MLN Connects™

National Provider Call

End-Stage Renal Disease Quality Incentive Program

Payment Year 2016 Final Rule

January 15, 2014

2:00 – 3:30 p.m. EST

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Presentation Purpose

To provide an overview of the final rule for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Year (PY) 2016

This National Provider Call (NPC) will discuss:

- ESRD QIP Legislative Framework
- Measures, Standards, Scoring, and Payment Reduction Scale for PY 2016
- Comparison of PY 2015 to PY 2016
- Available Resources

CMS Presenters

- **Jean Moody-Williams**, RN, MPP
  Director
  Quality Improvement Group
- **Jim Poyer**, MS, MBA
  Director
  Division of Value, Incentives, and Quality Reporting
- **Anita Segar**, MBA, MSHCA, MA
  ESRD QIP Program Lead and Policy Lead
  Division of Value, Incentives, and Quality Reporting
- **Elena Balovlenkov**, RN, MS, CHN
  ESRD Quality Measure Development
  Division of Chronic and Post-Acute Care
- **Brenda Gentles**, RN, BS, MS
  ESRD QIP Communications Lead and Monitoring & Evaluation Lead
  Division of ESRD, Population, and Community Health

Introduction

Presenter:

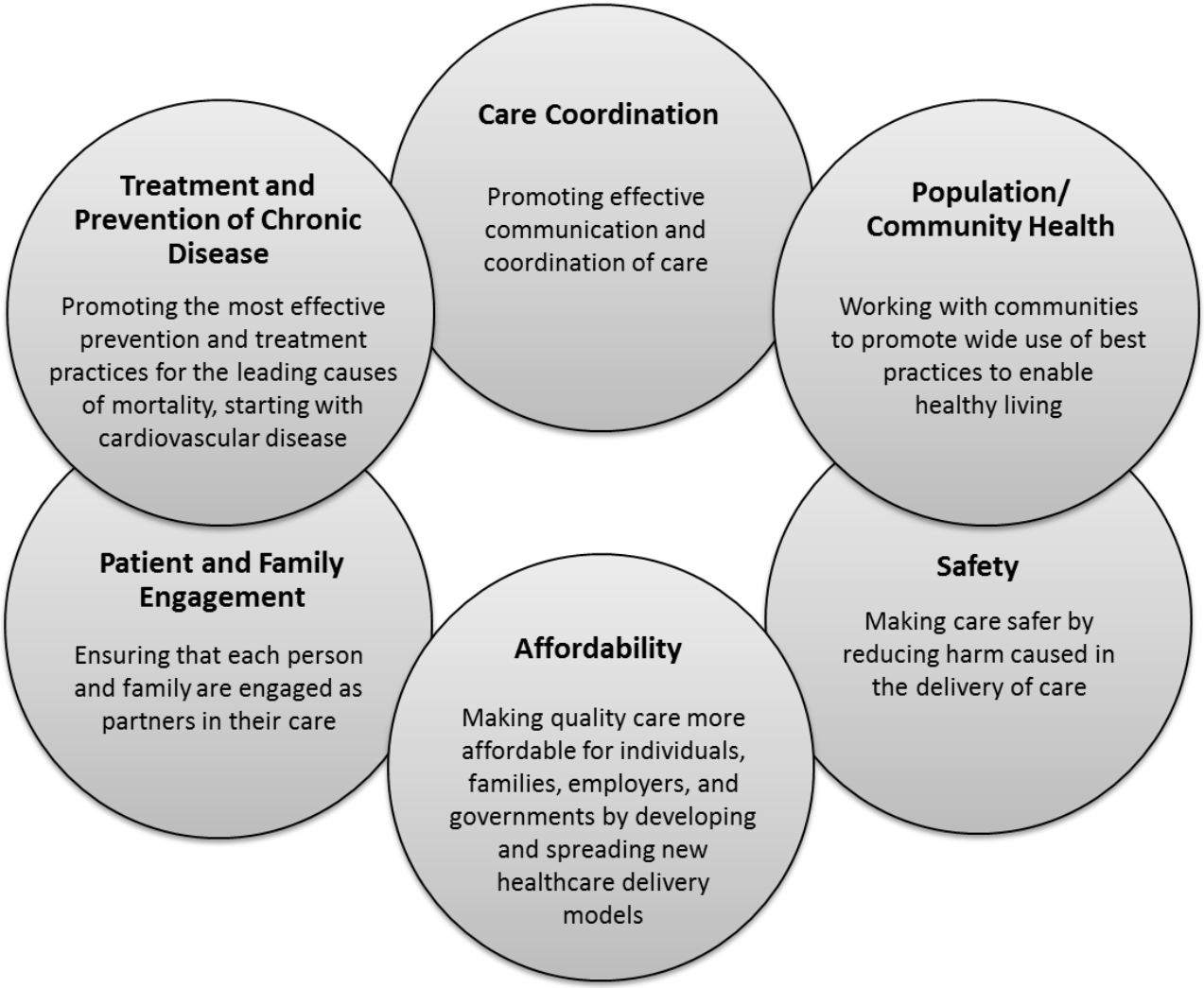
Jim Poyer

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 Overview

Presenter:

Anita Segar

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 providing a financial incentive for 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 (HHS) to create an ESRD QIP that will:

- **Select measures**
  - Anemia management, reflecting Food and Drug Administration (FDA) labeling
  - Dialysis adequacy
  - Patient satisfaction, as specified by the HHS Secretary
  - Iron management, bone mineral metabolism, and vascular access, as specified by the HHS Secretary
- **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 percentage reduction** to facilities that do not meet or exceed established total performance scores
- **Publicly report results** through websites and facility posting of performance score certificates (PSC)

Program Policy: ESRD QIP Development from Legislation to Rulemaking

- MIPPA outlines the general requirements for measure selection, weighting, scoring, and payment reduction, which are considered every year
- A rule is an official agency interpretation of legislation that has the full force of law
- Proposed Rule via Notice of Proposed Rulemaking (NPRM)
  - Reflects various what-if analyses to determine financial impacts on facilities
  - Measure selections are ideally evidence-based and promote the adoption of best practice clinical care
  - CMS clearance and legal review by the Office of the General Counsel (OGC)
  - Office of Management and Budget (OMB) review for financial impacts
  - 60-day period for public comment
- Final Rule passes through the same clearance process
- Both are published in the *Federal Register*

PY 2016 Proposed Rule Comments: Changes in the Final Rule

- PY 2016 Comment Period: 7/1/2013 – 9/3/2013
- CMS received 54 public comments about elements in the proposed rule
- Changes made in the PY 2016 final rule:
  - Did not finalize the Patient-Informed Consent for Anemia Treatment clinical measure
  - Did not finalize the Pediatric Iron Therapy reporting measure
  - Did not finalize the Comorbidity reporting measure
  - Hypercalcemia clinical measure will be given 2/3 the weight of the other clinical measures

PY 2016 Clinical Measures

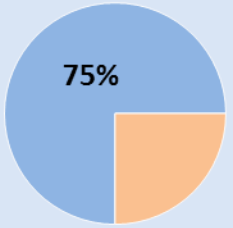
Presenter:

Elena Balovlenkov

PY 2016 Measures: Overview

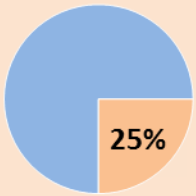
Clinical Measures – 75% of Total Performance Score (TPS)

1. Anemia Management – Hgb > 12 g/dL
2. Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis
3. Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis
4. Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
5. Vascular Access Type Measure Topic – Arteriovenous Fistula (AVF)
6. Vascular Access Type Measure Topic – Catheter ≥ 90 days
7. ★ National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Outpatients
8. ★ Hypercalcemia



Reporting Measures – 25% of TPS

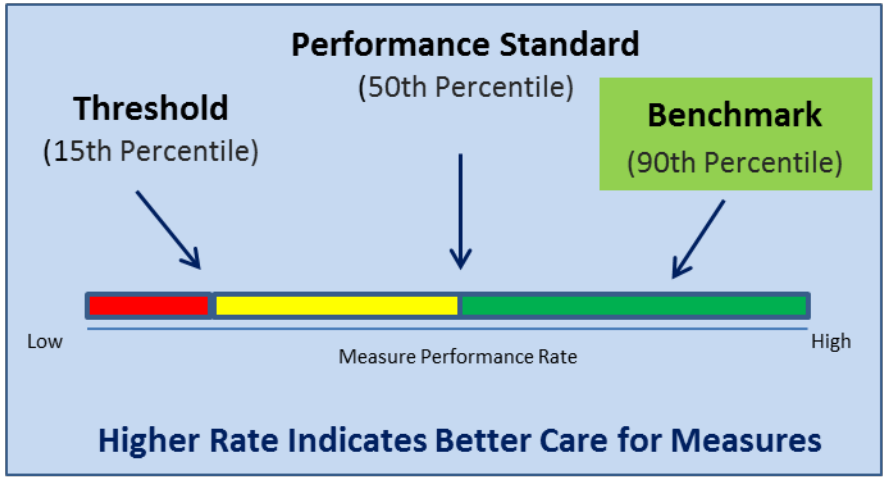
1. In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Patient Satisfaction Survey (expanded)
2. Mineral Metabolism – Serum Phosphorus
3. Anemia Management



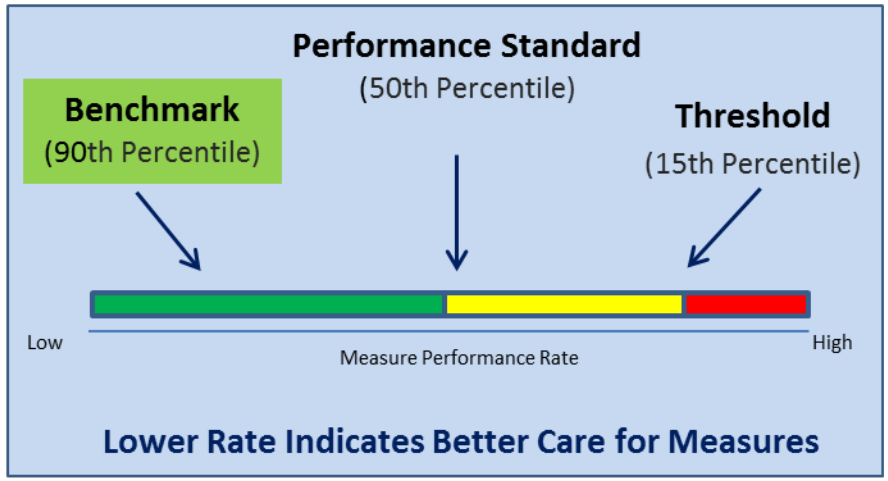
★ **New measure for PY 2016**

Clinical Measures: Directionality

- Kt/V Dialysis Adequacy (all)
- VAT – Fistula



- Anemia Management
- VAT – Catheter
- NHSN Bloodstream Infections
- Hypercalcemia



Clinical Measures: Anemia Management

Measure unchanged from PY 2015

- Percentage of qualifying Medicare patients with a mean hemoglobin value greater than 12 g/dL

Clinical Measures:
Kt/V Dialysis Adequacy Measure Topic

All measures unchanged from PY 2015

- **Adult Hemodialysis**: Percent of qualifying hemodialysis patient-months with spKt/V $\geq$ 1.2
- **Adult Peritoneal Dialysis**: Percent of qualifying peritoneal dialysis patient-months with Kt/V $\geq$ 1.7 (dialytic + residual) during the four-month study period
- **Pediatric Hemodialysis**: Percent of qualifying pediatric in-center hemodialysis patient-months with spKt/V $\geq$ 1.2

Clinical Measures:
Vascular Access Type Measure Topic

All measures unchanged from PY 2015

- **Arteriovenous (AV) Fistula**: Percentage of qualifying patient-months for patients on hemodialysis during the last hemodialysis treatment of the month using an autogenous AV fistula with two needles
- **Catheter ≥ 90 Days**: Percentage of qualifying patient-months for patients on hemodialysis during the last hemodialysis treatment of the month with a catheter continuously for 90 days or longer prior to the last hemodialysis session

Clinical Measures: NHSN Bloodstream Infection in Hemodialysis Outpatients

- Standardized number of qualifying hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months
- Facilities submit "accurately reported dialysis event data" to the Centers for Disease Control and Prevention (CDC) according to:
  - CDC enrollment and training guidelines
  - Reporting requirements specified within the NHSN Dialysis Event Protocol
- Facilities with a CMS Certification Number (CCN) certification date after January 1, 2014, will be excluded from this measure
- If a facility does not report 12 months of data in accordance with all requirements and deadlines, then it will receive 0 points for this measure

Clinical Measures: Hypercalcemia

- Proportion of qualifying patient-months with three-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL

Scoring PY 2016 Clinical Measures

Presenter:

Elena Balovlenkov

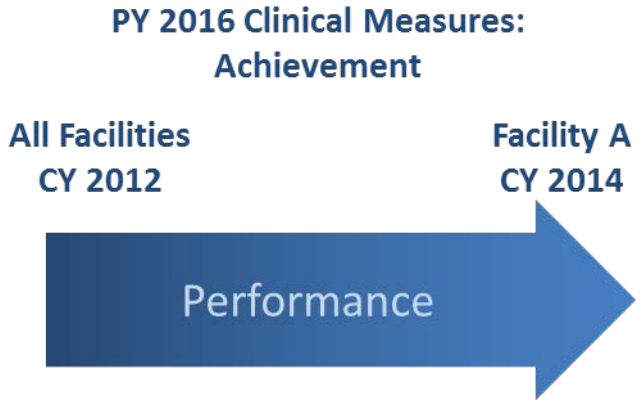
Clinical Measures: Key Scoring Terms

Term	Definition
Achievement Threshold	The 15th percentile of performance rates nationally during calendar year (CY) 2012
Benchmark	The 90th percentile of performance rates nationally during CY 2012
Improvement Threshold	The facility's performance rate during CY 2013
Performance Period	CY 2014
Performance Standard (clinical measures)	The 50th percentile of performance rates nationally during CY 2012
Performance Rate	The facility's raw score, based on specifications for each individual measure

Achievement and Improvement Scoring Methods

Achievement Score: Points awarded by comparing the facility's performance rate during the performance period (CY 2014) with the performance of **all facilities nationally** during the comparison period (CY 2012)

- Rate better than or equal to benchmark: 10 points
- Rate worse than achievement threshold: 0 points
- Rate between the two: 1 – 9 points



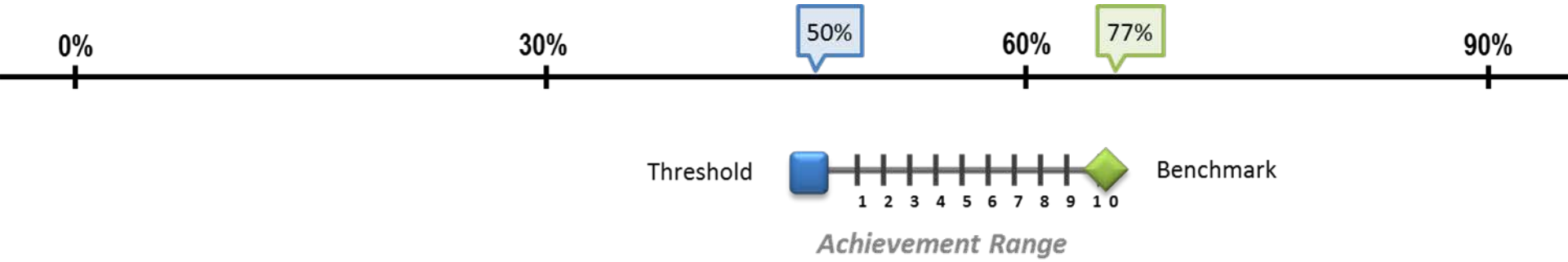
Improvement Score: Points awarded by comparing the facility's performance rate during the performance period (CY 2014) with **its own previous performance** during the comparison period (CY 2013)

- Rate better than or equal to benchmark: 10 points (per achievement score)
- Rate at or worse than improvement threshold: 0 points
- Rate between the two: 0 – 9 points

Clinical Measure Scoring Exceptions

- **NHSN Bloodstream Infections:**
  - Scored via achievement methodology only
  - Uses CY 2014 as the comparison period
  - Improvement scoring does not apply
  - Facilities with CCN certification dates after January 1, 2014, are excluded
- **Hypercalcemia:**
  - Achievement comparison period: May – December 2012
  - Improvement methodology applies

Achievement Score Example: VAT – Fistula (1 of 3)

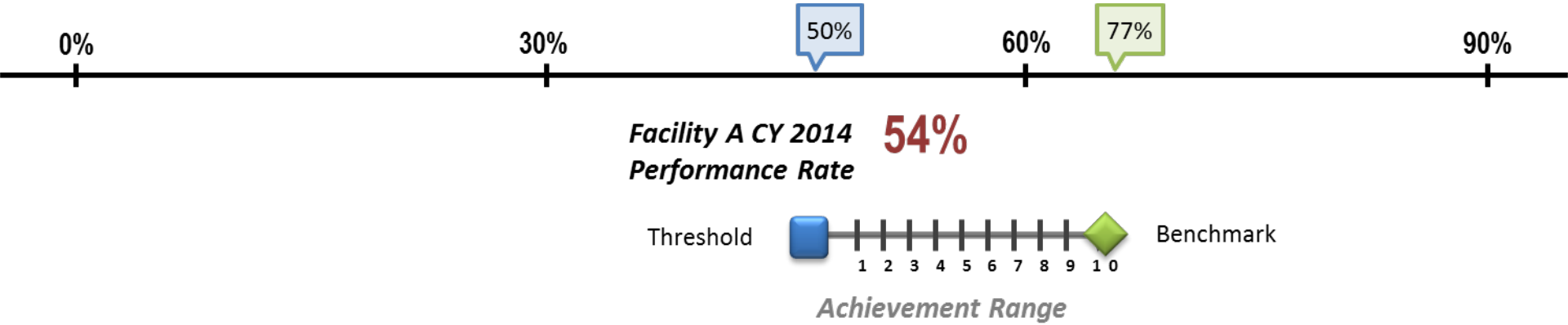


Achievement Points are awarded to facilities by comparing an individual facility's rates during 2014 against the nationally derived benchmark and threshold in 2012.

= Achievement Threshold (15th percentile)

= Benchmark (90th percentile)

Achievement Score Example: VAT – Fistula (2 of 3)



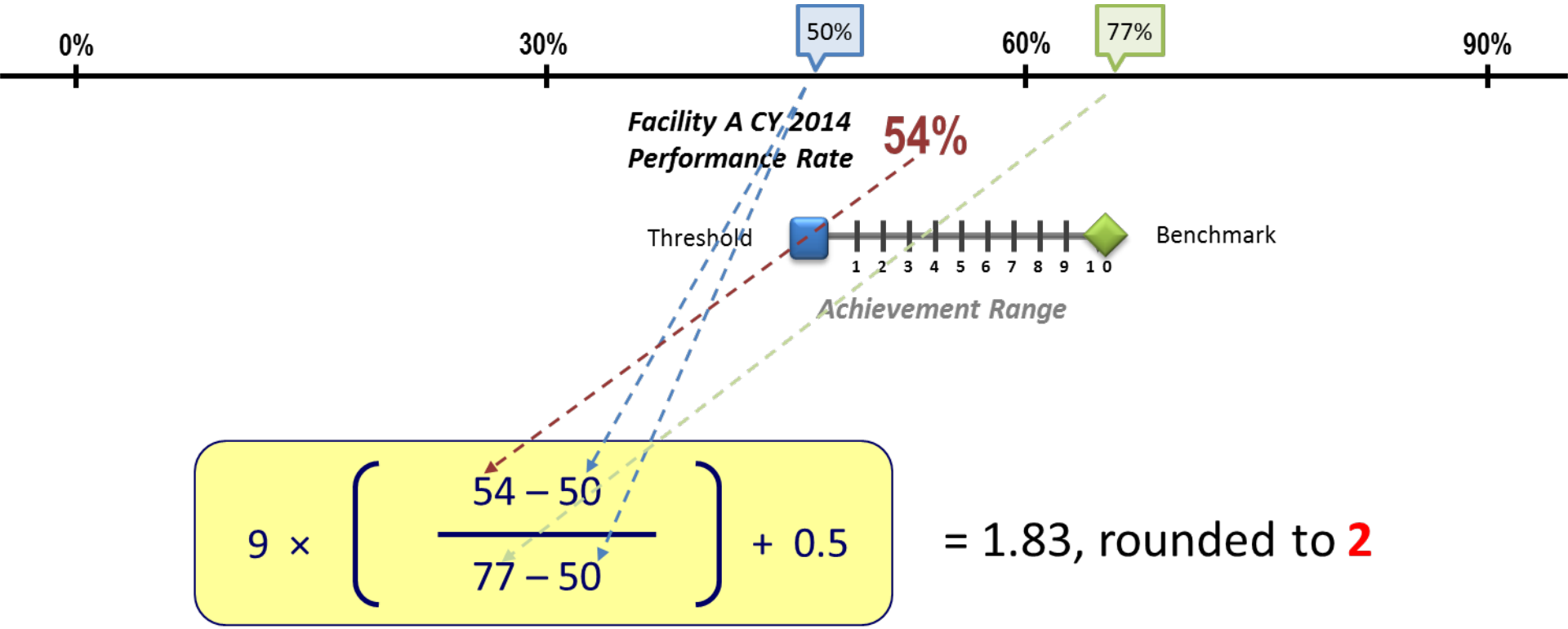
Achievement Score Formula

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

= Achievement Threshold (15th percentile)

= Benchmark (90th percentile)

Achievement Score Example: VAT – Fistula (3 of 3)



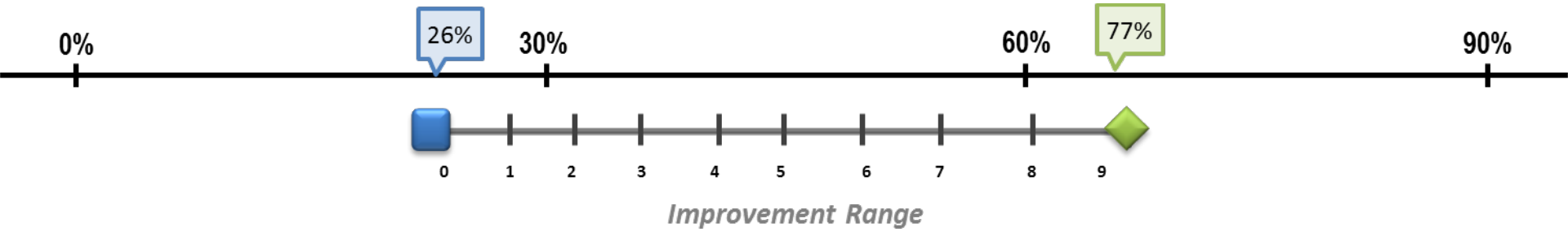
$$9 \times \left(\frac{54 - 50}{77 - 50} \right) + 0.5$$

= 1.83, rounded to **2**

= Achievement Threshold (15th percentile)

= Benchmark (90th percentile)

Improvement Score Example: VAT – Fistula (1 of 3)



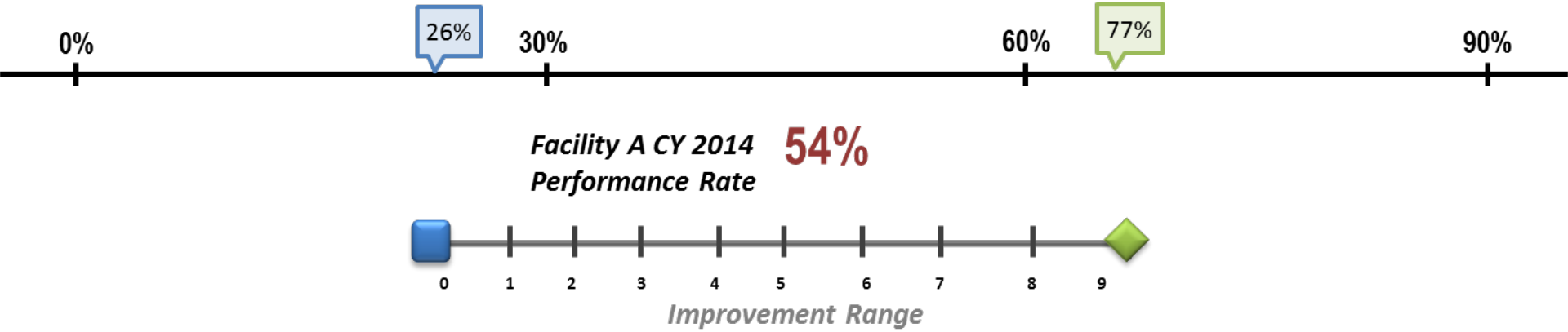
Facility A CY 2013 Performance Rate **26%**

Improvement Points are awarded to facilities by comparing an individual facility's rates during 2014 against the facility's own performance in 2013.

= Improvement Threshold (2013 performance rate)

= Benchmark (90th percentile)

Improvement Score Example: VAT – Fistula (2 of 3)



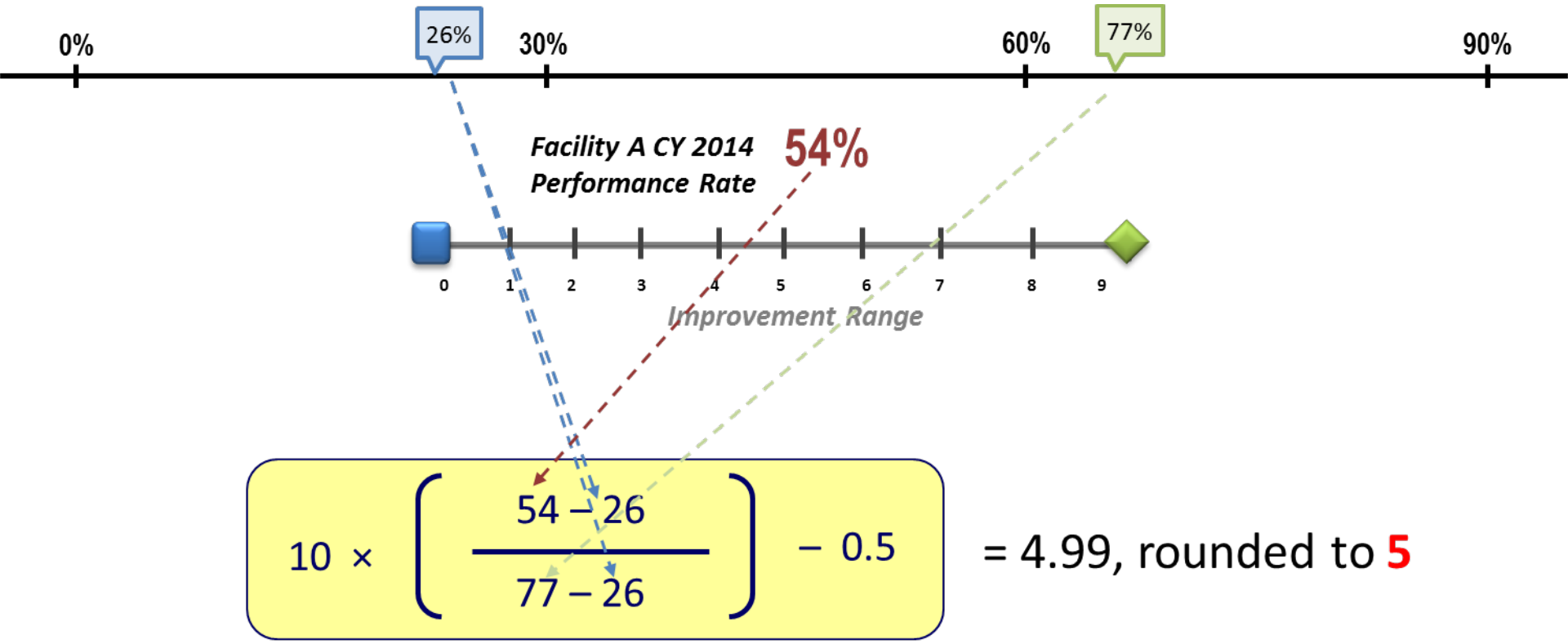
Improvement Score Formula

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

= Improvement Threshold (2013 performance rate)

= Benchmark (90th percentile)

Improvement Score Example: VAT – Fistula (3 of 3)



$$10 \times \left(\frac{54 - 26}{77 - 26} \right) - 0.5$$

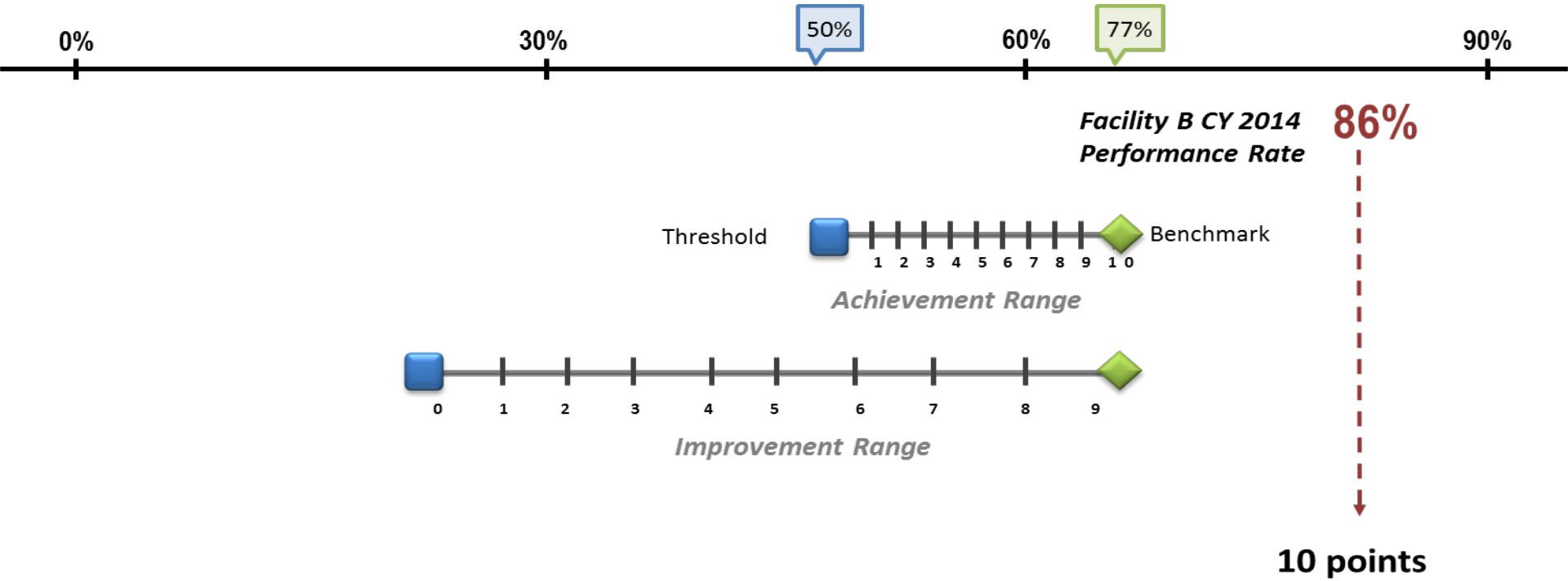
= 4.99, rounded to **5**

= Improvement Threshold (2013 performance rate)

= Benchmark (90th percentile)

This facility will earn a VAT – Fistula measure score of 5, based on improvement, as the higher score derived from the two scoring methods.

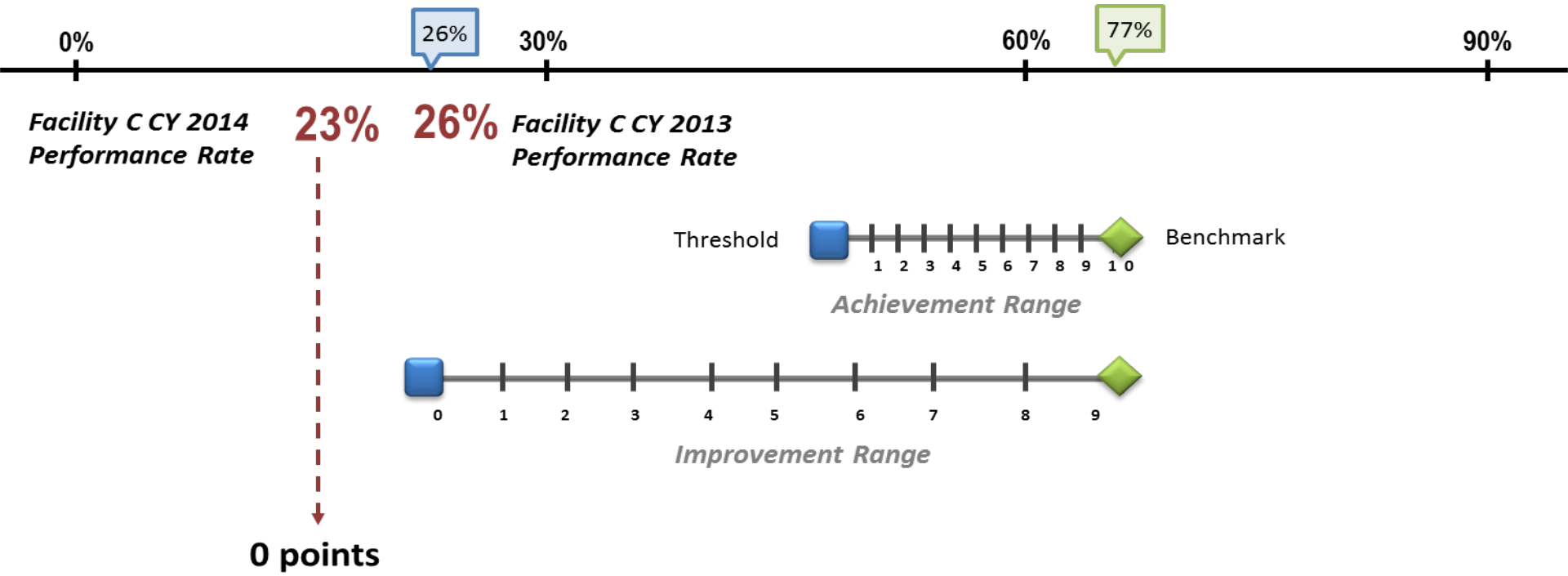
Score Example:
Performance At or Above the Benchmark



= Thresholds

= Benchmark (90th percentile)

Score Example: Performance Below Both Thresholds



= Thresholds

= Benchmark (90th percentile)

Combining Individual Measures into a Single Measure Topic Score

Example: Kt/V Dialysis Adequacy

Adult Hemodialysis	Adult Peritoneal Dialysis	Pediatric Hemodialysis
60 patients	20 patients	20 patients
Measure score: 7	Measure score: 8	Measure score: 5

Calculation to Weight Each Measure:

$$\frac{(\text{score}) \times (\#\text{ of patients in measure})}{(\text{total \# of patients in measure topic})}$$

$$[7 \times (60/100)] + [8 \times (20/100)] + [5 \times (20/100)]$$

$$4.2 + 1.6 + 1$$

Measure Topic Score = 6.8, rounded to **7**

Note: Individual Kt/V measure score calculations use patient-months, not number of patients

PY 2016 Achievement Thresholds, Benchmarks, and Performance Standards

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard
Anemia Management Measure Topic	1.2%	0%	0%
Kt/V Dialysis Adequacy Measure Topic			
• Adult Hemodialysis	86%	97.4%	93.4%
• Adult Peritoneal Dialysis	67.8%	94.8%	85.7%
• Pediatric Hemodialysis	83%	97.1%	93%
Vascular Access Type Measure Topic			
• AVF	49.9%	77.0%	62.3%
• Catheter	19.9%	2.8%	10.6%
NHSN Bloodstream Infections*	See note	See note	See note
Hypercalcemia	5.4%	0%	1.7%

* The achievement threshold, benchmark, and performance standard for the NHSN Bloodstream Infections measure will be set at the 15th, 90th, and 50th percentile, respectively, of eligible facilities' performance in CY 2014.

PY 2016 Reporting Measures

Presenter:

Anita Segar

Reporting Measures: ICH CAHPS Survey

- **Expanded measure** consisting of three requirements:
  - Facilities must arrange by July 2014 for a CMS-approved third-party vendor to conduct the survey
  - Facilities register on this CMS website (https://ichcahps.org) to allow their vendor to submit data on their behalf
  - Facilities ensure that their vendor submits results by January 28, 2015
- 10 points for satisfying performance requirements

Reporting Requirements: Mineral Metabolism

- Revised from PY 2015
  - Includes home peritoneal dialysis patients
  - Serum calcium no longer included
    (now captured in Hypercalcemia clinical measure)
- Submit serum phosphorus data for each qualifying Medicare patient on CROWNWeb
- Facility score based on the number of months it submits this data
- Formula for calculating the score:

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

Reporting Measures: Anemia Management

- Revised from PY 2015
  - Includes home peritoneal dialysis patients
- Submit erythropoietin-stimulating agent (ESA) dosage (as applicable) and hemoglobin/hematocrit for each qualifying Medicare patient via claim
- Facility score based on the number of months it submits this data
- Formula for calculating the score:

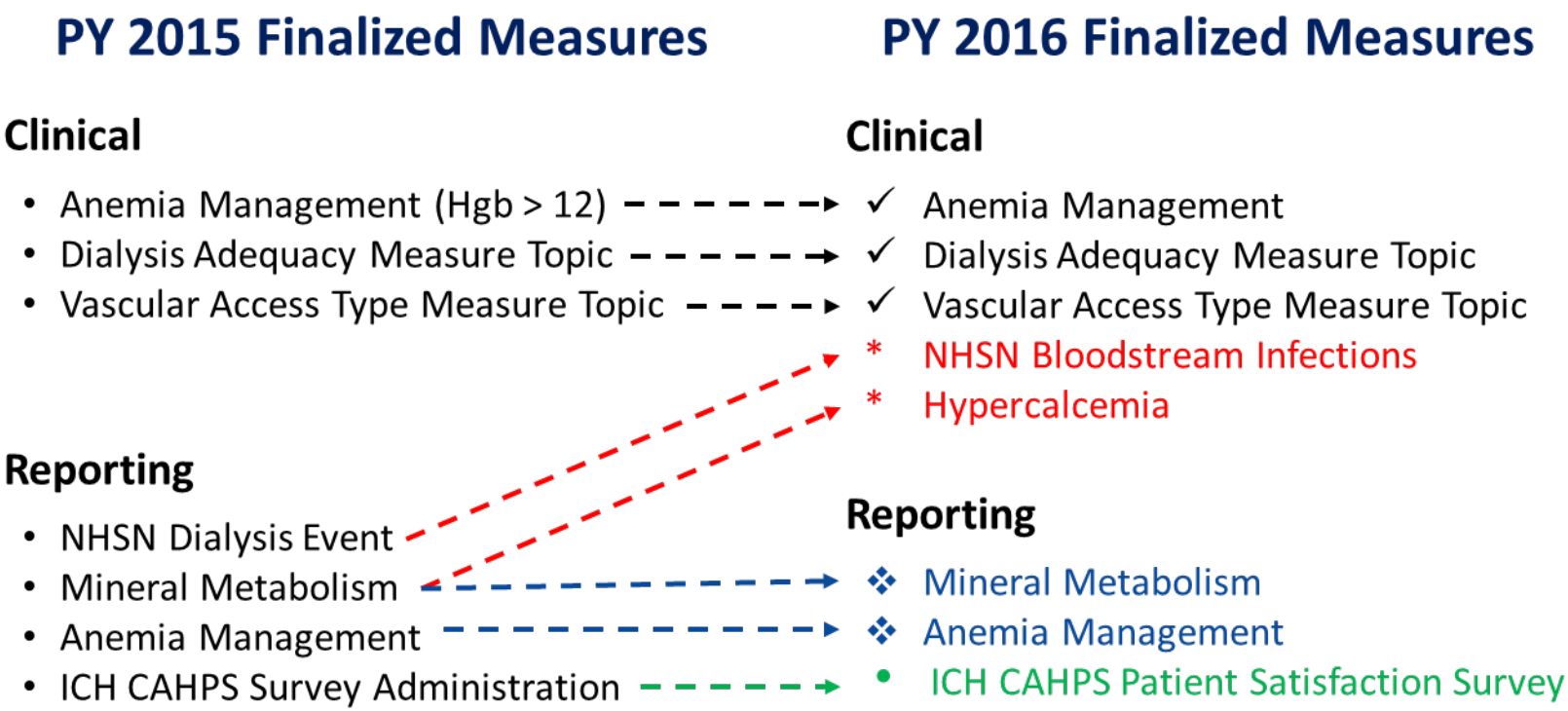
$$\left[\frac{(\#\text{ months successfully reporting data})}{(\#\text{ of eligible months})} \times 12\right] - 2$$

Methods for Calculating the TPS and Determining Payment Reductions

Presenter:

Anita Segar

Comparing PY 2015 to PY 2016



Key for PY 2016:

- ✓ Unchanged measure
- ❖ Revised measure
- • Expanded measure
- * New measure

Calculating the Facility Total Performance Score

- **Methodology similar to that used in PY 2015**
- **Weighting of Clinical Measures**:
  - Each clinical measure or measure topic for which a facility receives a score is equally weighted to comprise 75% of the TPS
  - Exception: Hypercalcemia will be weighted at 2/3 of the remaining clinical measures
- **Weighting of Reporting Measures**:
  - Each reporting measure for which a facility receives a score is equally weighted to comprise 25% 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**

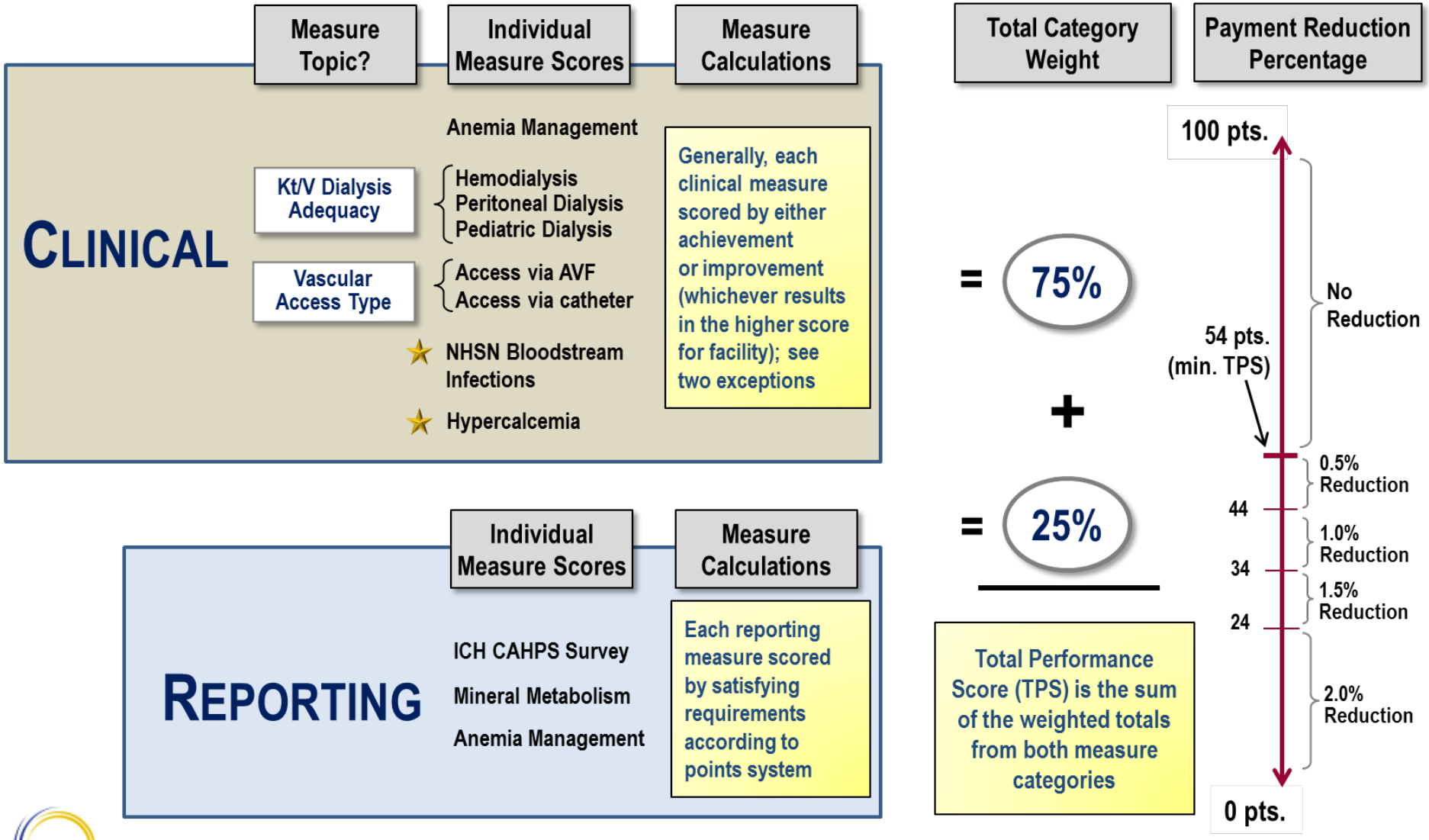
Calculating the Minimum TPS

- **Score each clinical measure at national performance standard for 2012**
  - Zero points for NHSN Bloodstream Infections clinical measure
- **Score each reporting measure at half the total possible points**
- **Minimum TPS is 54**

Payment Reduction Scale

Facility Total Performance Score	Payment Reduction
100 – 54	0%
53 – 44	0.5%
43 – 34	1.0%
33 – 24	1.5%
23 – 0	2.0%

PY 2016 Scoring and Payment Reduction Methodology



Additional Rules

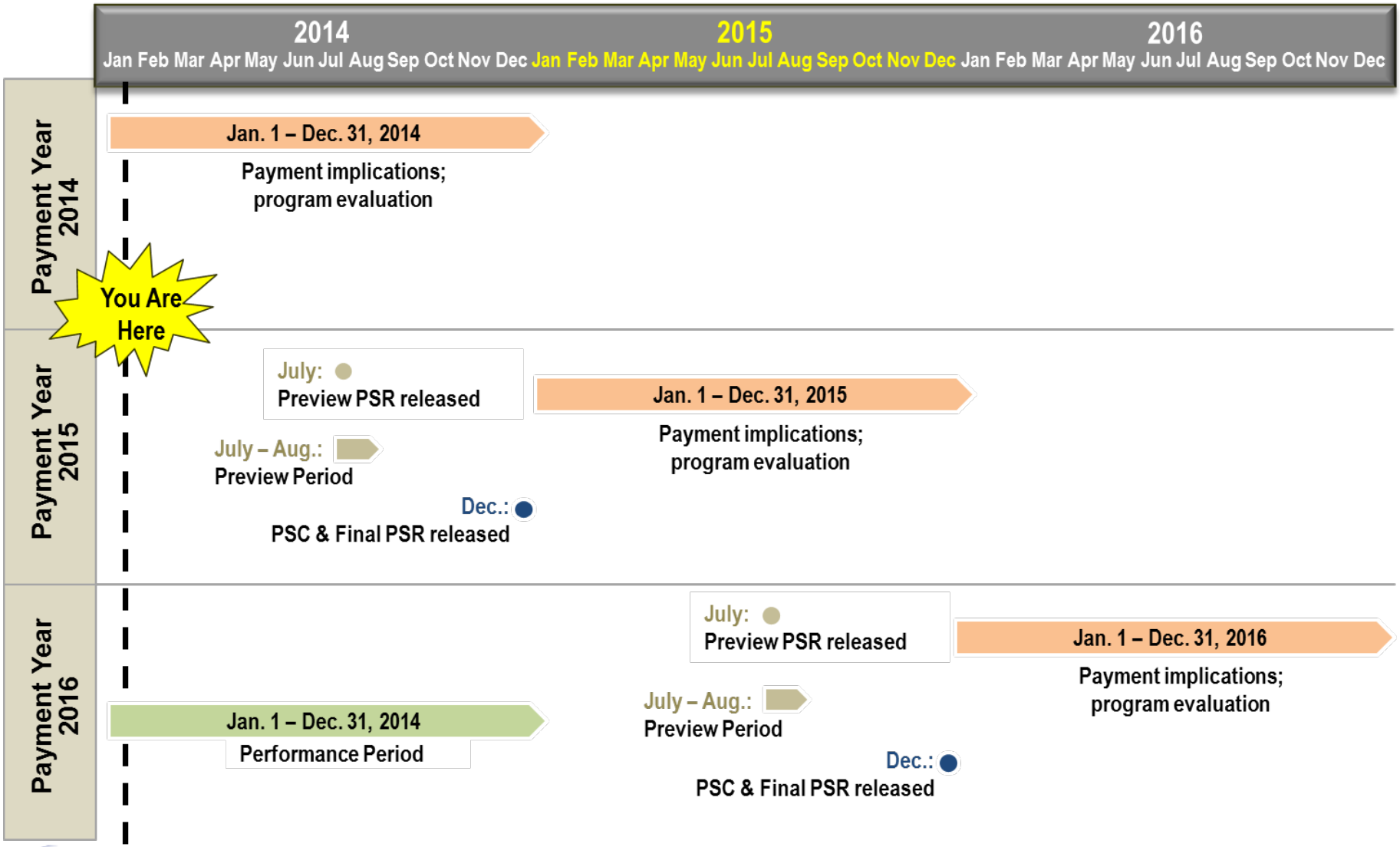
- **Continuing Data Validation Pilot Program**
  - 10 sample records will be taken from each of 300 facilities—a decrease from 750; no penalty will be imposed if data is found to be invalid
  - CMS is developing a validation methodology and will present it for public comment
  - CMS is considering a voluntary program to validate NHSN data
- **Changing Public Reporting Requirements**
  - Facilities will have 15 business days to post their Performance Score Certificates once CMS releases them
- **Adding Pacific Rim Facilities**
  - ESRD QIP will apply to Pacific Rim facilities starting in PY 2014; facilities will receive scores if standard eligibility criteria are met

Resources and Next Steps

Presenter:

Brenda Gentles

ESRD QIP Timeline



Resources: Websites

- **CMS ESRD QIP**
  - http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html
- **ESRD Network Coordinating Center (NCC)**
  - http://www.esrdncc.org/
- **Dialysis Facility Reports**
  - http://www.DialysisReports.org
- **Dialysis Facility Compare**
  - http://www.medicare.gov/dialysisfacilitycompare
- **Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)**
  - www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf
- **2014 ESRD PPS Final Rule (includes ESRD QIP PY 2016 Final Rule)**
  - http://www.gpo.gov/fdsys/pkg/FR-2013-12-02/pdf/2013-28451.pdf

Resources: Clinical Measure Technical Specifications

- **Anemia Management – Hgb > 12:** www.dialysisreports.org/pdf/esrd/public-measures/AnemiaManagement-HGB-2016FR.pdf
- **Adult Hemodialysis Adequacy:** www.dialysisreports.org/pdf/esrd/public-measures/HemodialysisAdequacy-ktv-2016FR.pdf
- **Peritoneal Dialysis Adequacy:** www.dialysisreports.org/pdf/esrd/public-measures/PeritonealDialysisAdequacy-ktv-2016FR.pdf
- **Pediatric Hemodialysis Adequacy:** www.dialysisreports.org/pdf/esrd/public-measures/PediatricHemodialysisAdequacy-ktv-2016FR.pdf
- **Vascular Access Type – AVF:** www.dialysisreports.org/pdf/esrd/public-measures/VascularAccess-Fistula-2016FR.pdf
- **Vascular Access Type – Catheter:** www.dialysisreports.org/pdf/esrd/public-measures/VascularAccess-Catheter-2016FR.pdf
- **NHSN Bloodstream Infection Monitoring:** www.dialysisreports.org/pdf/esrd/public-measures/NHSNBloodstreamInfection-2016FR.pdf
- **Hypercalcemia:** www.dialysisreports.org/pdf/esrd/public-measures/MineralMetabolism-Hypercalcemia-2016FR.pdf

Resources: Reporting Measure Technical Specifications

- **ICH CAHPS Administration:** www.dialysisreports.org/pdf/esrd/public-measures/ICHCAHPS-2016FR.pdf
- **Mineral Metabolism:** www.dialysisreports.org/pdf/esrd/public-measures/MineralMetabolism-Reporting-2016FR.pdf
- **Anemia Management:** www.dialysisreports.org/pdf/esrd/public-measures/AnemiaManagement-Reporting-2016FR.pdf

Next Steps

- Make sure your facility has posted its PY 2014 Performance Score Certificates (PSCs) in English and Spanish
- Review your PY 2015 Preview Performance Score Report (PSR) when available (mid-July) and submit any clarification questions or a formal inquiry
- Comment on the PY 2017 Proposed Rule when posted (early July)
- Review the PY 2015 Final PSR when available (mid-December)
- Post PY 2015 PSCs in English and Spanish when available (mid-December)

Question and Answer Session

ESRDQIP@cms.hhs.gov

A Message from the CMS Provider Communications Group

Presenter:

Aryeh Langer

Evaluate Your Experience

- Please help us continue to improve the MLN Connects National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit http://npc.blhtech.com/ and select the title for today's call.
- Evaluations are anonymous, confidential, and voluntary.
- All registrants will receive a reminder email about the evaluation for this call. Please disregard the email if you have already completed the evaluation.
- We appreciate your feedback.

Thank You

- For more information about the MLN Connects National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html

- For more information about the Medicare Learning Network (MLN), please visit http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html