

ESRD QIP Payment Year 2014 Program Details

The Centers for Medicare & Medicaid Services (CMS) administers the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) to promote high-quality services by outpatient dialysis facilities treating patients with ESRD. The first of its kind in Medicare, this program changes the way CMS pays for the treatment of ESRD patients by linking a portion of payment directly to facilities' performance on quality care measures. The ESRD QIP will reduce payments to ESRD facilities that do not meet or exceed certain performance standards.

For more information about the program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html>. If you have questions about the program after reviewing this content, you may reach the CMS ESRD QIP staff by emailing ESRDQIP@cms.hhs.gov.

Please note that this document is an informal reference only, and does not constitute official CMS guidance. Please refer to the implementing regulations.

ESRD QIP Final Rule Governing Payment Year 2014

The final rule governing the ESRD QIP for Payment Year (PY) 2014, published in the [Federal Register on November 10, 2011](#), outlines how CMS will implement the law establishing the program. The rule specifies the following in more detail:

- **Measures selected** – Six total measures (three clinical and three reporting) for assessing the quality of ESRD care
- **Performance period** – Timeframe during which CMS will collect data to evaluate facility performance
- **Methodology** – The process used to score facility performance
- **Payment reduction scale** – Scale used to determine payment reductions for facilities not meeting established performance standards.

The final rule also addresses public comments to the earlier proposed rule and CMS's responses to those comments.

Measuring Quality

Section 153(c) of the Medicare Improvements for Patients and Providers Act (MIPPA) requires CMS to use certain types of quality measures as part of the ESRD QIP. These include:

- Measures on anemia management that reflect the labeling approved by the Food and Drug Administration (FDA) for administration of erythropoiesis-stimulating agents (ESAs)

- Measures on dialysis adequacy
- Other measures specified by the Secretary of the Department of Health and Human Services (HHS).

For PY 2014, CMS selected six measures for evaluating each facility. Three of these measures are “clinical,” meaning that they evaluate clinical values. The three other measures are related to “reporting,” meaning that they require a facility to attest that it has taken a designated action. By increasing the number of clinical measures, introducing reporting measures for the first time, and expanding the scope of the program to include pediatric ESRD patients, PY 2014 illustrates that the ESRD QIP is evolving and becoming more sophisticated in its evaluation of dialysis facilities.

Clinical Measures Selected

Of the three clinical measures, one measure relates to anemia management and addresses hemoglobin levels; another measure relates to the success of dialysis treatment in removing waste products from patients’ blood (known as the Urea Reduction Ratio [URR]); and the last measure evaluates facilities based on the type of vascular access used to treat patients. Data to assess performance on these measures will be taken from claims during calendar year (CY) 2012.

The clinical measures examine the percentage of Medicare patients with:

- An average hemoglobin greater than 12 grams per deciliter (g/dL)
- A median URR of 65 percent or more
- A Vascular Access Type (VAT) of either fistula or catheter.

For the anemia measure, the smaller the number of patients with hemoglobin outside the range, the better the facility will score. For the URR measure, the larger the number of patients above the threshold, the better the facility will score. The Vascular Access Type score is affected negatively if patients have catheters and positively if patients have fistulae.

Reporting Measures Selected

The three reporting measures require facilities to (1) enroll, complete training, and report data on specific infection-related dialysis events, such as central line-associated blood infections, via the National Healthcare Safety Network (NHSN); (2) attest that they have administered the In-Center Hemodialysis Survey Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey; and (3) attest that they have measured the calcium and phosphorous serum levels of every Medicare patient at least one per month.

ESRD QIP Performance Data

Since measures are developed for specific groups of patients, various facility data are used to calculate ESRD QIP scores. Certain data are excluded, as provided in each measure’s technical specifications.

Details on individual measure specifications are available at <http://www.dialysisreports.org/ESRDMeasures.aspx>. Please note that measure specifications are removed from this site once calculations for the applicable payment year have been finalized.

Clinical Measures Exclusions

Claims will be excluded from the anemia management measure calculations for a patient who:

- Is less than 18 years old as of the start date of the claim
- Is in the first 89 days of ESRD as of the start date of the claim

- Has a reported hemoglobin value (or hematocrit value divided by 3) less than 5 g/dL or greater than 20 g/dL
- Is not treated with ESAs according to the claim (specifically epoetin alpha or darbepoetin alfa)
- Has fewer than 4 months of eligible claims at the facility in the measurement period.

Claims will be excluded from the dialysis adequacy measure calculations for a patient who:

- Is less than 18 years old as of the start date of the claim
- Has fewer than 7 dialysis sessions per month (i.e., those with a Healthcare Common Procedure Coding System [HCPCS] modifier = G6)
- Is in the first 182 days of ESRD as of the start date of the claim
- Is on home hemodialysis or peritoneal dialysis according to the claim
- Is on frequent hemodialysis (defined as four or more sessions per week)
- Has fewer than 4 months of eligible claims at a facility in the measurement period.

Claims will be excluded from the VAT fistula submeasure calculations for a patient who:

- Is less than 18 years old as of the start date of the claim
- Is on peritoneal dialysis according to the claim
- Has fewer than 4 months of eligible claims at the facility in the performance period.

Claims will be excluded from the VAT catheter submeasure calculations for a patient who:

- Is less than 18 years and 90 days old as of the start date of the claim
- Is on peritoneal dialysis according to the claim
- Does not have four consecutive months of eligible claims at the facility during the appropriate months for the baseline and performance periods. Note the following.
 - For the baseline period, only claims within the baseline period are counted toward the four consecutive months.
 - For the performance period, claims in the three months prior to the performance period are counted toward the four consecutive months.

Reporting Measures *Inclusions*

- The NHSN dialysis event reporting measure applies to facilities that serve in-center hemodialysis patients.
- The ICH-CAHPS patient survey reporting measure applies to facilities that serve adult, in-center hemodialysis patients.
- The attestation measure regarding monitoring of mineral metabolism applies to all dialysis facilities.

Not all facilities are eligible for a Total Performance Score in 2014. To receive a Total Performance Score, a facility must have enough data for at least one of the measures. Clinical measures are not included unless a facility has 11 eligible patients for that measure. Reporting measures may not be included if a facility is new or does not serve the applicable patient population. Not receiving a Total Performance Score is not an indicator of the quality of care provided by that facility.

Facility Scoring

Period of Performance

The period of performance for PY 2014 is calendar year (CY) 2012. This timeframe was selected to allow enough time for CMS to:

1. Ensure that claims used in calculations are complete and accurate
2. Calculate facility performance scores
3. Allow facilities to view their performance scores before public release and obtain additional information if needed.

Scoring for Clinical Measures

Facility performance will be evaluated against each measure; a facility receives a score based on the higher of its achievement and improvement on a measure. The baseline period for the PY 2014 clinical measures was July 1, 2010 – June 30, 2011.

Facilities receive achievement points on a measure based on where they fall on the achievement range. The **achievement range** begins at the achievement threshold, which is defined as the 15th percentile of facilities during the baseline period. It ends at the benchmark, which is defined as the 90th percentile of facilities during the baseline period. A facility will receive an achievement score of 1 – 9 if its performance falls within this range, 0 achievement points if it is below the achievement threshold, and 10 points if it is at or above the benchmark.

Facilities receive improvement points on a measure based on where they fall on the improvement range. The **improvement range** begins at the facility's prior performance rate on the measure during the baseline period (facility baseline rate) and ends at the benchmark. A facility will receive an improvement score of 0 – 9 if its performance falls within this range, 0 if it is below the facility baseline rate, and 10 if it is at or above the benchmark.

Scoring for Reporting Measures

The reporting scores are not calculated using achievement and improvement scores. Instead, facilities receive points based on whether they meet certain reporting requirements.

Measure Weighting

The six measures for the PY 2014 ESRD QIP do not contribute equally to the Total Performance Score. Each facility's score will be calculated according to the following measure weights:

- Clinical measures – 90 percent
- Reporting measures – 10 percent

If a facility is only eligible for one type of measure, that measure category will comprise 100 percent of the Total Performance Score.

If a score is not received for a measure(s), then the scores for the measure(s) that received a score will be weighted equally to add up to the total weight of the Total Performance Score. For example, if a facility does not have sufficient data to calculate a performance rate for the VAT measure, then the URR and hemoglobin measures (for which the facility did receive a score) would be weighted equally at 45 percent to add up to the 90 percent applicable to clinical measures.

Calculating a Facility's Total Performance Score

A facility's Total Performance Score in PY 2014 is calculated by:

1. Multiplying each measure by its appropriate weight
2. Adding these weighted measures
3. Multiplying the sum by 10.

A facility's Total Performance Score can range from 0 – 100 points.

Payment Adjustments

Section 153(c) of MIPPA directs the Secretary of HHS to develop a method to assess the quality of dialysis care provided by facilities and to link this performance to possible payment reductions. To receive full payment, facilities must have a Total Performance Score of at least 53 points. Facilities that fail to meet this standard may receive a payment reduction of up to two percent. This payment reduction will apply to all Medicare payments to that facility in 2014.

Scale for Payment Reductions

PY 2014 payment reductions will apply to a facility according to the following chart:

Total Performance Score	Payment Reduction
53 to 100	No reduction
43 to 52	0.5%
33 to 42	1.0%
23 to 32	1.5%
0 to 22	2.0%

Score Preview Period

Facilities will have the opportunity to preview their scores and any resulting payment reductions prior to public release. The Preview Period will occur in the summer of 2013. During this time, facilities can ask general clarification questions about how their scores were calculated. In addition, each facility can submit **one** formal inquiry regarding data or scoring-related issues if the facility believes a scoring error has occurred.