End-Stage Renal Disease Quality Incentive Program

Accessing Your Facility’s PY 2016 Reporting Documents

December 9, 2015
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.
Presenter

• Tamyra Garcia, MPH
  ESRD QIP Program Lead and Policy Lead
  Division of Value, Incentives, and Quality Reporting
Agenda

To identify the steps facilities need to take to get their reporting documents about (ESRD) Quality Incentive Program (QIP) performance results for Payment Year (PY) 2016

This National Provider Call (NPC) will discuss:

• ESRD QIP legislative framework
• How to access and review reporting documents
• Available Centers for Medicare & Medicaid Services (CMS) resources
Introduction
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 provision
- **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

- **Treatment and Prevention of Chronic Disease**
  Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease

- **Patient and Family Engagement**
  Ensuring that each person and family are engaged as partners in their care

- **Care Coordination**
  Promoting effective communication and coordination of care

- **Population/Community Health**
  Working with communities to promote wide use of best practices to enable healthy living

- **Affordability**
  Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models

- **Safety**
  Making care safer by reducing harm caused in the delivery of care
ESRD QIP Overview
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%
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 general requirements for ESRD QIP (applied on a PY basis)

- **HHS components review proposals**, including the Office of the General Counsel (OGC) and the Centers for Disease Control and Prevention (CDC)

- **CMS publishes proposed rule** via Notice of Proposed Rulemaking (NPRM) in the *Federal Register*

- **Public afforded 60-day period** to comment on proposed rule

- **CMS drafts final rule** (addressing public comments), which passes through HHS internal clearance process

- **CMS publishes final rule** in the *Federal Register*
Scoring Facility Performance

**Collect data** from Medicare reimbursement claims, National Healthcare Safety Network (NHSN), CROWNWeb, and vendors who report data for the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS)

**Release estimated scores** and payment reduction in a Preview Performance Score Report (PSR) to facilities

**Conduct 30-day Preview Period** for facility review of calculations and inquiries

**Adjust scores where required**; submit payment reductions to Center for Medicare (CM)

**Release final results** in a Final PSR for facilities and PSCs for patients (posted in English and Spanish in a prominent patient area in each facility)
Release of ESRD QIP Reporting Documents
Release Date and Posting Requirements

• The release date for PY 2016 reporting documents (Final PSRs and PSCs) currently is projected to be **December 30, 2015**

• Facilities are required to post their PSCs in a prominent patient area within 15 business days of their release
  
  – If the documents are released on December 30, 2015, then PSCs must be posted on or before January 21, 2016

MLN Connects
Final PSR

Your facility’s performance scores will be detailed in the Final PSR using tables and explanatory text.
## Sample Score Summary and Payment Reduction Percentage Table

### Table 1. Performance Score Overview

<table>
<thead>
<tr>
<th>Performance Measures and Definitions</th>
<th>PAYMENT REDUCTION PERCENTAGE</th>
<th>NO REDUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Measure Score</td>
<td>Measure Weight</td>
</tr>
<tr>
<td><strong>Clinical Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemoglobin &gt; 12g/dL, Percent of patients with mean hemoglobin greater than 12 g/dL</td>
<td>10</td>
<td>16.07%</td>
</tr>
<tr>
<td>Kt/V Dialysis Adequacy measure topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three measures for separate populations</td>
<td>8</td>
<td>16.07%</td>
</tr>
<tr>
<td>Percentage of adult hemodialysis patient-months with Kt/V greater than or equal to 1.2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Percentage of adult peritoneal dialysis patient-months with Kt/V greater than or equal to 1.7</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Percentage of pediatric in-center hemodialysis patient-months with Kt/V greater than or equal to 1.2</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Vascular Access Type (VAT) measure topic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two measures for different access types</td>
<td>10</td>
<td>16.07%</td>
</tr>
<tr>
<td>Percent of hemodialysis patient-months using arteriovenous (AV) fistula with two needles during last treatment of the month</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Percent of hemodialysis patient-months with catheter in use for 90 days or longer prior to last hemodialysis session</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td><strong>NHSN Bloodstream Infection in Hemodialysis Outpatients</strong></td>
<td>8</td>
<td>16.07%</td>
</tr>
<tr>
<td>Standardized number of qualifying hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hypercalcemia</strong></td>
<td>7</td>
<td>10.71%</td>
</tr>
<tr>
<td>Proportion of qualifying patient-months with three-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reporting Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia Management Reporting</td>
<td>10</td>
<td>8.33%</td>
</tr>
<tr>
<td>Number of months for which facility reports hemoglobin/hematocrit values and ESA dosage, if applicable, on Medicare claims</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Experience of Care Survey Attestation</td>
<td>10</td>
<td>8.33%</td>
</tr>
<tr>
<td>Successful administration of In-Center Hemodialysis Consumer Assessment of Health Providers and Systems (ICH-CASHPS) survey and delivery of results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mineral Metabolism Reporting</td>
<td>6</td>
<td>8.33%</td>
</tr>
<tr>
<td>Number of months for which facility reports serum phosphorus levels for each Medicare patient to CROWNWeb</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Performance Score</strong></td>
<td>87</td>
<td></td>
</tr>
</tbody>
</table>

1. Note: Each stand-alone measure score or measure topic score was translated to a Weighted Score by multiplying them by the Measure Weight. Those Weighted Scores were added together and multiplied by 10 to calculate the Total Performance Score. See Table 17 for more details.
PSCs

• PSCs (in English and Spanish) contain:
  – The facility’s TPS and score on each measure
    • It does not contain detailed information about how the scores were calculated
  – National average scores for comparison

• Patients may have questions about the certificate
  – CMS recommends that facilities educate staff on the performance scores so that they can answer patient questions
### Sample PSC (English version)

**U.S. Department of Health & Human Services**

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

2016 Certificate of Dialysis Facility Performance – Part 1

Facility CMS Certification Number: 999999

**A Sample Facility, City, State**

**TOTAL PERFORMANCE SCORE:** 87 out of 100

**NATIONAL AVERAGE:** 73 out of 100

<table>
<thead>
<tr>
<th>Clinical Measures of Quality</th>
<th>Facility Percent in 2014</th>
<th>National Mean in 2012</th>
<th>Facility Percent in 2013</th>
<th>Facility Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin &gt; 12g/dL (Scored how well a facility keeps red blood cell counts at an acceptable level – lower score desirable)</td>
<td>0%</td>
<td>6%</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Kt/V Dialysis Adequacy – Hemodialysis (Scored how well a facility keeps blood levels during a dialysis treatment – higher score desirable)</td>
<td>96%</td>
<td>93.4%</td>
<td>93%</td>
<td>8</td>
</tr>
<tr>
<td>Kt/V Dialysis Adequacy – Peritoneal Dialysis (Scored how well a facility keeps blood levels during a dialysis treatment – higher score desirable)</td>
<td>N/A</td>
<td>85.7%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Kt/V Dialysis Adequacy – Pediatric Hemodialysis (Scored how well a facility keeps blood levels during a dialysis treatment – higher score desirable)</td>
<td>N/A</td>
<td>93%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Vascular Access Type – Fistula (Scored if a patient’s blood accesses via fistulas – higher score desirable)</td>
<td>88%</td>
<td>82.3%</td>
<td>86%</td>
<td>10</td>
</tr>
<tr>
<td>Vascular Access Type – Catheter (Scored if a patient’s blood accesses via catheter – lower score desirable)</td>
<td>1%</td>
<td>10.6%</td>
<td>2%</td>
<td>10</td>
</tr>
<tr>
<td>NHDN Bloodstream Infection in Hemodialysis Outpatients (Scored how well a facility prevents patient infections during treatment – lower score desirable)</td>
<td>0.206</td>
<td>0.861</td>
<td>N/A</td>
<td>8</td>
</tr>
<tr>
<td>Hypercalcemia (Scored how well a facility avoids patient metabolism of calcium – lower score desirable)</td>
<td>4%</td>
<td>1.1%</td>
<td>14%</td>
<td>7</td>
</tr>
</tbody>
</table>

**Quality Reporting Measures**

<table>
<thead>
<tr>
<th>Facility Performance in 2014</th>
<th>Facility Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the facility report anemia management information?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the facility report patient phosphorus levels?</td>
<td>Yes</td>
</tr>
<tr>
<td>Was the patient experience of care survey administered and delivered?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**A Sample Facility**

<table>
<thead>
<tr>
<th>Facility Address</th>
<th>Facility Medical Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State ZIP</td>
<td>Dr. Patrick Donkey</td>
</tr>
</tbody>
</table>

---

**U.S. Department of Health & Human Services**

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

2016 Certificate of Dialysis Facility Performance – Part 2

Facility CMS Certification Number: XXXXXXX

**What is the purpose of the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)?**

The ESRD QIP links a dialysis facility’s payment to performance on measures of its quality of care. When a facility doesn’t meet established ESRD QIP performance standards, CMS will lower that facility’s payments by up to two percent for an entire year.

**How are facilities scored?**

The Total Performance Score is a single number that tells how a facility performed overall. The highest possible Total Performance Score is 100 points.

Each facility earns points for its clinical performance in 2014 based on two factors:

- How close its rate in 2014 (facility percent) comes to the national rate in 2012 (National Mean).
- Its improvement relative to previous performance in 2013.

Even if a facility’s performance rate on a clinical measure of quality does not meet the National Mean, a facility can still receive a high score if its performance rate from this year is considerably better than its previous performance rate. For example, two facilities with similar performance rates on a measure might receive different scores based on differences in their prior performance. Therefore, Total Performance Scores should not be used to compare different facilities. Please see the Dialysis Facility Compare website for more information about comparing facilities in your area.

**Quality reporting points** are earned if the facility reported required information. Points are earned for reporting internal information, reporting information to the Centers for Disease Control and Prevention, confirming that patient surveys were administered, and reporting calcium and phosphorus levels of patients.

**Note:** Individual measure scores might not add up to the Total Performance Score. Measures are assigned different levels of importance that determine their contribution to the Total Performance Score. Each measure contributes between zero and ten percent to the Total Performance Score. Some facilities may not have enough data to calculate a specific measure score or Total Performance Score, or some measures will not apply to every facility. This does not reflect the quality of care provided in those facilities.

Low-volume facilities treating between 11 and 25 eligible cases may be eligible for an adjustment to their scores.

**Which facilities will receive an ESRD QIP Certificate?**

Only facilities that were active during calendar year 2014 will receive a Total Performance Score and a Performance Score Certificate (PSC) in December 2015.

Facilities that began to care for Medicare patients after June 30, 2014, won’t receive a Total Performance Score.

**How can I get more information?**

To learn more about the ESRD QIP and other CMS quality initiatives, please do one of the following:

- Visit the ESRD Networks Coordination Center (NC3) website at: [http://www.esrdnc3.org/](http://www.esrdnc3.org/)
- Visit the ESRD QIP section of the CMS.gov website at: [http://www.cms.gov/Medicare/Quality-Improvement/Patient-AssessmentInstruments/ESRDQIP/index.htm](http://www.cms.gov/Medicare/Quality-Improvement/Patient-AssessmentInstruments/ESRDQIP/index.htm)

**NOTE:** Dialysis facilities are required to post both parts of this Certificate prominently in a patient area.

This Certificate expires December 31, 2016.
Performance Score Summary Report*

• Lengthy spreadsheet details each facility’s performance on individual measures, its TPS, and payment reduction for each PY

• Will be published as part of the Dialysis Facility Compare (DFC) database (release in January 2016), followed by posting on the ESRD QIP section of CMS.gov

* Note that the PSSR referenced here is distinct from the customized reports that Dialysis Organization role users can create through the QualityNet.org platform.
ESRD QIP System Walk-Through

(Note: Images are based on the system in use in July 2015 and on Preview Period documents)
Visit QualityNet to Access Secure Portal

• Use a browser to access https://www.qualitynet.org/

• Click on the Login link to access the QualityNet Secure Portal
Log into QualityNet Secure Portal

• Click End Stage Renal Disease Quality Incentive Program

For log in assistance, see QIMS documentation on https://www.qualitynet.org/
Log into QIMS (continued)

• Click **I Accept** for privacy disclaimer
Download a PSR (same process for PSC)

1. Click **My Reports** drop-down

2. Click **Run Reports**
Download a PSR (continued)

1. Select Report Program
2. Select Report Category
3. Click View Reports
4. Click Report Name
Download a PSR (continued)

• Choose **Report Parameters**

  - **Facility:**
    - Select Program, Category and Report

  - **Payment Year:**
    - Select Program, Category and Report

  - **Report Format:**
    - Select Program, Category and Report

  **Required Parameters:**
  - Dialysis Organization
  - Network
  - State
  - Facility Name
  - Payment Year
  - Report Format

• Click **Run Report**
Download a PSR (continued)

- View report Confirmation
- Click Search Reports
Download a PSR (continued)

On the Search Reports screen
- Click the Download Icon

- Choose Open or Save the report
Acquiring 508-Compliant Final PSRs

• Facilities and Networks may request Final PSRs compatible with reading-assistive software from the QualityNet helpdesk

• Goal is to fulfill these requests within 48 hours

• Note that the PSC is not compatible with reading-assistive software; this reporting document is intended to be presented to patients exclusively in hard copy
Upcoming Program Activities
Critical Dates and Milestones

**Payment Year 2017**
- July: Preview PSR released
- July – Aug.: Preview Period
- Dec.: PSC & Final PSR released
- Jan. 1 – Dec. 31, 2017: Payment implications; program evaluation

**Payment Year 2018**
- Jan. 1 – Dec. 31, 2016: Performance Period
- July: Preview PSR released
- July – Aug.: Preview Period
- Dec.: PSC & Final PSR released
- Jan. 1 – Dec. 31, 2018: Payment implications; program evaluation

**Payment Year 2019**
- Nov.: PY 2020 Final Rule released (includes final PY 2019 measure values)
- July: Preview PSR released
- July – Aug.: Preview Period
- Dec.: PSC & Final PSR released
Key ESRD QIP Dates to Remember

• **PY 2016 PSC** available for download by end of 2015; post within 15 business days

• **NPC** on PY 2019 Final Rule (January 19, 2016)

• **PY 2016 payment reductions applied** (January 1 – December 31, 2016)

• **ESRD QIP system training** prior to Preview Period (dates TBD)

• **PY 2017 Preview Period** (July – August 2016)

• **PY 2018 Performance Period** (January 1 – December 31, 2016)

• **PY 2020 Rulemaking**
  – Proposed rule published (displayed late summer 2016), followed by 60-day comment period
  – Final rule published (fall 2016)
Recap: Facility Responsibilities

• Review PY 2016 Final PSR
• Make sure your facility has posted its PY 2016 PSCs in English and Spanish by the applicable deadline
• Join us for an NPC discussing the PY 2019 Proposed Rule (January 19)
• Attend ESRD QIP system trainings (early summer)
• Read and comment on PY 2020 Proposed Rule when posted (early July)
• Review PY 2017 Preview PSR when available (mid-July) and submit any clarification questions or a formal inquiry
• Join us for National Provider Calls discussing the PY 2020 Proposed Rule and PY 2017 Preview Period when scheduled (summer)
• Review PY 2017 Final PSR when available (mid-December)
• Post PY 2017 PSCs—in both English and Spanish—when available (mid-December)
ESRD QIP Online Resources

- **QualityNet:** [www.qualitynet.org](http://www.qualitynet.org)
- **ESRD National Coordinating Center (NCC):** [esrdncc.org](http://esrdncc.org)
- **Dialysis Facility Compare:** [www.medicare.gov/dialysisfacilitycompare](http://www.medicare.gov/dialysisfacilitycompare)
Question & Answer Session

ESRDQIP@cms.hhs.gov
## Acronyms in this Presentation

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CM</td>
<td>Center for Medicare</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>DFC</td>
<td>Dialysis Facility Compare</td>
</tr>
<tr>
<td>ESRD</td>
<td>End-Stage Renal Disease</td>
</tr>
<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
</tr>
<tr>
<td>HHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>ICH CAHPS</td>
<td>In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems</td>
</tr>
<tr>
<td>MIPPA</td>
<td>Medicare Improvements for Patients and Providers Act of 2008</td>
</tr>
<tr>
<td>NCC</td>
<td>National Coordinating Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSN</td>
<td>National Healthcare Safety Network</td>
</tr>
<tr>
<td>NPC</td>
<td>National Provider Call</td>
</tr>
<tr>
<td>NPRM</td>
<td>Notice of Proposed Rulemaking</td>
</tr>
<tr>
<td>OGC</td>
<td>Office of General Counsel</td>
</tr>
<tr>
<td>PSC</td>
<td>Performance Score Certificate</td>
</tr>
<tr>
<td>PSR</td>
<td>Performance Score Report</td>
</tr>
<tr>
<td>PY</td>
<td>Payment Year</td>
</tr>
<tr>
<td>QIMS</td>
<td>QualityNet Identity Management System</td>
</tr>
<tr>
<td>QIP</td>
<td>Quality Incentive Program</td>
</tr>
<tr>
<td>TPS</td>
<td>Total Performance Score</td>
</tr>
</tbody>
</table>
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.


The Medicare Learning Network® and MLN Connects® are registered trademarks of the U.S. Department of Health and Human Services (HHS).