

Centers for Medicare & Medicaid Services Special Open Door Forum:

End-Stage Renal Disease Quality Incentive Program

Notice of Proposed Rulemaking: Payment Years 2013 and 2014



OPENING DOORS
since 2001

Thursday, August 4, 2011
2:00 p.m. – 3:30 p.m. EDT

Purpose



To provide an overview of the proposed End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Years (PY) 2013 and 2014.

This Open Door Forum (ODF) will discuss:

- **ESRD QIP Legislative Framework**
- **Payment Year 2013**
 - Proposed Measures, Standards, Scoring, and Payment Reduction Scale
- **Payment Year 2014**
 - Proposed Measures, Standards, Scoring, and Payment Reduction Scale
- **Resources for Reviewing and Commenting on the Notice of Proposed Rulemaking (NPRM)**

Value-Based Payment Systems

- **The Centers for Medicare & Medicaid Services (CMS) seeks to devise programs and systems that are important to beneficiaries and appropriate to the specific provider category.**
- **CMS also seeks to establish programs that align with the Department of Health and Human Services' strategic goals, which are:**
 - Better healthcare for individuals
 - Better care for populations and communities
 - Lower costs through improvement
- **In considering public reporting and value-based payment systems, these systems should rely on a mix of standards, processes, outcomes, and patient experience measures, including measures of care transitions and changes in patient functional status.**

Value-Based Payment Systems (cont.)

- **CMS views value-based purchasing (VBP) as an important step in redesigning how healthcare and healthcare services are paid for, moving increasingly toward rewarding better value, outcomes, and innovations—instead of merely volume.**

- **CMS Administrator, Dr. Don Berwick, said the following about VBP:**
 - **“A major, overarching theme in the Affordable Care Act is one of measurement, transparency, and altering payment to reinforce, not simply volume of services, but the quality of the effects of those services.”**

 - **“Instead of payment that asks ‘How much did you do?’ the Affordable Care Act clearly moves us toward payment that asks, ‘How well did you do?’ and more importantly, ‘How well did the patient do?’”**

 - **“That idea is at the heart of value-based purchasing. It is not just a CMS idea; it is one increasingly pervading the agenda of all payers.”**

April 11, 2011

ESRD QIP Legislative Drivers



- **The ESRD QIP is described in Section 1881(h) of the Social Security Act, as amended by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).**
 - **Program intent:**
 - ❖ Promote patient health by encouraging renal dialysis providers/facilities to deliver high-quality patient care
 - **New legislative mandate:**
 - ❖ Imposes payment reductions if a facility/provider does not meet or exceed the ESRD QIP standards as set forth by CMS
 - ❖ Allows payment reductions by up to 2%

NPRM for ESRD QIP– Payment Years 2013 and 2014



- **2013 and 2014 are the second and third years of the ESRD QIP and represent an evolution in program development.**
- **Notice of Proposed Rulemaking (NPRM or proposed rule):**
 - The ESRD QIP PYs 2013 and 2014 NPRM was displayed on July 1, 2011 and published in the *Federal Register* on July 8, 2011.
- **CMS is seeking comments from the public on these proposals by August 30, 2011.**
- **The Final Rule is targeted to be published in November 2011:**
 - Until published, the specific measures and scoring methodology are subject to change.



Proposed Payment Year 2013 ESRD QIP

Payment Year 2013 ESRD QIP Measures



- **The PY 2013 ESRD QIP is very similar to the PY 2012 ESRD QIP.**
- **Two measures are proposed for PY 2013 ESRD QIP:**
 - Percentage of patients with hemoglobin levels greater than 12 g/dL
 - Percentage of patients with Urea Reduction Ratio (URR) of 65% or greater

Payment Year 2013 ESRD QIP Measures (Cont.)



- **The measure assessing the percentage of patients with hemoglobin levels lower than 10 g/dL would be retired. This action is consistent with recently released labeling guidelines by the Food and Drug Administration (FDA).**
- **The measure assessing dialysis adequacy URR of 65% or greater would be retained.**
- **As in PY 2012 ESRD QIP, facilities should have at least 11 cases per measure to establish a Total Performance Score.**

Payment Year 2013 ESRD QIP Performance Standards



- **CMS would compare a provider's/facility's Performance Period data to the appropriate performance standard to calculate each measure.**
- **The Performance Period data would be obtained from facility claims submitted in Calendar Year (CY) 2011.**
- **The performance standard for each facility would be the lower of:**
 - Provider's/facility's performance rate in CY 2007
 - or***
 - The national performance rate in CY 2009:
 - ❖ For the hemoglobin greater than 12g/dL Measure: 16%
 - ❖ For the URR Hemodialysis Adequacy Measure: 96%
- **The performance standard that would yield the best score for the facility is the one that would be applied.**

Calculating the Payment Year 2013 ESRD QIP Score



- **Any facility that meets or exceeds the performance standard for a measure would receive 10 points for that measure.**
- **Any facility that does not meet the performance standard for a measure would receive less than 10 points for that measure:**
 - Two points would be subtracted from the maximum 10 points for every one percentage point the provider's/facility's performance falls short of the performance standard.
- **Provider/facilities could obtain a Total Performance Score of up to 30 points:**
 - Each measure score (0-10 points) would be worth 50% of the provider's/facility's Total Performance Score.

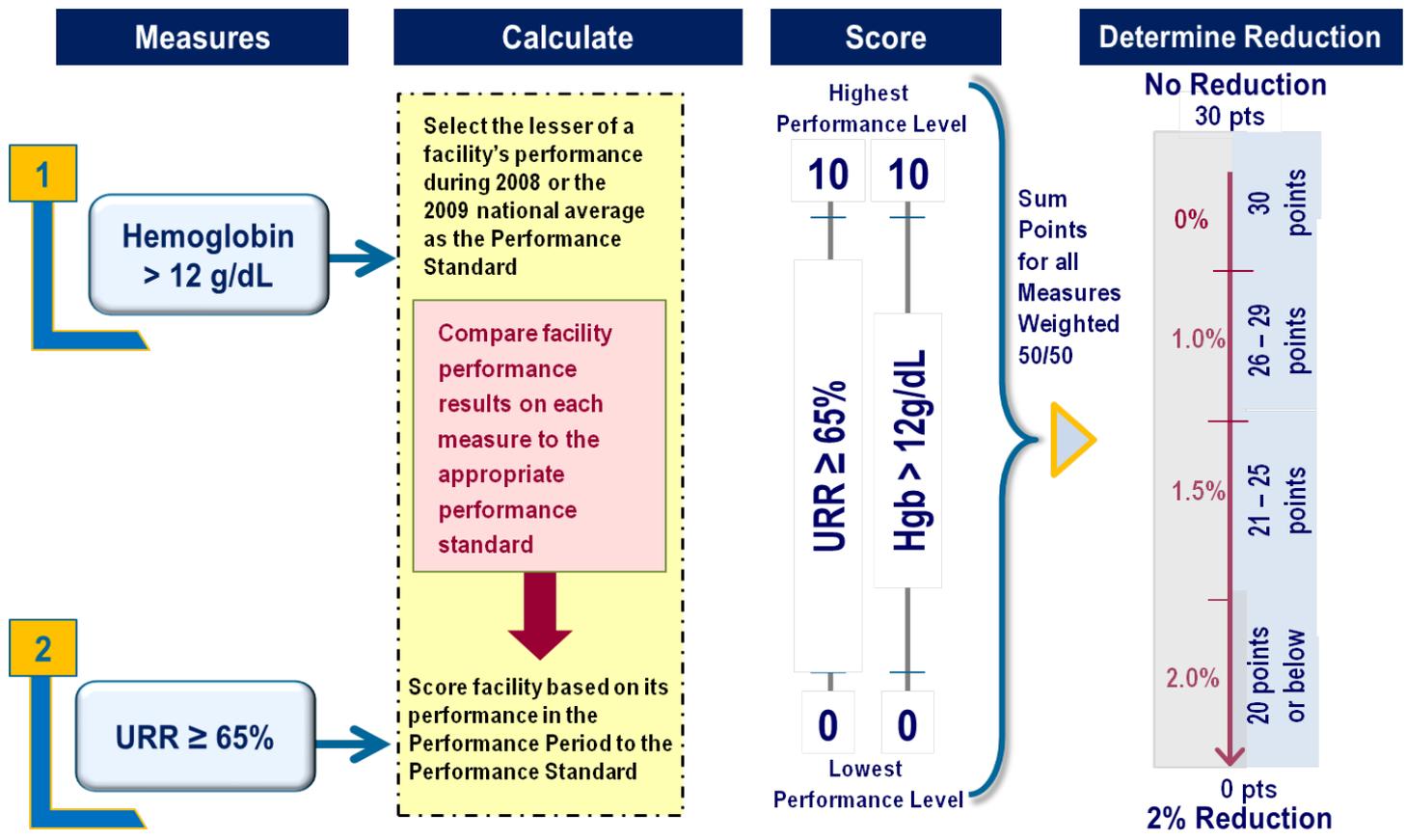
Calculating Payment Year 2013 ESRD QIP Payment Reductions



A provider's/facility's payments could be reduced based upon its Total Performance Score.

Proposed PY 2013 Payment Reduction Scale	
Total Performance Score	Percentage of Payment Reduction
30 points	No Reduction
26-29 points	1.0%
21-25 points	1.5%
20 points or less	2.0%

Payment Year 2013 ESRD QIP Scoring and Payment Reduction Methodology



Comparing Payment Year 2013 ESRD QIP to Payment Year 2012 ESRD QIP



	2012	2013
Measures	3 Total: 2 Anemia + 1 Dialysis Adequacy	2 Total: 1 Anemia + 1 Dialysis Adequacy
Performance Period	CY 2010	CY 2011
Performance Standard	The performance rate in CY 2007 OR The national performance rate in CY 2008	The performance rate in CY 2007 OR The national performance rate in CY 2009
Weighting	50% for hg less than 10 g/dL 25% for hg greater than 12 g/dL 25% for URR of at least 65%	50% for hg greater than 12 g/dL 50% for URR of at least 65%
Payment Reductions: Minimum Score	Payment reduction applied for any score under 26	Payment reduction applied for any score under 30
Payment Reductions: Scale	Sliding Scale: 0.50 - 2% if under minimum score	Sliding Scale: 1 – 2% if under minimum score
Special Rule	Applies	Applies



Proposed Payment Year 2014 ESRD QIP

Payment Year 2014 ESRD QIP



- **Significant changes are being proposed for PY 2014. Proposed changes include:**
 - Retirement of URR measure
 - Addition of four new clinical measures:
 - ❖ Total of five measures
 - ❖ Comprise 90% of Total Performance Score
 - Addition of three new reporting measures:
 - ❖ Comprise 10% of Total Performance Score
- **Clinical measure scoring would be based upon a provider's/facility's achievement and improvement on a measure**

Payment Year 2014 ESRD QIP Measures Summary

■ Proposed Clinical Measures:

- Hemoglobin greater than 12 g/dL
- Kt/V *
- Vascular Access Type
 - ❖ Composed of catheter and fistula submeasures
- Vascular Access Infection
- Standardized Hospitalization Ratio (SHR) Admissions

■ The Baseline Period would be July 1, 2010 – June 30, 2011 for all clinical measures except SHR Admissions, which would have a CY 2010 Baseline Period.

■ Proposed Reporting Measures:

- National Healthcare Safety Network (NHSN) Dialysis Event
- In-Center Hemodialysis (ICH) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
- Mineral metabolism (measurement of serum calcium and phosphorus)

*Dialysis adequacy measure replacing URR measure used in PYs 2012 and 2013.

Payment Year 2014 ESRD QIP Clinical Measures: Hemoglobin Greater than 12 g/dL

- **The facility's performance rate would be calculated as a percentage of eligible patients with hemoglobin level greater than 12 g/dL**
- **The facility's goal should be a lower rate for this measure. (i.e., fewer patients outside the target level)**
- **The following claims would be excluded from measure calculation:**
 - Patients under age 18.
 - Claims from patients classified as ESRD less than 90 days prior.
 - Claims that do not indicate the use of an ESA.
 - Claims that indicate hemoglobin of less than 5 g/dL or greater than 20 g/dL (considered outside appropriate clinical range).
 - Patients that do not have at least four eligible claims with data sufficient to calculate the measure

Payment Year 2014 ESRD QIP Clinical Measures: Kt/V



- **The facility's performance rate would be calculated as a percentage of eligible patients that meet the measure specification.**
 - This measure would be expressed as a percentage of patients within the following Kt/V target ranges:
 - ❖ Hemodialysis should be at least 1.2
 - ❖ Peritoneal dialysis should be at least 1.7
- **The facility's goal should be a higher percentage for this measure.**
- **The following claims would be excluded from measure calculation:**
 - Patients under age 18
 - Patients who dialyze more than 3 times per week
 - Claims from patients classified as ESRD less than 90 days prior
 - Claims that report "9.99" to indicate test was not performed
 - Kt/V readings on Peritoneal Dialysis patients that are not within four months of the claim date of service
 - Claims that indicate Kt/V outside of the clinically plausible range:
 - ❖ 0.5 to 2.5 for Hemodialysis
 - ❖ 0.5 to 5.0 for Peritoneal Dialysis

Payment Year 2014 ESRD QIP Clinical Measures: Vascular Access Type



- **The Vascular Access Type would consist of two subcomponent measures, which would each receive a separate performance rate:**
 - Percent of hemodialysis patients using AVF during last treatment of the month
 - Percent of hemodialysis patients with intravenous catheter for 90 days prior to last dialysis session

- **Scores would be averaged to derive the vascular access rate.**

- **The following claims would be excluded from both subcomponent measures:**
 - **Patients under age 18**
 - **Peritoneal dialysis patients or modality coded as “Other”**
 - ❖ Only In-Center Hemodialysis and Home Hemodialysis would be included

- **The facility’s goal should be a higher rate for the AVF measure and a lower rate for the catheter measure.**

Payment Year 2014 ESRD QIP Clinical Measures: Vascular Access Infection



- **The following claims would be excluded from measure calculation:**
 - Patients under age 18
 - Peritoneal Dialysis patients or modality coded as “Other”
 - ❖ Only In-Center Hemodialysis and Home Hemodialysis would be included
- **The facility’s goal should be a lower rate for this measure.**

Payment Year 2014 ESRD QIP Clinical Measures: SHR Admissions



- **The performance “rate” for SHR Admissions is different from the other measures as it is a ratio rather than a direct rate.**
 - This rate would be calculated by determining the expected number of eligible patient hospital admissions of for a given timeframe. The actual observed number of eligible patient hospital admissions would be divided by the expected number to obtain the ratio:
 - ❖ Facilities with fewer observed hospitalizations than expected receive SHR less than 1.
 - ❖ Facilities with more observed hospitalizations than expected receive SHR greater than 1.
- **The facility should have at least five patient years at-risk (five years of data aggregated across all patients) during the Performance Period to receive a score on this measure.**
 - E.g., Ten patients with six months of data each, or five patients with one year of data each.
- **The facility’s goal should be a lower rate for this measure.**

Payment Year 2014 ESRD QIP Clinical Measures: SHR Admissions (cont.)



- **The following patient information would be included in the ratio calculation:**
 - Patients treated at a facility for 60 days before inclusion in the facility's calculation.
 - Patient transfers from one facility to another, patient outcomes continue to be attributed to the original facility for 60 days and then are attributed to the destination facility.
 - Patients not treated in a single facility for a span of 60 days (e.g., two transfers within that time period), the patient is not attributed to any facility.
 - Patients removed from facilities three days prior to transplant to exclude the transplant hospitalization
 - Patients withdrawn from dialysis or recover renal function and remain assigned to the facility for 60 days after withdrawal or recovery.

Payment Year 2014 ESRD QIP Reporting Measures: NHSN Dialysis Event



- **The National Healthcare Safety Network (NHSN) is a program administered by the Centers for Disease Control and Prevention (CDC).**
- **CMS intends to score providers/facilities based on these rates in the future.**
 - Providers/facilities would be scored based upon whether they meet training completion and reporting requirements.

Payment Year 2014 ESRD QIP Reporting Measures: Patient Experience of Care



- **Patient Experience of Care (ICH CAHPS)**
 - The In-Center Hemodialysis (ICH) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey measures patients' satisfaction with the provided care.
- **Providers/facilities would be scored according to their attestation to successfully administer ICH CAHPS surveys during the Performance Period.**

Payment Year 2014 ESRD QIP Reporting Measures: Mineral Metabolism



- **Mineral Metabolism:**
 - This measure encourages providers/facilities to measure and report on patients' calcium and phosphorous levels.
- **Providers/facilities would be scored according to their attestation to successfully monitor patient's phosphorus and calcium levels monthly throughout the Performance Period in which a patient was treated.**

Payment Year 2014 ESRD QIP: Calculating Each Clinical Measure Score



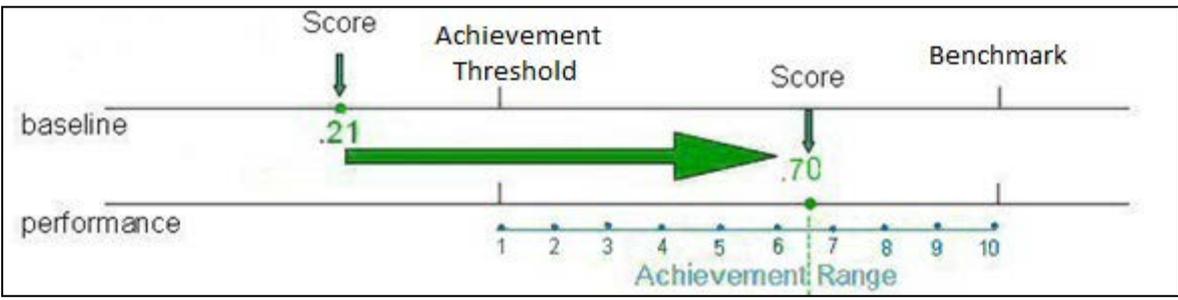
- A new scoring methodology for the PY 2014 ESRD QIP has been proposed.
- CMS would determine a provider's/facility's score for each of the five clinical measures based on the *higher of*:
 - Its **achievement** score
 - or
 - Its **improvement** score
- **The Achievement Score:**
 - Compares the provider's/facility's performance during the Performance Period to the **national performance** rate during the baseline period.
- **The Improvement Score:**
 - Compares the provider's/facility's performance during the Performance Period to its **own performance** rate during the baseline period.

Payment Year 2014 ESRD QIP: Performance and Baseline Periods

- The **Performance Period** would be CY 2012.
- The **Baseline Period** for four of the five clinical measures would be **July 1, 2010 through June 30, 2011**:
 - Hemoglobin greater than 12 g/dL
 - Kt/V
 - Vascular Access Type
 - Vascular Access Infection
- The **Baseline Period** for the SHR Admissions measure would be **CY 2010**.

Payment Year 2014 ESRD QIP: Calculating Achievement Scores

- To determine the **Achievement** score, providers/facilities would receive points along an achievement range:
 - The **Achievement Threshold** would be one standard deviation below the National Performance Rate during the Baseline Period.
 - The **Benchmark** would be the mean of the performance rates of the facilities who fall into the top decile for each measure.
 - The **Achievement Range** would be a scale that runs from the Achievement Threshold to the Benchmark.



Payment Year 2014 ESRD QIP: Calculating Achievement Scores

- To determine where a facility/provider falls on the achievement range, the following formula would be used:

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

- This formula would only be used if the provider's/facility's performance falls within the achievement range:
 - If the provider's/facility's performance was **below** the achievement range, it would receive **0 points** for its Achievement score.
 - If the provider's/facility's performance was **above** the achievement range, it would receive **10 points** for its Achievement score.

Payment Year 2014 ESRD QIP: Calculating Improvement Scores

- To determine the **Improvement** score, providers/facilities would receive points along an improvement range:
 - The **Benchmark** would be the mean of the performance rates of the facilities who fall into the top decile for each measure.
 - The **Improvement Threshold** would be the *individual* provider's/facility's performance during the Baseline Period.
 - The **Improvement Range** would be the scale running between the provider's/facility's Improvement Threshold during the Baseline Period and the Benchmark.



Payment Year 2014 ESRD QIP: Calculating Improvement Scores (cont.)



- To determine where a facility/provider falls on the improvement range, the following formula would be used:

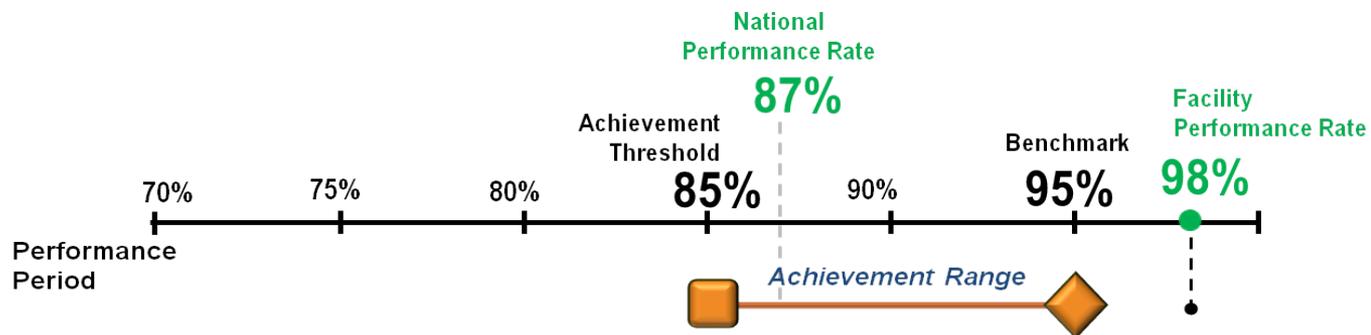
$$10 \times \left(\frac{\text{Facility Rate during Performance Period} - \text{Facility Rate during Baseline Period}}{\text{Benchmark} - \text{Facility Rate during Baseline Period}} \right) - 0.5$$

- This formula would only be used if the provider's/facility's performance falls within the improvement range:
 - If the provider's/facility's performance was **below** the improvement range, it would receive **0 points** for its Improvement score.
 - If the provider's/facility's performance was **above** the improvement range, it would receive **10 points**.

Payment Year 2014 ESRD QIP Example: Score At or Above the Benchmark



Measure: Kt/V Dialysis Adequacy



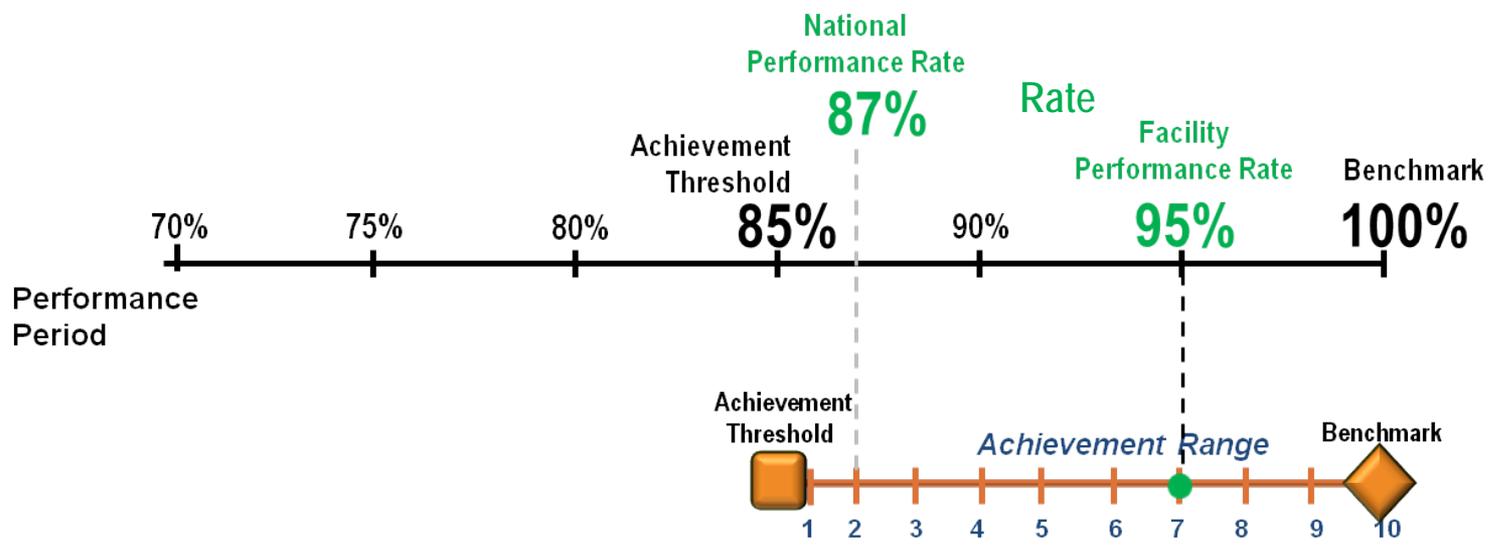
The formulas are not applied for performance rates above the Benchmark

A rate at or above the Benchmark earns

10 points

Payment Year 2014 ESRD QIP Example: Calculating the Achievement Score

Measure: Kt/V Dialysis Adequacy

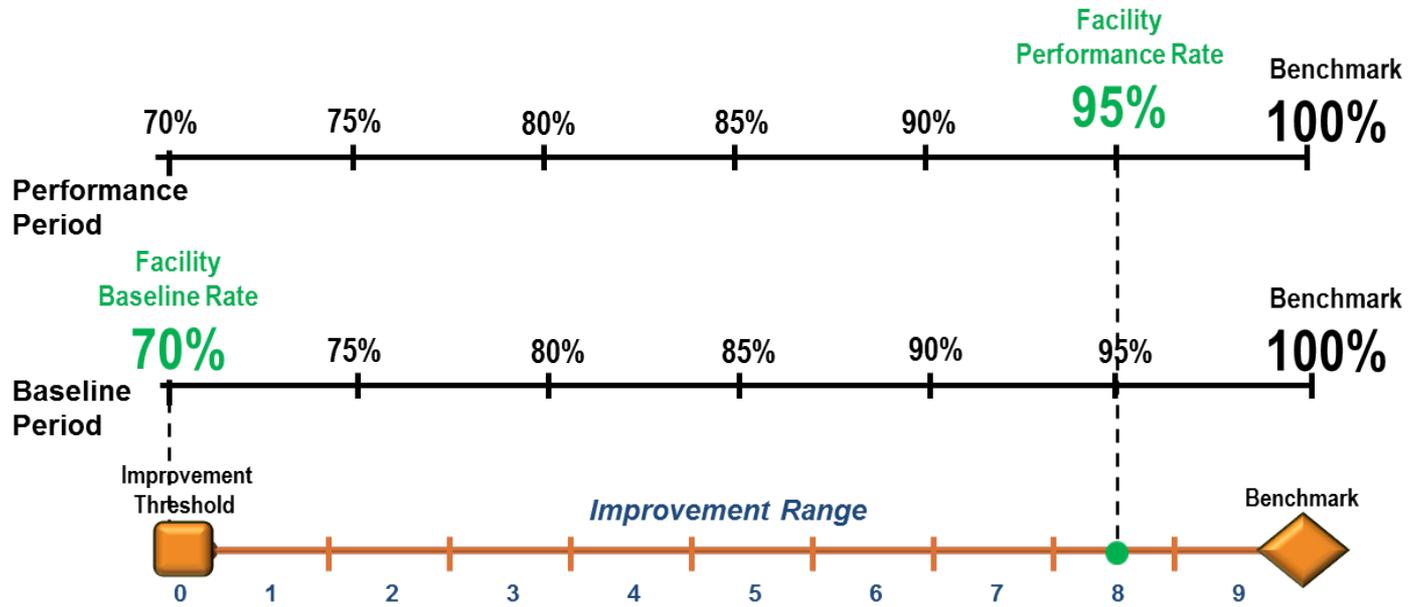


Achievement Score Formula

$$9 \times \left(\frac{95 - 85}{100 - 85} \right) + 0.5 = 6.5 \text{ Rounded to } \rightarrow 7$$

Payment Year 2014 ESRD QIP Example: Calculating the Improvement Score

Measure: Kt/V Dialysis Adequacy

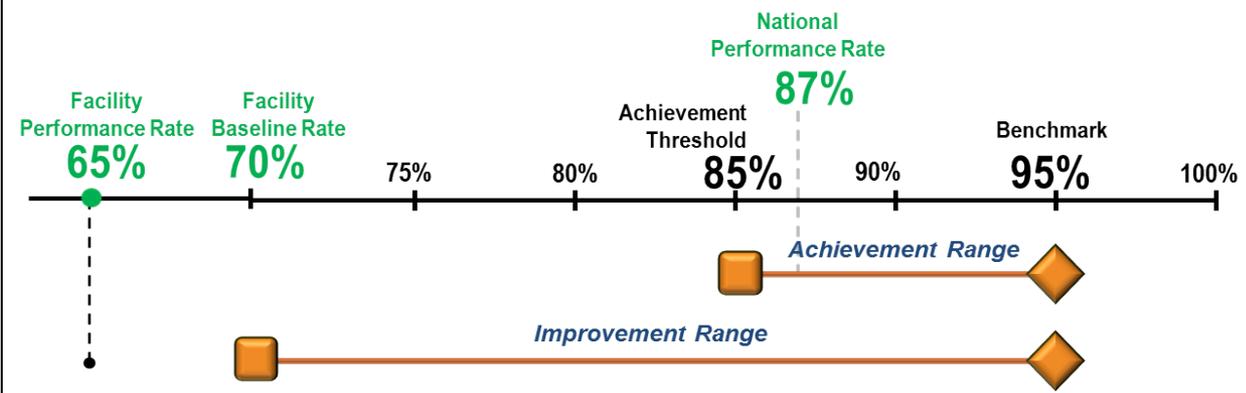


Improvement Score Formula

$$10 \times \left(\frac{95 - 70}{100 - 70} \right) - 0.5 = 7.83 \text{ Rounded to } \rightarrow 8$$

Payment Year 2014 ESRD QIP Example: Below Achievement and Improvement Thresholds

Measure: Kt/V Dialysis Adequacy



The formula is not applied for performance rates below the Achievement and/or Improvement Threshold

A rate below the Achievement Threshold and at or below the Improvement Threshold earns **0 points**

Payment Year 2014 ESRD QIP: Calculating Reporting for the NHSN Dialysis Event Measure



- **To earn the maximum 10 points on the NHSN Dialysis Event measure, a facility would need to:**
 - Enroll in the NHSN and complete the required training during or prior to the Performance Period
 - and*
 - Report at least three consecutive months of dialysis event data for the Performance Period to the NHSN by January 30, 2013

- **To earn 5 points on this measure, a facility would need to:**
 - Enroll in the NHSN and complete the required training during or prior to the Performance Period

- **Facilities that do not enroll and receive training prior to the Performance Period would receive 0 points on this measure.**

- **The Performance Period would be CY 2012.**

Payment Year 2014 ESRD QIP: Calculating the ICH CAHPS Reporting Measure



- **To earn the maximum 10 points on this measure, a facility would need to:**
 - Attest to successfully administering the ICH CAHPS survey during the Performance Period.
 - 0 points would be received for facilities that do not make this attestation.

- **The Performance Period would be CY 2012.**

Payment Year 2014 ESRD QIP: Calculating the Mineral Metabolism Reporting Measure



- **To earn the maximum 10 points on the Mineral Metabolism measure, a facility would need to:**
 - Attest to measuring the mineral metabolism levels of all adult Medicare patients treated by that provider/facility at least once a month throughout the Performance Period.
 - 0 points would be received for facilities that do not make this attestation.

- **The Performance Period would be CY 2012.**

Payment Year 2014 ESRD QIP: Calculating the Total Performance Score



- **Weighting of Clinical Measures:**
 - Each clinical measure included would be equally weighted to comprise 90% of the Total Performance Score.

- **Weighting of Reporting Measures:**
 - Each reporting measure would be equally weighted to comprise 10% of the Total Performance Score.

- **To calculate a facility's Total Performance Score, the following would occur:**
 - Multiply each measure score by its appropriate weight
 - Add the weighted scores together and multiply by 10.

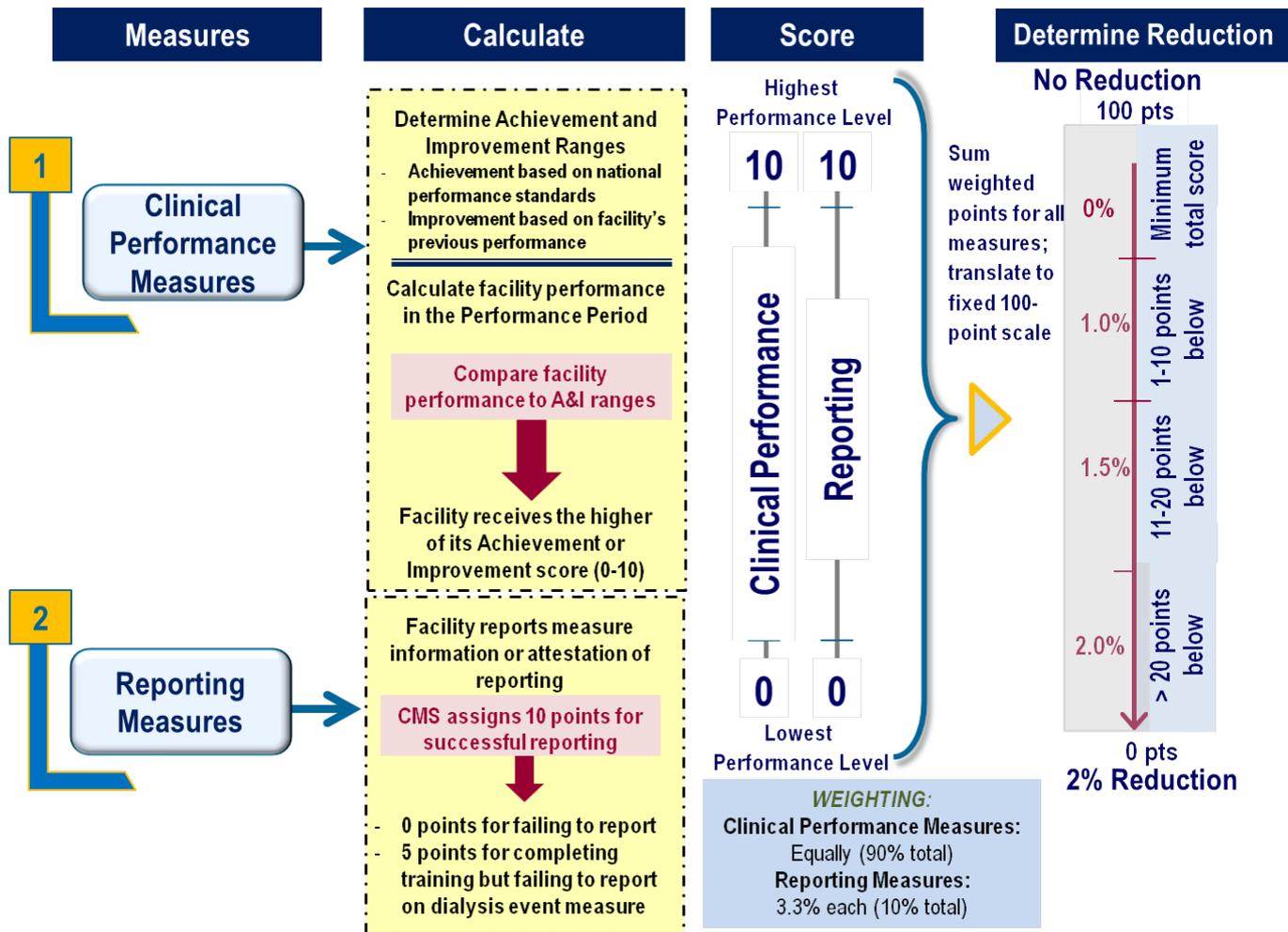
- **A provider/facility would earn between 0-100 points.**

Payment Year 2014 ESRD QIP: Proposed Payment Reductions

- To avoid a payment reduction, providers/facilities would need to meet or exceed a minimum Total Performance Score.
- The maximum payment reduction for any facility would be 2%.
- Payment reductions would be applied to facilities on a sliding scale.

Proposed PY 2014 Payment Reduction Scale	
Total Performance Score (TPS)	Percentage of Payment Reduction
1-10 points below the minimum TPS	1.0%
11-20 points below the minimum TPS	1.5%
21 points or more below the minimum TPS	2.0%

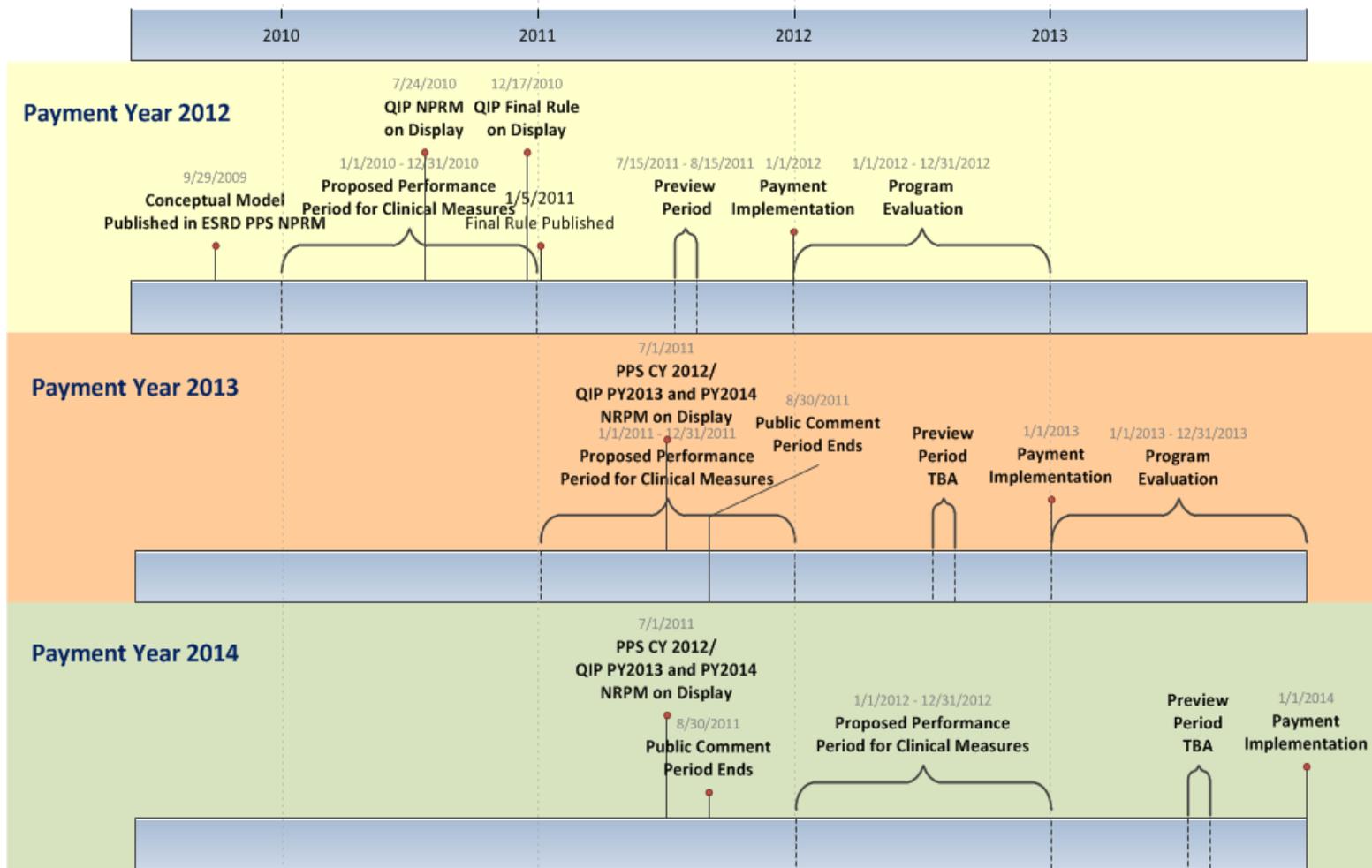
Payment Year 2014 ESRD QIP Scoring and Payment Reduction Methodology





Commenting Process and Resources

ESRD QIP Timeline



Your Role in the Regulation Process



CMS is proposing the structure of the ESRD QIP for PYs 2013 and 2014 through the federal rule making process.



NPRM for Payment Years 2013 and 2014

Read and comment on the NPRM for ESRD QIP PYs 2013 and 2014 online at:
www.regulations.gov



The screenshot shows the homepage of regulations.gov. At the top, there is a navigation bar with links for Exchange, Contact Us, About Us, Help, FAQs, and RSS. Below this is the site logo and a search bar with social media share options. The main content area features a search prompt: "Begin a search by choosing a task or entering a keyword". There are four task icons: "search for a proposed rule", "submit a comment", "read comments", and "search for a final rule". Below these is a search form with a "Select Document Type:" dropdown menu and a text input field containing "RIN 0938-AQ27". A red box highlights the text input field. To the right of the search field is an orange "Search" button and links for "Advanced Search" and "Browse By Topic". On the left side of the page, there is a promotional banner for the "Spring 2011 Unified Agenda and Regulatory Plan" with a stack of books representing different stages of rule-making: Proposed Rule, Final Rule, Long Term Action, Completed, and Pre Rule.

Comments Submissions on the Proposed Rule

5 results for "RIN 0938-AQ27"

View by Relevance View by Docket Folder Results Per Page: 10

Title	Document Type	Agency	ID	Posted Date	Actions
Medicare Program: Changes to End-Stage Renal Disease Prospective Payment System for CY 2012, etc.	Proposed Rule	CMS	CMS-2011-0129-0002	07/08/2011	Submit a Comment Open Docket Folder
Comments Due Aug 30, 2011 11:59 PM ET					
REGULATORY AGENDA Semiannual Regulatory Agenda	Proposed Rule	HHS	HHS_FRDOC_0001-0406	07/07/2011	Open Docket Folder
Semiannual Regulatory Agenda - Spring 2011	Other	HHS	HHS-ASAM-2011-0016-0001	07/07/2011	Open Docket Folder

■ To submit comments:

- Online: Click “Submit a Comment” next to the regulation title
- Under “Submit a Comment”, select “Alternate Ways to Comment” located at the top of the page

■ Help Desk:

- Select the “Contact Us” tab located at the top of the page
- Call (877)378-5457 (toll free) or (703)412-3083, Monday through Friday [8:00 a.m. - 6:00 p.m. EDT]

Comments Due Tuesday, August 30, 2011 - 11:59 p.m. ET

Resources



- **Medicare Improvements for Patients and Providers Act of 2008 (MIPPA):**
 - www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf

- **ESRD Website:** www.cms.gov/ESRDQualityImproveInit

- **Proposed Rule for ESRD QIP PYs 2013 and 2014**
 - The full text of the Proposed Rule can be found in the *Federal Register*, Vol. 76, No. 131, dated Friday, July 8, 2011 [*beginning at page 40517*]
www.gpo.gov/fdsys/pkg/FR-2011-07-08/pdf/2011-16874.pdf

Next Steps



- **Comment on Proposed Rule for ESRD QIP PYs 2013 and 2014**
- **Review Preview Performance Score Reports (PSR) when available**
- **Read Final Rule for ESRD QIP PYs 2013 and 2014 when posted**
- **Review Final Performance Score Reports (PSR) when available**
- **Post Performance Score Certificates (PSC) when available**

Questions?



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