



CY 2024 ESRD PPS Proposed Rule

ESRD QIP Proposals

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Centers for Medicare & Medicaid Services (CMS)

Attendees will be able to:

- Recognize statutory and legislative components for the End-Stage Renal Disease Quality Incentive Program (ESRD QIP).
- Understand the proposals in the Calendar Year (CY) 2024 ESRD Prospective Payment System (PPS) Proposed Rule for the ESRD QIP program.
- Recall the steps to submit comments.
- Access resources for the ESRD QIP.

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Legislative Drivers and Statutory Foundations

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).

- The program's intent is to promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care.
- Section 1881(h) authorizes payment reductions of up to 2 percent if a facility does not meet or exceed the minimum Total Performance Score (TPS).

The Protect Access to Medicare Act of 2014 (PAMA) added section 1881 (h)(2)(A)(iii).

- The ESRD QIP must include measures specific to the conditions treated with oral-only drugs. These measures are required to be outcome-based, to the extent feasible.

Statutory Overview



MIPPA requires the Health and Human Services (HHS) Secretary to create an ESRD QIP that will:

- Select measures that address the following:
 - Anemia
 - Dialysis adequacy
 - Patient satisfaction
 - Iron management, bone mineral metabolism, and vascular access
- Establish performance standards.
- Specify the performance period.
- Develop a methodology for calculating TPSs.
- Apply an appropriate payment percentage reduction.
- Publicly report results.

- During today's call, we will discuss the proposed updates for the ESRD QIP in the CY 2024 ESRD PPS Proposed Rule, published on June 30, 2023.
- The information provided is offered as an informal reference and does not constitute official CMS guidance.
- CMS encourages stakeholders, advocates, and others to refer to the proposed rule located in the [*Federal Register*](#).



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Policy Goals & Drivers



- CMS works to improving people’s lives through advancing public policy to ensure the U.S. health care system works better for everyone.
- Last year, CMS announced the CMS strategic vision and six strategic pillars which are:
 - Advance Equity
 - Expand Access
 - Engage Partners
 - Drive Innovation
 - Protect Programs
 - Foster Excellence

Proposed Rule Summary



CMS will develop and refine initiatives with our proposals by:

- Evolving programs to focus on measures of impactful and valuable measures
 - Propose to remove two measures.
- Aligning with the National Quality Strategy to advance health equity across programs
 - Propose to add three health-equity measures.
- Aligning with updated guidance
 - Propose to update two current measures.



**Proposal to Adopt the
Facility Commitment to
Health Equity Reporting
Measure Beginning with
the PY 2026**

Facility Commitment to Health Equity Reporting Measure



- This measure would assess a dialysis facility's commitment to health equity using five attestation domains.
- The elements within each of the five domains would require an affirmative attestation for the facility to receive points for each domain.

Domain 1 – Equity is a Strategic Priority

Domain 2 – Data Collection

Domain 3 – Data Analysis

Domain 4 – Quality Improvement

Domain 5 – Leadership Engagement

Facility Commitment to Health Equity Reporting Measure (cont.)



Domain 1 – Equity is a Strategic Priority

Facility commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your facility has a strategic plan for advancing health equity and that it includes all the following elements:

(A) Our facility strategic plan identifies priority populations who currently experience health disparities.

(B) Our facility strategic plan identifies health equity goals and discrete action steps to achieving those goals.

(C) Our facility strategic plan outlines specific resources which have been dedicated to achieving our equity goals.

(D) Our facility strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Facility Commitment to Health Equity Reporting Measure (cont.)



Domain 2 – Data Collection

Collecting valid and reliable demographic and social determinant of health data on patients served in a facility is an important step in identifying and eliminating health disparities. Please attest that your facility engages in the following activities:

(A) Our facility collects demographic information and/or social determinant of health information on the majority of our patients.

(B) Our facility has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.

(C) Our facility inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using certified Electronic Health Record (EHR) technology.

Facility Commitment to Health Equity Reporting Measure (cont.)



Domain 3 – Data Analysis

Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your facility engages in the following activities:

(A) Our facility stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on facility performance dashboards.

Facility Commitment to Health Equity Reporting Measure (cont.)



Domain 4 – Quality Improvement

Health disparities are evidence that high-quality care has not been delivered equitably to all patients. Engagement in quality improvement activities can improve quality of care for all patients.

(A) Our facility participates in local, regional, or national quality improvement activities focused on reducing health disparities.

Facility Commitment to Health Equity Reporting Measure (cont.)



Domain 5 – Leadership Engagement

Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Please attest that your facility engages in the following activities:

(A) Our facility senior leadership, including chief executives and the entire facility board of trustees, annually reviews our strategic plan for achieving health equity.

(B) Our facility senior leadership, including chief executives and the entire facility board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

Facility Commitment to Health Equity Reporting Measure (cont.)



Measure Calculation

- The measure consists of five attestation-based questions, worth two points each.
- The facility must engage in all activities under the domain to affirmatively attest “yes” to a domain.
- The denominator would be “ten,” with each domain being represented as two points out of the total ten points.
- The numerator would be calculated as two points for each “yes” answer the facility reports.


Facility Commitment to Health Equity Reporting Measure (cont.)



Data Submission and Public Reporting

- This measure would be submitted annually in EQRS beginning with the CY 2024 performance period for PY 2026.
- The deadline for submission would be the end of the EQRS December data reporting month.
- Facility-specific results would be displayed on an annual basis through the *Care Compare* website.

We invite public comment on this proposal.



**Proposed Modification of
the COVID-19 Vaccination
Coverage Among
Healthcare Personnel
(HCP) Measure Beginning
with PY 2026**

COVID-19 Vaccination Coverage Among HCP Measure



We propose to:

- Replace the term “complete vaccination course” with the term “up to date” in the HCP vaccination definition.
- Update the numerator to specify the time frames within which an HCP is considered up to date with recommended COVID-19 vaccines, including booster doses.

Up to Date Vaccination Definition for Quarter 3 2023

Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of June 26, 2023 – September 24, 2023, if they meet the following criteria:


Received an updated bivalent vaccine

COVID-19 Vaccination Coverage Among HCP Measure (cont.)



COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination	https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf
Measure Specifications	https://www.cdc.gov/nhsn/nqf/index.html
CY 2023 ESRD PPS Final Rule	https://www.govinfo.gov/content/pkg/FR-2022-11-07/pdf/2022-23778.pdf

We invite public comment on this proposal.



**Proposal to Convert the
Clinical Depression
Screening and Follow-Up
Reporting Measure to a
Clinical Measure
Beginning with PY 2026**

Clinical Depression Screening and Follow-Up Reporting Measure



We propose to:

- Convert the measure from a reporting measure to a clinical measure.
- Move the measure to the Care Coordination Measure Domain.
- Adopt a new methodology for scoring.

Clinical Depression Screening and Follow-Up Reporting Measure (cont.)



Scoring Methodology

- Facilities would only be awarded points if they report one of the following conditions:

Screening for clinical depression is documented as being positive, and a follow-up plan is documented.

Screening for clinical depression is documented as positive, and a follow-up plan is not documented, and the facility possesses documentation stating the patient is not eligible.

Screening for clinical depression is documented as negative, and a follow-up plan is not required.

Screening for clinical depression is not documented, but the facility possesses documentation stating the patient is not eligible.

We invite public comment on this proposal.



**Proposal to Remove the
Ultrafiltration Rate
Reporting Measure
Beginning with PY 2026**


Ultrafiltration Rate Reporting Measure



Since performance may not accurately reflect the quality of care provided, we propose to:

- Remove this measure from the ESRD QIP measure set under removal factor 2.
 - Performance or improvement on a measure does not result in better or intended patient outcomes.

We invite public comment on this proposal.



**Proposal to Remove the
Standardized Fistula Rate
Clinical Measure
Beginning with PY 2026**


Standardized Fistula Rate Clinical Measure



To provide patients and their healthcare providers the necessary level of flexibility to choose the most suitable arteriovenous (AV) access, we propose to:

- Remove the Standardized Fistula Rate clinical measure from the ESRD QIP measure set under removal factor 3.
 - A measure no longer aligns with current clinical guidelines or practice.
- Remove the reference to Vascular Access Type Measure Topic and assign the total weight of that topic (12 percent) to the Long-Term Catheter Rate clinical measure.

We invite public comment on this proposal.




**Proposed Revisions to
Measure Domains and to
Measure Weights Used to
Calculate the Total
Performance Score (TPS)
Beginning with PY 2026**

Measure Domains and Measure Weights Used to Calculate TPS



Measure/Measure Topics by Subdomain	Newly Proposed Measure Weight as Percent of TPS PY 2026
Patient and Family Engagement Measure Domain	15.00
ICH CAHPS measure	15.00
Care Coordination Measure Domain	30.00
SHR clinical measure	9.00
SRR clinical measure	9.00
PPPW measure	6.00
Clinical Depression Screening and Follow-Up measure	6.00
Clinical Care Measure Domain	35.00
Kt/V Dialysis Adequacy Comprehensive measure	11.00
Long-Term Catheter Rate clinical measure	12.00
STrR clinical measure	12.00
Safety Measure Domain	10.00
NHSN BSI clinical measure	10.00
Reporting Measure Domain	10.00
Facility Commitment to Health Equity measure	2.00
Hypercalcemia reporting measure	2.00
MedRec reporting measure	2.00
NHSN Dialysis Event reporting measure	2.00
COVID-19 HCP Vaccination reporting measure	2.00

We invite public comment on this proposal.



Payment Reduction Scale for PY 2026

PY 2026 Payment Reduction Scale



We estimate that a facility must meet or exceed a minimum Total Performance Score (mTPS) of 52 to avoid a payment reduction.

Estimated Payment Reduction Scale for PY 2026 Based on the Most Recently Available Data	
Total Performance Score	Reduction (%)
100-52	0%
51-42	0.5%
41-32	1.0%
31-22	1.5%
21-0	2.0%



**Proposal to Adopt the
Screening for Social
Drivers of Health
Reporting Measure
Beginning with PY 2027**

Screening for Social Drivers of Health Reporting Measure



- Measure would assess the percentage of patients aged 18 and older that a dialysis facility screens for social drivers of health.
- Facilities would provide:
 - Number of patients admitted to the facility during the applicable performance period who are screened for all five evidence-based health-related social needs (HRSNs) domains.
 - Number of patients during the applicable performance period who are excluded.

Domain 1 – Food Insecurity

Domain 2 – Housing Instability

Domain 3 – Transportation Needs

Domain 4 – Utility Difficulties

Domain 5 – Interpersonal Safety

Screening for Social Drivers of Health Reporting Measure (cont.)



- Will be reporting annually with a 12-month period of performance.
- Use the measure calculation:

$$\left[\frac{\text{Number of Eligible Patients for Whom a Facility Screened for all Five HSRNs During the Performance Period}}{\text{Total Number of Eligible Patients During the Performance Period}} \right] \times 10$$

Screening for Social Drivers of Health Reporting Measure (cont.)



Data Submission and Public Reporting:

- This measure would be reported annually in EQRS beginning with the CY 2025 performance period for PY 2027.
- Facilities would select their own screening tool or method to screen patients.
- The deadline for submission would be the end of the EQRS December data reporting month.
- Facility-specific results would be displayed on an annual basis through the *Care Compare* website.

We invite public comment on this proposal.



**Proposal to Adopt the
Screen Positive Rate for
Social Drivers of Health
Reporting Measure
Beginning with PY 2027**

Screen Positive Rate for Social Drivers of Health Reporting Measure



- Identifies the proportion of patients at the facility who screened positive for each of the five HSRNs.
- Requires facilities to report data as five separate rates.
- Uses the measure calculation:

$$\left[\frac{\text{Number of Eligible Patients for Whom a Reports Screening Results for all Five HSRNs During the Performance Period}}{\text{Total Number of Eligible Patients who were Screened for all five HSRNs During the Performance Period}} \right] \times 10$$

We invite public comment on this proposal.

Screen Positive Rate for Social Drivers of Health Reporting Measure (cont.)



Data Submission and Public Reporting:

- This measure would be reported annually in EQRS beginning with the CY 2025 performance period for PY 2027.
- The deadline for submission would be the end of the EQRS December data reporting month.
- Facility-specific results would be displayed on an annual basis through the *Care Compare* website.
 - Facility screen positive rate for each HRSN will be displayed separately.

We invite public comment on this proposal.



Proposed Measure Domains and Weights Beginning with PY 2027

Measure Domains and Measure Weights Used to Calculate TPS



Measure/Measure Topics by Subdomain	Newly Proposed Measure Weight as Perfect of TPS PY 2027
Patient and Family Engagement Measure Domain	15.00
ICH CAHPS measure	15.00
Care Coordination Measure Domain	30.00
SHR clinical measure	7.50
SRR clinical measure	7.50
PPPW measure	7.50
Clinical Depression Screening and Follow-Up measure	7.50
Clinical Care Measure Domain	35.00
Kt/V Dialysis Adequacy Comprehensive measure	11.00
Long-Term Catheter Rate clinical measure	12.00
STrR clinical measure	12.00
Safety Measure Domain	10.00
NHSN BSI clinical measure	10.00
Reporting Measure Domain	10.00
Screening for Social Drivers of Health measure	1.43
Screen Positive Rate for Social Drivers of Health reporting measure	1.43
Facility Commitment to Health Equity measure	1.43
Hypercalcemia reporting measure	1.43
MedRec reporting measure	1.43
NHSN Dialysis Event reporting measure	1.43
COVID-19 HCP Vaccination reporting measure	1.43

We invite public comment on this proposal.

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Commenting

Public Role in Rulemaking

CMS writes the proposed rule and displays it in the *Federal Register*.

CMS publishes the proposed rule in the *Federal Register*.

Public comment period on the proposed rule opens.

CMS reviews all public comments.

CMS publishes the final rule in the *Federal Register* (becomes regulation).

Your Comments Matter
The comment period is open until August 25, 2023

Submitting Comments



- Comments must be received by August 25, 2023.
- CMS encourages submission of electronic comments to [Regulations.gov](https://www.regulations.gov).
 - Comments may also be submitted by regular mail, express mail, or overnight mail to the designated addresses provided.
- Responses to comments will be in the final rule.

The Publication of the Rule



The proposed rule can be found:

- In the [*Federal Register*](#).
 - As a [PDF](#). The ESRD QIP begins at Section IV, on page 57.

Locating the Rule



 **FEDERAL REGISTER**
The Daily Journal of the United States Government 

PR Proposed Rule

Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model

A Proposed Rule by the Centers for Medicare & Medicaid Services on 06/28/2022

This document has a comment period that ends in 52 days. (08/22/2022) **SUBMIT A FORMAL COMMENT**

PUBLISHED DOCUMENT Start Printed Page 38464

AGENCY:
Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION:
Proposed rule.

SUMMARY:
This proposed rule would update and revise the End-Stage Renal Disease (ESRD) Prospective Payment System for calendar year 2023. This proposed rule also

DOCUMENT DETAILS

Printed version:
[PDF](#)

Publication Date:
06/28/2022

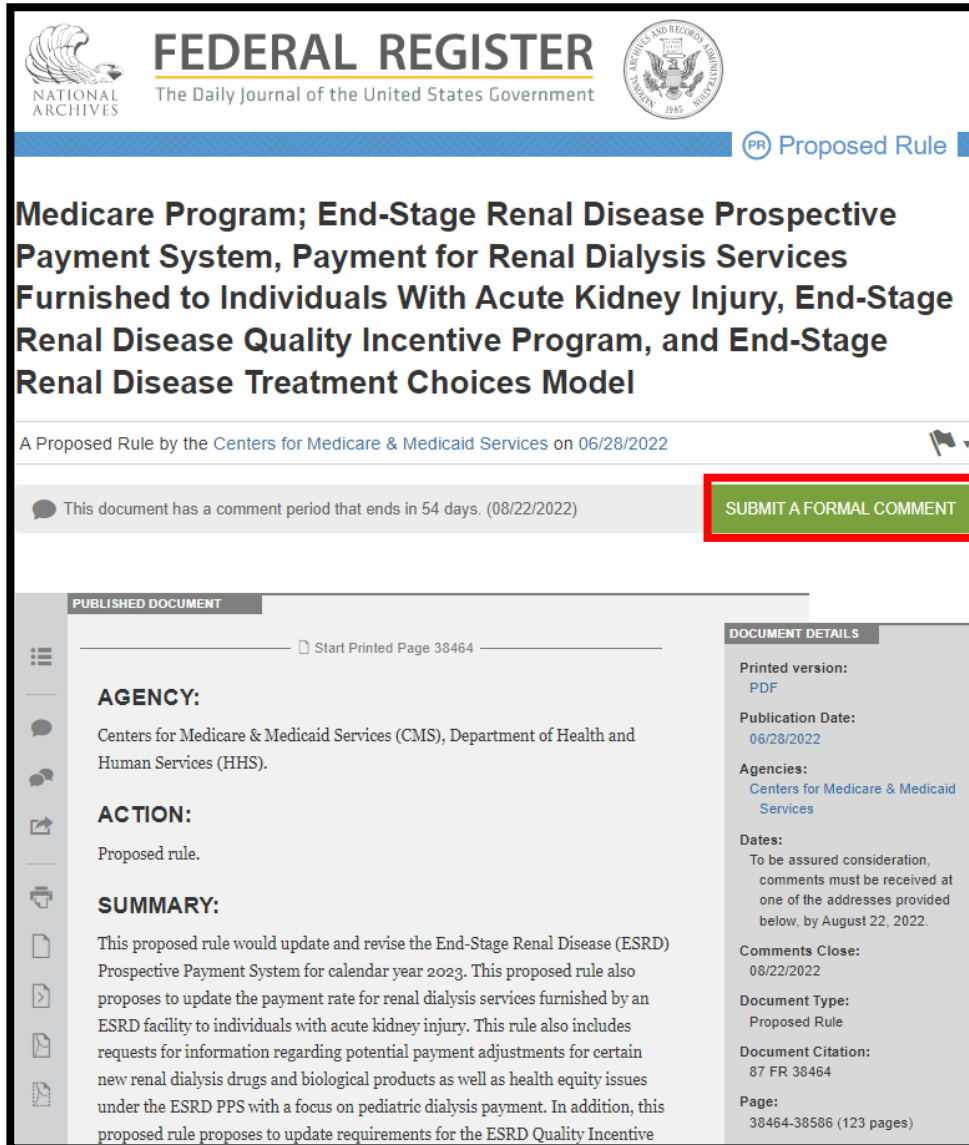
Agencies:
[Centers for Medicare & Medicaid Services](#)

Dates:
To be assured consideration, comments must be received at one of the addresses provided below, by August 22, 2022.

Comments Close:
08/22/2022

From the [Federal Register](#), you can scroll down the page or select the PDF option.

To Comment



FEDERAL REGISTER
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Proposed Rule

Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model

A Proposed Rule by the Centers for Medicare & Medicaid Services on 06/28/2022

This document has a comment period that ends in 54 days. (08/22/2022)

SUBMIT A FORMAL COMMENT

PUBLISHED DOCUMENT

Start Printed Page 38464

AGENCY:
Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION:
Proposed rule.

SUMMARY:
This proposed rule would update and revise the End-Stage Renal Disease (ESRD) Prospective Payment System for calendar year 2023. This proposed rule also proposes to update the payment rate for renal dialysis services furnished by an ESRD facility to individuals with acute kidney injury. This rule also includes requests for information regarding potential payment adjustments for certain new renal dialysis drugs and biological products as well as health equity issues under the ESRD PPS with a focus on pediatric dialysis payment. In addition, this proposed rule proposes to update requirements for the ESRD Quality Incentive

DOCUMENT DETAILS

Printed version:
PDF

Publication Date:
06/28/2022

Agencies:
Centers for Medicare & Medicaid Services

Dates:
To be assured consideration, comments must be received at one of the addresses provided below, by August 22, 2022.

Comments Close:
08/22/2022

Document Type:
Proposed Rule

Document Citation:
87 FR 38464

Page:
38464-38586 (123 pages)

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Acronyms



BSI	Bloodstream Infection	mTPS	Minimum Total Performance Score
CDC	Centers for Disease Control and Prevention	NHSN	National Healthcare Safety Network
CFR	Code of Federal Regulations	PAMA	Protecting Access to Medicare Act
CMS	Centers for Medicare & Medicaid Services	PD	peritoneal dialysis
CY	Calendar Year	PHE	Public Health Emergency
DVIQR	Division of Value, Incentives, and Quality Reporting	PPPW	Percentage of Prevalent Patient Waitlisted
ESRD QIP	End-Stage Renal Disease Quality Incentive Program	PPS	Prospective Payment System
FR	<i>Federal Register</i>	PY	Payment Year
HCP	healthcare personnel	RSHR	Risk-Standardized Hospital Rate
HD	hemodialysis	RSRR	Risk-Standardized Readmission Rate
ICD	International Classification of Diseases	SHR	Standardized Hospitalization Ratio
HHS	Health and Human Services	SRR	Standardized Readmission Ratio
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems	STrR	Standardized Transfusion Ratio
MIPPA	Medicare Improvements for Patients and Providers Act	TPS	Total Performance Score

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