

**Centers for Medicare & Medicaid Services
Special Open Door Forum:**

**End-Stage Renal Disease
Quality Incentive Program**

**Notice of Proposed Rulemaking:
Payment Year 2015**



OPENING DOORS
since 2001

**Thursday, July 19, 2012
2:00 p.m. – 3:30 p.m. EDT**

Purpose




To provide an overview of the proposed rule for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Year (PY) 2015

This Open Door Forum (ODF) will discuss:

- **ESRD QIP Legislative Framework**
- **Proposed Measures, Standards, Scoring, and Payment Reduction Scale for PY 2015**
- **How to Review and Comment on the Proposed Rule**
- **Summary Comparison of Proposed PY 2015 Rule to PY 2014**
- **Available Resources**

CMS Objectives for Value-Based Purchasing



- Identify and require reporting of evidence-based measures that promote the adoption of best practice clinical care
 - Advance transparency of performance across all sites of care to drive improvement and facilitate patient decision-making around quality
 - Implement and continually refine payment models that drive high standards of achievement and improvement in the quality of healthcare provision
 - Stimulate the meaningful use of information technology to improve care coordination, decision support, and availability of quality improvement data
 - Refine measurements and incentives to achieve healthcare equity, to eliminate healthcare disparities, and to address/reduce unintended consequences
- 
- Paying for quality healthcare is no longer the payment system of the future; it's the payment system of today.
 - The ESRD QIP is the leading edge of payment reform and can serve as an example to the healthcare system.

Six Domains of Quality Measurement Based on the National Quality Strategy



ESRD QIP 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)**
 - Program intent:
 - ❖ Promote patient health by encouraging renal dialysis facilities to deliver **high-quality** patient care
 - Section 1881(h):
 - ❖ Authorizes payment reductions if a facility does not meet or exceed the minimum Total Performance Score (TPS) as set forth by CMS
 - ❖ Allows payment reductions of up to 2%

Overview of MIPPA Section 153(c)



- **MIPPA requires the Secretary of the Department of Health and Human Services to create an ESRD QIP that will:**
 - Select measures
 - Establish performance standards that apply to individual measures
 - Specify the performance period for a given PY
 - Develop a methodology for assessing total performance of each facility based on performance standards for measures during a performance period
 - Apply an appropriate payment reduction to facilities that do not meet or exceed established total performance scores
 - Publicly report results through websites and facility posting

From Rulemaking to Implementation



- **ESRD QIP rulemaking implements Section 1881(h)**
 - Proposed rule / Notice of Proposed Rulemaking (NPRM):
 - ❖ 77 Fed. Reg. 40952 (July 11, 2012)
 - 60-day comment period ends August 31, 2012
 - Final rule to be published in November 2012

PY 2015 Proposed Clinical Measures

Presenter:

Joel Andress

**Measure Development Lead for ESRD, Division of Chronic and Post-Acute Care
Quality Measurement and Health Assessment Group
Office of Clinical Standards and Quality, CMS**

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this ODF are *proposed* at this time; the ESRD QIP for PY 2015 will not be adopted until a final rule is issued in early November of 2012.

Proposed Clinical Measures: Summary



The PY 2015 proposed rule broadens the scope of the ESRD QIP to include four measure topics for a total of seven clinical measures:

- **Anemia Management**
- **Kt/V Dialysis Adequacy measure topic**
 - Adult Hemodialysis
 - Adult Peritoneal Dialysis
 - Adult Pediatric Dialysis
- **Vascular Access Type (VAT) measure topic**
 - Access via arteriovenous fistula (AVF)
 - Access via catheter for 90+ days
- **Hypercalcemia**

Scores for applicable clinical measure topics will be weighted equally to comprise 80% of the TPS

Proposed Clinical Measures: Anemia Management



- **Percentage of patients with a mean hemoglobin value greater than 12 g/dL**
 - Lower percentage on this measure indicates better care
- **Measure is unchanged from PY 2014**
- **Exclusions:**
 - Patients younger than 18
 - Patients on dialysis for fewer than 90 days
 - Patients who have not been treated with erythropoiesis-stimulating agents (ESA) during the claim month
 - Hemoglobin values less than 5
 - Hemoglobin values greater than 20
 - Patients with missing data
 - Patients not on chronic dialysis
 - Patients with fewer than 4 eligible claims at the facility

Proposed Clinical Measures: Kt/V Dialysis Adequacy Measure Topic



- **Replacing Urea Reduction Ratio (URR) to measure dialysis adequacy**
 - Expanding topic to include peritoneal dialysis and pediatrics
- **The Kt/V Dialysis Adequacy measure topic has separate measures for:**
 - Adult hemodialysis patients (in-center and at home)
 - Adult peritoneal dialysis patients
 - Pediatric hemodialysis patients
- **Higher percentages on each of these measures indicate better care**

Proposed Clinical Measures: Kt/V Measure

Topic – Adult Hemodialysis Measure



- **Percent of hemodialysis patient-months with spKt/V greater than or equal to 1.2**

- **Exclusions:**
 - Patients younger than 18 years
 - Patients on peritoneal dialysis
 - Patients on dialysis for fewer than 90 days
 - Patients dialyzing 4x or more per week
 - Patients dialyzing 2x or fewer per week
 - Patients with a spKt/V value less than 0.5
 - Patients with a spKt/V value greater than 2.5
 - Patients treated at the facility less than 2x during claim month
 - Patients not on chronic dialysis

Proposed Clinical Measures: Kt/V Measure

Topic – Adult Peritoneal Dialysis Measure



- **Percent of peritoneal patient-months with Kt/V greater than or equal to 1.7 (dialytic + residual) during 4-month study period**

- **Exclusions:**
 - Patients younger than 18 years
 - Patients on hemodialysis
 - Patients on dialysis for fewer than 90 days
 - Patients with a Kt/V value less than 0.5
 - Patients with a Kt/V value greater than 5.0
 - Patients not on chronic dialysis

Proposed Clinical Measures: Kt/V Measure

Topic – Pediatric Hemodialysis Measure



- **Percent of pediatric in-center hemodialysis patient-months with spKt/V greater than or equal to 1.2**

- **Exclusions:**
 - Patients 18 years or older
 - Patients on peritoneal dialysis
 - Patients on home hemodialysis
 - Patients on dialysis for fewer than 90 days
 - Patients with a spKt/V value less than 0.5
 - Patients with a spKt/V value greater than 2.5
 - Patients dialyzing 5x or more per week
 - Patients dialyzing 2x or fewer per week
 - Patients treated at the facility less than 2x during claim month
 - Patients not on chronic dialysis

Proposed Clinical Measures: VAT Measure Topic – AVF Measure



- **Percentage of patient-months on hemodialysis during last hemodialysis treatment of the month using an autogenous AVF with two needles**
 - Higher percentage indicates better care
- **Measure is unchanged from PY 2014**
- **Exclusions:**
 - Patients younger than 18
 - Patients on peritoneal dialysis
 - Claims reporting both a fistula and graft
 - Patients not on chronic dialysis
 - Patients with fewer than 4 eligible claims at the facility

Proposed Clinical Measures: VAT Measure Topic – Catheter Measure



- **Percentage of patient-months for patients on hemodialysis during the last hemodialysis treatment of month with a catheter continuously for 90 days or longer prior to the last hemodialysis session**
 - Lower percentage indicates better care
- **Measure is unchanged from PY 2014**
- **Exclusions:**
 - Patients younger than 18 years and 3 months
 - Patients on peritoneal dialysis
 - Claims reporting both a fistula and graft
 - Patients not on chronic dialysis
 - Patients with fewer than 4 consecutive eligible claims at the facility

Proposed Clinical Measures: Hypercalcemia



- **Clinical measure builds on PY 2014 and PY 2015 Mineral Metabolism reporting measure**
- **Proportion of patient-months with 3-month rolling average of total uncorrected serum calcium greater than 10.2mg/dL**
 - For PY 2015: The first month with a 3-month rolling average will be March
 - “Uncorrected” means not corrected for albumin
 - Applies to **all** patients treated by the facility (not just Medicare patients)
 - Higher percentage on this measure indicates better care
- **Exclusions:**
 - Patients younger than 18
 - Patients present at the facility for fewer than 30 days
 - Patients on dialysis for fewer than 90 days
 - Patients without a serum calcium value at that facility during the reporting month
 - Patients not on chronic dialysis
 - Patients with fewer than 3 eligible claims at the facility

Proposed Clinical Measures: “Low-Volume Facility” Adjustments



- **In earlier PYs, CMS used 11 eligible cases as the minimum to receive a score on a clinical measure**
 - Publishing data based on fewer than 11 cases runs the risk that information about individual patients might be derived from the data
 - 11-case approach comes from traditional Dialysis Facility Compare (DFC) practices
- **CMS wants to continue to include as many facilities as possible in the ESRD QIP**
- **Proposal: Apply an “adjuster” in PY 2015 to rates of measures with 11–25 eligible cases**
- **Can only improve a measure score; it will never penalize a facility**

PY 2015 Clinical Measures Scoring and Examples

Presenter:

**Teresa Casey
Director**

**Division of ESRD, Population and Community Health
Office of Clinical Standards and Quality, CMS**

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this ODF are *proposed* at this time; the ESRD QIP for PY 2015 will not be adopted until a final rule is issued in early November of 2012.

Proposed Scoring for Measure Topics



- **Two proposed measure topics consist of more than one measure:**
 - Kt/V Dialysis Adequacy: adult hemodialysis, adult peritoneal dialysis, pediatric dialysis
 - VAT: AVF, catheter

- **CMS proposes to weight the individual measures in order to create a single score for the measure topic to use in calculating the overall TPS**
 - A measure's weight is based on the number of patients included in the denominator for each measure. If the number of patients included in the denominator for the VAT AVF and catheter measures are X and Y, respectively, the weight applied to the fistula measure would be $X/(X+Y)$
 - The number of patients included in each denominator is assessed separately for the purposes of weighting (i.e., patients included in the sum of measure denominators need not be unique)

- **If a facility is not eligible for a score on a component measure, then the other score(s) will be reweighted to provide the overall score for the measure topic**

Proposed Scoring for Measure Topics: Example



- **Add the weighted scores to generate a “measure topic score” for purposes of calculating the TPS**
- **Example: Kt/V Dialysis Adequacy Measure Topic**
 - Assumption: Facility A serves all three patient populations and has a total non-excluded patient population of 100
 - ❖ Hemodialysis – measure rate: 50/60, measure score: 7
 - ❖ Peritoneal dialysis – measure rate: 15/20, measure score: 8
 - ❖ Pediatric dialysis – measure rate: 10/20, measure score: 5
 - Calculation: Kt/V Dialysis Adequacy measure topic score = $[7 \times (60/100)] + [8 \times (20/100)] + [5 \times (20/100)]$
 - $4.2 + 1.6 + 1 = 6.8$
 - Rounded for a Kt/V Dialysis Adequacy measure topic score of 7

Proposed Clinical Measures: Scoring for New Measures



- **Data for the following measures is not available for all facilities in calendar year (CY) 2011:**
 - Kt/V Dialysis Adequacy measure topic
 - Hypercalcemia

- **CMS plans to base achievement thresholds, benchmarks, and performance standards on available data from most facilities in CY 2011**

Calculating Each Clinical Measure Score



A facility's score for each of the clinical measures will be based on the higher of:

- **Achievement score:**

Performance period rate compared to national rate during CY 2011

or

- **Improvement score:**

Performance period rate compared to that facility's rate during CY 2012

PY 2015 Achievement Score: Comparison to National Performance



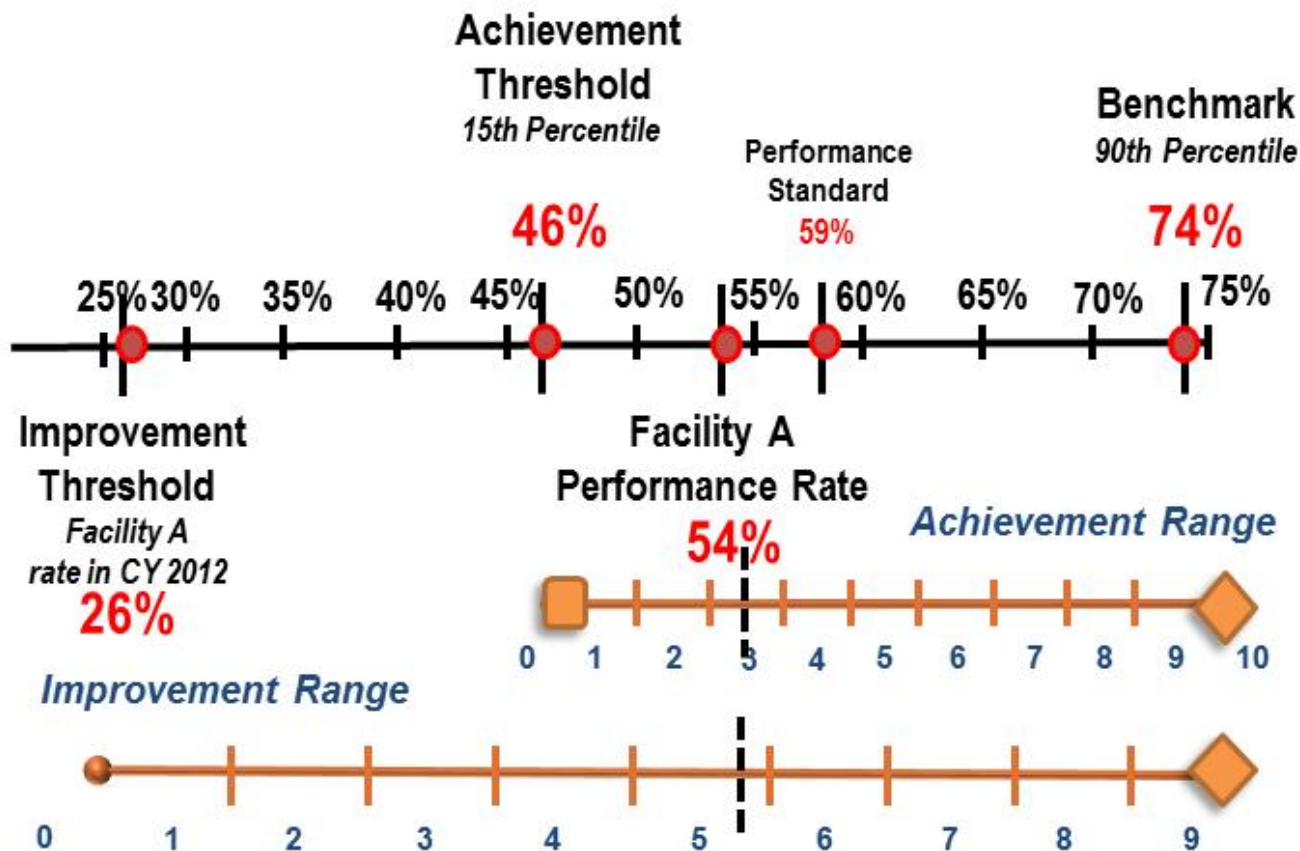
- **To determine the achievement score, facilities will receive points along an achievement range:**
 - The achievement threshold is the 15th percentile during CY 2011
 - The benchmark is the 90th percentile during CY 2011
 - The achievement range is a scale that runs from the achievement threshold to the benchmark

- **Proposed period of time for calculating achievement thresholds, benchmarks, and performance scores is CY 2011**
 - Would the community prefer July 1, 2011 – June 30, 2012?
 - ❖ Data would be more current
 - ❖ Achievement thresholds, benchmarks, and performance standards may not be available until late 2012 or early 2013 with this approach

PY 2015: Achievement Score Example



Vascular Access Type – AVF Measure (Facility A)



PY 2015: Calculating Achievement Scores



- The achievement score is calculated using the following formula:

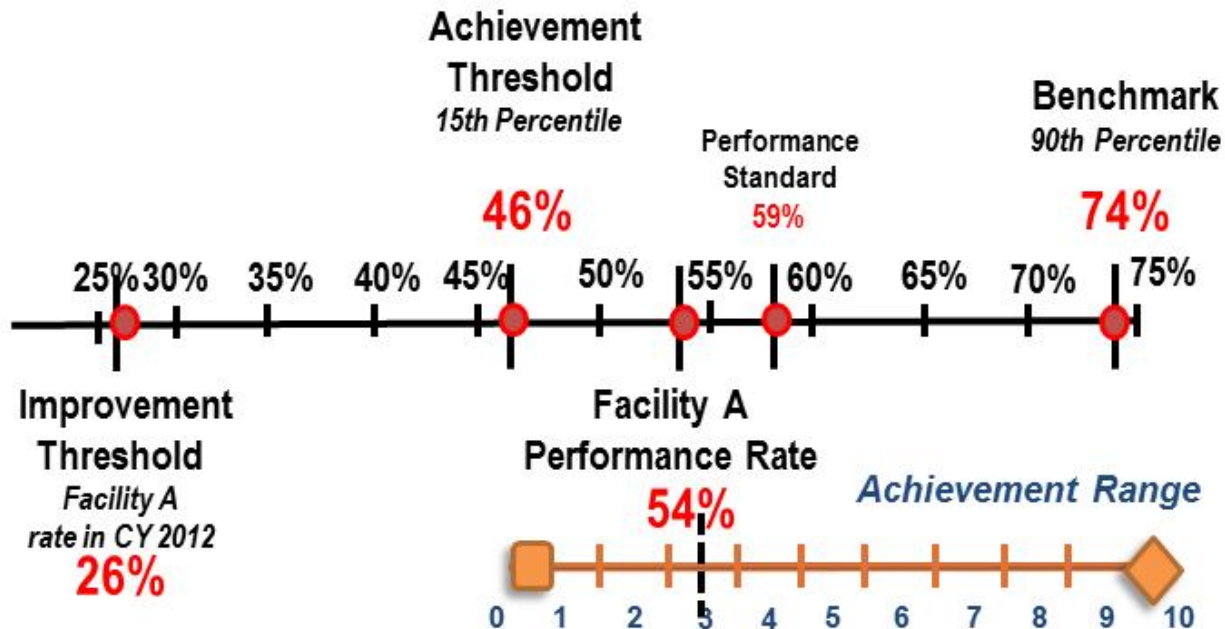
$$9 \times \left(\frac{\text{Facility's Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5$$

- This formula will only be used if the facility's performance rate falls within the achievement range:
 - If the facility's performance rate is below the achievement range, it will receive 0 points for its achievement score
 - If the facility's performance rate is above the achievement range, it will receive 10 points

PY 2015 Example: Calculating the Achievement Score



Vascular Access Type – AVF Measure (Facility A)



Achievement Score Formula

$$9 \times \left[\frac{54 - 46}{74 - 46} \right] + 0.5 = 3.07, \text{ rounded to } 3$$

PY 2015 Improvement Score: Comparison to Previous Facility Performance

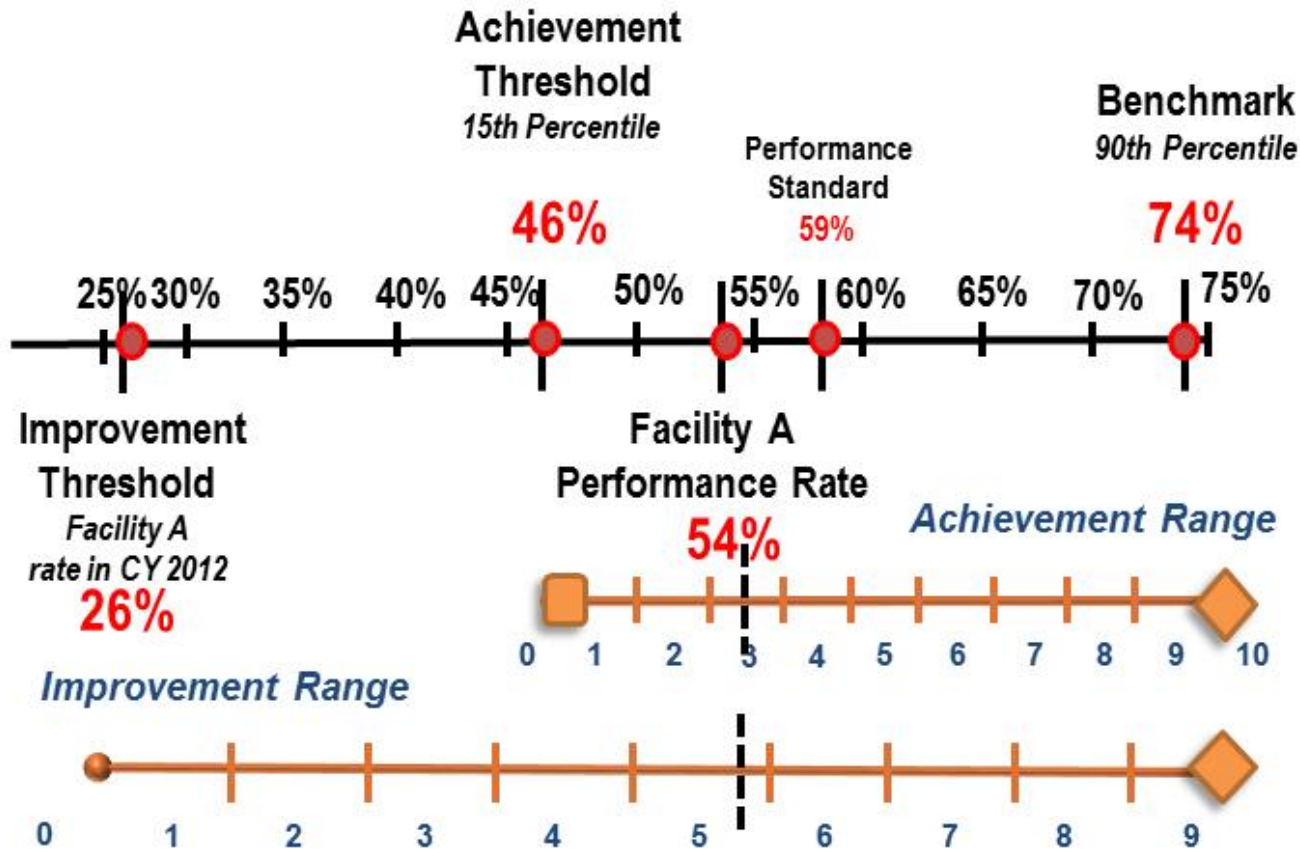


- **To determine the improvement score, facilities will receive points along an improvement range:**
 - The improvement threshold is the individual facility's performance during CY 2012
 - The benchmark is the 90th percentile during CY 2011
 - The improvement range (on a scale from 0–9 points) runs between the improvement threshold and the benchmark

PY 2015: Improvement Score Example



Vascular Access Type – AVF Measure (Facility A)



PY 2015: Calculating Improvement Scores



- The improvement score is calculated using the following formula:

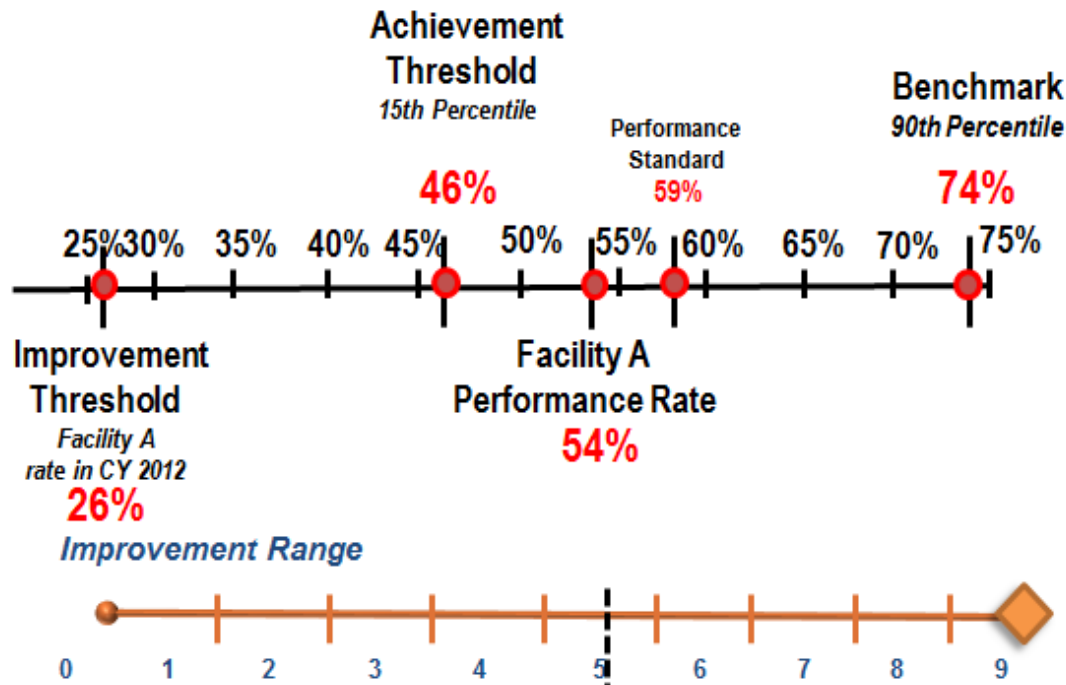
$$10 \times \left(\frac{\text{Facility's Performance Period Rate} - \text{Improvement Threshold}}{\text{Benchmark} - \text{Improvement Threshold}} \right) - 0.5$$

- This formula is only used if the facility's performance rate falls within the improvement range:
 - If the facility's performance rate is below the improvement range, it will receive 0 points for its improvement score
 - If the facility's performance rate is above the improvement range, that facility already received the full 10 points for achievement

PY 2015 Example: Calculating the Improvement Score



Vascular Access Type – AVF Measure (Facility A)

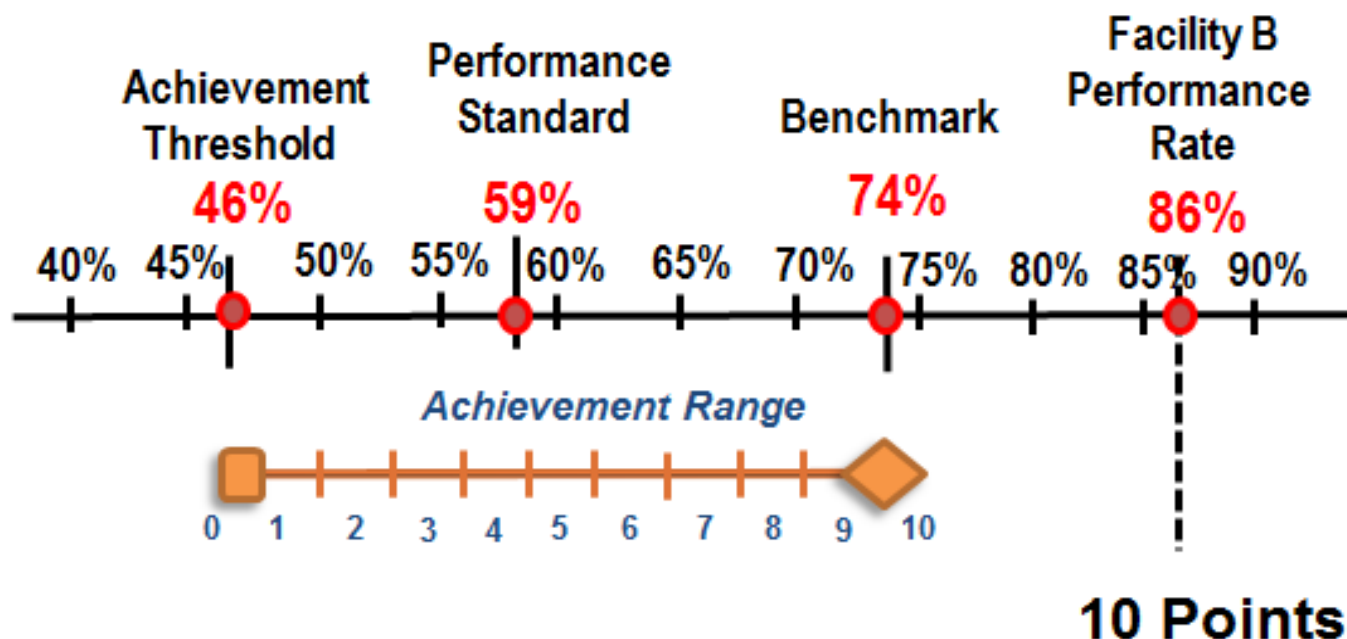


Improvement Score Formula

$$10 \times \left[\frac{54 - 26}{74 - 26} \right] - 0.5 = 5.33, \text{ rounded to } 5$$

PY 2015 Example: Score At or Above the Benchmark

Vascular Access Type – AVF Measure (Facility B)

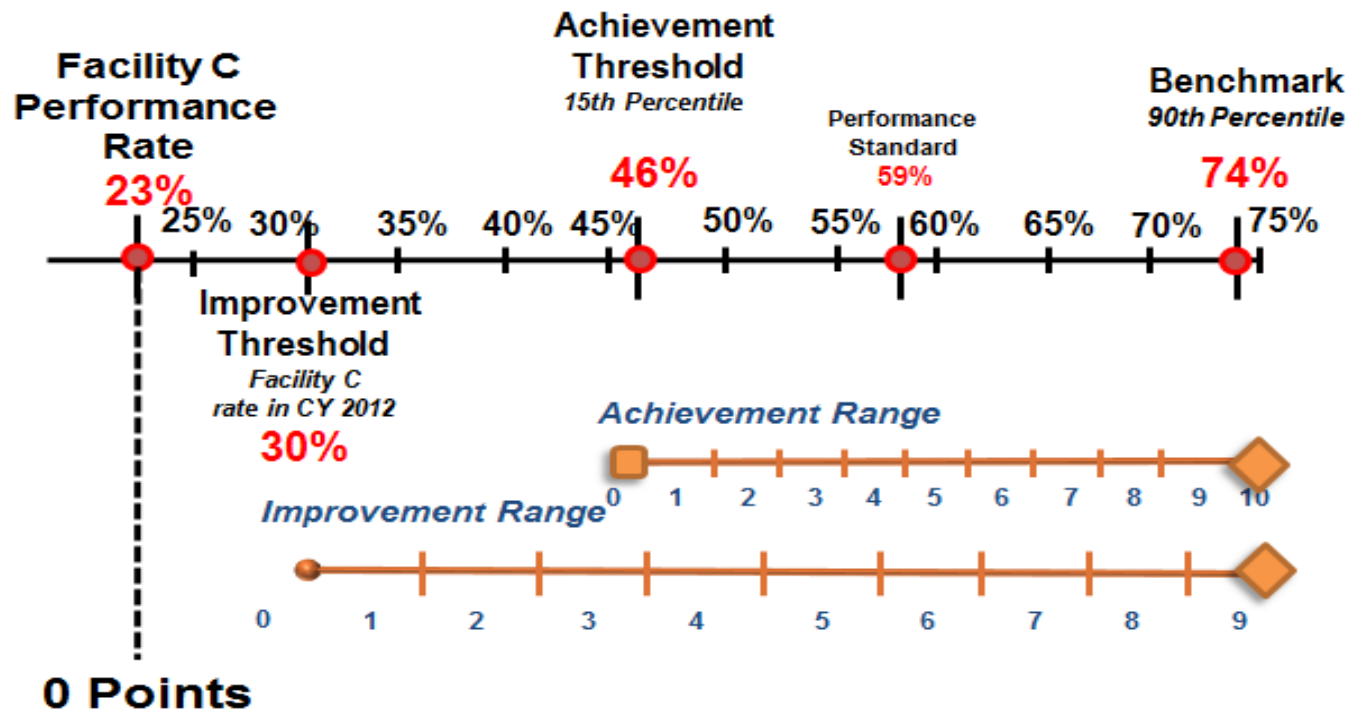


- The formulas are not applied for facility performance rates above the benchmark
- A facility performance rate above the benchmark earns 10 points

PY 2015 Example: Below Achievement and Improvement Thresholds



Vascular Access Type – AVF Measure (Facility C)



- The formulas are not applied for performance rates below the achievement and/or improvement threshold
- A rate below the achievement threshold and at or below the improvement threshold earns 0 points

PY 2015: Estimated Achievement Thresholds, Benchmarks, and Performance Standards



Measure	Description/Definition	Achievement Threshold: 15th percentile	Benchmark: 90th percentile	Performance Standard
Anemia Management Measure Topic	Percentage of patients with hemoglobin greater than 12 g/dL	7%	0%	2%
Kt/V Dialysis Adequacy Measure Topic	Three measures:			
• Hemodialysis	• Percentage of adult hemodialysis patients with spKt/V of at least 1.2	86%	97%	93%
• Peritoneal Dialysis	• Percentage of adult peritoneal dialysis patients with Kt/V of at least 1.7	58%	94%	83%
• Pediatric Dialysis	• Percentage of pediatric patients with a spKt/V of at least 1.2	78%	96%	90%

PY 2015: Estimated Achievement Thresholds, Benchmarks, and Performance Standards (Cont.)



Measure	Description/Definition	Achievement Threshold: 15th percentile	Benchmark: 90th percentile	Performance Standard
Vascular Access Type Measure Topic	Two measures:			
• Fistula	• Percentage of patients receiving treatment with fistula with two needles	46%	74%	59%
• Catheter	• Percentage of patients receiving treatment with catheter for at least 90 days	23%	5%	13%
Hypercalcemia Measure Topic*	Number of patients with uncorrected serum calcium greater than 10.2 mg/dL	6%	0%	3%

* Note that the estimates for the Hypercalcemia measure are based on approximately 63% of facilities (accounting for approximately 80% of Medicare ESRD patients) reporting serum calcium values in CROWNWeb

PY 2015 Proposed Reporting Measures

Presenter:

Anita Segar

**Policy Lead, ESRD Quality Incentive Program
Division of Value, Incentives, and Quality Reporting
Office of Clinical Standards and Quality, CMS**

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this ODF are *proposed* at this time; the ESRD QIP for PY 2015 will not be adopted until a final rule is issued in early November of 2012.

Proposed Reporting Measures: Summary



- **The PY 2015 proposed rule broadens the scope of the ESRD QIP to include four reporting measures**
- **Performance period: CY 2013**
- **One reporting measure unchanged from PY 2014:**
 - Patients' experience of care survey administration via In-Center Hemodialysis (ICH) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey
- **Two reporting measures expanded from PY 2014:**
 - Dialysis event data submission to the National Healthcare Safety Network (NHSN) system
 - Monthly mineral metabolism monitoring (serum calcium and serum phosphorus)
- **One new reporting measure:**
 - Anemia Management
- **Scores for applicable reporting measures will be weighted equally to comprise 20% of the TPS**

PY 2015: Calculating the Anemia Management Reporting Measure



- **Facilities must report hemoglobin or hematocrit values and any ESA dosage on Medicare claims**
 - Applies for hemodialysis patients, peritoneal dialysis patients, and pediatric dialysis patients alike
 - Claims for peritoneal dialysis patients must include ESA dosage and hemoglobin or hematocrit values
 - If the patient is treated elsewhere during the month (e.g., hospital), facilities can report lab work performed by the other entity
 - Claims for hemodialysis patients treated *only once during the claim month* will be excluded from this reporting measure
- **To earn the maximum 10 points on the measure: report 12 months of data for every Medicare patient**
- **To earn 5 points: report at least 6 consecutive months of data for every Medicare patient**

PY 2015: Calculating the NHSN Dialysis Event Reporting Measure



- **Facilities must report information about dialysis events on a monthly basis to the NHSN**
- **A one-month grace period applies**
(e.g., June data must be reported by July 31)
- **To earn the maximum 10 points on the measure: report 12 months of data for in-center hemodialysis patients**
- **To earn 5 points: report at least 6 consecutive months of data for in-center hemodialysis patients**
- **Facilities that have not yet enrolled and trained in the NHSN system for dialysis events must do so**

PY 2015: Calculating the Mineral Metabolism Reporting Measure



- **Facilities must report the serum calcium and serum phosphorus levels of all patients on a monthly basis to CROWNWeb**
 - Applies for hemodialysis patients, peritoneal dialysis patients, and pediatric dialysis patients alike
 - If the patient is treated elsewhere during the month (e.g., hospital), facilities can report lab work performed by the other entity
 - Claims for patients treated *only once during the claim month* will be excluded from this reporting measure
- **A one-month grace period applies**
(e.g., June data must be reported by July 31)
- **To earn the maximum 10 points on the measure: report 12 months of data for every patient**
- **To earn 5 points on the measure: report at least 6 consecutive months of data for every patient**

PY 2015: Calculating the ICH CAHPS Reporting Measure



- **Facilities must attest that they have administered the ICH CAHPS survey via a third party to adult in-center hemodialysis patients**
- **To earn the maximum 10 points on this measure: attest to successfully administering the survey via CROWNWeb**
- **No points will be awarded to eligible facilities that do not make this attestation**

PY 2015: Applying Reporting Measures to New Facilities



- **A facility that receives its CMS Certification Number (CCN) after June 30, 2013 will not be scored on any reporting measure**
 - Without a reporting measure score, these facilities will not receive a TPS

- **New scoring approach for facilities receiving their CCN between January 1 and June 30, 2013:**
 - Reporting requirements begin on first day after the month in which the facility receives its CCN (e.g., April 1 if CCN received during March)
 - Reporting for every eligible month: 10 points
 - Reporting for half the eligible months: 5 points
 - ICH CAHPS reporting measure: Attest that survey was completed successfully during the time period the facility had a CCN

Calculating the Total Performance Score and Determining Payment Reductions

Presenter:

Anita Segar

**Policy Lead, ESRD Quality Incentive Program
Division of Value, Incentives, and Quality Reporting
Office of Clinical Standards and Quality, CMS**

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this ODF are *proposed* at this time; the ESRD QIP for PY 2015 will not be adopted until a final rule is issued in early November of 2012.

PY 2015: Calculating the Total Performance Score



- **Weighting of Clinical Measures:**
 - Each clinical measure or measure topic for which a facility receives a score is equally weighted to comprise 80% of the TPS

- **Weighting of Reporting Measures:**
 - Each reporting measure for which a facility receives a score is equally weighted to comprise 20% of the TPS

- **Facilities will receive a TPS as long as they receive a score for at least one clinical measure *and* one reporting measure**

- **Facilities can obtain a TPS of up to 100 points**

PY 2015: Proposed Payment Reduction Structure



- **A facility's TPS determines whether a payment reduction applies**
- **To avoid a payment reduction, facilities must score at or above the minimum TPS**
- **Minimum TPS is calculated by:**
 - Scoring each clinical measure at the performance standard
 - Scoring each reporting measure at 0
- **CMS weights the measure topics by the number of ESRD patients nationally in each measure**
- **The maximum payment reduction for any facility would be 2%**

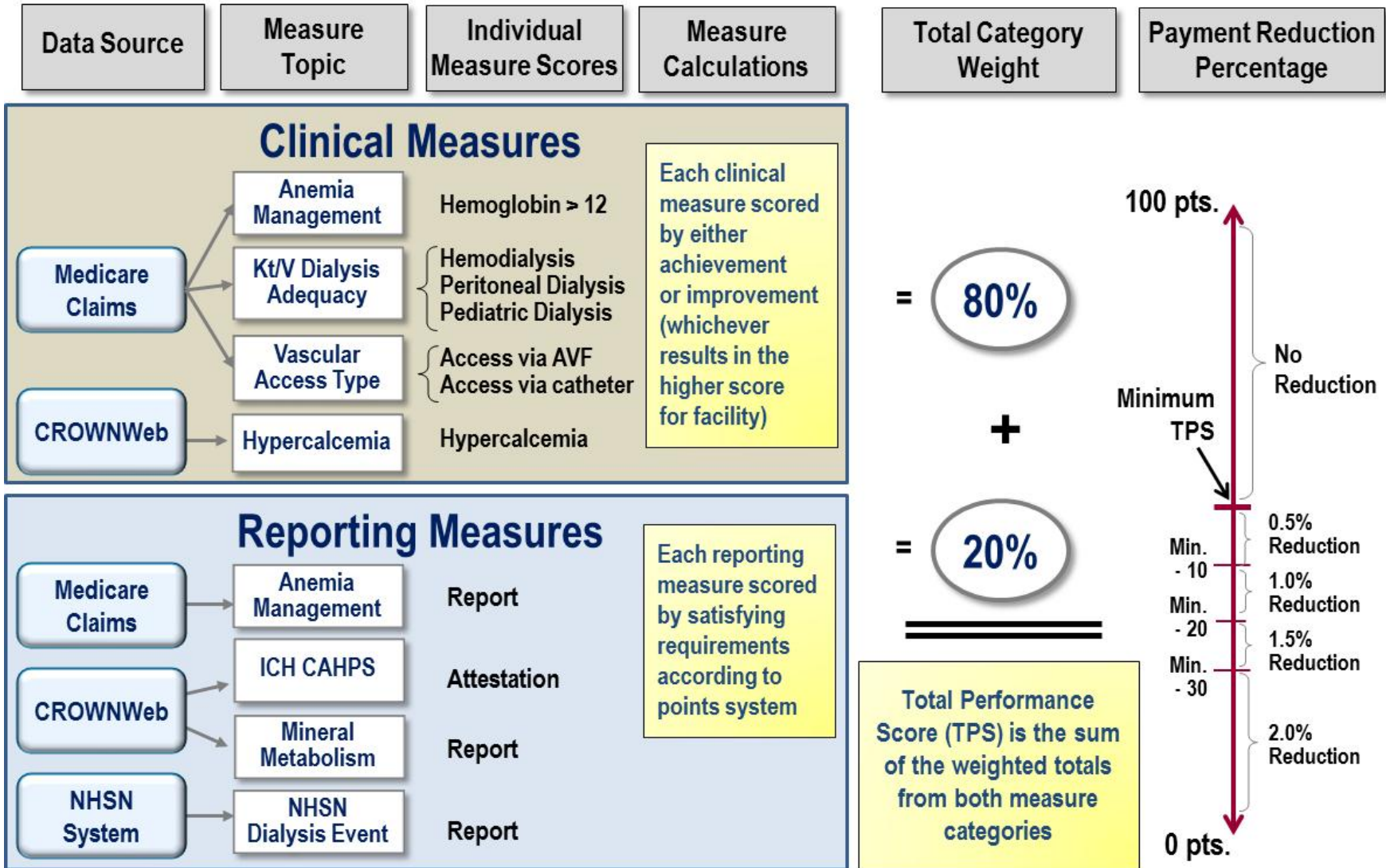
PY 2015: Estimated Payment Reduction Scale



- Based on available data, the current estimated minimum TPS is 52 points
- Payment reductions are applied on a sliding scale

Estimated PY 2015 Payment Reduction Scale	
Total Performance Score (TPS)	Percentage of Payment Reduction
52 or more points	0%
51 – 42 points	0.5%
41 – 32 points	1.0%
31 – 22 points	1.5%
21 or fewer points	2.0%

PY 2015 Scoring and Payment Reduction Methodology



Additional Proposals

Presenter:

Teresa Casey
Director

Division of ESRD, Population and Community Health
Office of Clinical Standards and Quality, CMS

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this ODF are *proposed* at this time; the ESRD QIP for PY 2015 will not be adopted until a final rule is issued in early November of 2012.

- **Apply PY 2015 rules for Mineral Metabolism reporting measure to PY 2014 reporting attestation**
 - If the patient is treated elsewhere during the month (e.g., hospital), facilities can count lab work performed by the other entity for meeting the requirement
 - Patients treated *only once during the claim month* will be excluded from this reporting measure, so facilities otherwise meeting the measure requirements should attest to their compliance

- **Modify Performance Score Certificate rules**
 - New Spanish-language copy (posting both certificates is mandatory)
 - Posting required by first business day of 2014 and each subsequent calendar year

PY 2015 Additional Proposals



■ Data Validation Pilot Project

- National sample of facility records to examine accuracy of data used to calculate measure scores and TPS
- Random sample of ~750 facilities beginning in CY 2013 (10 records each)
- Facilities would have 60 days to comply with a request of records
- No payment reductions posed in first year
- CMS intends to evolve this pilot into a full effort by PY 2016
 - ❖ Option: Developing a data validation measure as part of TPS
 - ❖ Option: Imposing an additional reduction tier (e.g., from 0.5% to 1%) if data is inaccurate beyond a predetermined threshold

■ Rules for transferred facilities

Topics for Future Measure Development



- **Standard Mortality Ratio (SMR)**
- **Standard Hospitalization Ratio (SHR) – Admissions**
- **30-day readmissions**
- **Population/community health**
- **Efficiency/cost of care**
- **Assessing health-related quality of life**
- **Access to care**
- **Transfusion**

Commenting Process

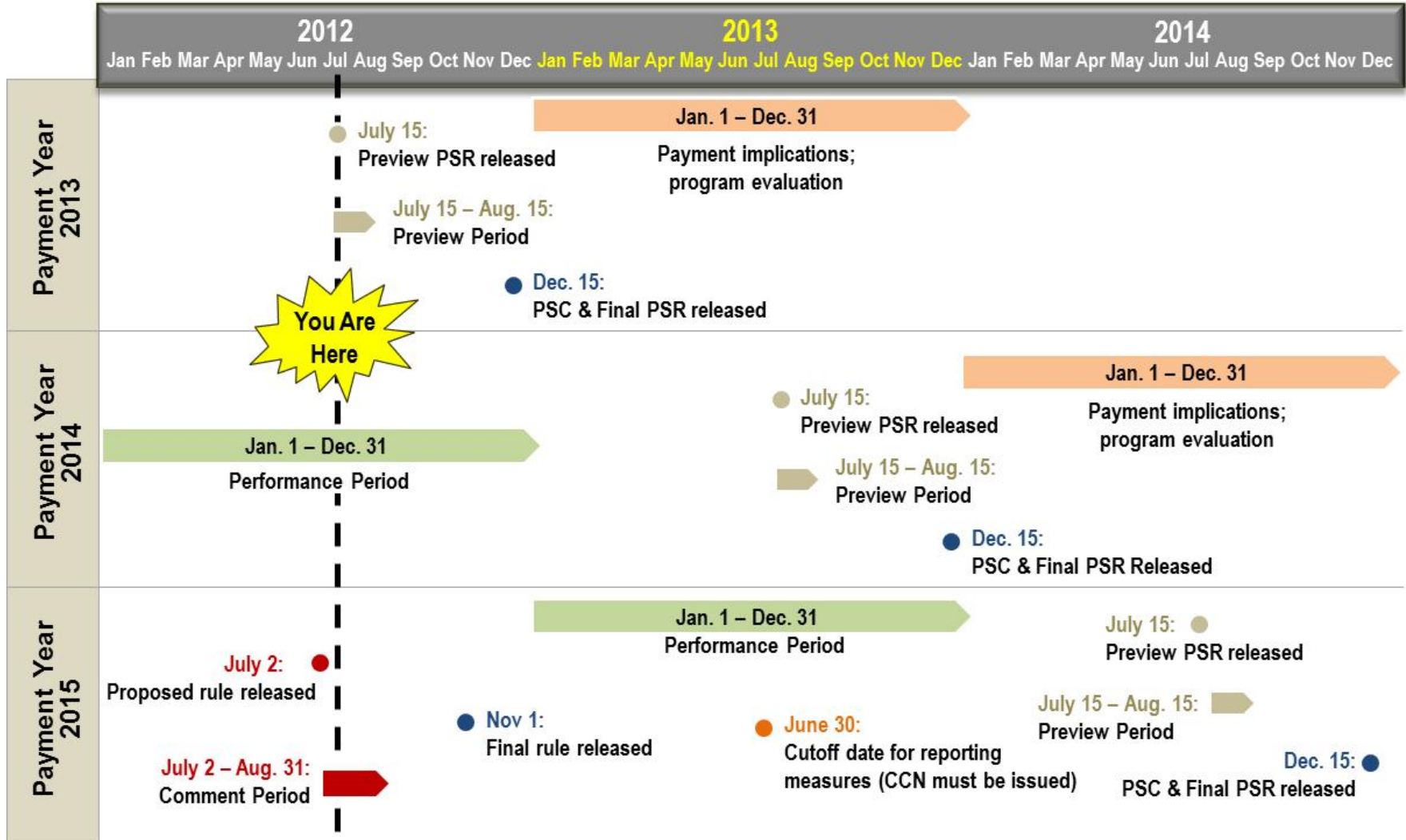
Presenter:

Brenda Gentles

Communications Lead

**Division of ESRD, Population and Community Health
Office of Clinical Standards and Quality, CMS**

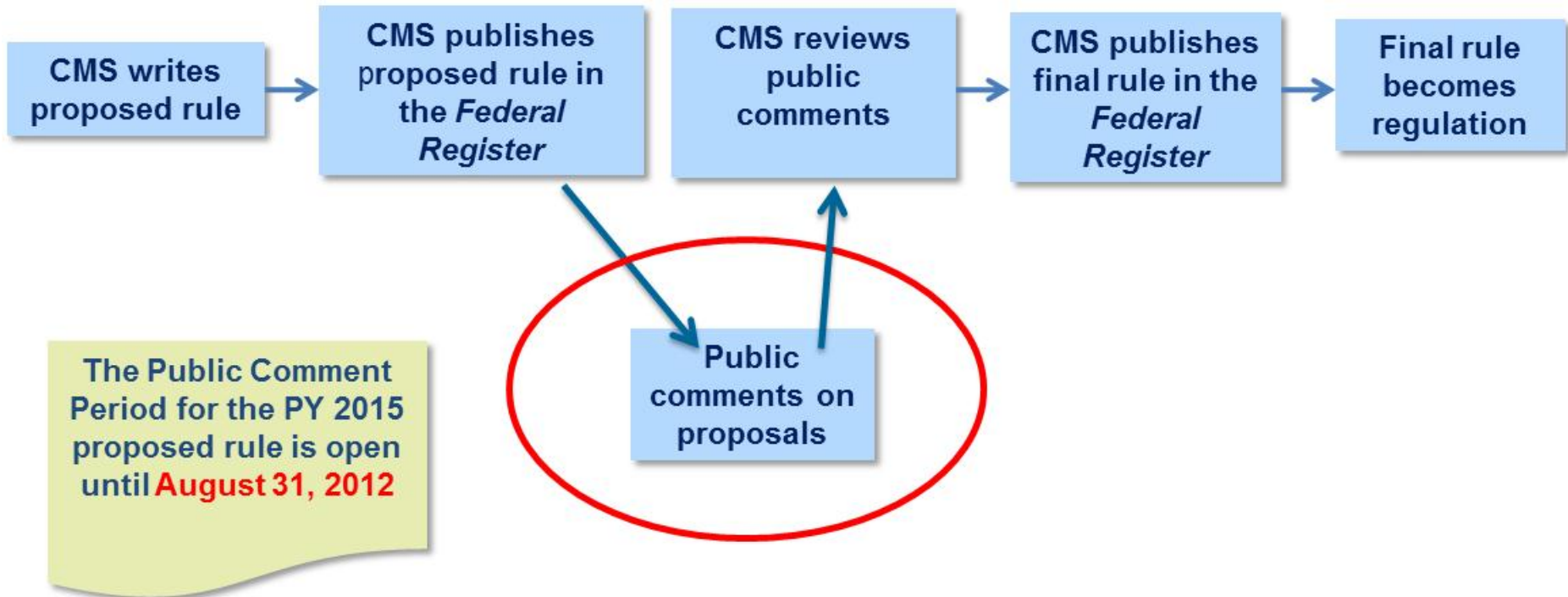
ESRD QIP Timeline



Your Role in the Regulation Process



CMS is proposing the structure of the ESRD QIP for PY 2015 through the federal rulemaking process



Your comments matter!

Commenting on PY 2015 Proposed Rule

Read and comment on the proposed rule for ESRD QIP PY 2015 online at: www.regulations.gov

- Include file number **CMS-1352-P** on all correspondence, including comments



The screenshot shows the homepage of [regulations.gov](http://www.regulations.gov). The main heading is "Participate Today!" with a sub-heading "Your Voice In Federal Decision-Making". Below this, there is a search bar with the text "RIN 0938-AR13" entered and highlighted by a red box. A red arrow points to the search bar. The search bar is labeled "Search" and "Advanced Search".

Below the search bar, there are three columns of information:

- A Commenter's Checklist**: View Tips for More Effective Commenting
- Regulations With Comments Due Soon**: Today (82), Next 3 Days (108), Next 7 Days (200), Next 15 Days (474), Next 30 Days (844), Next 90 Days (1,176)
- Newly Posted Regulations**: Today (92), Last 3 Days (185), Last 7 Days (540), Last 15 Days (1,124), Last 30 Days (2,222), Last 90 Days (6,165)

On the right side, there is a section "Are you new to the site?" with links: "Click the links below to get started", "How do I find a rule?", "How do I submit a comment?", "How do I find my comment?", "Do my comments make a difference?". Below this is a "Site Enhancements" section with a monitor icon and text: "Explore new features on Regulations.gov", "President's Executive Order", and "Visit our new Facebook page!".

At the bottom, there is a navigation menu with links: Home, About Us, Resources, Help, and Connect With. The "Connect With" section includes social media icons for RSS, Facebook, Twitter, and YouTube, and links for "Feedback and Questions", "Privacy Notice", "User Notice", and "Accessibility Statement".

At the very bottom, there is a "Partner Sites" section with links: Exchange, Federal Register, RegInfo, Thomas, USA.gov, E-Gov, and Opengov. The footer also includes the text "Participate Today!"

Submitting Comments on the Proposed Rule



■ To submit comments online:

- Click “Comment Now” next to the regulation title

■ 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 through Friday (9:00 a.m. – 5:00 p.m. EDT)

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Learn more about these Results

Medicare Program, End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Bad Debt Reductions for all Medicare Providers
- Document Contents : ...Medicaid Services 42 CFR Parts 413 and 417 [CMS-1352-F] **RIN 0938-AR13** Medicare Program, End-Stage Renal Disease Prospective Payment System, Quality Incentive...
Proposed Rule | Posted: 07/02/2012 | ID: CMS-2012-0080-0001
Agency: CMS | RIN: 0938-AR13 | DocketID: CMS-2012-0090

Comment Now!
Comments Due
Aug 31, 2012 11:59 PM EDT

Comment Period Closed

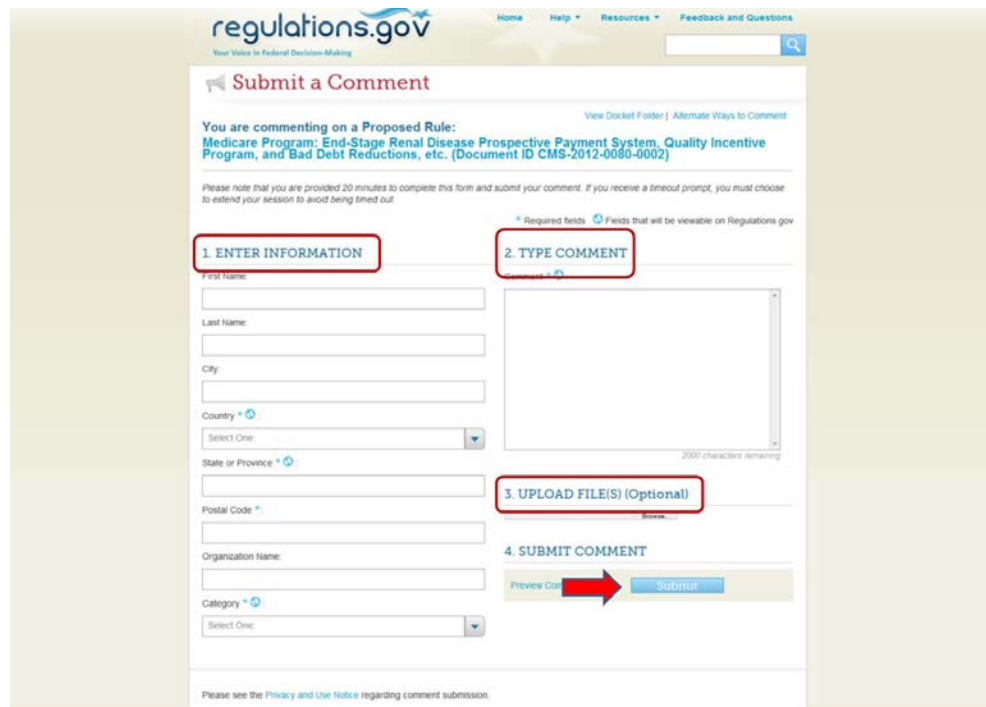
Semiannual Regulatory Agenda - Fall 2011
- Document Contents : ...Health and Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) **RIN 0938-AR13** View Related Documents 110 Regulations.gov Friday, January 20, 2012 Unified...
Other | Posted: 01/20/2012 | ID: HHS-ASAM-2012-0002-0001
Agency: HHS | RIN: Not Assigned | DocketID: HHS-ASAM-2012-0002

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Comments due Friday, August 31, 2012 – 11:59 p.m. EDT

Submitting Comments on the Proposed Rule (Cont.)

- Use the “Submit a Comment” function:
 - 20-minute time limit to complete the comment form
 - Option to upload files



The screenshot shows the 'Submit a Comment' page on regulations.gov. The page title is 'Submit a Comment' and it includes a search bar and navigation links. The main heading is 'Submit a Comment' with a sub-heading 'You are commenting on a Proposed Rule: Medicare Program: End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Bad Debt Reductions, etc. (Document ID CMS-2012-0080-0002)'. Below this, there is a note about the 20-minute time limit. The form is divided into four sections: 1. ENTER INFORMATION (with fields for First Name, Last Name, City, Country, State or Province, and Postal Code), 2. TYPE COMMENT (with a large text area and a 2000 character limit), 3. UPLOAD FILE(S) (Optional), and 4. SUBMIT COMMENT (with a 'Preview Comment' button and a 'Submit' button). A red arrow points to the 'Submit' button.

Comments due Friday, August 31, 2012 – 11:59 p.m. EDT

Submitting Comments on the Proposed Rule (Cont.)



- **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 addresses**

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Comment Period: Points of Emphasis



- **CMS welcomes comments on any portion of the proposed rule as well as suggestions for future program elements**

- **Please consider sharing your thoughts on the following issues in particular:**
 - Proposals related to public reporting requirements (e.g., the PSC)
 - Method for creating a single score for each of the two measure topics
 - Achievement and improvement comparison periods
 - Use of “small facility” adjusters
 - Weighting of clinical and reporting measures to create the TPS
 - Future measures

Summary:

PY 2015 Compared to PY 2014

Presenter:

Anita Segar

**Policy Lead, ESRD Quality Incentive Program
Division of Value, Incentives and Quality Reporting
Office of Clinical Standards and Quality, CMS**

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this ODF are *proposed* at this time; the ESRD QIP for PY 2015 will not be adopted until a final rule is issued in early November of 2012.

PY 2015 Proposals: Similarities with PY 2014



■ **General program framework:**

- TPS consists of clinical and reporting measures
- TPS range is 0–100 points
- Achievement and improvement scoring applies to clinical measures
 - ❖ Method resulting in the best score for the facility applies
- Points for reporting measures awarded by meeting requirements

■ **Measures retained:**

- Anemia Management and VAT clinical measures
- ICH CAHPS reporting measure (unchanged)
- Mineral Metabolism and NHSN Dialysis Event reporting measures (expanded)

PY 2015 Proposals: Measure Changes from PY 2014



■ Clinical Measures:

- URR Dialysis Adequacy removed
- Kt/V Dialysis Adequacy measure topic added
 - ❖ Adult hemodialysis
 - ❖ Peritoneal dialysis
 - ❖ Pediatric dialysis
- Hypercalcemia measure added
- “Small facility” adjusters established for scoring facilities with a small number of patients

■ Reporting Measures:

- Anemia Management reporting measure added

PY 2015 Proposals: Program Changes from PY 2014



- **TPS Weighting:**
 - 80% clinical scores and 20% reporting scores
- **New Performance Period:**
 - Performance period is CY 2013
- **Achievement thresholds, benchmarks, and performance standards based on CY 2011 data**
- **Improvement thresholds based on CY 2012 data**
- **Program Eligibility:**
 - Facilities must receive a score for at least one measure in each category in order to receive a TPS and be eligible for a payment reduction

Comparison of PYs 2014 and 2015



	PY 2014		PROPOSED PY 2015	
Measures	6 Total		11 Total	
	3 Clinical <ul style="list-style-type: none"> Hgb >12 g/dL URR ≥ 65% VAT 	3 Reporting <ul style="list-style-type: none"> NHSN ICH CAHPS Mineral Metabolism 	7 Clinical <ul style="list-style-type: none"> Hgb >12 g/dL Kt/V Dialysis Adequacy Measure Topic <ul style="list-style-type: none"> Hemodialysis Peritoneal Dialysis Pediatric Dialysis VAT Measure Topic <ul style="list-style-type: none"> Catheter Fistula Hypercalcemia 	4 Reporting <ul style="list-style-type: none"> Anemia Management NHSN Mineral Metabolism ICH CAHPS
Performance Period	CY 2012		CY 2013	
Period for calculating Achievement Thresholds, Benchmarks, and Performance Standards	July 1, 2010 – June 30, 2011		CY 2011	
Period for calculating Improvement Thresholds	July 1, 2010 – June 30, 2011		CY 2012	
Performance Standard	Median national performance rate during July 1, 2010 – June 30, 2011		Median national performance rate during CY 2011	
Weighting	Clinical Measures: 90%	Reporting Measures: 10%	Clinical Measures: 80%	Reporting Measures: 20%
	If a facility only has enough data for one type of measure, that measure(s) will comprise 100% of the TPS		A facility must have enough data for both a clinical and a reporting measure to receive a TPS	
Payment Reductions: Minimum Score	Payment reductions applied for any score less than 53 points		Payment reductions applied for any score less than 52 points (current estimate)	

Resources and Next Steps

Presenter:

Brenda Gentles
Communications Lead
Division of ESRD, Population and Community Health
Office of Clinical Standards and Quality, CMS

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this ODF are *proposed* at this time; the ESRD QIP for PY 2015 will not be adopted until a final rule is issued in early November of 2012.

PY 2015 Measures: Eligible Claims by Modality



- **The PY 2015 ESRD QIP expands the populations included in various measures**
 - Not all measures apply to all populations, but at least one measure applies to each population

PD = Peritoneal Dialysis HD = Hemodialysis

Measure	Adult			Pediatric		
	In-Center HD	PD	Home HD	In-Center HD	PD	Home HD
Anemia Management (clinical)	X	X	X			
Kt/V – Adult HD	X		X			
Kt/V – Adult PD		X				
Kt/V – Pediatric Dialysis				X		
VAT – AVF	X		X			
VAT – Catheter	X		X			
Hypercalcemia	X	X	X			
Anemia Management (reporting)	X	X	X	X	X	X
NHSN Dialysis Event	X			X		
Mineral Metabolism	X	X	X	X	X	X
ICH CAHPS Survey	X					

Resources: Websites



- **Medicare Improvements for Patients and Providers Act of 2008 (MIPPA):** www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf
- **CMS website for the ESRD QIP:** <http://www.cms.gov/ESRDQualityImproveInit/>
(or Google “CMS + ESRD”)
Includes links to:
 - Frequently Asked Questions (FAQ)
 - Revised Conditions for ESRD Coverage
 - Dialysis Facility Compare
- **ESRD Network Coordinating Center (NCC):** <http://www.esrdncc.org/>
- **Dialysis Facility Compare:** <http://www.medicare.gov/Dialysis>
- **Dialysis Facility Reports:** <http://www.DialysisReports.org>

Resources: Clinical Measures



- **Anemia Management:** <http://www.dialysisreports.org/pdf/esrd/public-measures/AnemiaManagement-HGB-2015-NPRM.pdf>

- **Kt/V Dialysis Adequacy measure topic**
 - **Adult Hemodialysis:** <http://www.dialysisreports.org/pdf/esrd/public-measures/HemodialysisAdequacy-ktv-2015-NPRM.pdf>
 - **Adult Peritoneal Dialysis:** <http://www.dialysisreports.org/pdf/esrd/public-measures/PeritonealDialysisAdequacy-ktv-2015-NPRM.pdf>
 - **Pediatric Dialysis:** <http://www.dialysisreports.org/pdf/esrd/public-measures/PediatricHemodialysisAdequacy-ktv-2015-NPRM.pdf>

- **Vascular Access Type measure topic**
 - **AVF:** <http://www.dialysisreports.org/pdf/esrd/public-measures/VascularAccess-Fistula-2015-NPRM.pdf>
 - **Catheter:** <http://www.dialysisreports.org/pdf/esrd/public-measures/VascularAccess-Catheter-2015-NPRM.pdf>

- **Hypercalcemia:** <http://www.dialysisreports.org/pdf/esrd/public-measures/MineralMetabolism-Hypercalcemia-2015-NPRM.pdf>

Resources: Reporting Measures



- **Anemia Management:**

<http://www.dialysisreports.org/pdf/esrd/public-measures/AnemiaManagement-Reporting-2015-NPRM.pdf>

- **ICH CAHPS:**

<http://www.dialysisreports.org/pdf/esrd/public-measures/ICHCAHPS-2015-NPRM.pdf>

- **Mineral Metabolism:**

<http://www.dialysisreports.org/pdf/esrd/public-measures/MineralMetabolism-Reporting-2015-NPRM.pdf>

- **NHSN Dialysis Event Reporting:**

<http://www.dialysisreports.org/pdf/esrd/public-measures/NHSNDialysisReporting-2015-NPRM.pdf>

Next Steps



- **Comment on PY 2015 proposed rule**
- **Review PY 2013 Preview Performance Score Report (PSR), available July 15, 2012, and submit any clarification questions or a formal inquiry**
- **Read PY 2015 final rule when posted (early November)**
- **Review PY 2013 Final PSR when available (mid-December)**
- **Post PY 2013 PSC when available (mid-December)**

Questions?



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