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National Provider Call

End-Stage Renal Disease Quality Incentive Program

Previewing Your Facility's Payment Year 2017 Performance Data

August 2, 2016

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Presenters

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Agenda

To provide an overview of the Payment Year (PY) 2017 End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) and describe what to expect during the Preview Period

This National Provider Call (NPC) will discuss:

- General program information
- Details about PY 2017 measures and scoring
- Understanding your Performance Score Report (PSR)
- How to submit formal inquiries and clarification questions
- Activities following the Preview Period
- Where to go for more help and information

Introduction

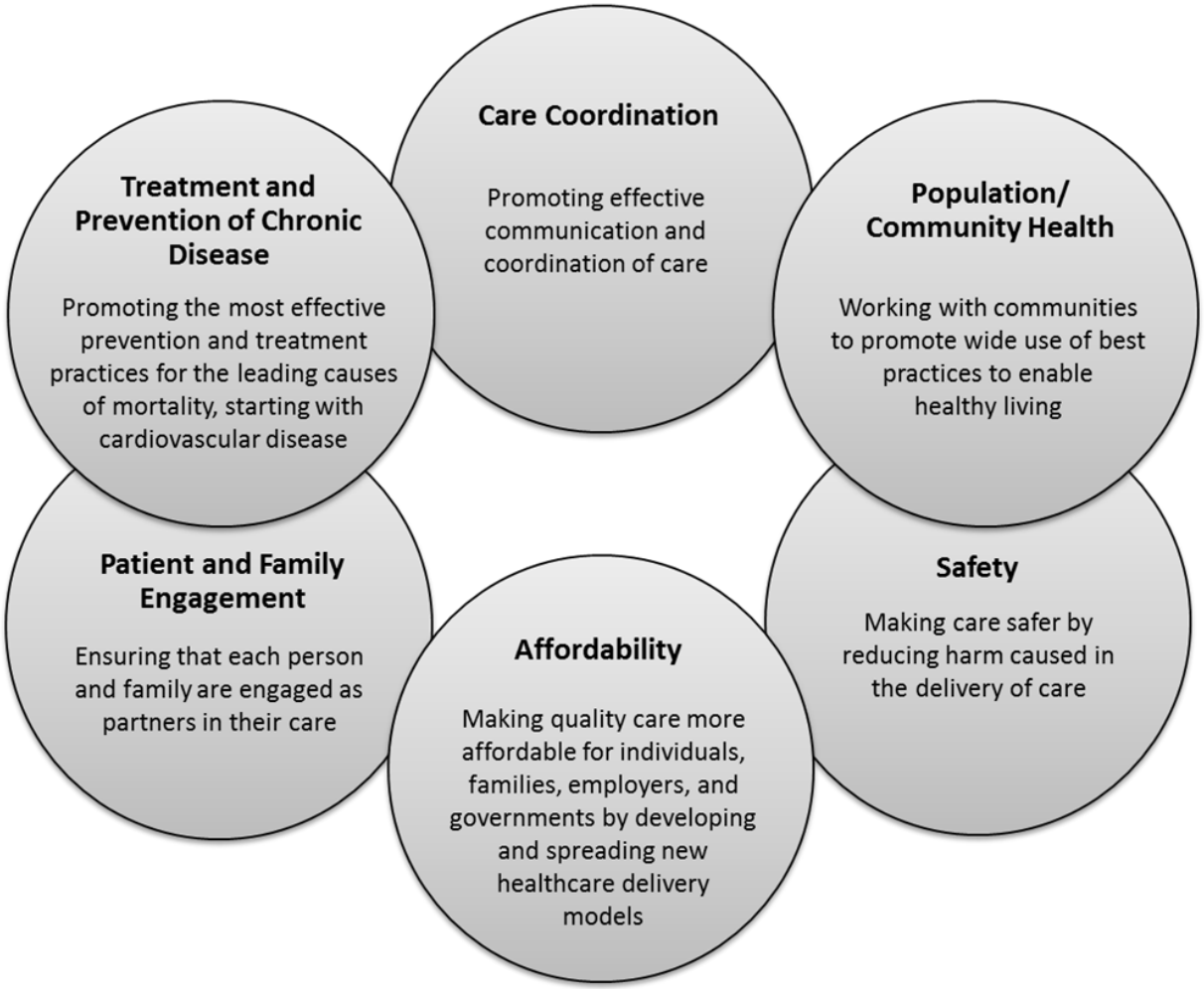
Jim Poyer

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

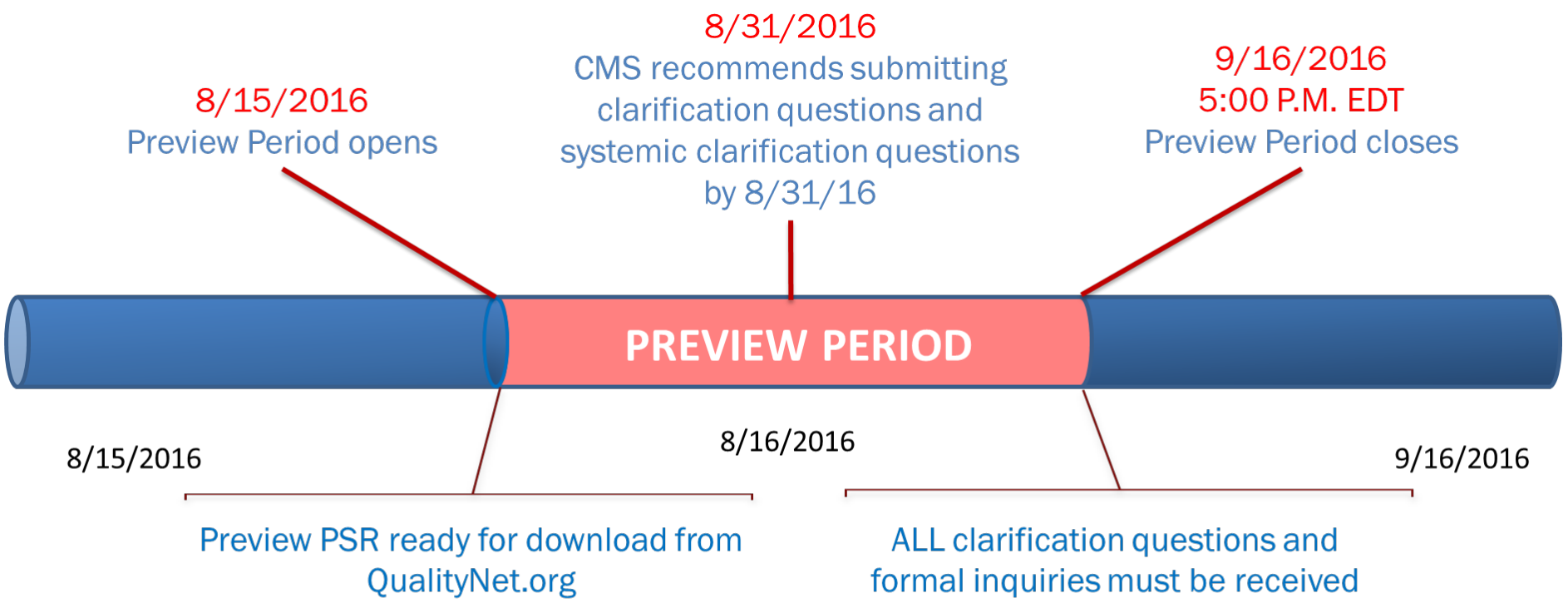
Adjust scores where required; submit payment reductions to Center for Medicare (CM)

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 2017 Overview

Tamyra Garcia

PY 2017 Preview Period Timeline

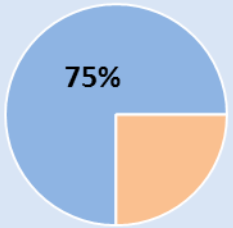


CMS will respond to questions and inquiries received before the deadline; responses to formal inquiries may be delivered after the Preview Period has elapsed

PY 2017: Measures Overview

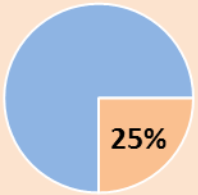
Clinical Measures – 75% of Total Performance Score (TPS)

1. Vascular Access Type (VAT) Measure Topic – Arteriovenous Fistula (AVF)
2. VAT Measure Topic – Catheter ≥ 90 days
3. Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis
4. Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis
5. Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
6. Hypercalcemia
7. NHSN Bloodstream Infection
8. ★ Standardized Readmission Ratio (SRR)



Reporting Measures – 25% of TPS

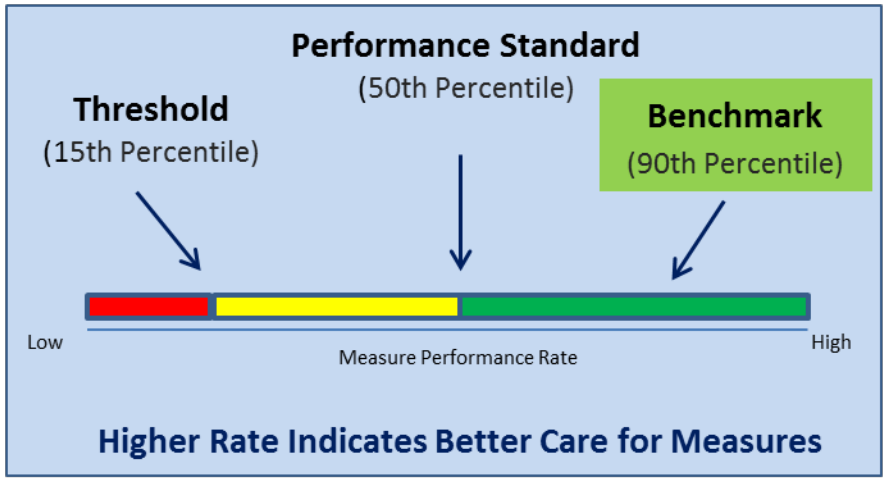
1. ICH CAHPS Patient Satisfaction Survey
2. Mineral Metabolism
3. Anemia Management



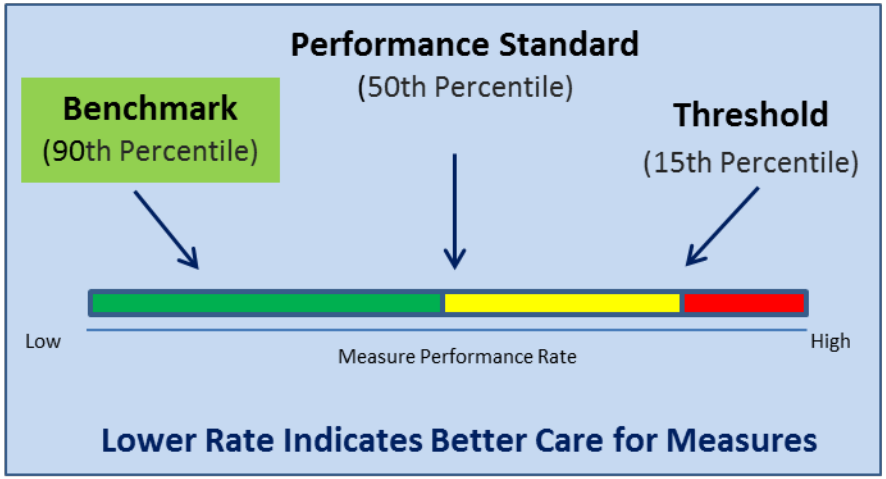
★ **new measure for PY 2017**

PY 2017 Clinical Measures: Directionality

- Kt/V Dialysis Adequacy (all)
- VAT – AVF



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



PY 2017: Achievement and Improvement Scoring Methods

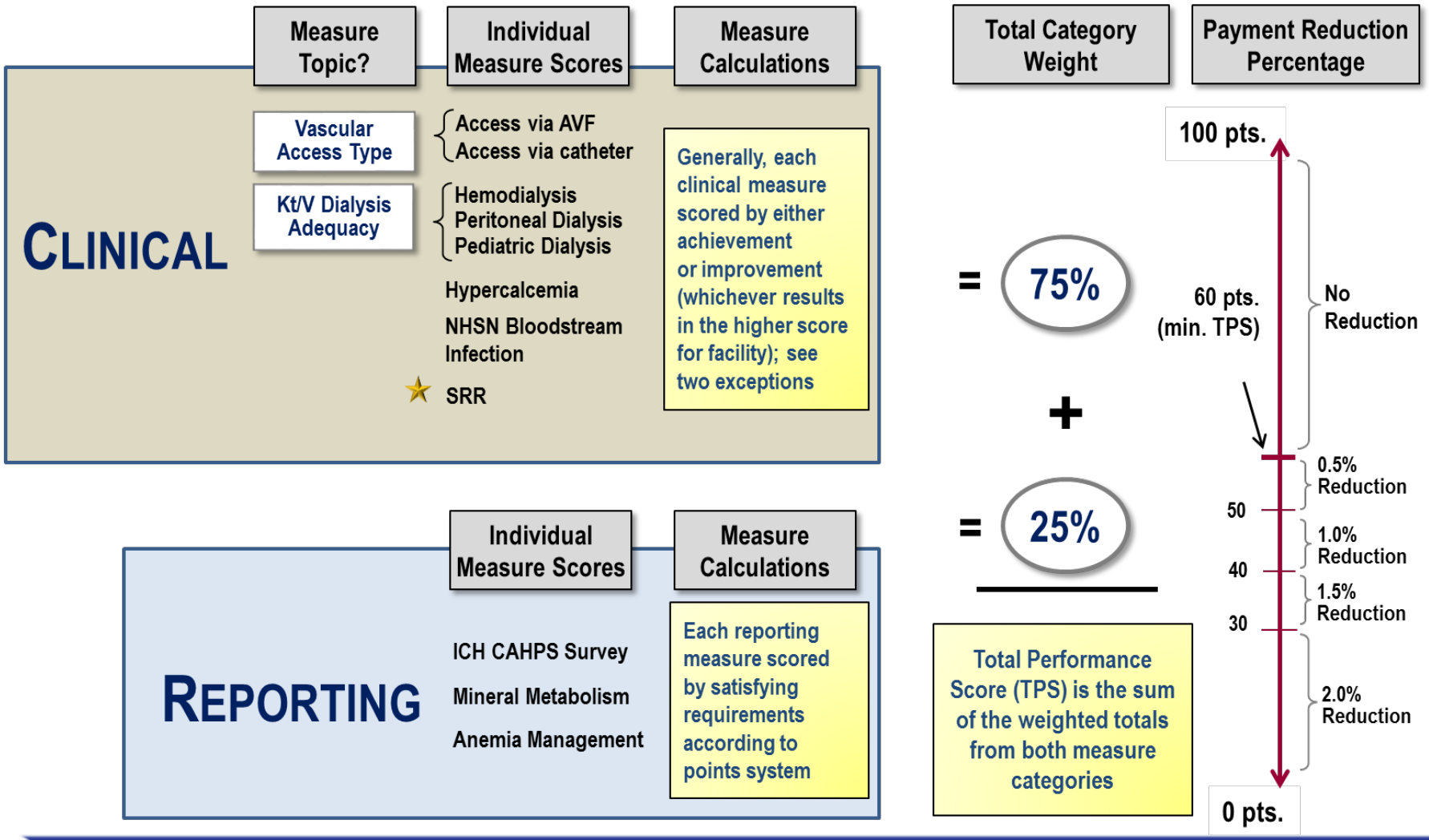
Achievement Score: Points awarded by comparing the facility's rate during the performance period (CY 2015) with the performance of **all facilities nationally** during the comparison period (CY 2013)

- 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 2015) with its previous performance during the comparison period (CY 2014)

- 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 2017 Scoring and Payment Reduction Methodology

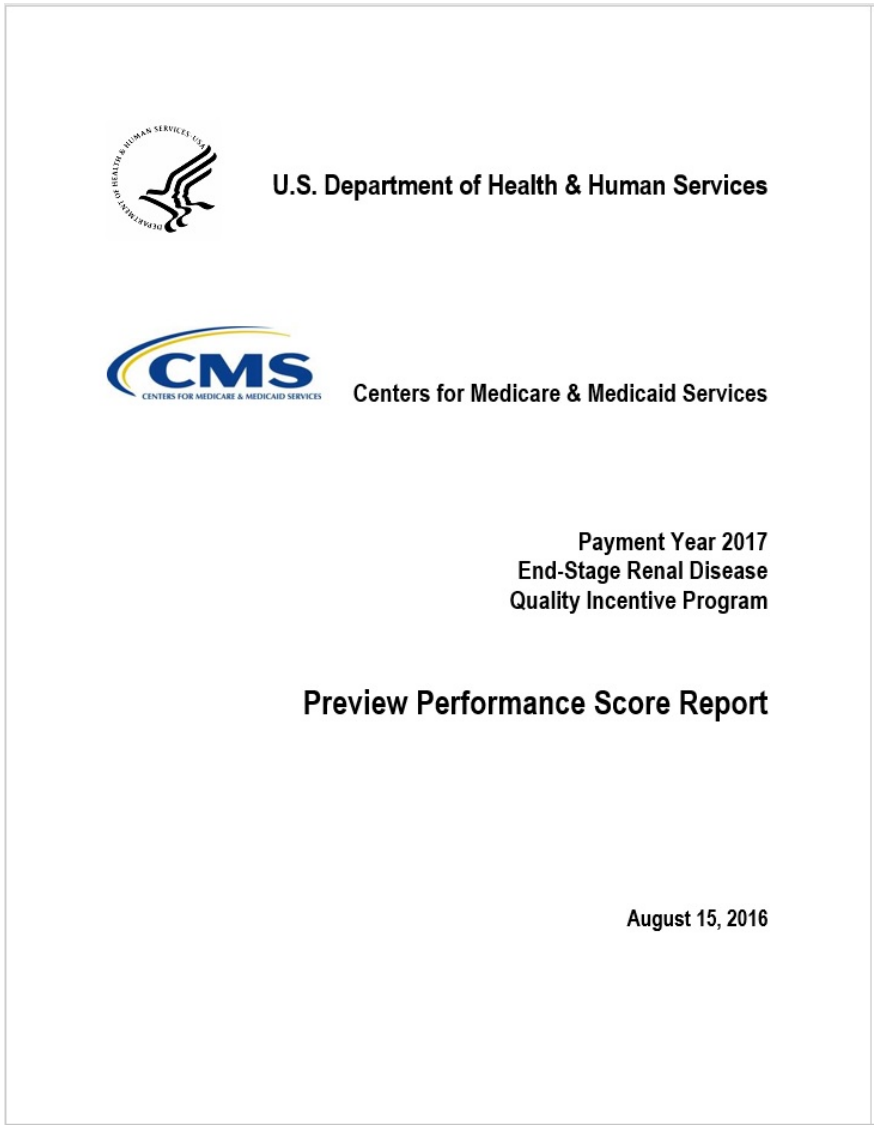


Performance Score Report Overview

Tamyra Garcia

Preview Performance Score Report

Your facility's performance scores will be detailed in the Preview PSR using tables and explanatory text



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Centers for Medicare & Medicaid Services

Payment Year 2017
End-Stage Renal Disease
Quality Incentive Program

Preview Performance Score Report

August 15, 2016

Performance Score Report Contents

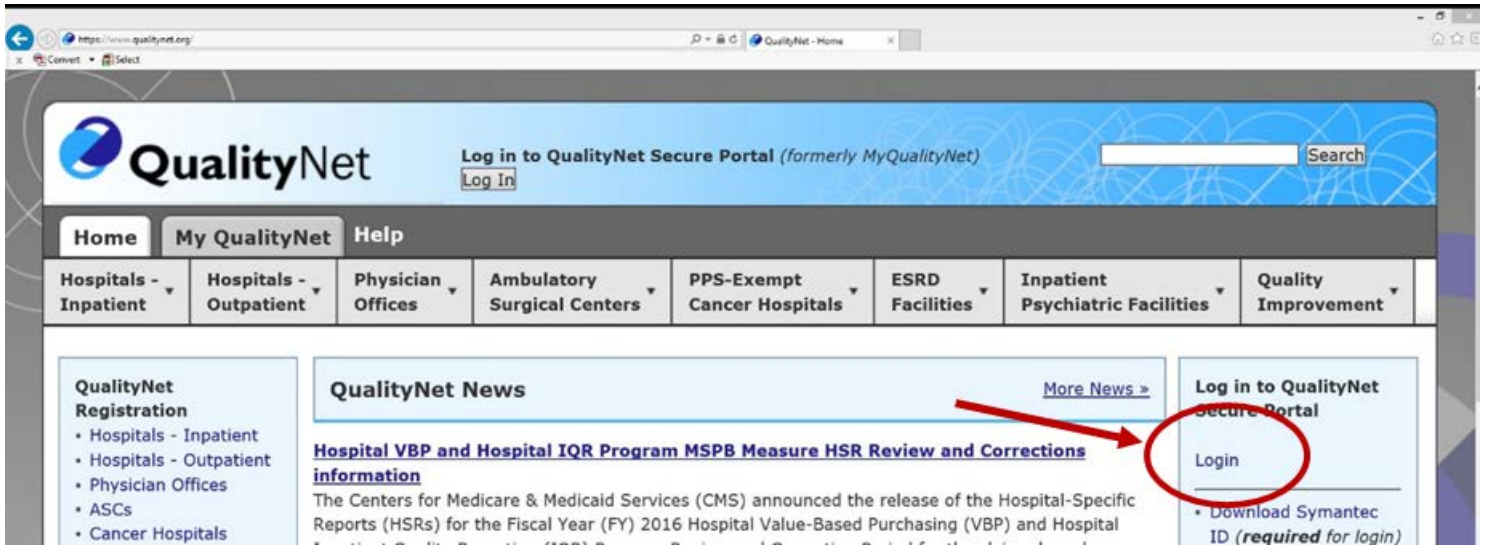
- **Your PSR contains the following information:**
  - Your **performance rate in 2015** on each PY 2017 clinical measure
  - An explanation of how this rate is translated into **your score on both achievement and improvement** for each clinical measure
  - A record of attestations and data your facility recorded for the three reporting measures
  - An explanation of how **your measure scores** are weighted and translated into your TPS
  - Information regarding if and/or how Medicare payments to your facility will be affected as a result of your TPS
- **Detailed information about how the performance rates were calculated is available in the *Guide to the PY 2017 Performance Score Report*, which will be available on** QualityNet.org

Preview Period Details

Tamyra Garcia

Accessing the ESRD QIP System

- ESRD QIP 2.0 release on August 4
- From www.qualitynet.org, select "Log in to QualityNet Secure Portal" (QSP)



- Approved users will access the site with user ID, password, and two-factor authentication validation

Clarification Questions

- Purpose: Ensure that facilities completely understand how their measure scores were calculated
- Only the Facility Point of Contact (POC) may submit clarification questions on the facility's behalf
  - Note: A facility can have only one POC, but a user may be the POC for multiple facilities
- Facilities are not limited in the number of clarification questions they may pose

Systemic Clarification Questions

- Purpose: Indicate that a systemic error may have occurred in the way that measure scores were calculated that may impact multiple facilities
- Only Facility POCs may submit systemic clarification questions
- Facilities are not limited in the number of systemic clarification questions they may pose

Formal Inquiry

- **Purpose: Provide CMS with an explanation of why the facility believes its own scores were not calculated correctly**
  - This typically occurs after submitting a clarification question and/or requesting a patient list
- **Each facility may submit only ONE formal inquiry at** QualityNet.org
- **Formal inquiries must be submitted before 5:00 p.m. (EDT) on September 16, 2016**
- Only the Facility POC may submit the formal inquiry on behalf of the facility
- The Facility POC must indicate approval of the Facility Manager when submitting the formal inquiry
- Once a formal inquiry has been submitted, the facility cannot recall it

QualityNet.org System Assistance

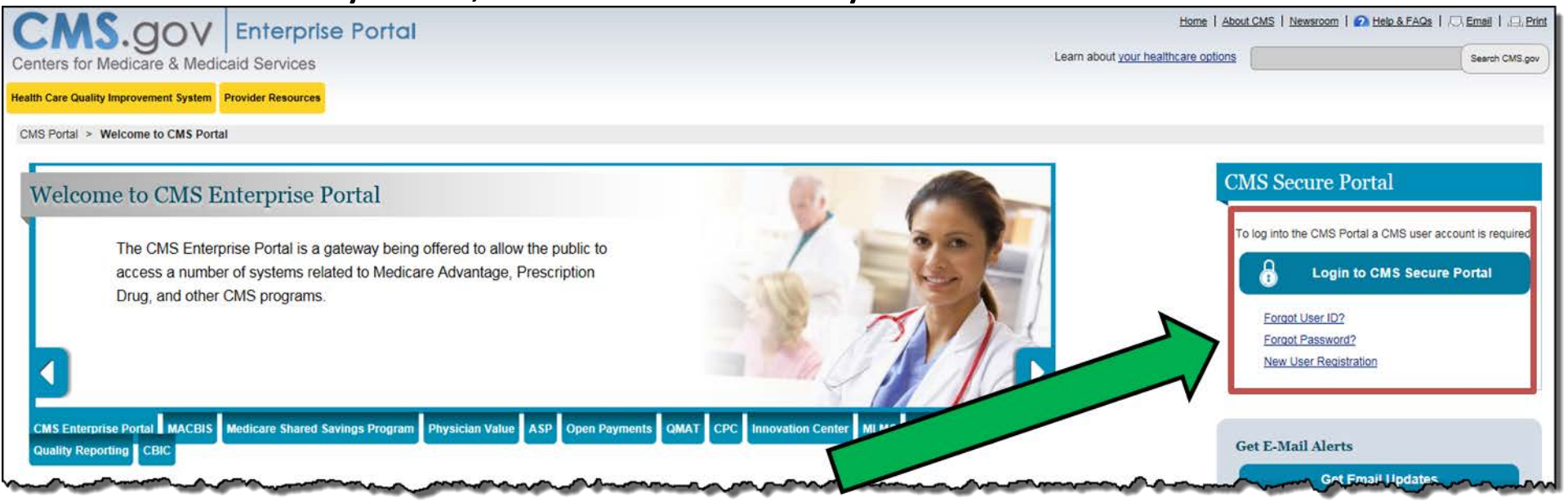
- Review the *QSP/QARM User Guide,* available on the ESRD Facilities page of www.qualitynet.org
- QualityNet Help Desk options:
  - Phone: (866) 288-8912
    7:00 a.m. – 7:00 p.m. (CDT), Monday – Friday
  - Email: qnetsupport-esrd@hcqis.org
  - Mail:
    QualityNet Help Desk
    1401 50th Street, Suite 200
    West Des Moines, IA 50266

ESRD QIP 2.0 Walk-Through

Oniel Delva

Establishing EIDM Accounts

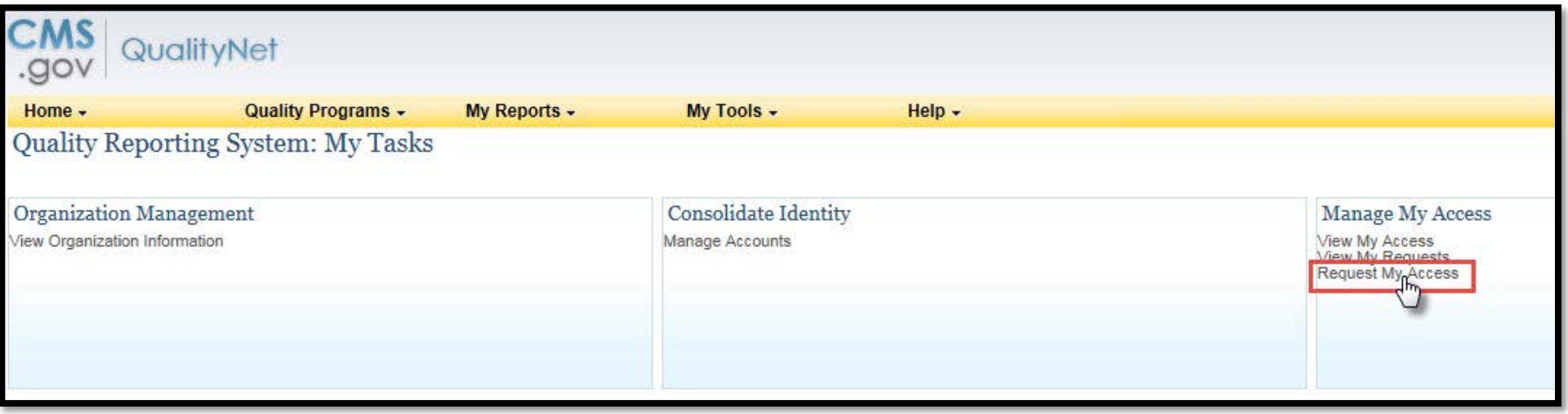
- In May 2016, CMS released the Enterprise Identity Management (EIDM) system.
- EIDM allows users to create, request, and maintain usernames, passwords, and Multi-Factor Authentication for CROWNWeb, the ESRD QIP system, and other CMS systems.



EIDM is accessible via Portal.CMS.gov

Requesting Roles in QARM

- On July 19, 2016, CMS released the new QualityNet Authorization and Role Management (QARM) system.
- QARM allows users to request access, and establish roles and scope to authorized CMS systems.



QARM is accessible via https://www.qualitynet.org/
EIDM and QARM training materials available via http://mycrownweb.org/education/eidmqarm-training/

ESRD QIP Roles

- Users must have ESRD QIP access roles established in QARM in order to access the ESRD QIP system.

Facility Point of Contact (POC)

- Run reports
- Submit clarifications, questions and view CMS responses
- Submit formal inquires (1 per facility)

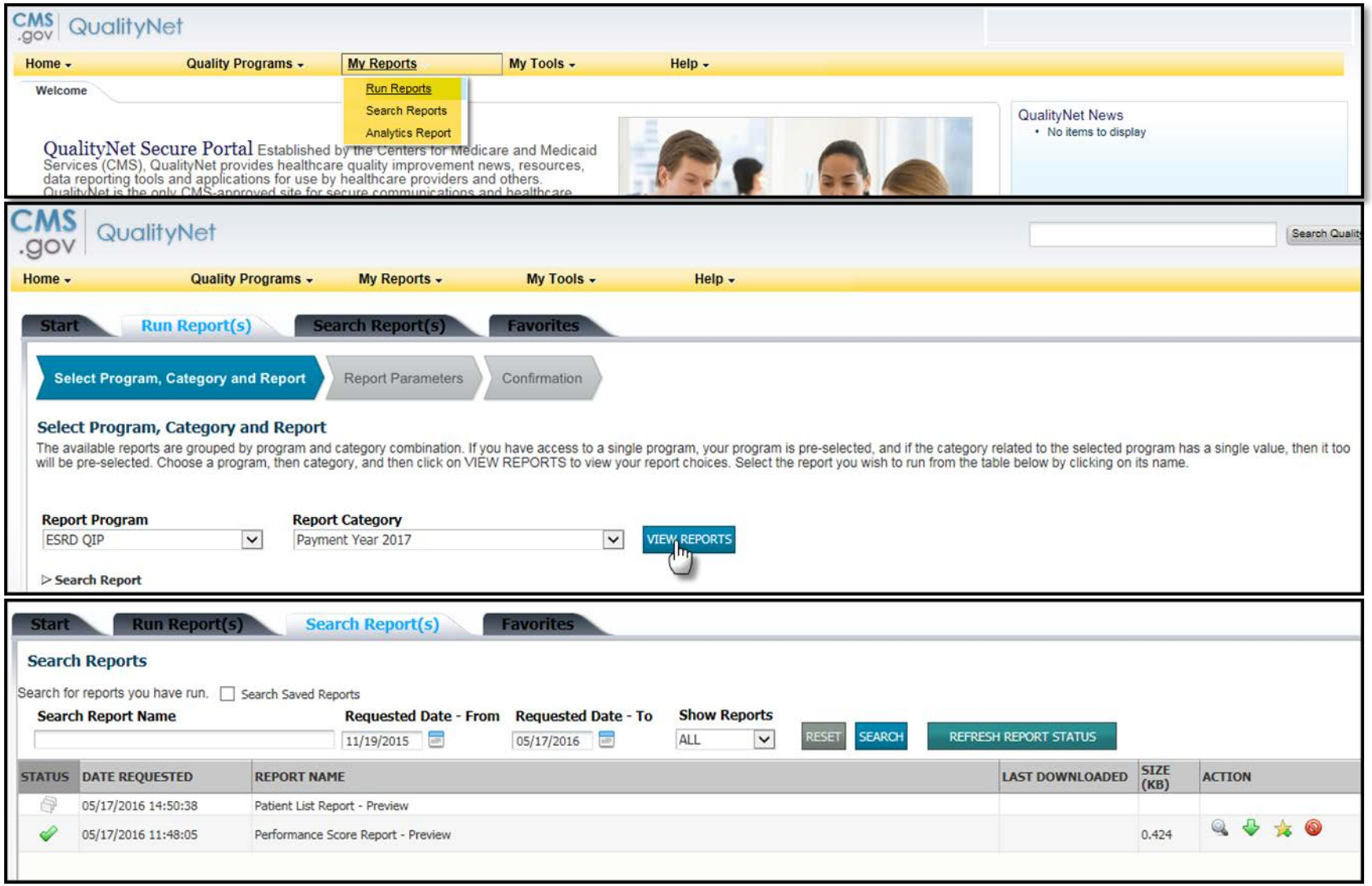
Facility Viewer

- View reports
- View clarifications, questions and CMS responses
- View formal inquires

Log into QualityNet Secure Portal

- Click **End-Stage Renal Disease Quality Reporting System**

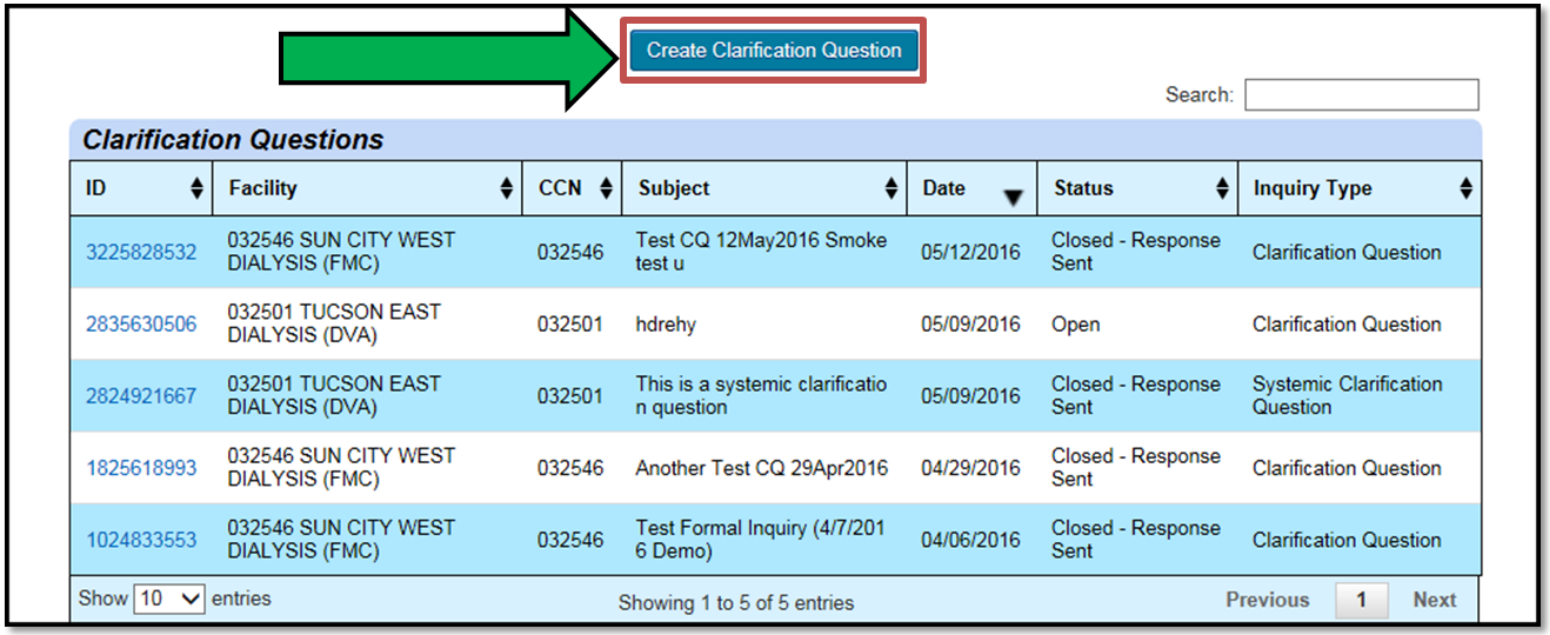
Download a Preview PSR



Submit a Clarification Question

For the Facility Point of Contact:

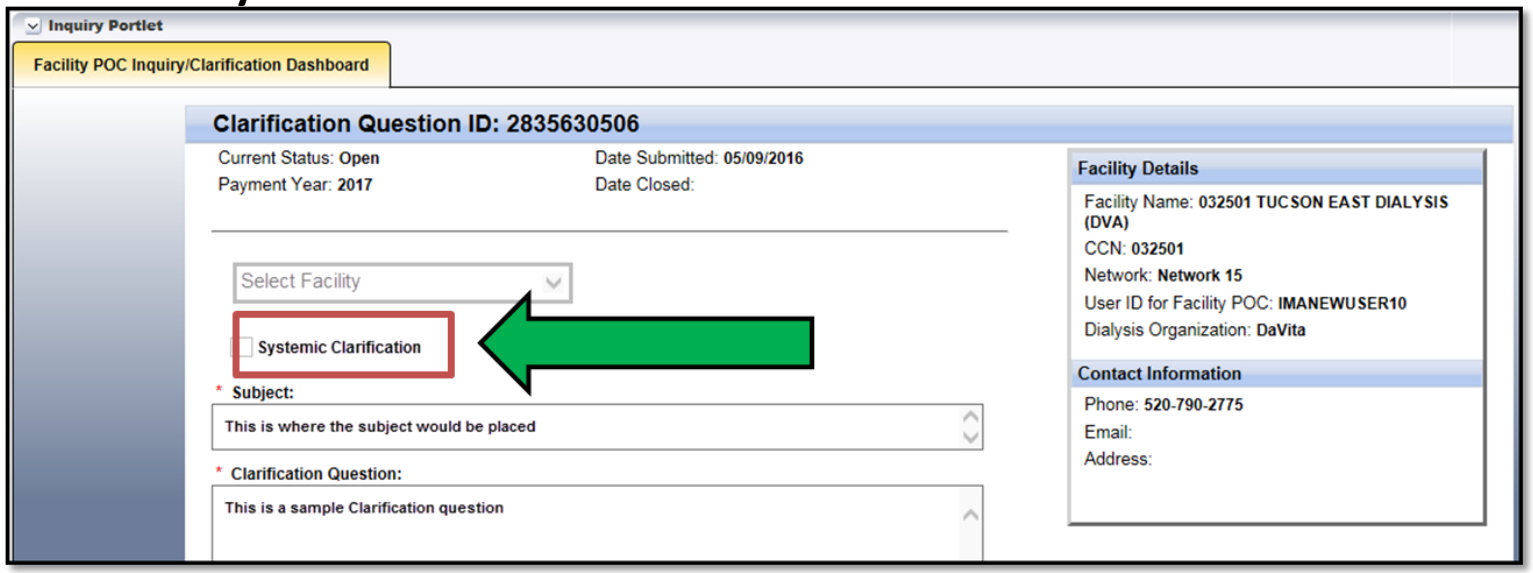
1. Click the **Quality Programs** drop-down
2. Choose **End Stage Renal Disease Quality Reporting System**
3. Click the **Inquiry** link that is displayed below "ESRD QIP Applications" from the My Tasks screen and the *Inquiry Dashboard* displays
4. Click the **Create Clarification Question** button



Submit a Systemic Clarification Question

For the Facility Point of Contact:

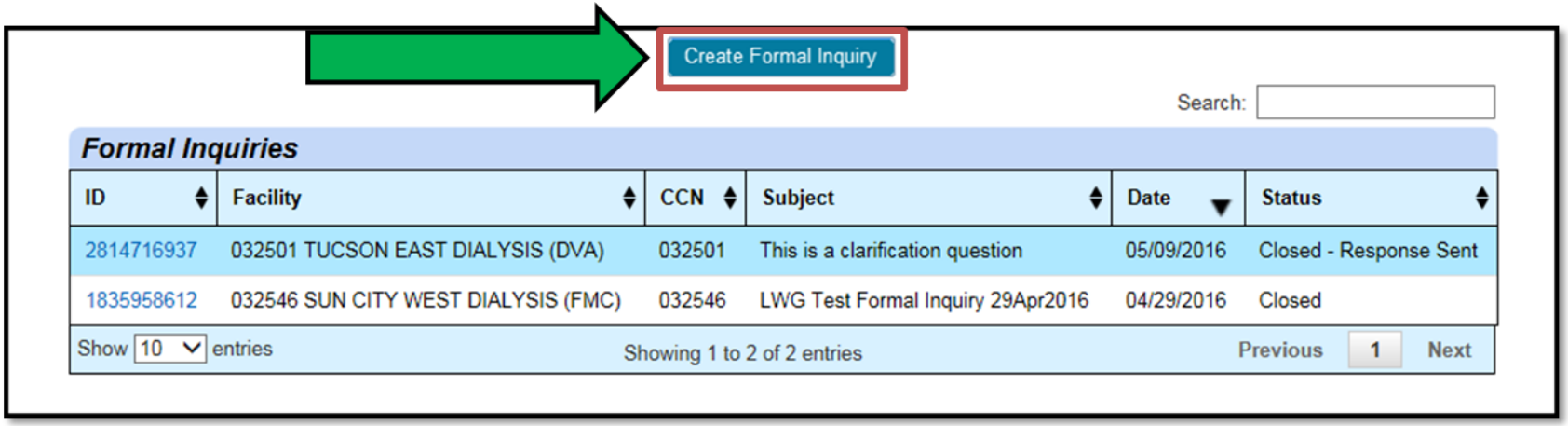
1. Click the **Quality Programs** drop-down
2. Choose **End Stage Renal Disease Quality Reporting System**
3. Click the **Inquiry** link that is displayed below "ESRD QIP Applications" from the My Tasks screen and the *Inquiry Dashboard* displays
4. Click the **Create Clarification Question** button
5. Check the **"Systemic Clarification"** checkbox



Submit a Formal Inquiry

For the Facility Point of Contact:

1. Click the **Quality Programs** drop-down
2. Choose **End Stage Renal Disease Quality Reporting System**
3. Click the **Inquiry** link that is displayed below "ESRD QIP Applications" from the My Tasks screen and the *Inquiry Dashboard* displays
4. Click the **Create Formal Inquiry** button



ESRD QIP 2.0 System Training

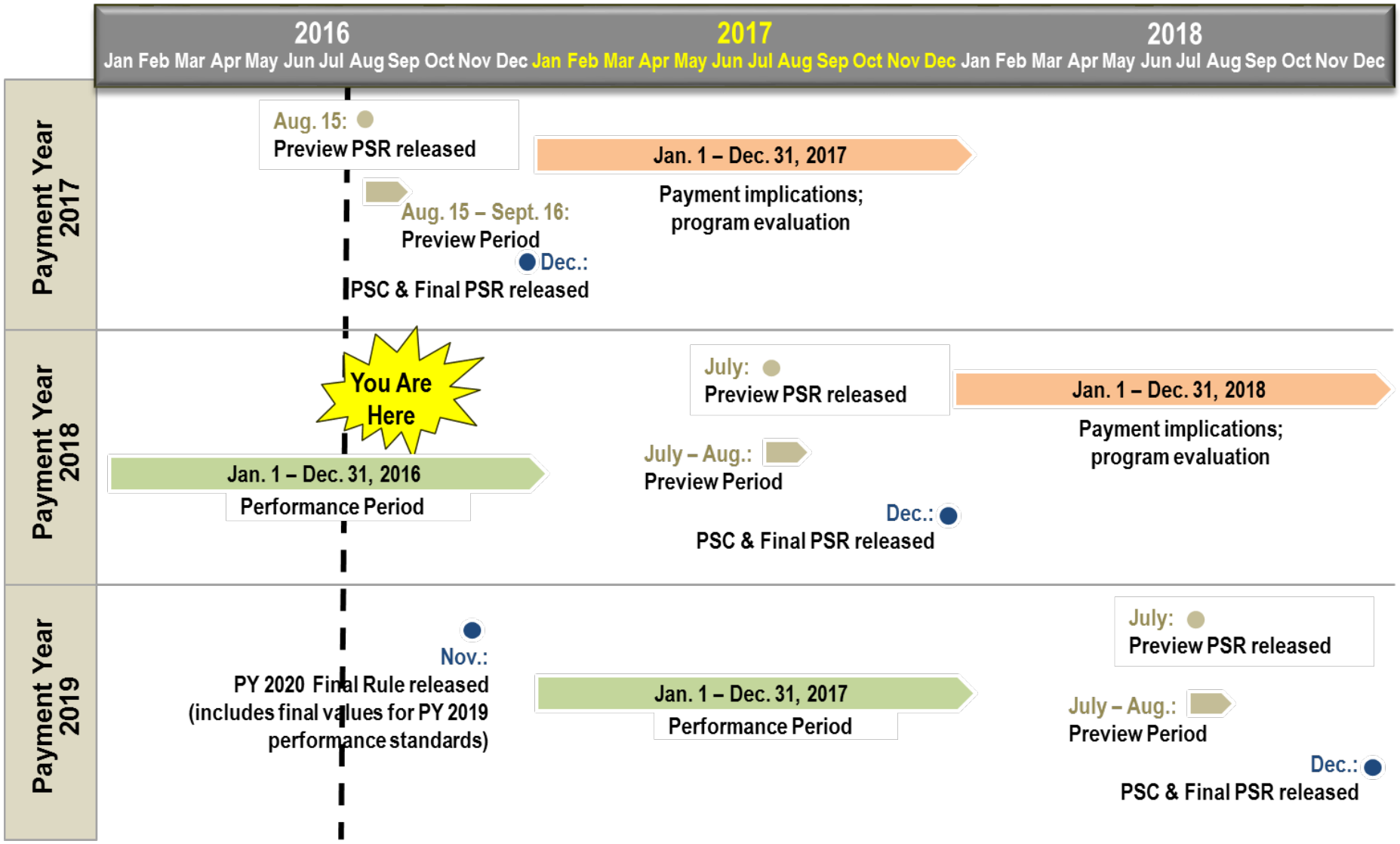
- ESRD QIP 2.0 system training will be provided on **August 16, 2016**.
- During training, attendees will be provided further details regarding the following:
  - How to access ESRD QIP 2.0
  - Requesting and accessing reports
  - How to Review your Performance Score Report (PSR)
  - Submitting a Clarification Question
  - Submitting a Formal Inquiry
- **ESRD QIP 2.0 System Training Registration Info:**

Date	Time	Registration Link
August 16, 2016	2 PM – 3 PM EDT	http://mycrownweb.org/pcw_lems/esrd-qip-2-0-new-user-training/

Follow-Up Activities and Responsibilities

Tamyra Garcia

ESRD QIP Critical Dates and Milestones



Activities Following the Preview Period

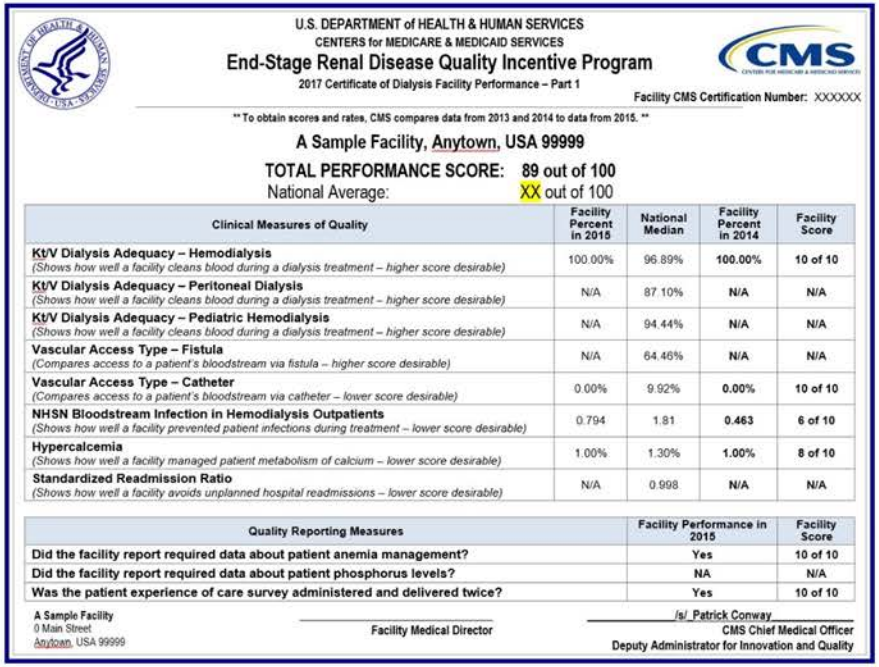
- **CMS will review any outstanding inquiries, then finalize facility TPS and payment reduction percentages**
  - Once scores are finalized, a final PSR will be posted for download on the ESRD QIP system that will outline your facility's information
  - Once issued as final, a PSR cannot be changed
- **In December 2016, each facility's Performance Score Certificate (PSC) will be posted for download on the ESRD QIP system**
- **By the end of January 2017, performance score data will be made available to the public** on http://www.medicare.gov/Dialysis
- Payment reductions (if applicable) are applied to dialysis services **beginning January 1, 2017**, and will remain in place for the duration of the year

Performance Score Certificate

- **It is your facility's responsibility to print your PSCs in mid-December**
  - The certificate must be posted within 15 business days of their availability via the ESRD QIP system and remain posted throughout the year
  - The certificate must be **prominently displayed in a patient area**
  - **English and Spanish** versions must be posted
- **The certificate contains:**
  - Your TPS and score on each measure
    - ❖ It does not contain detailed information about how the scores were calculated
  - National average scores for comparison
- **Your patients may have questions about the certificate**
  - CMS recommends that you educate your staff on the performance scores so that they can answer patient questions

Sample Performance Score Certificate

(English version)



U.S. DEPARTMENT of HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES

End-Stage Renal Disease Quality Incentive Program

2017 Certificate of Dialysis Facility Performance – Part 1

Facility CMS Certification Number: XXXXXX

** To obtain scores and rates, CMS compares data from 2013 and 2014 to data from 2015. **

A Sample Facility, Anytown, USA 99999

TOTAL PERFORMANCE SCORE: 89 out of 100
National Average: XX out of 100

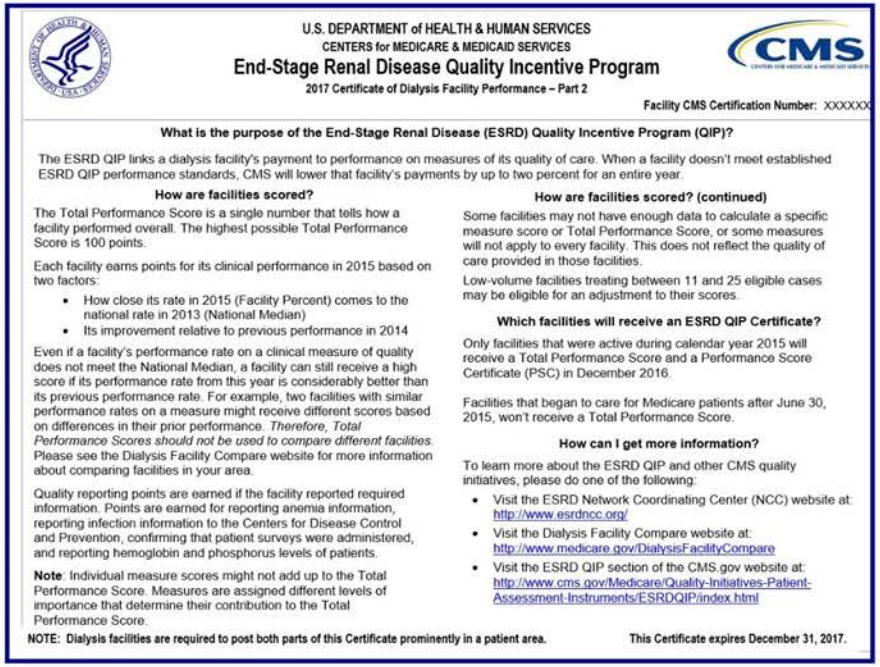
Clinical Measures of Quality	Facility Percent in 2015	National Median	Facility Percent in 2014	Facility Score
Kt/V Dialysis Adequacy – Hemodialysis *(Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)*	100.00%	96.89%	**100.00%**	**10 of 10**
Kt/V Dialysis Adequacy – Peritoneal Dialysis *(Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)*	N/A	87.10%	**N/A**	**N/A**
Kt/V Dialysis Adequacy – Pediatric Hemodialysis *(Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)*	N/A	94.44%	**N/A**	**N/A**
Vascular Access Type – Fistula *(Compares access to a patient's bloodstream via fistula – higher score desirable)*	N/A	64.46%	**N/A**	**N/A**
Vascular Access Type – Catheter *(Compares access to a patient's bloodstream via catheter – lower score desirable)*	0.00%	9.92%	**0.00%**	**10 of 10**
NHSN Bloodstream Infection in Hemodialysis Outpatients *(Shows how well a facility prevented patient infections during treatment – lower score desirable)*	0.794	1.81	**0.463**	**6 of 10**
Hypercalcemia *(Shows how well a facility managed patient metabolism of calcium – lower score desirable)*	1.00%	1.30%	**1.00%**	**8 of 10**
Standardized Readmission Ratio *(Shows how well a facility avoids unplanned hospital readmissions – lower score desirable)*	N/A	0.998	**N/A**	**N/A**

Quality Reporting Measures	Facility Performance in 2015	Facility Score
Did the facility report required data about patient anemia management?	**Yes**	**10 of 10**
Did the facility report required data about patient phosphorus levels?	**NA**	**N/A**
Was the patient experience of care survey administered and delivered twice?	**Yes**	**10 of 10**

A Sample Facility
0 Main Street
Anytown, USA 99999

Facility Medical Director

/s/ Patrick Conway
CMS Chief Medical Officer
Deputy Administrator for Innovation and Quality



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End-Stage Renal Disease Quality Incentive Program

2017 Certificate of Dialysis Facility Performance – Part 2

Facility CMS Certification Number: XXXXXX

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 2015 based on two factors:

- How close its rate in 2015 (Facility Percent) comes to the national rate in 2013 (National Median)
- Its improvement relative to previous performance in 2014

Even if a facility's performance rate on a clinical measure of quality does not meet the National Median, 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 anemia information, reporting infection information to the Centers for Disease Control and Prevention, confirming that patient surveys were administered, and reporting hemoglobin 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.

How are facilities scored? (continued)

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 2015 will receive a Total Performance Score and a Performance Score Certificate (PSC) in December 2016.

Facilities that began to care for Medicare patients after June 30, 2015, 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 Network Coordinating Center (NCC) website at: http://www.esrdncc.org/
- Visit the Dialysis Facility Compare website at: http://www.medicare.gov/DialysisFacilityCompare
- Visit the ESRD QIP section of the CMS.gov website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html

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

This Certificate expires December 31, 2017.

Recap: Facility Responsibilities

- **Establish your EIDM/QARM account to access** QualityNet.org **and ESRD QIP 2.0**
- **Facilities and Networks can access their Preview PSRs beginning August 15**
  - Recommendation: Submit clarification questions **by August 31** to receive a prompt response and to have enough time to submit a formal inquiry if necessary
- **If you believe there is an error in your score**, submit a single formal inquiry
  - If you are contacted for follow-up information, respond in a timely manner so that your inquiry can be given due consideration
- **Attend ESRD QIP 2.0 System Training on August 16**
- **Preview Period ends September 16 at 5:00 p.m. (EDT)**
- **Download, print, and post** your English and Spanish PSCs within 15 business days of their availability via the ESRD QIP system
- **Educate your staff** about the ESRD QIP so they can answer patient questions about the publicly posted certificate

Key ESRD QIP Dates to Remember

- **PY 2016 payment reductions applied** (January 1 – December 31, 2016)
- **PY 2017 Preview Period** (August 15 – September 16, 2016)
- **PY 2018 Performance Period** (January 1 – December 31, 2016)
- **PY 2020 Rulemaking**
  - Proposed rule published (displayed June 27, 2016)
  - 60-day comment period (ends August 23, 2016)
  - Final rule published (early November)
- **PY 2017 PSC** available for download mid-December 2016; post within 15 business days

PY 2017 payment reductions are effective January 1, 2017

ESRD QIP Resources

- **ESRD QIP Section of CMS.gov:** www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html
  - **Technical Specifications for ESRD QIP Measures:** www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html
- **ESRD National Coordinating Center (NCC):** esrdncc.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

Question & Answer Session

Acronyms in this Presentation

Acronym	Definition
AVF	arteriovenous fistula
CDC	Centers for Disease Control and Prevention
CDT	Central Daylight Time
CM	Center for Medicare
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
EDT	Eastern Daylight Time
EIDM	Enterprise Identity Management system
ESRD	End-Stage Renal Disease
FDA	Food and Drug Administration
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

Acronym	Definition
NCC	National Coordinating Center
NHSN	National Healthcare Safety Network
NPC	National Provider Call
NPRM	Notice of Proposed Rulemaking
OGC	Office of General Counsel
POC	point of contact
PSC	Performance Score Certificate
PSR	Performance Score Report
PY	Payment Year
QARM	QualityNet Authorization Role Management system
QIP	Quality Incentive Program
QSP	QualityNet Secure Portal
TPS	Total Performance Score
VAT	Vascular Access Type

A Message from the CMS Provider Communications Group

Aryeh Langer

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