

Preview of Payment Year 2016 Proposed Rule

The Centers for Medicare & Medicaid Services (CMS) administers the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) to promote high-quality services by outpatient dialysis facilities treating patients with ESRD. The first of its kind in Medicare, this program changes the way CMS pays for the treatment of ESRD patients by linking a portion of payment directly to facilities' performance on quality care measures. The ESRD QIP will reduce payments to ESRD facilities that do not meet or exceed certain performance standards.

For more information about the program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html>. If you have questions about the program after reviewing this content, you may reach the CMS ESRD QIP staff by emailing ESRDQIP@cms.hhs.gov.

Please note that this document is an informal reference only, and does not constitute official CMS guidance. Please refer to the implementing regulations.

Preview of Payment Year 2016 Proposed Rule

CMS has released a proposed rule for the ESRD QIP for Payment Year (PY) 2016. The purpose of this fact sheet is to provide information to dialysis facilities and other interested parties regarding the contents of the proposed rule, as well as details for supplying feedback to CMS about these provisions during the 60-day comment period.

As the major payer of healthcare services, CMS is a critical force for the continual improvement of health and healthcare for all Americans. Complementing existing CMS quality improvement initiatives, the ESRD QIP is designed to incentivize better clinical outcomes and to increase the quality of care for patients on dialysis.

Overview

Established in accordance with Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), the ESRD QIP is designed to encourage high-quality care for dialysis patients. As a result of performance on quality measures, eligible dialysis facilities that earn a performance score that does not meet or exceed the minimum Total Performance Score (TPS) are subject to a payment reduction of up to 2% on Medicare claims during the payment year. This proposed rule covers payment reductions that will be applied in 2016, based on facility performance in 2014.

The proposed rule for PY 2016 significantly expands the scope of clinical and reporting measures included in the ESRD QIP. CMS is proposing nine clinical measures and five reporting measures encompassing anemia management, dialysis adequacy, vascular access type, patient experience of care, infections, mineral metabolism management, and comorbidities. This represents an evolution of the program that encompasses a broader range of patient populations, quality-of-care issues, and information sources than ever before.

The public will have the opportunity to comment on the proposed rule before it is finalized later this year. Patients, facilities, and other stakeholders are strongly encouraged to review the proposed rule and provide comments no later than August 30, 2013.

Proposed Clinical Measures

The PY 2016 proposed rule includes nine clinical measures. Seven measures are captured in three clinical measure “topics” or categories (Anemia Management, Kt/V Dialysis Adequacy, and Vascular Access Type). The Anemia of Chronic Kidney Disease: Patient Informed Consent for Anemia Treatment, National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Outpatients, and Hypercalcemia measures are new; the Kt/V Dialysis Adequacy measure topic, Vascular Access Type measure topic, and the Anemia Management: Hemoglobin Greater than 12g/dL measure remain unchanged from PY 2015. Individual scores for clinical measures and measure topics that apply to a given facility will be weighted equally to make up 75% of the facility’s TPS.

Proposed Reporting Measures

The proposed rule includes five reporting measures: Anemia Management, Mineral Metabolism, In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Patient Satisfaction Survey, Use of Iron Therapy for Pediatric Patients, and Comorbidity. The Anemia Management and Mineral Metabolism measures have been revised to include home peritoneal dialysis patients; the ICH CAHPS Survey measure has been expanded to include submitting the results of the survey; and the Pediatric Iron Therapy and Comorbidity measures are new. Individual scores for the reporting measure topics that apply to a given facility will be weighted equally to make up 25% of the facility’s TPS.

Proposed Scoring Structure

The proposed rule’s scoring structure is similar to that established for PY 2015. The TPS can range from 0 to 100 points. CMS will calculate the minimum TPS required to avoid a payment reduction by scoring:

- Each clinical measure at either (1) the national performance standard for 2012 or (2) zero for each measure that does not have an associated baseline value published in the PY 2016 final rule; and
- Each reporting measure at half the total possible points.

As a general matter, facilities will earn points on applicable clinical measures by comparing its performance during 2014 either to (1) a national standard based on 2012 data (the “achievement score”); or (2) its own performance during 2013 (the “improvement score”). CMS will apply the better of the two scores when computing the TPS. Facilities would be scored on their achievement score if CMS is unable to calculate an improvement score due to insufficient baseline period data.

For purposes of calculating clinical measure topic scores for the TPS, the individual measure score(s) applicable to a given facility will be weighted to create a single score for the measure topic.

Facilities will be scored on reporting measures according to a points system established for each measure.

Facilities will receive a TPS as long as they are eligible for at least one clinical measure and one reporting measure.

Additional Proposals

The scope of this proposed rule encompasses program elements in addition to the scoring of PY 2016 performance. The proposed rule discusses elements involved in continuing CMS’s data-validation pilot program, refining public-reporting requirements, and adding facilities operating in the Pacific Rim to the PY 2014 ESRD QIP.

Comment Period and the Commenting Process

Upon posting of the proposed rule, the public has a 60-day period in which to submit comments on the proposal. CMS welcomes comments on any portion of the proposed rule, as well as suggestions for future program elements. Comments may be posted online via www.regulations.gov; they also may be delivered in hard copy by standard mail, express/overnight mail, or hand delivery. CMS will review the comments it receives when composing the PY 2016 final rule, which will be published in November.

National Provider Call—Notice of Proposed Rulemaking: Payment Year 2016

On August 14, 2013, CMS will hold a National Provider Call to help facilities and other stakeholders in the ESRD community understand the proposed rule. The discussion will be recorded and made available at www.cms.gov/live.

Stakeholder Checklist for the ESRD QIP PY 2016 Proposed Rule

✓	Date	Action
✓	July 8, 2013	Access and read the PY 2016 proposed rule, available via the <i>Federal Register</i> at www.gpo.gov/fdsys/pkg/FR-2013-07-08/pdf/2013-16107.pdf .
	August 14, 2013 3:00 – 4:30 p.m. EDT	Participate in the CMS-hosted “Notice of Proposed Rulemaking: Payment Year 2016” National Provider Call event.
	by August 30, 2013 5:00 p.m. EDT	Comment on the various measures of the proposed rule.
	November 2013	Access and read the PY 2016 final rule.
	Early 2014	Attend CMS National Provider Call event discussing the PY 2016 final rule.