potential payment adjustments for certain new renal dialysis drugs and biological products as well as health equity issues under the ESRD PPS with a focus on pediatric dialysis payment. In addition, this proposed rule proposes to update requirements for the ESRD Quality Incentive

DOCUMENT DETAILS

Printed version:
[PDF](#)

Publication Date:
06/28/2022

Agencies:
[Centers for Medicare & Medicaid Services](#)

Dates:
To be assured consideration, comments must be received at one of the addresses provided below, by August 22, 2022.

Comments Close:
08/22/2022

Document Type:
Proposed Rule

Document Citation:
87 FR 38464

Page:
38464-38586 (123 pages)

To submit your comment, select the green **Submit a Formal Comment** box

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Enter your comment in the **Comment** field.



The screenshot shows the 'regulations.gov' comment submission interface. At the top, a message states: 'You are submitting an official comment to Regulations.gov. Comments are due 09/04/2020 at 11:59 pm -0400.' To the right is the 'regulations.gov' logo and a 'close comment form' link. The main content area contains a thank-you message and instructions: 'Thank you for taking the time to create a comment. Your input is important. Regulations.gov has provided [tips for submitting an effective comment](#) . Once you have filled in the required fields below you can preview and/or submit your comment to the Centers for Medicare Medicaid Services for review. All comments are considered public and will be posted online once the Centers for Medicare Medicaid Services has reviewed them. You can view [alternative ways to comment](#) or you may also comment via Regulations.gov at, <http://www.regulations.gov/#/submitComment;D=CMS-2020-0079-0002>.' Below this is a large text area labeled 'Comment*' with a small '...' icon. At the bottom left is an 'Upload File(s)' section with a '+ Add a file' button and a note: 'Note: You can attach your comment as a file and/or attach supporting documents to your comment. [Attachment Requirements](#).' A small globe icon is visible on the right side of the text area.

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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
Proposed Rule	ESRD QIP Proposed Rule

Contact us via the [QualityNet Question & Answer \(Q&A\) Tool](#).

Acronyms



BSI	Bloodstream Infection	mTPS	Minimum Total Performance Score
CDC	Centers for Disease Control and Prevention	NHSN	National Healthcare Safety Network
CFR	Code of Federal Regulations	PAMA	Protecting Access to Medicare Act
CMS	Centers for Medicare & Medicaid Services	PD	peritoneal dialysis
CY	Calendar Year	PHE	Public Health Emergency
DVIQR	Division of Value, Incentives, and Quality Reporting	PPPW	Percentage of Prevalent Patient Waitlisted
ESRD QIP	End-Stage Renal Disease Quality Incentive Program	PPS	Prospective Payment System
FR	<i>Federal Register</i>	PY	Payment Year
HCP	healthcare personnel	RSHR	Risk-Standardized Hospital Rate
HD	hemodialysis	RSRR	Risk-Standardized Readmission Rate
ICD	International Classification of Diseases	SHR	Standardized Hospitalization Ratio
HHS	Health and Human Services	SRR	Standardized Readmission Ratio
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems	STrR	Standardized Transfusion Ratio
MIPPA	Medicare Improvements for Patients and Providers Act	TPS	Total Performance Score

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