

Special Open Door Forum



End Stage Renal Disease (ESRD) Quality Incentive Program (QIP)

Payment Year 2012
Proposed Rule Overview
for Beneficiaries and Patient Advocates

Tuesday, September 21, 2010

2:00 - 3:30 p.m. EST

Purpose of Today's Beneficiary Open Door Forum

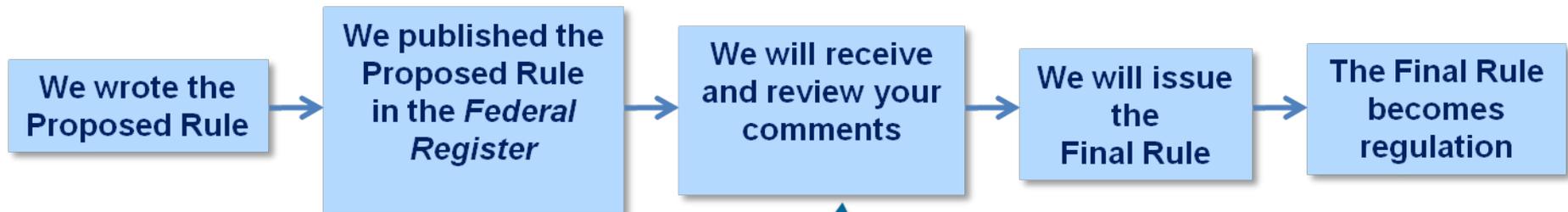


- **Answer your questions about the End Stage Renal Disease (ESRD) Quality Incentive Program (QIP)**
- **Explain how the ESRD Quality Incentive Program came about**
- **Describe how the Quality Incentive Program fits into the new bundled-payment system**
- **Discuss what the Quality Incentive Program will mean for you**
- **Show how we will inform you about the Quality Incentive Program**
- **Encourage you to send your written comments on the Quality Incentive Program Notice of Proposed Rulemaking (NPRM) to CMS by Friday, September 24, 2010**

Your Role in the Regulation Process

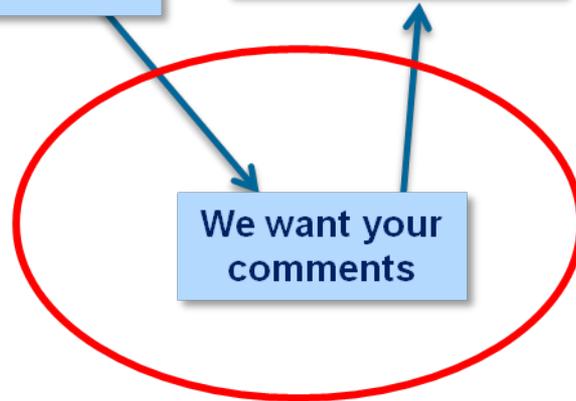


We are implementing the QIP through the federal regulation process – one of the basic tools of government used to implement public policy



On July 26, 2010, CMS published a proposed regulation regarding how the ESRD QIP could be implemented

Public Comment Period is open until September 24, 2010



Your comments matter!

The ESRD QIP is...



- **The first pay-for-performance program in a Medicare prospective payment system**
- **A program that continues a long history of work by CMS to improve the quality of care for beneficiaries with ESRD**
- **Efforts to improve beneficiary quality of care include**
 - Dialysis Facility Compare
 - Fistula First Breakthrough Initiative
- **Complementary to existing CMS quality improvement initiatives**

A program designed to improve the quality of care for beneficiaries by changing the way dialysis facilities in the ESRD Program are reimbursed

Relationship between MIPPA and the ESRD QIP



- **The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) is a comprehensive piece of legislation created in 2008 to improve ESRD patient care by putting performance standards for dialysis facilities into place**
- **This congressional mandate requires CMS to update how it measures quality and pays for dialysis care**
- **The ESRD Quality Incentive Program regulation will describe CMS' plans to implement the quality measurement program**

Use of Measures in the ESRD QIP



- **Focuses on three core measures that are crucial to improving care management and quality of life**
 - Two measures cover anemia management
 - One measure covers hemodialysis adequacy
 - ❖ More detail about these measures is available later in this presentation
- **Compares results with the “norms” for dialysis facilities across the country**
- **Alters payments from Medicare to dialysis facilities based on how well each facility’s patient population is scoring on the measures**

We selected these measures because they are important indicators of a dialysis patient’s health

Scoring Methodology



Proposed calculation for individual total performance scores will range from 0-30 points for providers/facilities based on three measures.

Measure performance scores

- 10 total possible points are awarded per measure
- Subtract 2 points for every 1.0% below the Performance Standard

Total Weighted Performance Score

- Apply weights to measure performance total scores:
 - Hgb <10 g/dL: 50% (of total score)
 - Hgb >12 g/dL: 25%
 - URR >65%: 25%
- Sum to create total performance score

Points Awarded	Proposed Model
10	Performance Standard
8	-1%
6	-2%
4	-3%
2	-4%
0	-5% or greater

Additional information about the scoring methodology is available in the Appendix at the back of this presentation

Measure Exclusions



- **Peritoneal, home dialysis, and pediatric patients are not included in the hemodialysis adequacy measure**
 - Anemia measures will apply to patients on any modality who are 18 years of age and older
- **Patients receiving dialysis more than three times a week are excluded from the hemodialysis adequacy measure**
- **Patients in the first six months of dialysis (residual renal function) are excluded from the hemodialysis adequacy measure**
- **Patients have to be on dialysis for 90 days and be taking Erythropoiesis-Stimulating Agents (ESAs) to be included in the anemia measure**

Anticipated Changes as a Result of the QIP



- **You may notice that your experience at your facility changes slightly as a result of the new Quality Incentive Program:**
 - Increased focus on the quality of your care
 - Increased emphasis on getting your lab values right and in “target” ranges
 - Changes in how your facility’s staff operates in an attempt to be more efficient

- **CMS will report facility performance results in two locations:**
 - Dialysis Facility Compare Website (www.medicare.gov/dialysis)
 - A certificate showing ESRD Quality Incentive Program scores posted at each participating facility

We are committed to providing beneficiaries with the information necessary to make decisions about their health care

What the QIP Won't Change



- **CMS will continue to hold facilities accountable for minimum health and safety standards (Conditions of Coverage)**
- **Patients will continue to:**
 - Have the power to decide how and where they want to be treated
 - Expect facilities to respect their patient rights
 - Expect to have a meaningful doctor/patient relationship

How CMS Will Ensure Quality of Care for ESRD Beneficiaries



- **We will continually monitor and evaluate the Quality Incentive Program’s impact on beneficiary access to and quality of care**
- **Our ongoing monitoring of the Program will:**
 - Identify any problem areas
 - Help to discover best practices in ESRD care
 - Improve ESRD program performance

- **We are committed to adding quality measures that will look at additional aspects of an individual's health while in dialysis**
- **Some areas under consideration include:**
 - Bone and mineral metabolism
 - Access infection rates
 - Dialysis adequacy – (Kt/V^1 instead of URR^2)
 - Vascular access rates
- **We are committed to developing additional quality measures for future years of the Quality Incentive Program to better assess the quality of care provided by dialysis facilities**

¹ $Kt/V = (\text{dialyzer clearance of urea} \times \text{dialysis time}) / \text{volume of distribution of urea}$

² $URR = \text{Urea Reduction Ratio}$

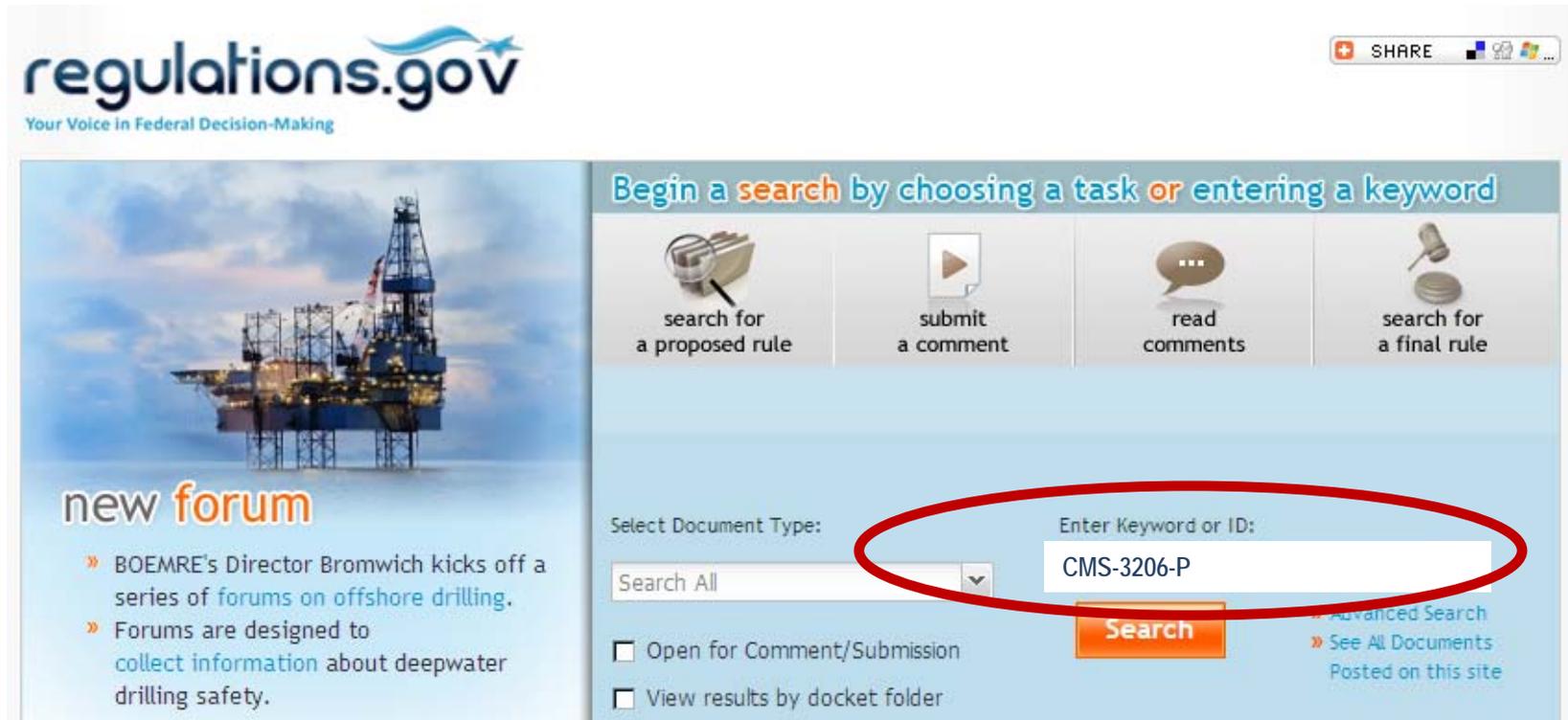
Your Role in the Regulation Process



- **We are implementing the QIP through the federal regulation process – one of the basic tools of government used to implement public policy**
- **Public Comment Period is open until September 24, 2010**
- **Your comments matter**

How to Read the Regulation

Read and comment on the ESRD QIP regulation online at <http://www.regulations.gov>. Search for “CMS-3206-P.”



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How to Submit Comments



- Details about submitting comments are in the regulation
- Two ways to submit:
 - Via mail: See the regulation for our addresses
 - Online: Click “Submit a Comment” next to the regulation link
- Please include file code “CMS-3206-P” in your comments

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View By Relevance View By Docket Folder

Title	Document Type	Agency	ID	Posted Date	Actions
Medicare Program: End-Stage Renal Disease Quality Incentive Program <i>Comments Due 09/24/10 11:59 PM ET</i>	PROPOSED RULES	CMS	CMS-2010-0219-0002	08/12/10	Submit a Comment Open Docket Folder
Quality Incentives in the End Stage Renal Disease (ESRD) Program <i>Comments Due 08/12/10 11:59 PM ET</i>	PROPOSED RULES	CMS	CMS-2010-0219-0001	07/28/10	Open Docket Folder
Semiannual Regulatory Agenda - Spring 2010	OTHER	HHS	HHS-ASAM-2010-0008-0001	04/26/10	Open Docket Folder

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**Comments are due on Friday, September 24, 2010
(by 5:00 p.m. EST via mail or by 11:59 p.m. EST online)**

ODF Review and Q&A Session

What questions do you have that will help inform your comments?



- **During today's Open Door Forum, we covered the following:**
 - Defined what the ESRD QIP is and explained how it relates to MIPPA
 - Described the measures we will be using and what is excluded at this time
 - Informed you about changes you may expect as a result of the Program
 - Explained how we plan to monitor the Program
 - Shared how we plan to move forward
 - Emphasized your role in the regulation process
- **We welcome your questions and look forward to your written comments**

ESRD QIP Beneficiary and Patient Advocates Special Open Door Forum

Appendix

**Measures, Performance Standards, Scoring,
and Payment Reduction Details**

Facility Quality Performance Measures



- **CMS selected three claims-based measures, or criteria, with which they will evaluate facility performance**
 - Anemia management:
 - ❖ Percentage of patients whose hemoglobin levels are less than 10 g/dL
 - ❖ Percentage of patients whose hemoglobin levels are greater than 12 g/dL
 - Hemodialysis adequacy
 - ❖ Percentage of patients with Urea Reduction Ratio (URR) greater than 65%
- **These measures have been used in the industry and publicly reported on the Dialysis Facility Compare website since 2001**
- **QIP will continue to evolve over time**

CMS selected these measures because they reflect core clinical management guidelines for ESRD patients

Performance Standards



National Performance Rate

National Performance Rate for Each of the Three Measures in 2008

OR

Facility Performance in Base Utilization Year

The Actual Facility Performance in 2007

- **Congress allowed for a “Special Rule” in the first year (Payment Year 2012) for a phase-in period**
- **Section 1881(h)(4)(E) of the Act requires that CMS use the lesser of two performance standards:**
 - A provider/facility’s performance standard will be the lower of the national performance rate or the actual facility performance in the base utilization year

Payment Reduction Methodology



- Providers/facilities that do not meet or exceed a certain total performance score would have payment reduced from between 0.5% to 2.0%
- Percentage of reductions would map back to total performance score here →

Total Performance Score	Percent of Payment Reduction
26 to 30 points	0.00
21 to 25 points	0.50
16 to 20 points	1.00
11 to 15 points	1.50
0 to 10 points	2.00