MLN Connects®

National Provider Call

End-Stage Renal Disease Quality Incentive Program

Payment Year 2019 Proposed Rule

July 29, 2015

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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Presenters

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Agenda

To provide an overview of the proposed rule for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Year (PY) 2019

This National Provider Call (NPC) will discuss:

- ESRD QIP Legislative Framework
- Proposed Measures, Standards, Scoring, and Payment Reduction Scale for PY 2019
- How to Review and Comment on the Proposed Rule
- Available Resources

Introduction

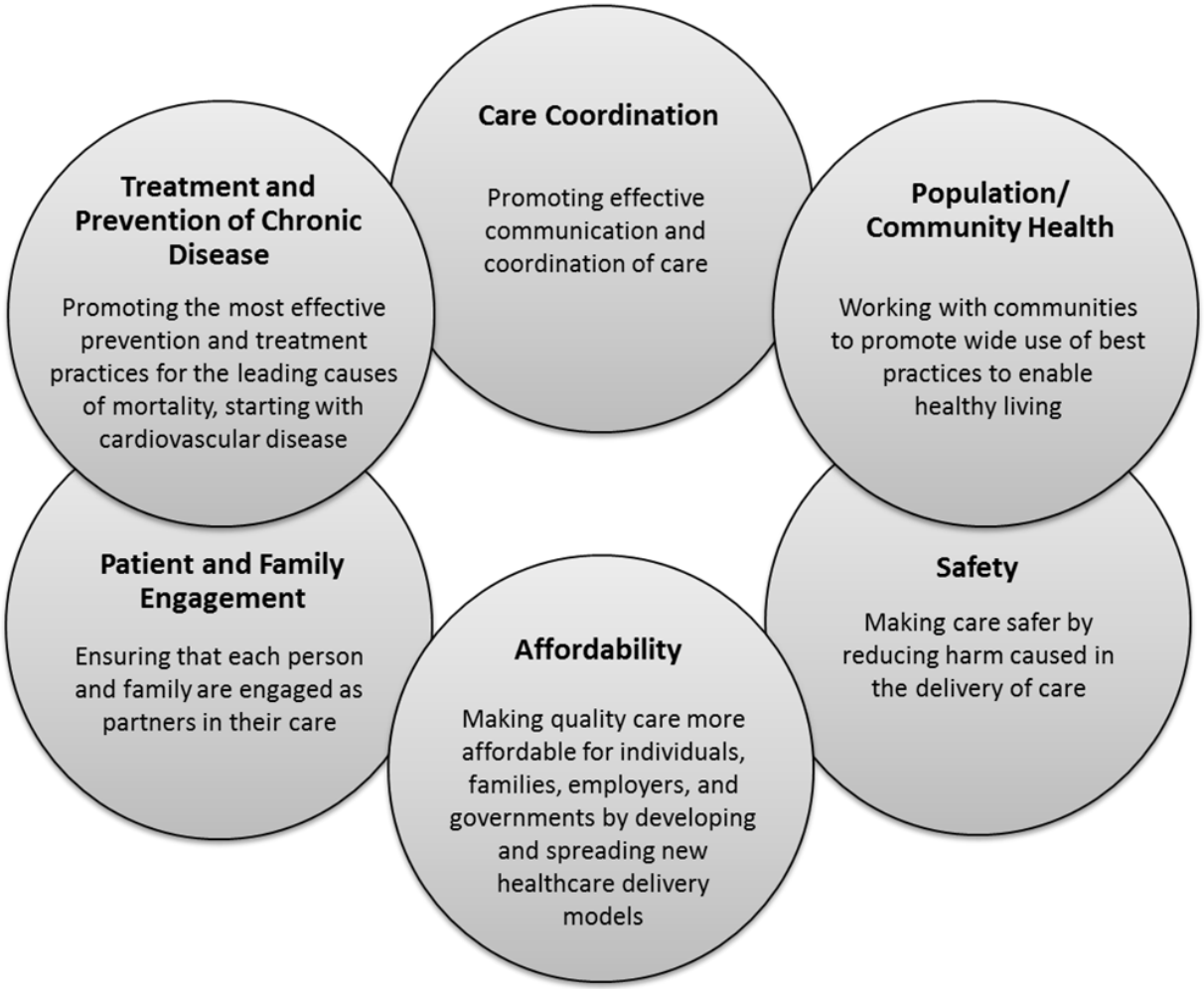
Jim Poyer

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



ESRD QIP Overview

Tamyra Garcia

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%

Overview of MIPPA Section 153(c)

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 payment year (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)

PY 2019 Proposed Clinical Measures and Scoring

Pierre Yong

Note: The standards presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2019 will not be adopted until a final rule is issued in November 2015.

PY 2019 Proposed Measures: Overview

★ Proposed new measure for PY 2019

Safety Subdomain – 20% of Clinical Measure Domain score

1. NHSN Bloodstream Infection

Patient and Family Engagement/Care Coordination Subdomain – 30% of Clinical Measure Domain score

1. ICH CAHPS
2. Standardized Readmission Ratio (SRR)

Clinical Care Subdomain – 50% of Clinical Measure Domain score

1. Standardized Transfusion Ratio (STrR)
2. ★ Kt/V Dialysis Adequacy (comprehensive)
3. Vascular Access Type (VAT) Measure Topic – Arteriovenous Fistula (AVF)
4. VAT Measure Topic – Catheter ≥ 90 days
5. Hypercalcemia

Reporting Measures

1. Mineral Metabolism
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination
6. ★ Ultrafiltration Rate
7. ★ Full-Season Influenza Vaccination

Proposed Kt/V Dialysis Adequacy Comprehensive Measure

- Four currently established Kt/V Dialysis Adequacy measures replaced by a single, comprehensive clinical measure
- Allows patient minimums to be determined from the entire patient population of a facility, rather than determining them as individual populations
- Results in ESRD QIP including more patients and reducing the number of facilities not meeting minimum requirements for pediatric and peritoneal dialysis adequacy measures

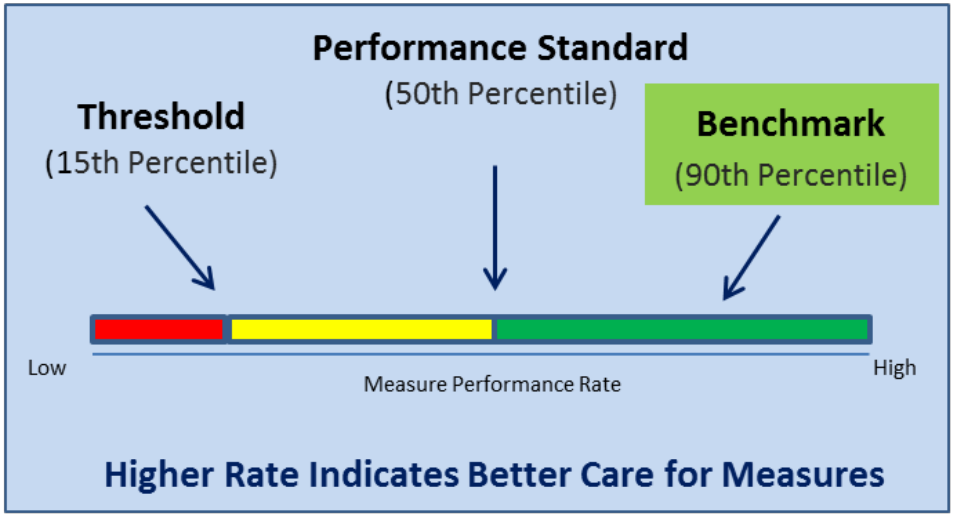
Clinical Measures: Key Scoring Terms

Term	Definition
Achievement Threshold	The 15th percentile of performance rates nationally during calendar year (CY) 2015
Benchmark	The 90th percentile of performance rates nationally during CY 2015
Improvement Threshold	The facility's performance rate during CY 2016
Performance Period	CY 2017*
Performance Standard (clinical measures)	The 50th percentile of performance rates nationally during CY 2015
Performance Rate	The facility's raw score, based on specifications for each individual measure

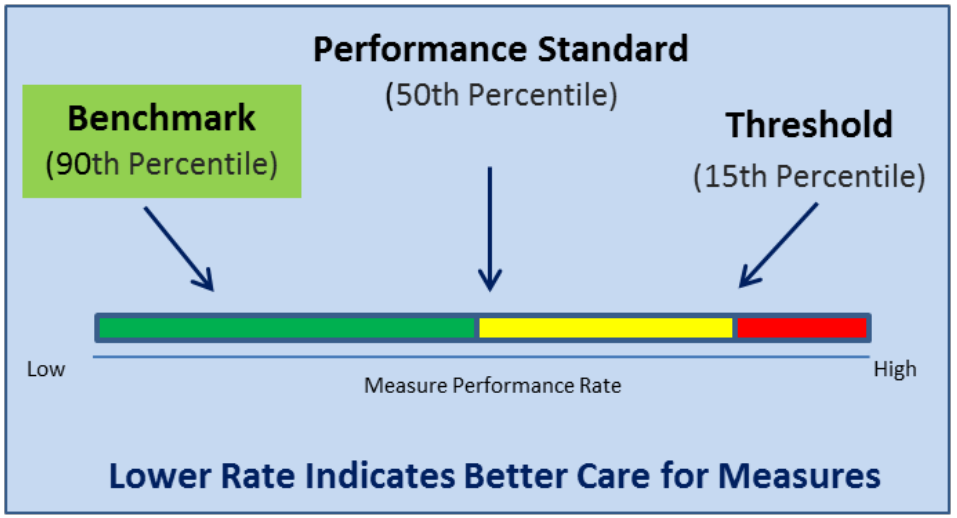
* The proposed performance period for all clinical and reporting measures is CY 2017 except the NHSN HCP and Full-Season Influenza Vaccination reporting measures, which have a performance period of 10/1/2016 – 3/31/2017, reflecting one "full" influenza season.

Clinical Measures: Directionality

- Kt/V Dialysis Adequacy (comprehensive)
- VAT – AVF
- ICH CAHPS



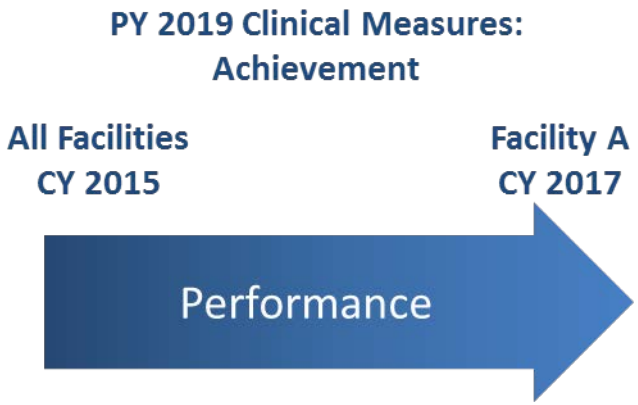
- VAT – Catheter
- NHSN Bloodstream Infection
- Hypercalcemia
- SRR
- STrR



Achievement and Improvement Scoring Methods

Achievement Score: Points awarded by comparing the facility's rate during the performance period (CY 2017) with the performance of **all facilities nationally** during the comparison period (CY 2015)

- Rate better than or equal to benchmark: 10 points
- Rate worse than achievement threshold: 0 points
- Rate between the two: 1 – 9 points



Improvement Score: Points awarded by comparing the facility's rate during the performance period (CY 2017) with **its previous performance** during the comparison period (CY 2016)

- Rate better than or equal to benchmark: 10 points (per achievement score)
- Rate at or worse than improvement threshold: 0 points
- Rate between the two: 0 – 9 points

PY 2019 Proposed Reporting Measures and Scoring

Tamyra Garcia

Note: The standards presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2019 will not be adopted until a final rule is issued in November 2015.

New Reporting Measures

- **Full-Season Influenza Vaccination:** Report once during the performance period (10/1/2016 – 3/31/2017) whether each qualifying patient received an influenza vaccination in CROWNWeb

- **Ultrafiltration Rate:** Report at least once per month the rate at which fluid is removed (by milileters per kilogram, per hour) during dialysis in CROWNWeb for each qualifying patient

Proposed Scoring Formulas for New Measures

- Ultrafiltration Rate:

$$\left[\frac{(\#\text{ months successfully reporting data})}{(\#\text{ of eligible months})} \times 12 \right] - 2$$

- Full-Season Influenza Immunization:

$$\left[\frac{(\#\text{ patients for whom facility submits reports})}{(\#\text{ eligible patients during the performance period})} \right]$$

PY 2019 Proposed Methods for Calculating the TPS and Payment Reductions

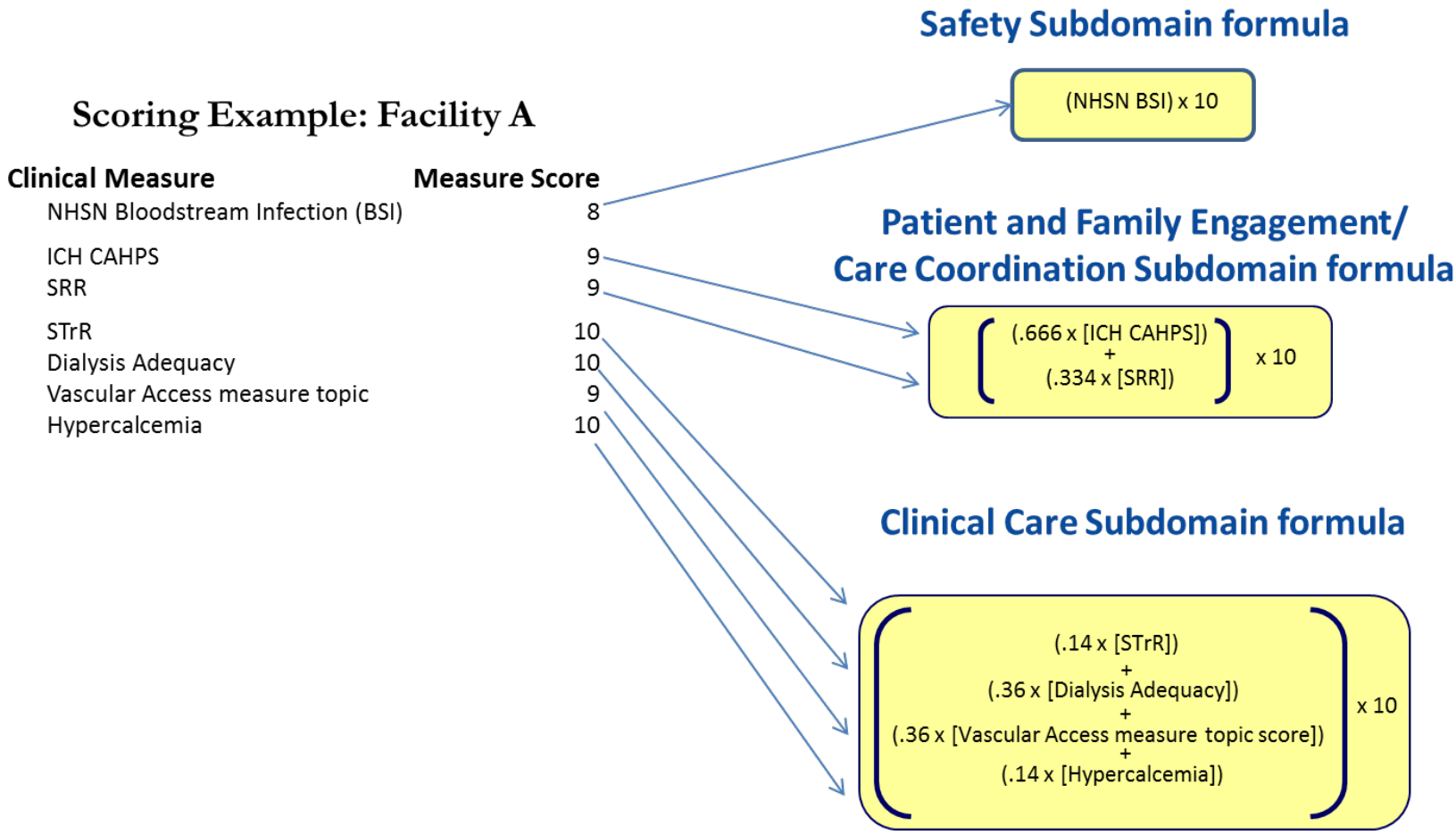
Tamyra Garcia

Note: The standards presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2019 will not be adopted until a final rule is issued in November 2015.

Calculating the Total Performance Score

- **Weighting of Clinical Measures**:
  - Each clinical measure or measure topic for which a facility receives a score weighted according to subdomain to comprise 90% of the TPS
- **Weighting of Reporting Measures**:
  - Each reporting measure for which a facility receives a score is equally weighted to comprise 10% of the TPS
- **Facilities will receive a TPS as long as they receive a score for at least one clinical measure *and* one reporting measure**
- **Facilities can obtain a TPS of up to 100 points**

Calculating the Clinical Measure Domain Score (1 of 3)



Calculating the Clinical Measure Domain Score (2 of 3)

Safety Subdomain formula

$$8 \times 10 = 80$$

Patient and Family Engagement/ Care Coordination Subdomain formula

$$\left(.666 \times 9 + .334 \times 9\right) \times 10 = 90$$

Clinical Care Subdomain formula

$$\left(.14 \times 10 + .36 \times 10 + .36 \times 9 + .14 \times 10\right) \times 10 = 96.4$$

Calculating the Clinical Measure Domain Score (3 of 3)

Clinical Measure Domain Score formula

(.2 x [Safety Subdomain score])
+
(.3 x [Patient and Family Engagement/ Care Coordination Subdomain score])
+
(.5 x [Clinical Care Subdomain score])

Scoring Example: Facility A

Subdomain	Subdomain Score
Safety	80
Patient and Family Engagement/Care Coordination	90
Clinical Care	96.4

Clinical Measure Domain Score example for Facility A

16 + 27 + 48.2 = 91.2

Calculating the Minimum TPS

The minimum Total Performance Score (mTPS) will be calculated by scoring:

- Each clinical measure at the national performance standard for 2015
- Each reporting measure equal to the mean of the median scores achieved by all facilities on the five PY 2017 reporting measures

Data for calculating the PY 2019 mTPS not yet available

Finalized mTPS will be published in the CY 2017 ESRD Prospective Payment System (PPS) final rule

Payment Reduction Scale

Facility Total Performance Score	Payment Reduction
mTPS or greater	0%
1 – 10 points below mTPS	0.5%
11 – 20 points below mTPS	1.0%
21 – 30 points below mTPS	1.5%
31 or more points below mTPS	2.0%

PY 2019 Scoring and Payment Reduction Methodology

CLINICAL

Subdomain	Measures
Safety (20%)	NHSN Bloodstream Infection
Patient and Family Engagement/ Care Coordination (30%)	ICH CAHPS Survey SRR
Clinical Care (50%)	STrR ★Kt/V Dialysis Adequacy VAT Measure Topic { Access via AVF, Access via catheter } Hypercalcemia

★ new measure for PY 2019

REPORTING

- Mineral Metabolism
- Anemia Management
- Pain Assessment and Follow-Up
- Clinical Depression Screening and Follow-Up
- NHSN HCP
- ★ Ultrafiltration Rate
- ★ Full-Season Influenza Vaccination

Total Category Weight	Payment Reduction Percentage
= 90%	100 pts. … min. TPS … No Reduction
+	min. TPS -10: 0.5% Reduction
	min. TPS -20: 1.0% Reduction
= 10%	min. TPS -30: 1.5% Reduction
	2.0% Reduction … 0 pts.

Total Performance Score (TPS) is the sum of the weighted totals from both measure categories

PY 2018 Proposed Provisions

Tamyra Garcia

Note: The standards presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2019 will not be adopted until a final rule is issued in November 2015.

Scoring the Pain Assessment and Follow-Up Reporting Measure

- **Issue:** If a facility does not treat an eligible patient in one six-month period, then the facility might be unduly penalized in the current calculation
- **Proposed solution:** A facility that does not treat an eligible patient in one six-month period will be scored *only* on the other six-month period

Estimated PY 2018 Achievement Thresholds, Benchmarks, and Performance Standards

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard
VAT Measure Topic			
• AVF	53.52%	79.67%	66.02%
• Catheter *	17.44%	2.73%	9.24%
Kt/V Dialysis Adequacy Measure Topic			
• Adult Hemodialysis	89.83%	98.22%	95.07%
• Adult Peritoneal Dialysis	74.68%	96.50%	88.67%
• Pediatric Hemodialysis	50.00%	96.90%	89.45%
• Pediatric Peritoneal Dialysis	43.22%	88.39%	72.60%

* On this measure, a lower rate indicates better performance.

Estimated PY 2018 Achievement Thresholds, Benchmarks, and Performance Standards (cont.)

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard
Hypercalcemia *	3.86%	0.00%	1.13%
NHSN Bloodstream Infection *	1.811	0	0.861
Standardized Readmission Ratio *	1.261	0.649	0.998
Standardized Transfusion Ratio *	1.488	0.451	0.915
ICH CAHPS †	15th percentile	90th percentile	50th percentile

* On these measures, a lower rate indicates better performance.

† The achievement threshold, benchmark, and performance standard for the ICH CAHPS measure will be set at the 15th, 90th, and 50th percentile, respectively, of eligible facilities' performance in CY 2015.

Calculating the mTPS

- CMS proposes to apply the calculation method used in recent PYs
- Under new calculation, estimated mTPS for PY 2018 is **39**
- Estimated payment reduction ranges:

Total Performance Score	Payment Reduction Percentage
100 – 39	0%
38 – 29	0.5%
28 – 19	1.0%
18 – 9	1.5%
9 – 0	2.0%

PY 2018 Scoring Methodology

CLINICAL

Subdomain	Measures
Safety (20%)	NHSN Bloodstream Infection
Patient and Family Engagement/Care Coordination (30%)	★ ICH CAHPS Survey SRR
Clinical Care (50%)	★ STrR Kt/V Dialysis Adequacy Measure Topic: Hemodialysis, Peritoneal Dialysis, Pediatric Dialysis, ★ Pediatric Peritoneal Dialysis VAT Measure Topic: Access via AVF, Access via catheter Hypercalcemia

★ new measure for PY 2018

REPORTING

- Mineral Metabolism
- Anemia Management
- ★ Pain Assessment and Follow-Up
- ★ Clinical Depression Screening and Follow-Up
- ★ NHSN HCP

Total Category Weight	Payment Reduction Percentage
= 90%	100 pts. … 39 (estimated min. TPS) … No Reduction
+	29 … 0.5% Reduction
	19 … 1.0% Reduction
	9 … 1.5% Reduction
= 10%	2.0% Reduction … 0 pts.

Total Performance Score (TPS) is the sum of the weighted totals from both measure categories

Proposed Programmatic Changes

Tamyra Garcia

Note: The standards presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2019 will not be adopted until a final rule is issued in November 2015.

Clarifying CCN Open Date

- **Issue**: Community confusion about CMS Certification Number (CCN) “Open Date”
- **Proposed solution**: Use date on which the facility’s Medicare CCN becomes effective and facility is eligible for Medicare reimbursement for services

Addressing PAMA's Impact

- **Issue**: Under the Protecting Access to Medicare Act of 2014 (PAMA), ESRD QIP must include measures specific to the conditions treated with oral-only drugs
  - ESRD QIP must propose/finalize a measure that fulfills this requirement in the current rulemaking cycle
- **Proposed solution**: Hypercalcemia clinical measure fulfills this requirement
  - Condition is commonly treated with an oral-only drug
  - Clinical measure is currently endorsed by the National Quality Forum (NQF)

Modifying the Small-Facility Adjuster

- **Issue:** Under current calculation, facilities do not have access to data needed to predict amount of adjustment that may apply to them
- **Proposed solution:** Revise calculation starting with PY 2017 to use national mean (based on publicly reported data) as the basis for adjusting each measure
- **Anticipated benefits:**
  - Facilities will be able to perform the calculation on their own to better predict the adjuster's impact
  - Qualifying facilities may also get a larger adjustment
- **Please see in-depth analysis on the ESRD QIP Technical Specifications page on CMS.gov**

Simplifying and Improving Measure Maintenance

CMS initiated a two-prong process for making non-substantive changes to the ESRD QIP measure set

- Develop an *ESRD Measures Manual*
  - Annual revisions and periodic technical updates
  - CMS anticipates releasing the *Manual* early in 2016
- Establish inclusive process for considering recommendations via jira.oncprojecttracking.org
- More information on feedback process forthcoming

Proposing Data Validation Activities

- CROWNWeb Data Validation Pilot Study
  - Random sampling of 300 facilities (~10 records from each)
  - Proposed penalty for failing to provide data within 60 days: 10-point TPS deduction
- NHSN Bloodstream Infection Data Validation Feasibility Study
  - Similar to Hospital Inpatient Quality Reporting Program
  - Random sampling of nine facilities for quarterly lists of candidate dialysis events (and potentially additional information)
  - Proposed penalty for failing to provide data within 60 days: 10-point TPS deduction

Monitoring Access to Care in Dialysis Facilities

- ESRD PPS CY 2015 final rule mandated that ESRD QIP conduct a study on access to care as part of assessing the impact of the SRR clinical measure
- CMS intends to publish the study methodology during the second half of 2015

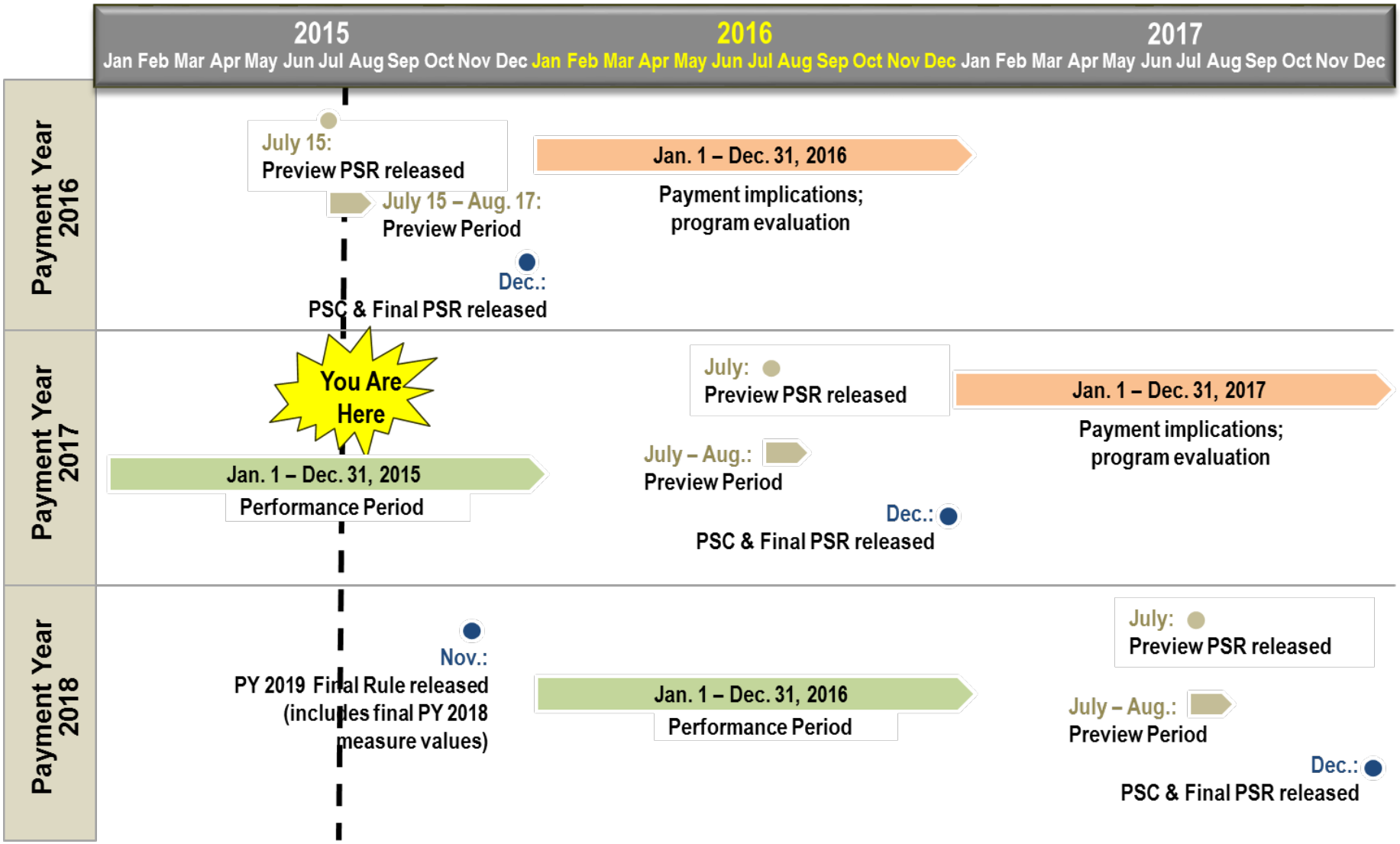
Considering Policy Revision for Future PYs: Modifying the Achievement Threshold

- Changing achievement threshold from 15% to 25%
- Increases incentive to improve facility performance by elevating the “floor” at which achievement scoring method applies
- Would not change improvement scoring method

Participating in the Comment Period

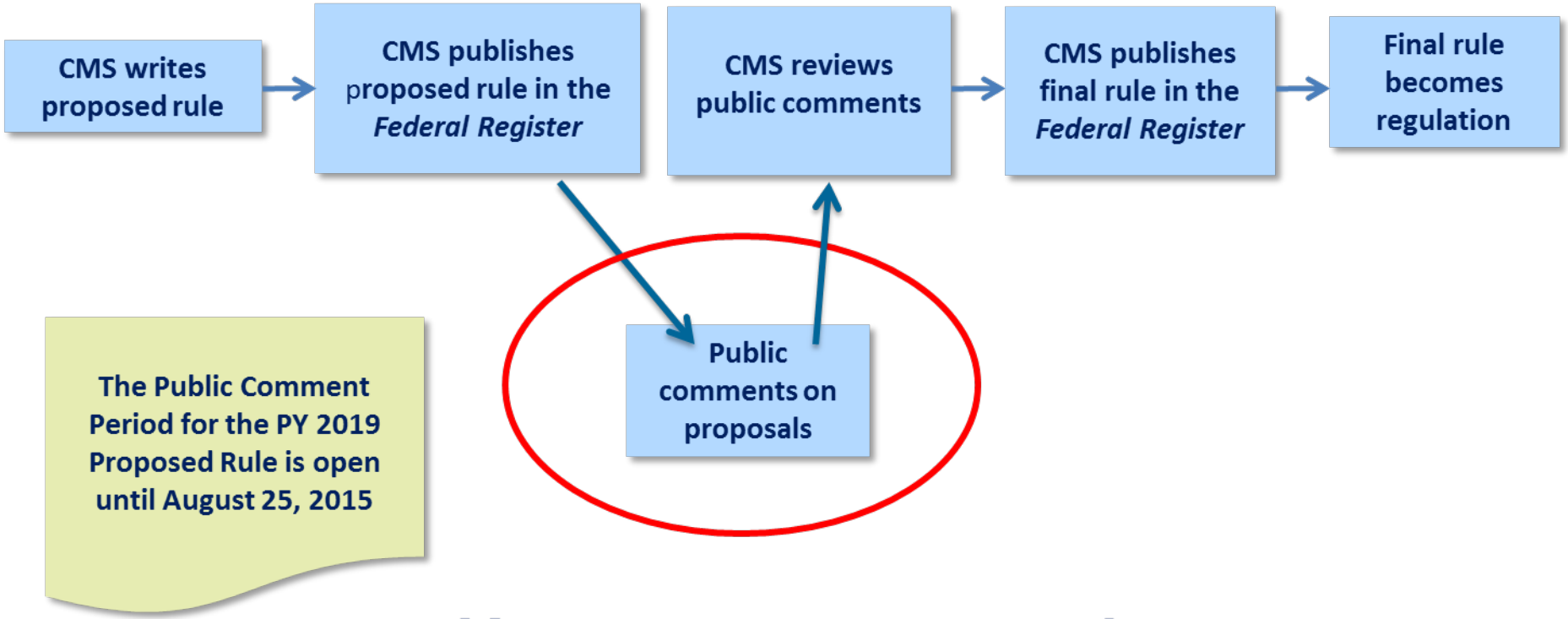
Tamyra Garcia

ESRD QIP Timeline



Your Role in the Regulation Process

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



Your comments matter!

Navigating the PY 2019 Proposed Rule

For details on PY 2019:	Go to:
Measure specifications (including detailed list of exclusions)	Technical specifications for each measure posted on the CMS ESRD QIP website (links provided at end of this presentation)
Minimum data thresholds	80 FR 37850 – 37851
PY 2018 clinical measure performance standards	80 FR 37842
PY 2019 performance standards	Clinical and Reporting: 80 FR 37848
Use of CCNs to determine eligibility for reporting measures	80 FR 37850 – 1
Baseline periods for clinical measures	80 FR 37848
Scoring methodologies	80 FR 37848 – 37850
Programmatic changes	• Small Facility Adjuster: 80 FR 37839 – 41 • ICH CAHPS Attestation: 80 FR 37841 – 2 • PY 2018 mTPS: 80 FR 37842 – 3

Commenting on the Proposed Rule

Read and comment on the proposed rule for ESRD QIP PY 2019 online at: www.regulations.gov

- Include file number CMS-1628-P on all correspondence, including comments

Submitting Comments on the Proposed Rule (1 of 3)

- **To submit comments online:**
  - Click “Comment Now” next to the regulation title
- **Help Desk:**
  - Select the “Feedback and Questions” tab located at the top of the page
  - Call 877-378-5457 (toll-free) or 703-412-3083, Monday – Friday (9:00 a.m. – 5:00 p.m. EDT)

Submitting Comments on the Proposed Rule (2 of 3)

Use the "Submit a Comment" function

- **Option to upload files**
- **State, ZIP Code, Country, and Category elements are required**
- **Commenters must indicate if they are submitting on behalf of a third party**

Comments due Tuesday, August 25, 2015 – 11:59 p.m. EDT

Submitting Comments on the Proposed Rule (3 of 3)

- **Alternate methods for submitting a comment:**
  - Regular US Postal Service mail
    (allow time for normal transit and delivery)
  - Express or overnight mail
  - Hand delivery/courier delivery (DC and Baltimore locations)
- **See the proposed rule for specifics regarding these methods, including mailing addresses**

Comments due Tuesday, August 25, 2015 – 11:59 p.m. EDT

Resources and Next Steps

Tamyra Garcia

Resources: Websites

- **CY 2016 ESRD PPS Proposed Rule (includes ESRD QIP PY 2019 Proposed Rule):** http://www.gpo.gov/fdsys/pkg/FR-2015-07-01/pdf/2015-16074.pdf
- **CMS ESRD QIP:** www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html
- **Technical Specifications for PY 2019 ESRD QIP Proposed Measures:** www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html
- **ESRD Network Coordinating Center (NCC):** www.esrdncc.org
- **QualityNet:** www.qualitynet.org
- **Dialysis Facility Compare:** www.medicare.gov/dialysisfacilitycompare
- **Medicare Improvements for Patients and Providers Act of 2008 (MIPPA):** www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf

Next Steps

- Comment on PY 2019 Proposed Rule by August 25, 2015, at 11:59 pm EDT
- Review PY 2016 Preview Performance Score Report (PSR) and submit any clarification questions or a formal inquiry by August 17, 2015, at 5:00 pm EDT
- Read PY 2019 Final Rule when posted (early November)
- Review PY 2019 Final PSR when available (mid-December)
- Post PY 2016 PSCs—in both English and Spanish—when available (mid-December)

Question & Answer Session

Acronyms in this Presentation

Acronym	Definition
AVF	arteriovenous fistula
CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CM	Center for Medicare
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
EDT	Eastern Daylight Time
ESRD	End-Stage Renal Disease
FDA	Food and Drug Administration
HCP	healthcare personnel
HHS	Department of Health and Human Services
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems
MIPPA	Medicare Improvements for Patients and Providers Act of 2008
mTPS	Minimum Total Performance Score
NCC	National Coordinating Center
NHSN	National Healthcare Safety Network

Acronym	Definition
NPC	National Provider Call
NPRM	Notice of Proposed Rulemaking
NQF	National Quality Forum
OGC	Office of General Counsel
PAMA	Protecting Access to Medicare Act of 2014
POC	point of contact
PPS	Prospective Payment System
PSC	Performance Score Certificate
PSR	Performance Score Report
PY	Payment Year
QIMS	QualityNet Information Management System
QIP	Quality Incentive Program
SRR	Standardized Readmission Ratio
STrR	Standardized Transfusion Ratio
TPS	Total Performance Score
VAT	Vascular Access Type

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.

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