



# ***MLN Connects***<sup>TM</sup>

***National Provider Call***

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

Payment Year 2017 and Payment Year 2018  
Proposed Rule

July 23, 2014



# Medicare Learning Network®

---



- This MLN Connects™ National Provider Call (MLN Connects™ Call) is part of the Medicare Learning Network® (MLN), a registered trademark of the Centers for Medicare & Medicaid Services (CMS), and is the brand name for official information health care professionals can trust.

# Disclaimer

---

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

# Presenters

---

- **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
- **Joel Andress, PhD**  
Measure Development Lead for ESRD  
Division of Chronic and Post-Acute Care
- **Brenda Gentles, RN, BS, MS**  
ESRD QIP Communications Lead and M&E Lead  
Division of ESRD Population and Community Health

# Agenda

---

**To provide an overview of the proposed rule for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Year (PY) 2017 and PY 2018**

**This National Provider Call (NPC) will discuss:**

- ESRD QIP Legislative Framework
- Proposed Measures, Standards, Scoring, and Payment Reduction Scale for PY 2017 and PY 2018
- How to Review and Comment on the Proposed Rule
- Available Resources

# Introduction

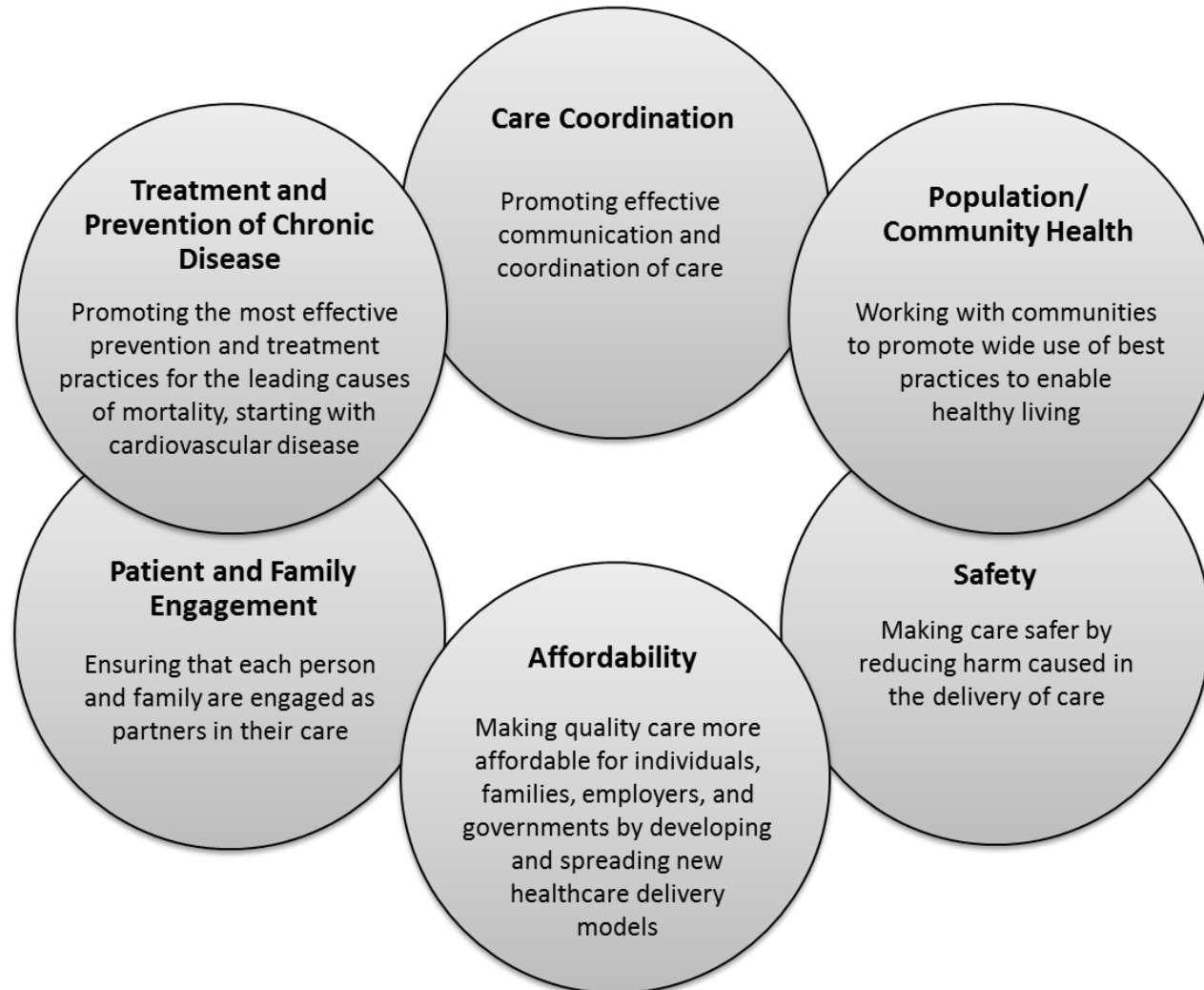
---

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 provided
  - **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 HHS internal clearance process
- Both are published in the *Federal Register*

# PY 2017 Proposed Clinical Measures and Scoring

---

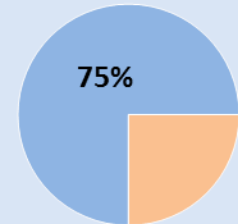
Presenter:  
**Joel Andress**

**Note:** The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.

# PY 2017 Proposed Measures: Overview

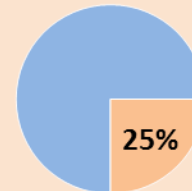
## Clinical Measures – 75% of Total Performance Score (TPS)

1. Vascular Access Type Measure Topic – Arteriovenous Fistula
2. Vascular Access Type Measure Topic – Catheter  $\geq$  90 days
3. Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis
4. Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis
5. Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
6. Hypercalcemia
7. NHSN Bloodstream Infection
- ★ 8. Standardized Readmission Ratio



## Reporting Measures – 25% of TPS

1. ICH CAHPS Patient Satisfaction Survey
2. Mineral Metabolism
3. Anemia Management



**Proposed new measure  
for PY 2017**

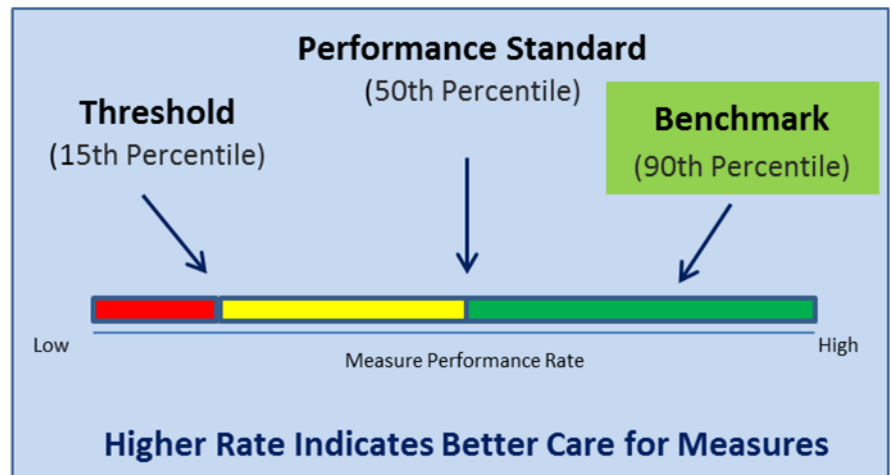
# Clinical Measures in Relation to PY 2016

---

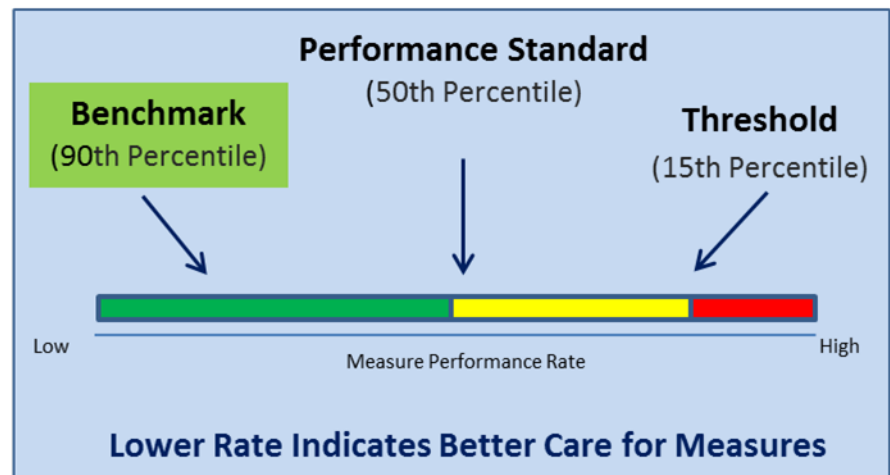
- Proposed Measures Unchanged from PY 2016 Final Rule
  - All three measures of Kt/V Dialysis Adequacy measure topic
  - Both measures of Vascular Access Type (VAT) measure topic
  - Hypercalcemia
- Proposed Removal of Hemoglobin > 12 g/dL as a “topped-out” measure
- ★ • Proposed New Standardized Readmission Ratio (SRR) measure: Risk-adjusted standardized hospital readmission ratio of the number of observed unplanned readmissions to the number of expected unplanned readmissions

# Clinical Measures: Directionality

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



- VAT – Catheter
- NHSN Bloodstream Infection
- Hypercalcemia
- SRR





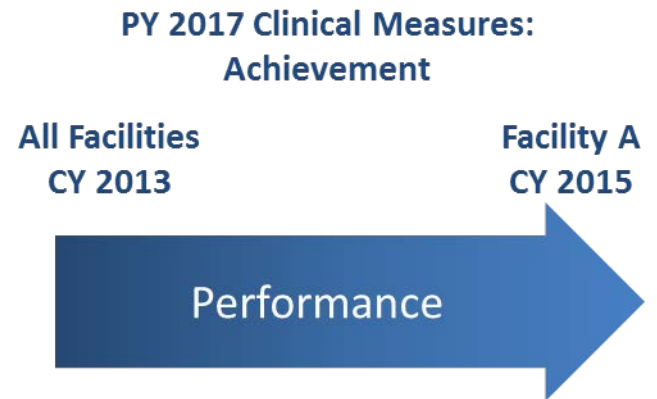
# Clinical Measures: Key Scoring Terms

| Term                                            | Definition                                                                         |
|-------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Achievement Threshold</b>                    | The 15th percentile of performance rates nationally during calendar year (CY) 2013 |
| <b>Benchmark</b>                                | The 90th percentile of performance rates nationally during CY 2013                 |
| <b>Improvement Threshold</b>                    | The facility's performance rate during CY 2014                                     |
| <b>Performance Period</b>                       | CY 2015                                                                            |
| <b>Performance Standard (clinical measures)</b> | The 50th percentile of performance rates nationally during CY 2013                 |
| <b>Performance Rate</b>                         | 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 rate during the performance period (CY 2015) with the performance of **all facilities nationally** during the comparison period (**CY 2013**)

- 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 rate during the performance period (CY 2015) with **its previous performance** during the comparison period (**CY 2014**)

- 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 Exception

---

## National Healthcare Safety Network (NHSN) Bloodstream Infection

- Uses CY 2014 as the comparison period for achievement and improvement scoring alike
- Facilities with CMS Certification Number (CCN) open dates after January 1, 2015, are excluded

# Estimated PY 2017 Achievement Thresholds, Benchmarks, and Performance Standards

| Measure                                     | Achievement Threshold<br>(15th percentile) | Benchmark<br>(90th percentile) | Performance Standard |
|---------------------------------------------|--------------------------------------------|--------------------------------|----------------------|
| <b>Vascular Access Type Measure Topic</b>   |                                            |                                |                      |
| • Arteriovenous Fistula (AVF)               | 52.43%                                     | 78.64%                         | 64.49%               |
| • Catheter                                  | 18.36%                                     | 3.21%                          | 9.90%                |
| <b>Kt/V Dialysis Adequacy Measure Topic</b> |                                            |                                |                      |
| • Adult Hemodialysis                        | 86.97%                                     | 97.55%                         | 93.65%               |
| • Adult Peritoneal Dialysis                 | 70.42%                                     | 95.74%                         | 87.50%               |
| • Pediatric Hemodialysis                    | 79.55%                                     | 97.98%                         | 92.48%               |
| <b>Hypercalcemia</b>                        | 4.78%                                      | 0%                             | 1.32%                |
| <b>NHSN Bloodstream Infection*</b>          | 15th percentile                            | 90th percentile                | 50th percentile      |
| <b>Standardized Readmission Ratio</b>       | 1.242                                      | 0.658                          | 0.996                |

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

# PY 2017 Proposed Reporting Measures and Scoring

---

Presenter:  
**Anita Segar**

**Note:** The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.

# Reporting Measures in Relation to PY 2016

---

- **Proposed Modification for All Reporting Measures:**  
Remove attestation option regarding ineligibility due to number of patients treated
- **Proposed Eligibility Modification for In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey**
  - At least 30 patients treated during the year prior to the performance period; and
  - Obtain at least 30 completed surveys during the performance period

# Reporting Measure Scoring

- Mineral Metabolism and Anemia Management
  - Formula for calculating the score:

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

- ICH CAHPS Survey
  - 10 points for satisfying performance requirements

# PY 2017 Proposed Methods for Calculating the TPS and Determining Payment Reductions

---

Presenter:  
**Anita Segar**

**Note:** The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.



# Calculating the Facility Total Performance Score

## Methodology similar to that used in PY 2016

- **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 has two-thirds of the weight 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

---

## The minimum TPS will be calculated by scoring:

- Each clinical measure at either
  - The national performance standard for 2013 or
  - Zero for each measure that does not have an associated numerical value for the performance standard published before the beginning of the PY 2017 performance period (January 1, 2015); and
- Each reporting measure at 10 points (the 50th percentile of facility performance on the PY 2015 reporting measures)

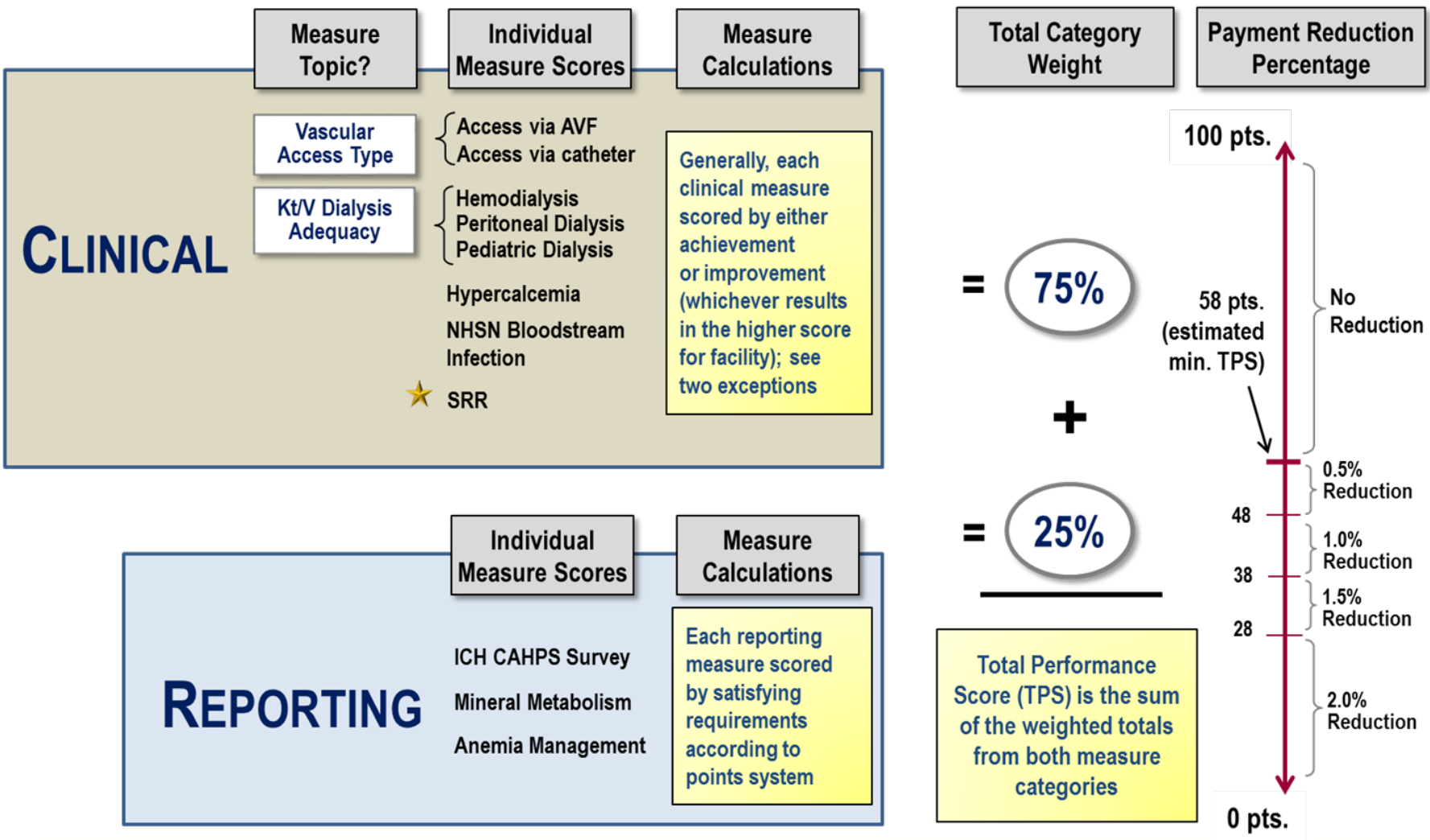
**The *estimated* minimum TPS for PY 2017 is 58 points**

**The finalized minimum TPS will be published in the CY 2015 ESRD PPS final rule in November**

# Proposed Payment Reduction Scale

| Facility Total Performance Score | Payment Reduction |
|----------------------------------|-------------------|
| 100 – 58 points                  | 0%                |
| 57 – 48 points                   | 0.5%              |
| 47 – 38 points                   | 1.0%              |
| 37 – 28 points                   | 1.5%              |
| 27 – 0 points                    | 2.0%              |

# Proposed PY 2017 Scoring and Payment Reduction Methodology



# PY 2018 Proposed Clinical Measures and Scoring

---

Presenter:  
**Joel Andress**

**Note:** The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.

# PY 2018 Proposed Measures: Overview



Proposed new measure for PY 2018

## Safety Subdomain – 20% of Clinical Measure Domain score

1. NHSN Bloodstream Infection

## Patient and Family Engagement/Care Coordination Subdomain – 30% of Clinical Measure Domain score

- ★ 1. ICH CAHPS
- 2. Standardized Readmission Ratio

## Clinical Care Subdomain – 50% of Clinical Measure Domain score

- ★ 1. Standardized Transfusion Ratio
- 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. Kt/V Dialysis Adequacy Measure Topic – Pediatric Peritoneal Dialysis
- 6. Vascular Access Type Measure Topic – AVF
- 7. Vascular Access Type Measure Topic – Catheter  $\geq$  90 days
- 8. Hypercalcemia

## Reporting Measures

1. Mineral Metabolism
2. Anemia Management
- ★ 3. Pain Assessment and Follow-Up
- ★ 4. Clinical Depression Screening and Follow-Up
- ★ 5. NHSN Healthcare Personnel Influenza Vaccination

# Clinical Measures in Relation to Proposed PY 2017

- **Proposed Measures Unchanged from PY 2017 Proposed Rule**

- NHSN Bloodstream Infection
- Three measures of Kt/V Dialysis Adequacy measure topic
- Both measures of VAT measure topic
- SRR
- Hypercalcemia

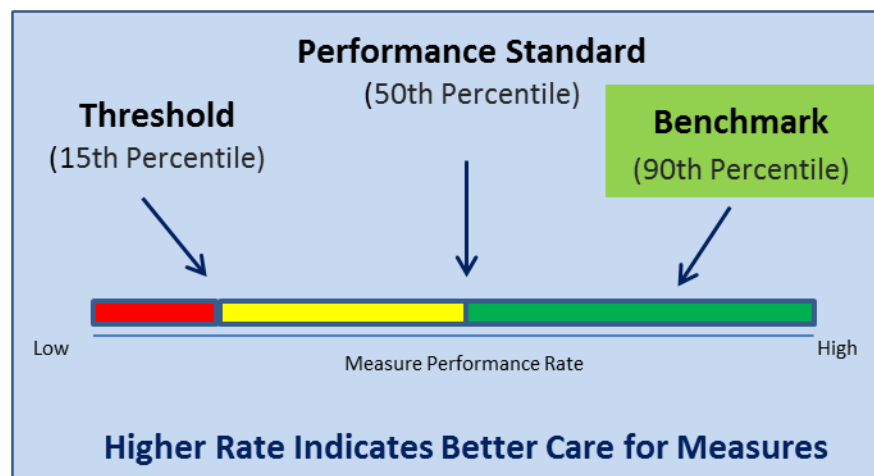


- **Proposed New Measures**

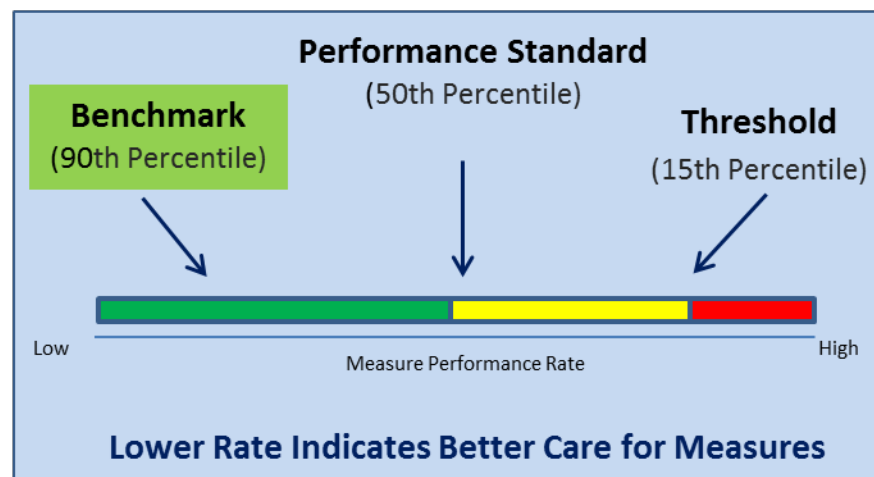
- **ICH CAHPS Survey** (using the same survey administration and reporting requirements as the reporting measure proposed in PY 2017): Percentage of patient responses to multiple testing tools
- **Standardized Transfusion Ratio (STrR)**: Ratio of the number of observed eligible red blood cell transfusion events occurring in patients dialyzing at a facility to the number of eligible transfusions that would be expected from a predictive model that accounts for patient characteristics within each facility
- **Pediatric Peritoneal Dialysis** (part of the Kt/V Dialysis Adequacy measure topic): Percent of pediatric peritoneal dialysis patient-months with Kt/V greater than or equal to 1.8 (dialytic + residual) during the performance period

# Clinical Measures: Directionality

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



- VAT – Catheter
- NHSN Bloodstream Infection
- Hypercalcemia
- SRR
- STrR





# Clinical Measures: Key Scoring Terms

| Term                                            | Definition                                                                    |
|-------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Achievement Threshold</b>                    | The 15th percentile of performance rates nationally during CY 2014            |
| <b>Benchmark</b>                                | The 90th percentile of performance rates nationally during CY 2014            |
| <b>Improvement Threshold</b>                    | The facility's performance rate during CY 2015                                |
| <b>Performance Period</b>                       | CY 2016                                                                       |
| <b>Performance Standard (clinical measures)</b> | The 50th percentile of performance rates nationally during CY 2014            |
| <b>Performance Rate</b>                         | 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 rate during the performance period (CY 2016) with the performance of **all facilities nationally** during the comparison period (**CY 2014**)

- 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 rate during the performance period (CY 2016) with **its previous performance** during the comparison period (**CY 2015**)

- 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 Exception

## ICH CAHPS Survey

- Uses CY 2015 as the comparison period for achievement and improvement scoring alike
- Scored on the basis of three composite measures and three global ratings
  - Composite measures:
    - (1) Nephrologists' Communication and Caring;
    - (2) Quality of Dialysis Center Care and Operations;
    - (3) Providing Information to Patients
  - Global ratings:
    - (1) Overall rating of the nephrologists;
    - (2) Overall rating of the dialysis center staff;
    - (3) Overall rating of the dialysis facility
- Each composite measure/global rating scored via achievement and improvement methods, with facilities receiving the better result
- Scores on the six components will be averaged to form the measure score

# PY 2018 Proposed Reporting Measures and Scoring

---

Presenter:  
**Anita Segar**

**Note:** The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.

# Reporting Measures in Relation to Proposed PY 2017

- **Proposed Measure Unchanged from PY 2017 Proposed Rule**
  - Anemia Management
- **Proposed Measure Modified from PY 2017 Proposed Rule**
  - **Mineral Metabolism:** Facilities may report either serum phosphorus or plasma phosphorus to comply with this measure
- ★ • **Proposed New Measures**
  - **Pain Assessment and Follow-Up:** Report in CROWNWeb one of six conditions for each qualifying patient once before August 1, 2016, and once before February 1, 2017
  - **Clinical Depression Screening and Follow-Up:** Report in CROWNWeb one of six conditions for each qualifying patient once before February 1, 2017
  - **NHSN Healthcare Personnel (HCP) Influenza Vaccination:** Submit Healthcare Personnel Influenza Vaccination Summary Report to NHSN (according to the specifications of the Healthcare Personnel Safety Component Protocol) by May 15, 2016; performance period October 1, 2015 – March 31, 2016

# Reporting Measure Scoring

- Mineral Metabolism and Anemia Management
  - Formula for calculating the score:

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

- Pain Assessment and Follow-Up, Clinical Depression Screening and Follow-Up, and NHSN Healthcare Personnel Influenza Vaccination
  - 10 points for satisfying performance requirements

# PY 2018 Proposed Methods for Calculating the TPS and Determining Payment Reductions

---

Presenter:  
**Anita Segar**

**Note:** The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.

# A New Approach for Calculating the TPS

- Calculate clinical and reporting measures in independent “domains”
  - Clinical Measure Domain made up of three separate subdomains
- Use performance on reporting measures to calculate a Reporting Measure Adjuster (RMA) that adjusts the Clinical Measure Domain score
- Result is the facility’s Total Performance Score

$$\text{TPS} = (\text{Clinical Measure Domain Score}) - (\text{Reporting Measure Adjuster})$$



# Calculating the Clinical Measure Domain Score (1 of 3)

## Safety Subdomain formula

$$(NHSN\ BSI) \times 10$$

## Scoring Example: Facility A

| Clinical Measure                 | Measure Score |
|----------------------------------|---------------|
| NHSN Bloodstream Infection (BSI) | 8             |
| ICH CAHPS                        | 9             |
| SRR                              | 9             |
| STrR                             | 10            |
| Dialysis Adequacy measure topic  | 10            |
| Vascular Access measure topic    | 9             |
| Hypercalcemia                    | 10            |

## Patient and Family Engagement/ Care Coordination Subdomain formula

$$\left[ \begin{array}{c} (.666 \times [ICH\ CAHPS]) \\ + \\ (.334 \times [SRR]) \end{array} \right] \times 10$$

| Reporting Measure                           | Measure Score |
|---------------------------------------------|---------------|
| Mineral Metabolism                          | 8             |
| Anemia Management                           | 8             |
| Pain Assessment and Follow-Up               | 10            |
| Clinical Depression Screening and Follow-Up | 10            |
| NHSN HCP                                    | 10            |

## Clinical Care Subdomain formula

$$\left[ \begin{array}{c} (.14 \times [STrR]) \\ + \\ (.36 \times [Dialysis\ Adequacy\ measure\ topic\ score]) \\ + \\ (.36 \times [Vascular\ Access\ measure\ topic\ score]) \\ + \\ (.14 \times [Hypercalcemia]) \end{array} \right] \times 10$$

# Calculating the Clinical Measure Domain Score (2 of 3)

## Safety Subdomain formula

$$8 \times 10 = 80$$

## Patient and Family Engagement/ Care Coordination Subdomain formula

$$\left( \begin{array}{c} .666 \times 9 \\ + \\ .334 \times 9 \end{array} \right) \times 10 = 90$$

## Clinical Care Subdomain formula

$$\left( \begin{array}{c} .14 \times 10 \\ + \\ .36 \times 10 \\ + \\ .36 \times 9 \\ + \\ .14 \times 10 \end{array} \right) \times 10 = 96.4$$

# Calculating the Clinical Measure Domain Score

## (3 of 3)

### Clinical Measure Domain Score formula

$$\begin{aligned} & (.2 \times [\text{Safety Subdomain score}]) \\ & + \\ & (.3 \times [\text{Patient and Family Engagement/} \\ & \text{Care Coordination Subdomain score}]) \\ & + \\ & (.5 \times [\text{Clinical Care Subdomain score}]) \end{aligned}$$

### Scoring Example: Facility A

| Subdomain                                       | Subdomain Score |
|-------------------------------------------------|-----------------|
| Safety                                          | 80              |
| Patient and Family Engagement/Care Coordination | 90              |
| Clinical Care                                   | 96.4            |

### Clinical Measure Domain Score example for Facility A

$$16 + 27 + 48.2 = 91.2$$

# The Reporting Measure Adjuster

- Calculates difference between maximum reporting measure points and actual results
- The coefficient multiplier translates the reporting measure points into TPS points in a proportional manner
  - For PY 2018, the proposed coefficient of 5/6 references the value of a reporting-measure point in the PY 2016 TPS calculations
- Better reporting measure scores result in smaller RMA and smaller reduction to the Clinical Measure Domain Score
- Lower reporting measure scores result in larger RMA and larger reduction to Clinical Measure Domain Score

$$\text{RMA} = \left[ \frac{(\text{available Reporting Measure points}) - (\text{Reporting Measure Domain score})}{\text{Reporting Measure Domain score}} \right] \times (\text{coefficient})$$

**PY 2018 proposed formula:**

$$\text{RMA} = \left[ 50 - (\text{Reporting Measure Domain score}) \right] \times 5/6$$

# Calculating the Reporting Measure Domain Score

## Scoring Example: Facility A

| Clinical Measure                | Measure Score |
|---------------------------------|---------------|
| NHSN BSI                        | 8             |
| ICH CAHPS                       | 9             |
| SRR                             | 9             |
| STrR                            | 10            |
| Dialysis Adequacy measure topic | 10            |
| Vascular Access measure topic   | 9             |
| Hypercalcemia                   | 10            |

| Reporting Measure                           | Measure Score |
|---------------------------------------------|---------------|
| Mineral Metabolism                          | 8             |
| Anemia Management                           | 8             |
| Pain Assessment and Follow-Up               | 10            |
| Clinical Depression Screening and Follow-Up | 10            |
| NHSN HCP                                    | 10            |

## Reporting Measure Domain Score formula

Mineral Metabolism score  
+  
Anemia Management score  
+  
Pain Assessment score  
+  
Depression Screening score  
+  
NHSN HCP score

## Reporting Measure Domain Score example for Facility A

8 + 8 + 10 + 10 + 10 = 46

# Calculating the Reporting Measure Adjuster

**Proposed Reporting Measure Adjuster formula:**

$$\left[ \frac{(\text{available Reporting Measure points}) - (\text{Reporting Measure Domain score})}{(\text{Reporting Measure Domain score})} \right] \times (\text{coefficient})$$

**Proposed Reporting Measure Adjuster formula for PY 2018:**

$$[50 - (\text{Reporting Measure Domain score})] \times (5/6)$$

**Reporting Measure Adjuster example for Facility A**

$$(50 - 46) \times (5/6) = 3.3$$

# Calculating the Facility Total Performance Score

## Proposed TPS formula

(Clinical Measure Domain Score) — (Reporting Measure Adjuster)

## TPS example for Facility A

$91.2 - 3.3 = 87.9$ ,  
rounded to **88**

# Calculating the Minimum TPS

---

## **The minimum TPS will be calculated by scoring:**

- Each clinical measure at either
  - The national performance standard for 2014 or
  - Zero for each measure that does not have an associated numerical value for the performance standard published before the beginning of the PY 2018 performance period (January 1, 2016); and
- Each reporting measure at the 50th percentile of facility performance on the PY 2016 reporting measures

**Data for calculating the minimum TPS not yet available**

**The finalized minimum TPS will be published in the CY 2016 ESRD PPS final rule**



# Proposed Payment Reduction Scale

| Facility Total Performance Score      | Payment Reduction |
|---------------------------------------|-------------------|
| Minimum TPS or greater                | 0%                |
| 1 – 10 points below Minimum TPS       | 0.5%              |
| 11 – 20 points below Minimum TPS      | 1.0%              |
| 21 – 30 points below Minimum TPS      | 1.5%              |
| More than 30 points below Minimum TPS | 2.0%              |

# Proposed PY 2018 Scoring and Payment Reduction Methodology

## CLINICAL

| Subdomain                                           | Measures                             |
|-----------------------------------------------------|--------------------------------------|
| Safety                                              | NHSN Bloodstream Infection           |
| Patient and Family Engagement/<br>Care Coordination | ★ ICH CAHPS Survey SRR               |
| Clinical Care                                       | ★ STrR                               |
|                                                     | Kt/V Dialysis Adequacy Measure Topic |
|                                                     | VAT Measure Topic                    |
|                                                     | Hypercalcemia                        |

- Hemodialysis
- Peritoneal Dialysis
- Pediatric Dialysis
- Pediatric Peritoneal Dialysis
- Access via AVF
- Access via catheter

**Clinical Measure Domain Score – sum of:**

- .2 x (Safety subdomain)
- .3 x (Patient and Family Engagement/Care Coordination subdomain)
- .5 x (Clinical Care subdomain)

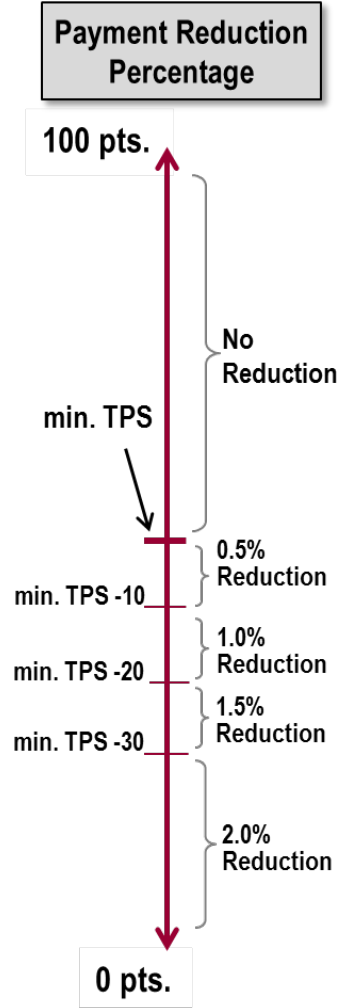
**Facility's Total Performance Score (TPS):**  
 (Clinical Measure Domain Score) – (Reporting Measure Adjuster)

## REPORTING

| Measures                                      |
|-----------------------------------------------|
| Mineral Metabolism                            |
| Anemia Management                             |
| ★ Pain Assessment and Follow-Up               |
| ★ Clinical Depression Screening and Follow-Up |
| ★ NHSN HCP                                    |

**Reporting Measure Adjuster:**  
 $50 - (\text{sum of reporting measures}) \times (5/6)$

★ **Proposed new measure for PY 2018**



# Also Included in the Proposed Rule . . .

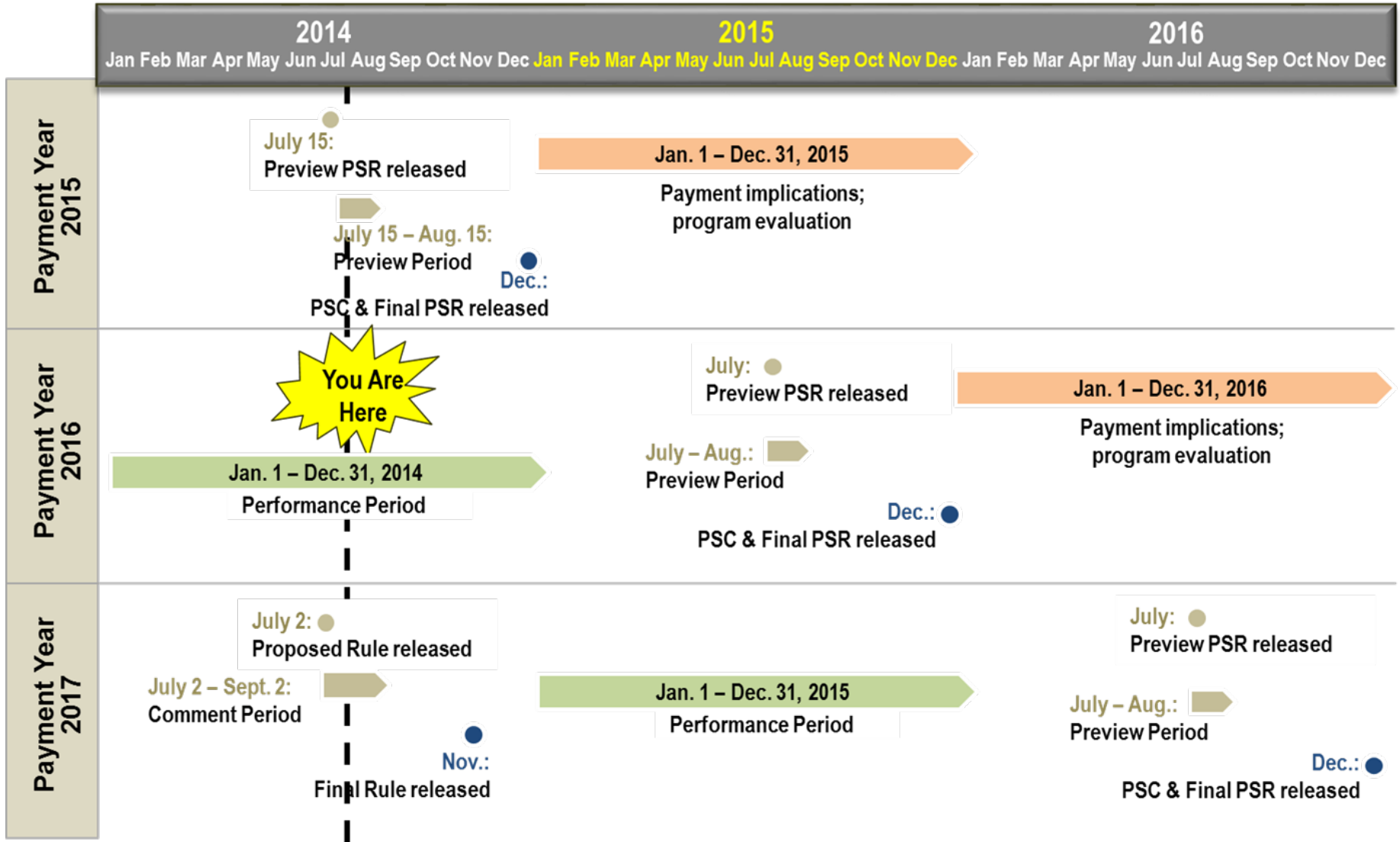
- NHSN Bloodstream Infection Measure Modified from PY 2016 Final Rule
  - Scoring methodology revised to use the Adjusted Ranking Metric (ARM), which accounts for volume of exposure and unmeasured variation across facilities
  - Effective for measuring CY 2014 performance for PY 2016
- Topped-Out measures
  - Proposed criteria for removing/replacing a topped-out measure to align with Hospital Value-Based Purchasing program
    - ❖ 75th and 90th percentiles of facility performance are statistically indistinguishable
    - ❖ Truncated coefficient of variation is  $\leq 0.1$
  - A topped-out measure will be retained if its inclusion continues to set a high standard of care
- Data Validation
  - Continuing pilot data-validation program
  - Proposed NHSN validation study
- Monitoring Access to Dialysis Facilities
- Extraordinary Circumstances exception

# Participating in the Comment Period

---

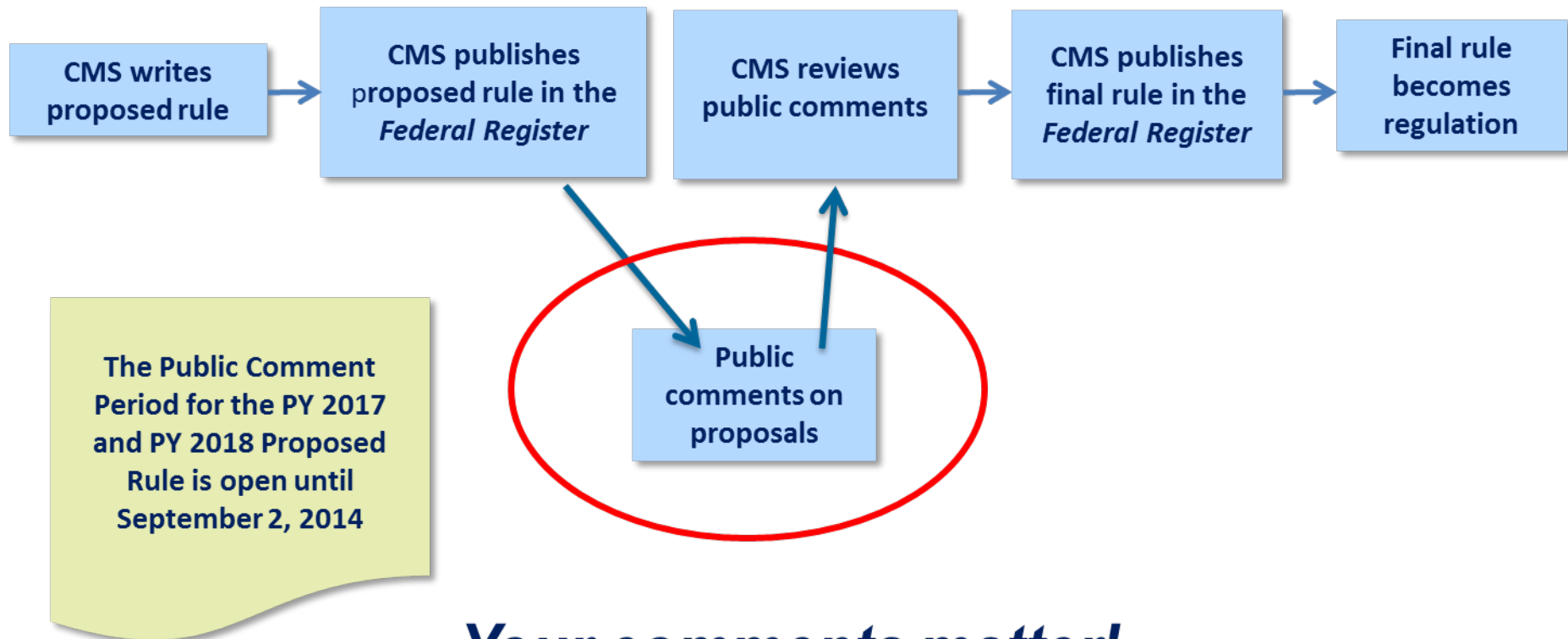
Presenter:  
**Brenda Gentles**

# ESRD QIP Timeline



# Your Role in the Regulation Process

We are implementing the ESRD QIP through the federal regulation process, one of the basic tools of government used to implement public policy



***Your comments matter!***

# Navigating the PY 2017 – PY 2018 Proposed Rule

| For details on PY 2017:                                           | Go to:                                                                                                                          |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Measure specifications<br>(including detailed list of exclusions) | Technical specifications for each measure<br>posted on the CMS ESRD QIP website<br>(links provided at end of this presentation) |
| Minimum data thresholds                                           | III.F.7 [79 Fed. Reg. 40,252 – 53]                                                                                              |
| Performance standards                                             | <i>Clinical:</i> III.F.4.a [79 Fed. Reg. 40,251]<br><i>Reporting:</i> III.F.4.c [79 Fed. Reg. 40,251]                           |
| Use of CCNs to determine eligibility for<br>reporting measures    | III.F.7 [79 Fed. Reg. 40,252 – 53]                                                                                              |
| Baseline periods for clinical measures                            | III.F.4.a [79 Fed. Reg. 40,251]                                                                                                 |
| Scoring methodologies                                             | III.F.5 [79 Fed. Reg. 40,251]                                                                                                   |
| Extraordinary Circumstances exception                             | III.F.11 [79 Fed. Reg. 40,254 – 55]                                                                                             |

# Navigating the PY 2017 – PY 2018 Proposed Rule (continued)

| For details on PY 2018:                                                  | Go to:                                                                                                                       |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Measure specifications<br>(including detailed list of exclusions)        | Technical specifications for each measure posted on the CMS ESRD QIP website<br>(links provided at end of this presentation) |
| Minimum data thresholds                                                  | III.G.5 [79 Fed. Reg. 40,265 – 66]                                                                                           |
| Performance standards                                                    | <i>Clinical:</i> III.G.3.a – b [79 Fed. Reg. 40,263 – 64]<br><i>Reporting:</i> III.G.3.c [79 Fed. Reg. 40,264]               |
| Use of CCNs to determine eligibility for reporting measures              | III.G.5 [79 Fed. Reg. 40,265 – 66]                                                                                           |
| Baseline periods for clinical measures                                   | III.G.3.a [79 Fed. Reg. 40,263 – 64]                                                                                         |
| Clinical Measure Domain scoring proposal                                 | III.G.6 [79 Fed. Reg. 40,267 – 68]                                                                                           |
| Reporting Measure Domain scoring proposal and Reporting Measure Adjuster | III.G.7 [79 Fed. Reg. 40,268 – 70]                                                                                           |



# Commenting on the Proposed Rule

Read and comment on the proposed rule for ESRD QIP PY 2017 – PY 2018 online at:  
[www.regulations.gov](http://www.regulations.gov)

- Include file number CMS-1614-P on all correspondence, including your comments

The screenshot shows the homepage of regulations.gov. The header includes the site logo, navigation links (Home, Help, Resources, Feedback and Questions), and search/browse/learn buttons. The main content area has a 'Participate Today!' section with instructions on how to use the site. A search bar is prominently displayed with the text 'SEARCH for: Rules, Comments, Adjudications or Supporting Documents:'. The search bar contains the text '1614-P', which is highlighted with a red rectangle. A red arrow points down to the search bar. To the right of the search bar is a 'Search' button. On the right side of the page, there is a section titled 'Are you new to the site?' with a list of links for new users. Below this is a 'Featured API Innovation' section with a link to 'Unified Agenda Spring 2014'.

regulations.gov  
Your Voice in Federal Decision-Making

Home Help Resources Feedback and Questions

Search Browse Learn

**Participate Today!**

Submit your comments on proposed regulations and related documents published by the U.S. Federal government. You can also use this site to search and review original regulatory documents as well as comments submitted by others.

Help improve Federal regulations by **submitting your comments**.

SEARCH for: Rules, Comments, Adjudications or Supporting Documents:

1614-P Search

**Are you new to the site?**

Click the links below to get started.

- > What can I find on this site?
- > How do I find a rule?
- > How do I submit a comment?
- > How do I find my comment?
- > Do my comments make a difference?

**Featured API Innovation**

Unified Agenda Spring 2014

# Submitting Comments on the Proposed Rule (1 of 3)

- **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 – Friday (9:00 a.m. – 5:00 p.m. EDT)

The screenshot shows the regulations.gov website interface. At the top, there's a navigation bar with links for Home, Help, Resources, and Feedback and Questions. A search bar contains the text '1614-P'. Below the navigation bar, the 'Search Results' section is visible. On the left, there are filters for 'Filter Results By...' and 'Document Type'. The main content area displays a search result for 'CY 2015 Changes to the End-Stage Renal Disease (ESRD) Prospective Payment System, Quality Incentive Program, and Changes to the Change in Ownership Policy for DMEPOS CMS-1614-P'. To the right of the result, a blue button labeled 'Comment Now!' is highlighted with a red rectangular box. Below this button, there is a link to 'Open Docket Folder' and the text 'RIN: Not Assigned'.

Comments due Tuesday, September 2, 2014 – 11:59 p.m. EDT

# Submitting Comments on the Proposed Rule (2 of 3)

---

Use the “Submit a Comment” function

- 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

Comments due Tuesday, September 2, 2014 – 11:59 p.m. EDT

# Submitting Comments on the Proposed Rule (3 of 3)

- **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 Tuesday, September 2, 2014 – 11:59 p.m. EDT

# Resources and Next Steps

---

Presenter:  
**Brenda Gentles**

# Resources: Websites

- **CY 2015 ESRD PPS Proposed Rule (includes ESRD QIP PY 2017 – PY 2018 Proposed Rule)**
  - [www.gpo.gov/fdsys/pkg/FR-2014-07-11/pdf/2014-15840.pdf](http://www.gpo.gov/fdsys/pkg/FR-2014-07-11/pdf/2014-15840.pdf)
- **CMS ESRD QIP**
  - [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html)
- **Technical Specifications for PY 2017 and PY 2018 ESRD QIP Proposed Measures**
  - [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061\\_TechnicalSpecifications.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html)
- **ESRD Network Coordinating Center (NCC)**
  - [www.esrdncc.org](http://www.esrdncc.org)
- **Dialysis Facility Reports**
  - [www.DialysisReports.org](http://www.DialysisReports.org)
- **Dialysis Facility Compare**
  - [www.medicare.gov/dialysisfacilitycompare](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](http://www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf)

# Next Steps

---

- Comment on PY 2017 – PY 2018 Proposed Rule
- Review PY 2015 Preview Performance Score Report (PSR) and submit any clarification questions or a formal inquiry
- Read PY 2017 – PY 2018 Final Rule when posted (early November)
- Review PY 2015 Final PSR when available (mid-December)
- Post PY 2015 PSCs—in both English and Spanish—when available (mid-December)

# Question & 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.

# 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>