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**Calendar Year (CY) 2018 End-Stage Renal Disease (ESRD)
Prospective Payment System (PPS) Proposed Rule:
Overview of ESRD Quality Incentive Program (QIP) Proposals**

July 26, 2017

Acronyms in this Presentation

Acronym	Definition
AKI	acute kidney injury
APA	Administrative Procedures Act
AV	arteriovenous
AVF	arteriovenous fistula
BSI	bloodstream infection
CCN	CMS Certification Number
CCSQ	Center for Clinical Standards and Quality
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
DQM	Division of Quality Measurement
DVIQR	Division of Values, Incentives, and Quality Reporting [CMS]
ECE	Extraordinary Circumstances Exception
ESRD	End-Stage Renal Disease
ET	Eastern Time
HCP	healthcare personnel
HHS	Department of Health and Human Services
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Programs and Systems
MIPPA	Medicare Improvements for Patients and Providers Act of 2008

Acronym	Definition
MLN	Medicare Learning Network
mTPS	minimum Total Performance Score
NHSN	National Healthcare Safety Network [CDC]
NPRM	Notice of Proposed Rulemaking
NQF	National Quality Forum
OGC	Office of General Counsel [CMS]
PAMA	Protecting Access to Medicare Act of 2014
PPS	Prospective Payment System
PSC	Performance Score Certificate
PY	Payment Year
QIP	Quality Incentive Program
QMVIG	Quality Measurement and Value-Based Incentives Group
SHR	Standardized Hospitalization Ratio
SRR	Standardized Readmission Ratio
STrR	Standardized Transfusion Ratio
TPEA	Trade Preferences Extension Act of 2015
TPS	Total Performance Score
VAT	Vascular Access Type
VBP	Value-Based Purchasing programs [CMS]

Presenters

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Purpose

- This presentation will provide participants with an overview of the proposals in the CY 2018 ESRD PPS proposed rule, displayed on June 29, 2017, related to the ESRD QIP.
- The presentation also includes an overview of how to submit formal comments to become a matter of record and receive response in the final rule.



Objectives

Participants will be able to perform the following:

- Locate the CY 2018 ESRD PPS proposed rule text
- Identify changes within the CY 2018 ESRD PPS proposed rule
- Identify the time period for public comments on the CY 2018 ESRD PPS proposed rule
- Describe to the public how to submit comments to CMS regarding the CY 2018 ESRD PPS proposed rule



ESRD QIP Overview

Delia L. Houseal, PhD, MPH
Program Lead, ESRD QIP
DVIQR, QMVG, CCSQ



ESRD QIP at a Glance

- Established by Section 1881(h) of the Social Security Act
 - Amended by MIPPA and PAMA
- Incentivizes high quality care in outpatient dialysis facilities
 - Adjusts payment by up to 2% for facilities that fail to meet performance standards on established quality measures

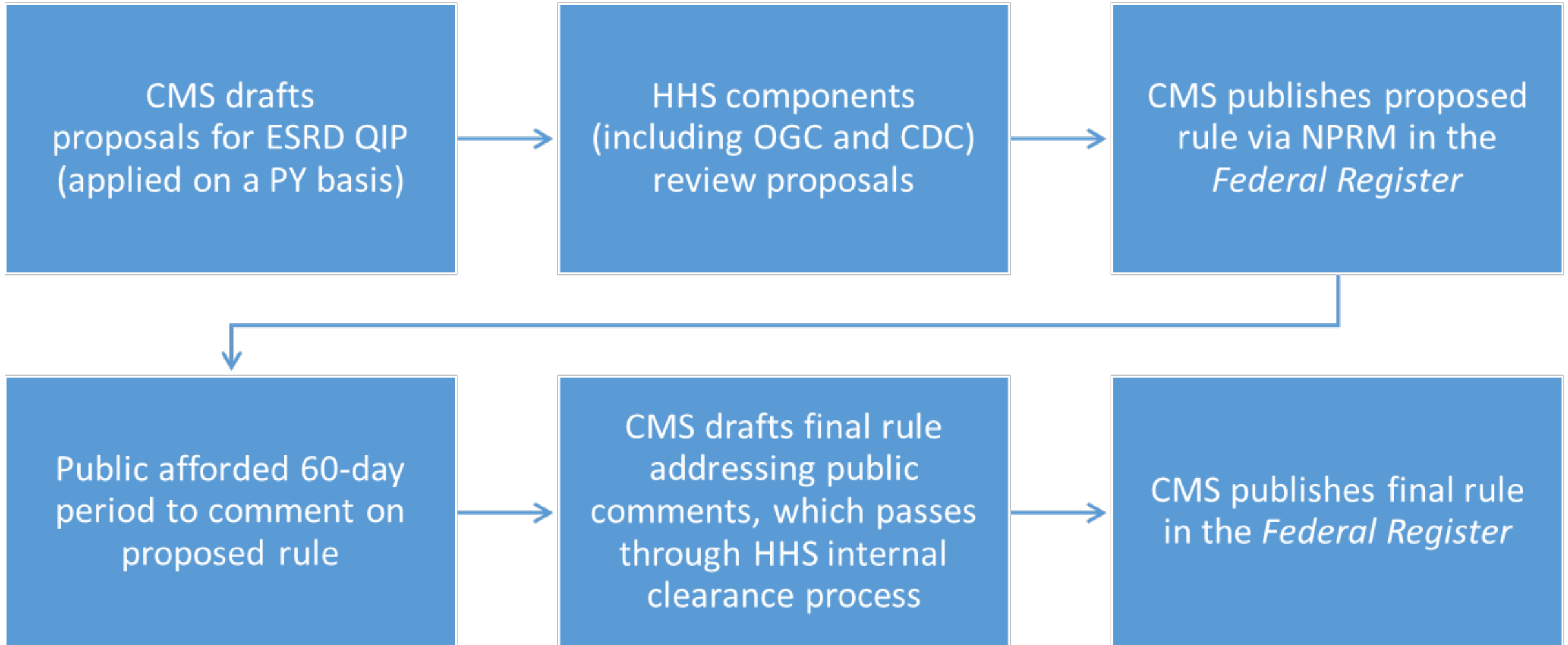


Current Measures

	PY 2019	PY 2020
Clinical Measures	ICH CAHPS Standardized Readmission Ratio Kt/V Dialysis Adequacy (comprehensive) Standardized Transfusion Ratio VAT Measure Topic (fistula, catheter) Hypercalcemia	ICH CAHPS Standardized Readmission Ratio Kt/V Dialysis Adequacy (comprehensive) Standardized Transfusion Ratio VAT Measure Topic (fistula, catheter) Hypercalcemia Standardized Hospitalization Ratio
Safety Measures	NHSN BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting)	NHSN BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting)
Reporting Measures	Mineral Metabolism Anemia Management Pain Assessment and Follow-Up Clinical Depression Screening and Follow-Up NHSN Healthcare Personnel Influenza Vaccination	Serum Phosphorus Anemia Management Pain Assessment and Follow-Up Clinical Depression Screening and Follow-Up NHSN Healthcare Personnel Influenza Vaccination Ultrafiltration Rate
Performance Period	CY 2017 (NHSN HCP reporting measure: 10/1/2016 –3/31/2017)	CY 2018 (NHSN HCP reporting measure: 10/1/2017 – 3/31/2018)



ESRD QIP Rule Development



CY 2018 ESRD PPS Proposed Rule: ESRD QIP Proposals

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Proposal Impacting PY 2019 – Simplifying the Performance Score Certificate

- **Goal: Simplify language and improve readability**

Previously Finalized PSC Elements and Requirements:

- Facility TPS
- Comparison to national average TPS
- Facility information
- English and Spanish versions posted in hard copy
- Performance results on each measure
- Comparison of facility results to national median on each clinical measure

Proposed PSC Elements and Requirements:

- Facility TPS
- Comparison to national average TPS
- Facility information
- English and Spanish versions posted in hard copy

CMS seeks comments on this proposal, particularly on whether reducing the amount of information on the PSC would enhance the public's understanding of the TPS.



Proposals Impacting PY 2020

- Clarify the Minimum Data Policy for Scoring Measures
- Change the ECE Policy
- Enhance NHSN Data Validation Study
- Estimated Performance Values for Clinical Measures
- Estimated mTPS and Payment Reductions



PY 2020 – Clarify the Minimum Data Policy for Scoring Measures

- **Current policy:** Determine eligibility by number of months the facility is open following its CCN Open Date
 - CY 2017 ESRD PPS Final Rule (issued last November) misapplied this standard for some PY 2020 measures
- **Proposal:** Revise eligibility data for PY 2020 measures to conform to current policy
 - No proposed changes to methods to determine minimum number of cases for measure eligibility, or to score facilities on measures
- See Proposed Rule (82 Fed. Reg 31,203 – 31,204) for a detailed table of proposed minimum data requirements, CCN Open Dates, and small-facility adjusters for PY 2020 measures



PY 2020 – Change ECE Policy

Goals:

- Align with other programs
- Increase facility flexibility
- Respond to facility/stakeholder concerns

Element	Current Policy	Proposed Change
Authorizing ECE Form	CEO only	CEO and “designated personnel”
Grounds to Request ECE	Facility must be closed	<ul style="list-style-type: none">• Facility closed• Extenuating circumstances for data reporting• Operations “significantly affected ... beyond the control” of the facility



PY 2020 – Enhance NHSN Data Validation Study

Goals:

- Collect data that is more representative of facilities
- Include high-performing facilities as well as facilities at risk of underreporting
- Identify difficulties facilities have with reporting complete and accurate infection data to NHSN

Element	Current Policy	Proposed Change
Method to select participating facilities	Random selection	Ensure “more representative sample” of facilities



Estimated PY 2020 Performance Values

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard (50th percentile)
VAT Measure Topic			
• AVF	53.66%	79.62%	65.93%
• Catheter*	17.20%	2.95%	9.19%
Kt/V Dialysis Adequacy	87.37%	97.74%	93.20%
Hypercalcemia*	4.24%	0.32%	1.85%
NHSN BSI*	1.738	0	0.797
SRR*	1.271	0.624	0.998
STrR*	1.488	0.421	0.901
SHR*	1.244	0.672	0.970

* On this measure, a lower rate indicates better performance.



Estimated PY 2020 Performance Values (continued)

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard (50th percentile)
ICH CAHPS Survey			
• Nephrologists' Communication and Caring	56.41%	77.06%	65.89%
• Quality of Dialysis Center Care and Operations	52.88%	71.21%	60.75%
• Providing Information to Patients	72.09%	85.55%	78.59%
• Overall Rating of Nephrologists	49.33%	76.57%	62.22%
• Overall Rating of Dialysis Center Staff	48.84%	77.42%	62.26%
• Overall Rating of the Dialysis Facility	51.18%	80.58%	65.13%



PY 2020 – Estimated Payment Reductions

The mTPS will be calculated by scoring:

- Each clinical measure at the national performance standard for 2016
- Each reporting measure equal to the mean of the median scores achieved by all facilities on the PY 2018 reporting measures

The estimated PY 2020 mTPS is 61 points

The finalized mTPS will be published in the CY 2018 ESRD PPS final rule in November

Estimated payment reduction scale:

Facility TPS	Payment Reduction Percentage
61 – 100	0%
51 – 60	0.5%
41 – 50	1.0%
31 - 40	1.5%
0 – 30	2.0%



Proposals Impacting PY 2021

- Proposed Replacement of VAT Clinical Measures
- Proposed Revision of STrR Clinical Measure



Overview of PY 2021 Proposed Measures

Clinical Measure Domain – 75% of TPS

Patient and Family Engagement/ Care Coordination Subdomain – 40% of Clinical Measure Domain score

1. ICH CAHPS
2. SRR

Clinical Care Subdomain – 60% of Clinical Measure Domain score

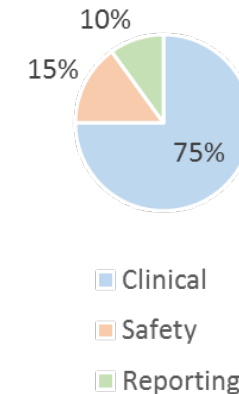
- ★ 1. STrR
- 2. Kt/V Dialysis Adequacy (comprehensive)
- ★ 3. VAT Measure Topic – Standard Fistula Rate
- ★ 4. VAT Measure Topic – Long-Term Catheter Rate
- 5. Hypercalcemia
- 6. SHR

Safety Measure Domain – 15% of TPS

1. NHSN BSI Measure Topic – NHSN Bloodstream Clinical
2. NHSN BSI Measure Topic – NHSN Reporting

Reporting Measure Domain – 10% of TPS

1. Serum Phosphorus
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination
6. Ultrafiltration Rate



★ Proposed revision or replacement measure for PY 2021



Proposed Replacements for Existing Vascular Access Clinical Measures

- **Proposed Replacement Measures:**

- Hemodialysis Vascular Access: Standard Fistula Rate Clinical Measure (NQF #2977)
- Hemodialysis Vascular Access: Long-Term Catheter Rate Clinical Measure (NQF #2978)

- **Goals:**

- Better align with NQF standards updated in 2016 following ESRD QIP adoption of original measures
- Use CROWNWeb as the primary data source
- Treat AV fistula use as a positive outcome; prolonged use of tunneled catheter as a negative outcome
- Allow use of AV grafts where clinically appropriate
- Include patients within first 90 days of dialysis
- Exclude conditions associated with a limited life expectancy (where fistula may not be appropriate)
- Respond to stakeholder concerns



Proposed Revisions for Existing STrR Clinical Measure

- **Proposed Revision Measure: STrR Clinical Measure (NQF #2979)**
- **Goals:**
 - Better align with NQF standards endorsed in 2016 following ESRD QIP adoption of original measures
 - Use a more-restricted definition of “transfusion events”
 - Consistency with the NQF-endorsed specification
 - Identify transfusion events with greater precision, but with less bias related to regional coding variation
 - Assess a smaller number of events, as well as a smaller range of total events
 - Respond to stakeholder concerns



PY 2021 Proposed Scoring/Payment Reduction Method

CLINICAL	
Subdomain	Measures
Patient and Family Engagement/ Care Coordination (40%)	ICH CAHPS Survey SRR
Clinical Care (60%)	STrR ★
	Kt/V Dialysis Adequacy
	VAT Measure Topic { Standard Fistula Rate ★ Long-Term Catheter Rate ★
	Hypercalcemia
	SHR

SAFETY	
NHSN BSI Measure Topic	{ NHSN Bloodstream Clinical NHSN Reporting

REPORTING
Serum Phosphorus
Anemia Management
Pain Assessment and Follow-Up
Clinical Depression Screening and Follow-Up
NHSN Healthcare Personnel Influenza Vaccination
Ultrafiltration Rate

Total Category Weight

= 75%

+

= 15%

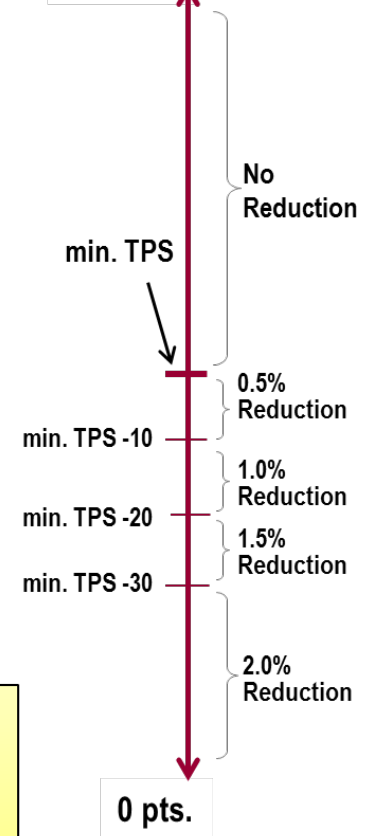
+

= 10%

Total Performance Score (TPS) is the sum of the weighted totals from both measure categories

Payment Reduction Percentage

100 pts.



★ Proposed revision or replacement measure for PY 2021



Seeking Comments: Future Measures to Include AKI Patients

- Beginning January 1, 2017, renal dialysis services provided by renal dialysis facilities as defined under Section 1881(b)(14)(B) of the SSA are also covered for patients with AKI
- This change gives ESRD QIP the authority to collect data on patients with AKI, as well as patients with ESRD
- Nevertheless, facilities are NOT required to report AKI patient data for any ESRD QIP measure at this time
- CMS seeks comments on the following questions
 - Should AKI patients be included in ESRD QIP measures?
 - How could CMS adapt any current measures to include the AKI population?
 - What type of future measures might be appropriate to address the unique needs of beneficiaries with AKI?



Seeking Comments: Accounting for Social Risk Factors

- In December 2016, the HHS Assistant Secretary for Planning and Evaluation submitted a report about the impact of beneficiary socioeconomic status on CMS VBP programs
 - Examined effect of social risk factors on quality measures, resource use, and other factors
 - Analyzed impact of current VBP programs on providers serving socially at-risk beneficiaries
 - Presented simulations of potential policy options to address these issues
 - Provided considerations for policymakers
- In response, CMS asking for comments on:
 - How ESRD QIP measures can reduce disparities
 - Ways to alter risk adjustment methods to account for risk factors



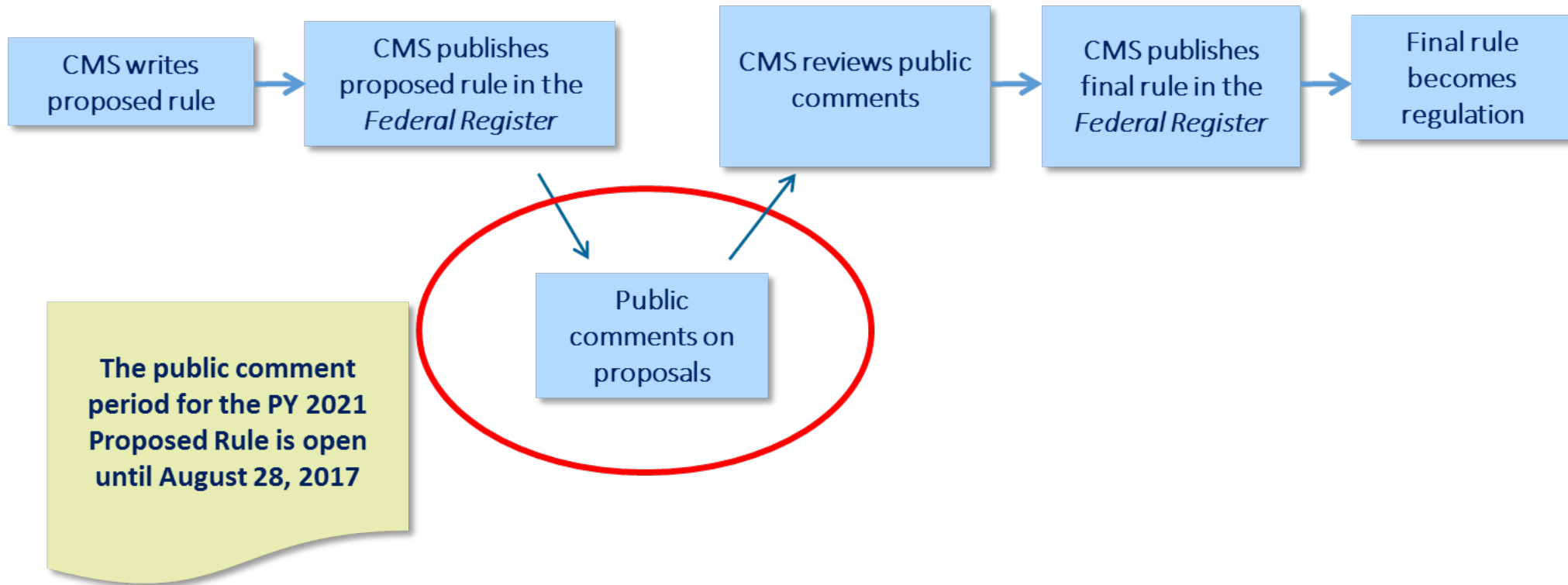
Participating in the Comment Period

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Nurse Consultant, ESRD QIP
DVIQR, QMVG, CCSQ



Your Role in the Regulation Process

**CMS implements the ESRD QIP through the federal regulation process—
one of the basic tools of government used to implement public policy**



Your comments matter!



Commenting on the Proposed Rule

- Read and comment on the CY 2018 ESRD PPS proposed rule online at: www.regulations.gov
- Include file number **CMS-1674-P** on all correspondence, including comments

The screenshot shows the homepage of regulations.gov. At the top, there is a navigation bar with links for Home, Help, Resources, and Contact Us. Below this is a search bar with a magnifying glass icon and the word 'Search'. To the right of the search bar are buttons for 'Browse' and 'Learn'. The main content area features a large banner with the text 'Make a difference. Submit your comments and let your voice be heard.' Below the banner is a search box with the text 'SEARCH for: Rules, Comments, Adjudications or Supporting Documents:'. Inside the search box, the text '1674-P' is entered and highlighted with a red box. To the right of the search box is a blue 'Search' button, which is also highlighted with a red arrow. Below the search box is a link for '» Advanced Search'. At the bottom of the page, there are three sections: 'What's Trending' with a bar chart icon, 'Comments Due Soon' with a list of upcoming comments, and a section for 'FAA Section 333' and 'APIs for Developers'.



Submitting Comments on the Proposed Rule

- **To submit comments online:**
 - Click “Comment Now” next to the regulation title
 - Option to upload files
 - State, ZIP Code, Country, and Category elements are required
 - Commenters must indicate if they are submitting on behalf of a third party
- **Help Desk:**
 - Select the “Feedback and Questions” tab located at the top of the page
 - Call 877-378-5457 (toll-free) or 703-412-3083, Monday – Friday (9:00 a.m. – 5:00 p.m. ET)
- **Alternate methods for submitting a comment:**
 - Regular US Postal Service mail (allow time for normal transit and delivery)
 - Express or overnight mail
 - Hand delivery/courier delivery (DC and Baltimore locations)
- **See the proposed rule for specifics regarding these methods, including mailing addresses**

Comments due August 28, 2017 – 11:59 p.m. ET



Question & Answer Session



Administrative Procedures Act

- Because CMS must comply with the APA, we are not able to provide additional information, clarification, or guidance related to the proposed rule.
- We encourage stakeholders to submit comments or questions through the formal comment submission process, as described in this webinar.



Resources

- [CY 2018 ESRD PPS Proposed Rule](#)
(includes ESRD QIP PY 2021 Proposed Rule)
- [ESRD QIP Section of CMS.gov](#)
 - [Technical Specifications for PY 2021 Proposed Measures](#)
- [ESRD QIP Section on QualityNet](#)
- [MIPPA](#)
- [Dialysis Facility Compare](#)
- [National Coordinating Center](#)



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