



# Calendar Year (CY) 2022 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Final Rule

## ESRD Quality Incentive Program (QIP) Finalized Proposals

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# Objectives



Attendees will be able to:

- Recognize statutory and legislative components for the ESRD QIP.
- Identify the finalized proposals in the CY 2022 ESRD PPS Final Rule for the ESRD QIP program.
- State the rationale for the finalized policies and their impact on the ESRD QIP Program.
- Access resources for the ESRD QIP.

- CMS will discuss the finalized updates for the ESRD QIP in the CY 2022 ESRD PPS Final Rule, released November 8, 2021.
- 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 final rule located in the *Federal Register*.

# Finding the Rule

- *Federal Register:*
  - <https://www.federalregister.gov/documents/2021/11/08/2021-23907/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis>
- PDF version:
  - <https://www.govinfo.gov/content/pkg/FR-2021-11-08/pdf/2021-23907.pdf>
  - ESRD QIP begins at Section IV, on page 34

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# **Flexibilities in Response to the COVID-19 Public Health Emergency (PHE)**

The COVID-19 PHE has presented many challenges.

- Changes in clinical practices impede effective quality measurement.
- Regional differences in COVID-19 prevalence continue.
- Concerns remain over quality measure scores calculated with data submitted during the PHE. These scores may be distorted, skew payment incentives, and lead to inequitable payments.

In response to these challenges, in this rulemaking cycle CMS proposed to:

- Suppress the use of ESRD QIP measure data for all facilities by proposing a measure suppression policy.
  - Measure suppression factors
- Suppress certain measures for the PY 2022 program year.
- Adopt a special scoring and payment rule for PY 2022.

# Measure Suppression Policy



## Proposal for a measure suppression policy

- This will enable CMS to suppress the use of ESRD QIP measure data if it is determined that circumstances caused by the PHE significantly affected those measures and the resulting Total Performance Scores (TPSs).
- CMS will publicly display the data with appropriate caveats.

# Measure Suppression Factors



## Proposal for measure suppression factors

- This will help determine whether to suppress measures that overlap with the COVID-19 PHE.
- **Factor 1:** Significant deviation in national performance on the measure during the COVID-19 PHE, which could be significantly better or significantly worse compared to historical performance during the immediately preceding program years
- **Factor 2:** Clinical proximity of the measure's focus to the relevant disease, pathogen, or health impacts of the COVID-19 PHE

# Measure Suppression Factors (cont.)



- **Factor 3:** Rapid or unprecedented changes in:
  - Clinical guidelines, care delivery or practice, treatments, drugs, or related protocols, or equipment or diagnostic tools or materials
  - Generally accepted scientific understanding of the nature or biological pathway of the disease or pathway of the disease or pathogen, particularly for a novel disease or pathogen of unknown origin.
- **Factor 4:** Significant national shortages or rapid or unprecedented changes in:
  - Healthcare personnel
  - Medical supplies, equipment, or diagnostic tools or materials
  - Patient case volumes or facility-level case mix

- CMS does not want to penalize facilities based on external factors beyond their control
- Significant deviation in measured performance can be attributed to the COVID-19 PHE and indicates changes in clinical conditions.
  - Resulting in distortions to quality measurements
- Suppression Factors will assist in evaluation of measures and is consistent across programs.

Finalized: Measure Suppression Policy and Suppression Factors

# Suppression of Four Measures



## Proposal for the suppression of four measures for the PY 2022 ESRD QIP using the finalized Measure Suppression Factors

Measure	Proposed Factor
Standardized Hospitalization Ratio (SHR)	Factor 1 and Factor 4
Standardized Readmission Ratio (SRR)	Factor 1 and Factor 4
In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS)	Factor 1
Hemodialysis Vascular Access: Long-term Catheter Rate	Factor 1

CMS will continue to provide confidential feedback reports.

The COVID-19 PHE impacted the:

- Performance such that CMS could not equitably score the measures for PY 2022.
- Hospitalization rate for dialysis patients.
- Regional differences which has led to distorted hospitalization rates and unreliability of national performance.

Finalized: Suppression of Four Measures

# Special Scoring Methodology



## Proposal for special scoring methodology and payment policy for the PY 2022 with codification

- Measure rates will be calculated for all measures, but CMS will not calculate achievement and improvement points.
- CMS will not score any measures or calculate or award a Total Performance Score.
  - Performance score certificates will be generated with the TPS as N/A.
- No payment reductions will be applied for the PY 2022.
  - Confidential Feedback reports with measure rates will be provided.
- Public display on Dialysis Facility Compare will be appropriately caveated

- Avoid penalizing facilities for data impacted by the PHE.
- Operational system issues prevented submission of data from September through December 2020, and clinical data into End Stage Renal Disease Quality Reporting System (EQRS) from November 1, 2020, through July 12, 2021.
- The measure data has been impacted by the COVID-19 PHE and could result in distorted measure performance for the PY 2022.

Finalized: Special Scoring Methodology with Codification

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# **Updates to Requirements Beginning with the PY 2024 ESRD QIP**

# Update to the SHR Measure



## Proposal to update the SHR measure beginning with PY 2024

- Aligns with the National Quality Forum (NQF)-endorsed updates to include:
  - Use of a risk-adjustment method of the measure to include a prevalent comorbidity adjustment
  - Addition of Medicare Advantage (MA) patients and a MA indicator
  - Update the calculation process of existing adjustment factors and an indicator for a patient's time spent in a skilled nursing facility

- Updates would be consistent with NQF measure specifications.
- This measures hospitalization ratios among dialysis facilities.
- This results in a more reliable measure.

Finalized: Update the SHR Measure

# Update to Performance Standards



## Proposal to update the Performance Standards

- Applicable to the PY 2024 clinical measures by using 2019 data, the most current full calendar year of data
- Continue to use these data for performance standard, achievement threshold, and benchmark if more current values are worse

Due to the nationwide Extraordinary Circumstances Exception (ECE), Q1 and Q2 2020 data are excluded from scoring. CMS was concerned about the following:

- Difficulty in assessing levels of achievement and improvement
- Effects of the excluded data would create higher performance standards for some measures and lower for other measures leading to skewing the achievement and improvement thresholds
- Creating performance standards for certain measures that would be difficult for facilities to attain with a full twelve months of data

Finalized: Update to the Performance Standards

# In Summary



For PY 2022, there will be no:

- Payment deductions for ESRD facilities for ESRD QIP
- Total Performance Score calculation or awarded
  - Performance Score Cards (PSCs) will display N/A or Not Applicable in place of a TPS
- Scoring of any measures within the four ESRD QIP domains
- Achievement and improvement points or scores will be calculated for all measures
  - All measure rates will be calculated for all the measures and be provided to facilities via PSRs

# PY 2022 Overview

## Clinical Care Domain

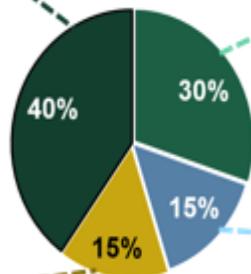
40% of TPS

- Kt/V Dialysis Adequacy Comprehensive measure
- VAT Measure Topic:
  - Standardized Fistula Rate
  - Long-Term Catheter Rate ★
- Hypercalcemia measure
- Standardized Transfusion Ratio (STrR) reporting measure
- Ultrafiltration Rate (UFR) measure

## Care Coordination Domain

30% of TPS

- Standardized Readmission Ratio (SRR) measure ★
- Standardized Hospitalization Ratio (SHR) measure ★
- Clinical Depression Screening & Follow-Up reporting measure
- Percentage of Prevalent Patients Waitlisted (PPPW) measure



## Patient & Family Engagement Domain

15% of TPS

- ICH CAHPS measure ★

## Safety Domain

15% of TPS

- NHSN Bloodstream Infection (BSI) measure
- NHSN Dialysis Event Reporting measure
- Medication Reconciliation (MedRec) measure

★ PY 2022 suppressed measures

**Important Note:** Per CY 2022 ESRD PPS final rule, no facility will receive a PY 2022 payment reduction due to EQRS operational issues and the impact of the COVID-19 PHE.

# Estimated Payment Reduction



## Estimated Payment Reduction Scale for PY 2024 Based on CY 2019 Data

Total Performance Score	Reduction Percentage
100–57	0%
56–47	0.5%
46–37	1.0%
36–27	1.5%
26–0	2.0%



# **Requests for Information (RFIs) on Topics Relevant to ESRD QIP**

## **Requests For Information (RFI) and comment on:**

- Closing the health equity gap in CMS programs
- Establishing potential COVID-19 measures
  - COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure
  - COVID-19 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities Measure
- Advancing to Digital Quality Measurement and the Use of Fast Healthcare Interoperability Resources (FHIR®)

# Contact Information



Question Type	Contact Information
<b>General ESRD QIP questions</b>	QualityNet Q&A Tool: <a href="https://cmsqualitysupport.servicenow.com/qnet_qa">https://cmsqualitysupport.servicenow.com/qnet_qa</a>
<b>EQRS system-related questions or technical issues</b>	QualityNet Service Center: Phone: (866) 288-8912 Email: <a href="mailto:qnetsupport-esrd@hcqis.org">qnetsupport-esrd@hcqis.org</a>
<b>Final Rule in the <i>Federal Register</i></b>	<a href="https://www.federalregister.gov/documents/2021/11/08/2021-23907/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis">https://www.federalregister.gov/documents/2021/11/08/2021-23907/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis</a>

# Acronyms



<b>BSI</b>	Bloodstream Infection	<b>NQF</b>	National Quality Forum
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>PHE</b>	Public Health Emergency
<b>CY</b>	Calendar Year	<b>PPPW</b>	Percentage of Prevalent Patient Waitlisted
<b>DVIQR</b>	Division of Value, Incentives, and Quality Reporting	<b>PPS</b>	Prospective Payment System
<b>ECE</b>	Extraordinary Circumstances Exception	<b>PSC</b>	Performance Score Cards
<b>ESRD QIP</b>	End-Stage Renal Disease Quality Incentive Program	<b>PY</b>	Payment Year
<b>EQRS</b>	End Stage Renal Disease Quality Reporting System	<b>Q</b>	Quarter
<b>FHIR</b>	Fast Healthcare Interoperability Resources	<b>RFI</b>	Request for Information
<b>HCP</b>	Healthcare Personnel	<b>SHR</b>	Standardized Hospitalization Ratio
<b>ICH CAHPS</b>	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems	<b>SRR</b>	Standardized Readmission Ratio
<b>MA</b>	Medicare Advantage	<b>STrR</b>	Standardized Transfusion Ratio
<b>MedRec</b>	Medication Reconciliation	<b>TPS</b>	Total Performance Score
<b>mTPS</b>	Minimum Total Performance Score	<b>UFR</b>	Ultrafiltration rate
<b>NHSN</b>	National Healthcare Safety Network	<b>VAT</b>	Vascular Access Type

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