

# ESRD QIP Payment Year 2019 Program Details

The Centers for Medicare & Medicaid Services (CMS) uses a variety of levers to support its Three-Part Aim and the six domains of care based on the National Quality Strategy (NQS). Those levers include:

- Continuous quality improvement (CQI) efforts;
- Transparency and robust public reporting;
- Coverage and payment decisions;
- Payment incentives;
- Conditions for coverage; and
- Grants, demonstrations, pilots, and research.

CMS strives to ensure that all of these complex levers work in concert in order to improve the quality and cost efficiency of national dialysis care for all beneficiaries. These various levers share a common goal—the provision of cost-efficient and clinically effective patient care—and they ideally complement each other to these ends. The End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) provides an important lever for safety, value, and quality for CMS.

The ESRD QIP promotes high-quality care delivered 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](mailto: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 2019

The [final rule governing the ESRD QIP for Payment Year \(PY\) 2019](#), published in the *Federal Register* on November 6, 2015, outlines how CMS will implement the law establishing the program. Additional policies pertaining to PY 2019 also appear in [the PY 2020 final rule](#), which published in the *Federal Register* on November 4, 2016. These two rules in combination specify the following in detail:

- **Measures selected** – Fourteen total measures (eight clinical and six 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 rules also address public comments to the earlier proposed rules 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 as the Secretary of the Department of Health and Human Services (HHS) may specify on iron management, bone mineral metabolism, vascular access, and patient satisfaction.

For PY 2019, CMS selected fourteen measures for evaluating each facility. The resulting scores will be combined to establish the facility’s Total Performance Score (TPS). By increasing the number, scope, and meaningfulness of clinical measures, the PY 2019 final rule illustrates that the ESRD QIP is evolving and becoming more sophisticated in its evaluation of dialysis facilities.

Eight of these measures are “clinical,” meaning that they evaluate how well facilities meet clinical performance goals. Six measures are related to “reporting,” meaning that they evaluate facilities on the basis of the data they submit to CMS.

Not all facilities are eligible for a TPS in 2019. To receive a TPS, a facility must receive a score on at least one measure in the Clinical Measure Domain **and** at least one measure in the Reporting Measure Domain. To receive a score on a clinical measure, a facility must treat at least 11 patients who are eligible for a measure. (On two clinical measures, CMS determines eligibility in a different manner: experiencing 11 index discharges in the case of the Standardized Readmission Ratio [SRR] measure, and 10 patient-years at risk in the case of the Standardized Transfusion Ratio [STrR] measure.) To receive a score on any of the reporting measures (and therefore to receive a TPS), a facility must obtain a CMS Certification Number (CCN) on or before June 30, 2017.

If a facility does not receive a TPS, this does not indicate that the facility provided low-quality care. It could simply mean that they did not treat enough eligible patients to receive a TPS.

For additional information about exclusions and measure calculations, see the [PY 2019 Final Measure Specifications](#).

### Clinical Measure Domain

Seven clinical measures are categorized into two subdomains, reflecting domains of quality measurement based on the NQS. The domain makes up 75% of a facility’s TPS.

- The Patient and Family Engagement/Care Coordination subdomain (42% of the Clinical Measure Domain) includes (1) the In-Center Hemodialysis Survey Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) measure of patient satisfaction and (2) the SRR measure of unplanned patient readmissions to the hospital setting on a risk-adjusted basis.

- The Clinical Care subdomain (58% of the Clinical Measure Domain) includes five measures. Two of the measures are organized into a “measure topic;” Vascular Access Type examines the type of vascular access used to treat patients. Also included is a comprehensive Kt/V Dialysis Adequacy measure that addresses four patient categories evaluating the success of dialysis treatment in removing waste products from patients’ blood. The remaining two measures include (1) the STrR measure of in-facility transfusions on a risk-adjusted basis and (2) Hypercalcemia, a measure of mineral metabolism.

Data to assess performance on these measures will be taken from Medicare claims, CROWNWeb, and other CMS and federal databases.

For the SRR and STrR clinical measures, the fewer incidents a facility reports, the better the facility will score; likewise, the fewer facility patients with Hypercalcemia, the better the facility will score. For the dialysis adequacy measure, the greater the number of patients above the threshold, the better the facility will score. The more patients who respond to elements of the ICH CAHPS survey, the better the facility will score. The Vascular Access Type score is affected negatively if patients have catheters and positively if patients have fistulae.

### **Safety Measure Domain**

CMS introduced the Safety Measure Domain in PY 2019. It includes one measure topic, composed of one clinical measure and one reporting measure. The domain makes up 15% of the TPS.

- The National Healthcare Safety Network (NHSN) Bloodstream Infection clinical measure tracks infections incurred by in-center hemodialysis outpatients.
- The NHSN Dialysis Event reporting measure records the number of months for which facilities report dialysis-event data to NHSN. CMS reintroduced this earlier measure, as expanded in PY 2015, into PY 2019 as part of the PY 2020 final rule.

Data to assess performance on these measures will be taken from NHSN, Medicare claims, CROWNWeb, and other CMS and federal databases.

For this measure, a facility will score more points for reporting more months of data. If a facility does not report a full 12 months of dialysis event data, then it will not be given a score on the clinical measure. For a facility to receive maximum points in this domain, it therefore must report 12 full months of data *and* experience a minimal number of dialysis events.

### **Reporting Measure Domain**

The measures included in the Reporting Measure Domain for PY 2019 remain unchanged from those used in PY 2018 (as noted, the only new reporting measure added for PY 2019 is the NHSN Dialysis Event reporting measure added to the Safety Measure Domain). The Reporting Measure Domain makes up the remaining 10% of a facility’s TPS. The reporting measures require facilities to submit:

1. Hemoglobin or hematocrit values and ESA dosage (as applicable) via Medicare claims
2. Serum phosphorus levels in CROWNWeb
3. Conditions relating to patient experience of pain in CROWNWeb
4. Conditions relating to patient clinical depression in CROWNWeb
5. The Healthcare Personnel (HCP) Influenza Vaccination Summary Report to NHSN.

# Facility Scoring

## Period of Performance

The period of performance for PY 2019 is calendar year (CY) 2017, with one notable exception: The NHSN HCP Influenza Vaccination reporting measure uses the “flu season” (October 1, 2016 – March 31, 2017) as its performance period. These periods 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 or improvement on a measure. The comparison period for the PY 2019 clinical measures was CY 2015 for achievement and CY 2016 for improvement.

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 comparison period. It ends at the benchmark, which is defined as the 90th percentile of facilities during the comparison period. A facility will receive an achievement score of 0 if its performance on that measure falls below the achievement threshold, 1 – 9 if its performance falls within this range, and 10 points if it is at or above the benchmark.

Facilities may 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 improvement period (facility comparison rate) and ends at the benchmark. A facility will receive an improvement score of 0 if its performance falls below the facility’s comparison rate, 0 – 9 if its performance falls within this range, 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. For the NHSN Healthcare Personnel Influenza Vaccination measure, if the facility satisfies the reporting requirements, then the facility will earn the full 10 points for the measure. For the Anemia Management, Mineral Metabolism, Pain Assessment and Follow-Up, and Clinical Depression Screening and Follow-Up reporting measures, facilities may be able to earn partial points for satisfying some of the reporting requirements. Please see the implementing regulations for more information.

## Measure Weighting

The fourteen measures for the PY 2019 ESRD QIP do not contribute equally to the TPS. Each facility’s score will be calculated according to the following domain weights:

- Clinical Measure Domain – 75 percent (according to the specific proportion allotted to each subdomain, as described earlier)
- Safety Measure Domain – 15 percent
- Reporting Measure Domain – 10 percent

If a facility is not eligible to be scored one or more measures in the Clinical Measure Domain and/or the Reporting Measure Domain, then those weights will be redistributed across the remaining measures

within the domain in question. If the facility is not eligible to be scored in the Safety Measure Domain, then the domain weight will be redistributed across all remaining measures, regardless of domain.

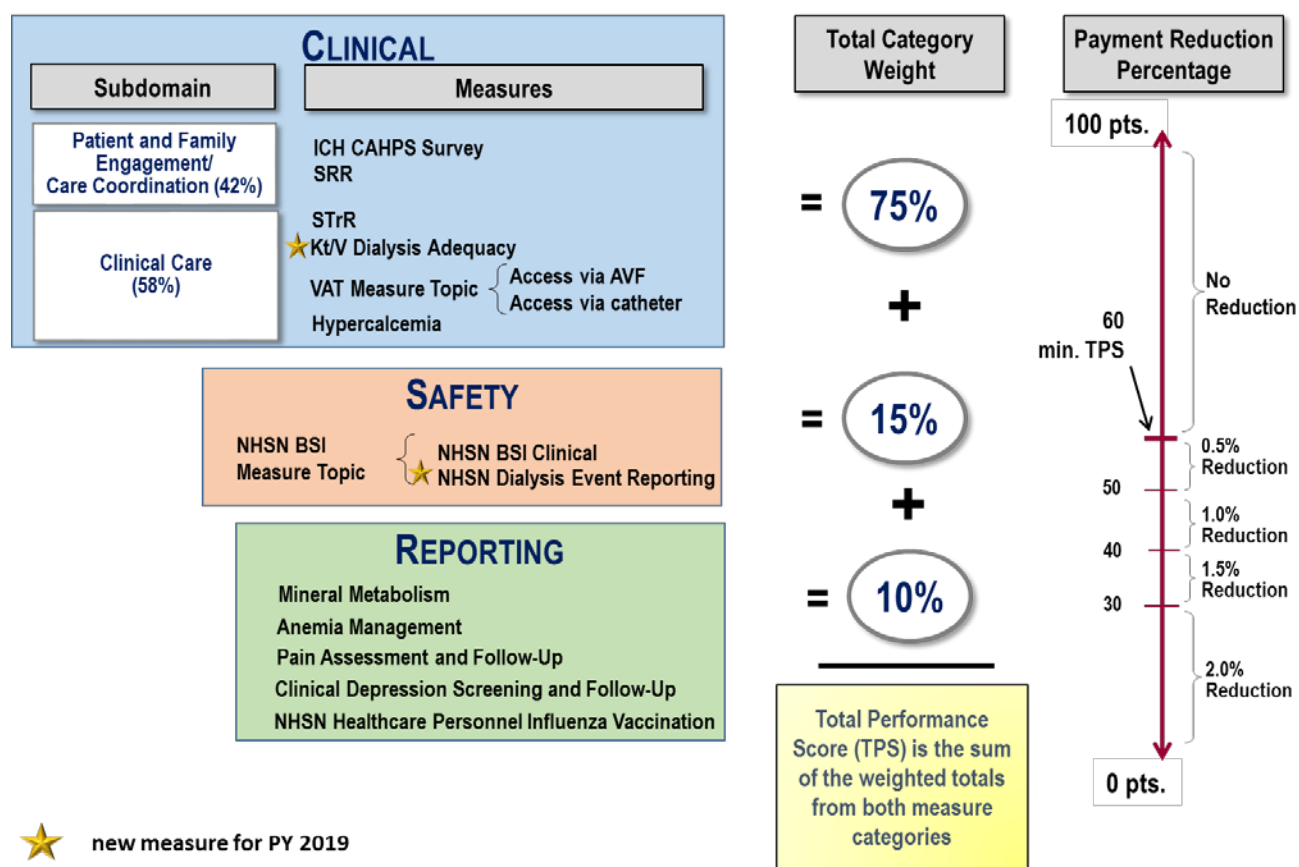
### Calculating a Facility's Total Performance Score

A facility's TPS in PY 2019 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 TPS can range from 0 – 100 points.

The following graphic illustrates the methodology that CMS uses for calculating PY 2019 performance scores and payment reductions.



### 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 for PY 2019, facilities must have a TPS of at least 60 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 for services rendered in CY 2019.

## Scale for Payment Reductions

PY 2019 payment reductions will apply to a facility according to the following chart:

Total Performance Score	Payment Reduction
60 to 100	No reduction
50 to 59	0.5%
40 to 49	1.0%
30 to 39	1.5%
0 to 29	2.0%

## Preview Period

Facilities will have the opportunity to preview their scores and any resulting payment reductions prior to public release. The Preview Period will last for one month and occur in the summer of 2018. 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.