



**Special Open Door Forum:
End-Stage Renal Disease (ESRD)
Quality Incentive Program (QIP)
Proposed Rule Overview for Facilities,
Providers, and Suppliers**

Tuesday, August 24, 2010

2:00 – 3:30 P.M. EST

History of Quality Improvement Initiatives

Evolutionary steps toward improving quality care have involved a myriad of progressive changes



- **Contemporary Quality Improvement**
- **Transparency**
 - Public Reporting
- **Incentives**
- **Conditions of Participation**
- **Coverage and Payment Decisions**
- **Grants, Demonstrations, Pilots and Research**

Brief Overview of MIPPA Section 153 (c)



- **Medicare Improvements for Patients and Providers Act (MIPPA), Section 153(c) requires the Secretary to create an ESRD QIP that will:**
 - Select measures;
 - Establish performance standards that apply to individual measures;
 - Specify performance period with respect to a year;
 - Develop methodology for assessing total performance of each provider/facility based on performance standards with respect to measures for a performance period;
 - Apply an appropriate payment reduction to providers and facilities that do not meet or exceed established total performance score; and
 - Publicly report results through websites and facility posting.

Brief Overview of QIP Development



- **ESRD QIP Conceptual Model** was included in the **ESRD Proposed Payment System (PPS) Notice of Proposed Rulemaking (NPRM)**
 - Published for public comment on September 29, 2009
- **Measures for ESRD QIP** were proposed in the **ESRD PPS NPRM** and were finalized in the **ESRD PPS final rule** on **July 26, 2010**
- **In developing the ESRD QIP, CMS considered the following inputs:**
 - Hospital VBP Report to Congress;
 - ❖ Included Reporting Hospital Quality for Annual Payment Update (RHQDAPU), Physician Quality Reporting Initiative (PQRI), and Premier Demonstration inputs;
 - Environmental Scan; and
 - MIPPA.

Quality Performance Measures

Three proposed measures assess the core clinical management needs of ESRD patients



- **Three claims-based measures selected**
 - Anemia management:
 - ❖ Percentage of patients whose hemoglobin levels are less than 10 g/dL; and
 - ❖ 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%.
- **Measures have been used in the industry and publicly reported since 2001**
 - Stakeholders understand their significance
- **Proposed weighting of total performance score for each provider/facility:**
 - Hemoglobin <10g/dL: 50%;
 - Hemoglobin >12g/dL: 25% ; and
 - URR > 65%: 25%.
- **Additional measures are being developed for future payment years**
 - Will be added annually as they are developed, tested, and endorsed.

Performance Standards



National Performance Rate

National Performance Rate for Each of the 3 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 (PY 2012) for a phase-in period**
- **Section 1881(h)(4)(E) of the Act requires that CMS use the lesser of 2 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.

Scoring Methodology

The performance score is calculated using three measures



Proposed calculation for individual total performance scores will range from 0–30 points for providers/facilities based on 3 measures.

Measure performance scores

- 10 total possible points 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%
 - 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

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

Scoring Example



Measure	2007 Facility Performance Rate	2008 National Performance Standard	2010 Facility Performance Rate	Performance Standard Applied	Performance Scores	Weight	Weighted Score
Hgb <10 g/dL	2%	2%	5%	Facility	4	50%	6
Hgb >12 g/dL	44%	26%	48%	Facility	2	25%	1.5
URR >65%	97%	96%	97%	National	10	25%	7.5
Total Performance Score							15
Payment Reduction							1.50%

Proposed Performance Period

The performance period was selected to ensure sufficient data collection and validation



- **Performance period proposed = Entire calendar year 2010**
- **To apply a payment percentage reduction on January 1, 2012, the following must occur:**
 - Claims submission and processing period: 2010;
 - Claims adjudication period: 1/1/2011 – 6/30/2011;
 - Claims analysis, preview and adjustment period: 7/1/2011 – 9/30/2011; and
 - Payment implementation period: 10/2011 – 1/2012.

Public Reporting Requirements

MIPPA Section 153(c) requires the Secretary provide certificates to dialysis facilities about their total performance scores



- **Facility-posted certificates**
- **Inform the public through Medicare’s website**
- **Facilities/providers will be able to preview their scores**
 - CMS is developing a performance score inquiry process for facilities to ask questions about their scores; however,
 - MIPPA Section 153(c) does not call for a formal appeals process.

How to Read the Rule

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Search for “CMS-3206-P.”

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How to Submit Comments

Reading and commenting on the rule is easy!



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

The screenshot shows the regulations.gov website with search results for the keyword "CMS-3206". The page displays three results, with the first result, "Medicare Program: End-Stage Renal Disease Quality Incentive Program", highlighted. The "Submit a Comment" button for this result is circled in red. The table below summarizes the search results.

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

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

Q&A Session

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

