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National Provider Call

End-Stage Renal Disease Quality Incentive Program

Previewing Your Facility's Payment Year 2016 Performance Data

July 9, 2015

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Presenters

Jim Poyer, MS, MBA
Director
Division of Value, Incentives, and Quality Reporting

Tamyra Garcia, MPH
ESRD QIP Program Lead and Policy Lead
Division of Value, Incentives, and Quality Reporting

Bill Lakenan, BS
Manager, Business Analysis and Quality Assurance
Edaptive Systems, LLC

Agenda

To provide an overview of the Payment Year (PY) 2016 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 2016 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

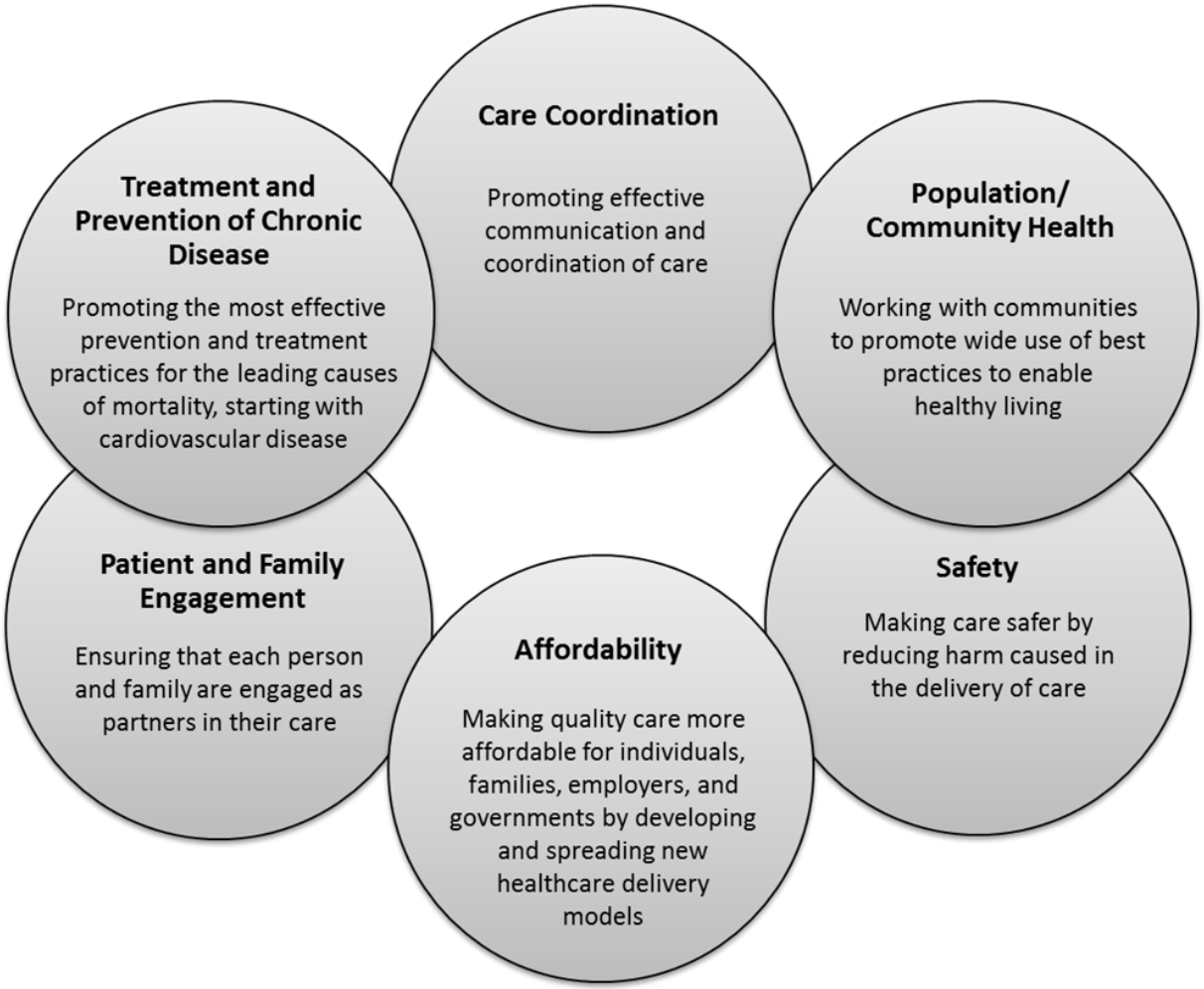
Jim Poyer

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

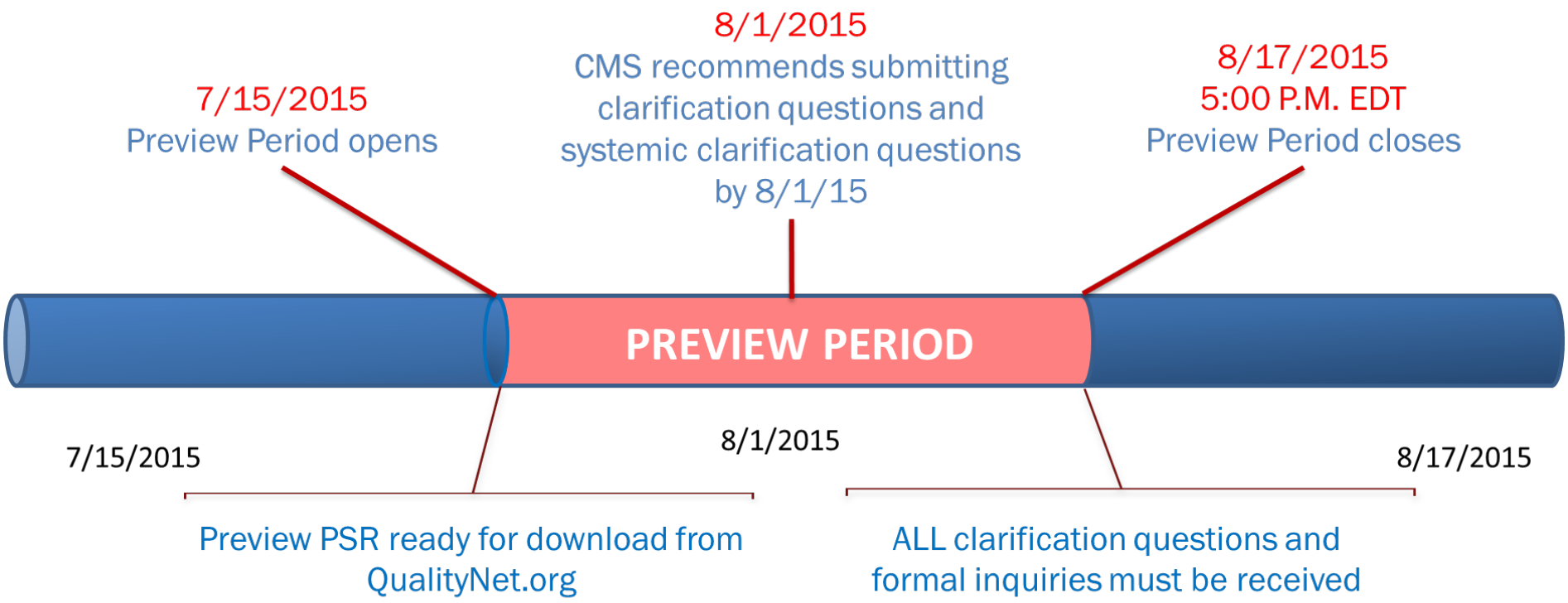
Adjust scores where required; submit payment reductions to Center for Medicare (CM)

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 2016 Overview

Tamyra Garcia

PY 2016 Preview Period Timeline

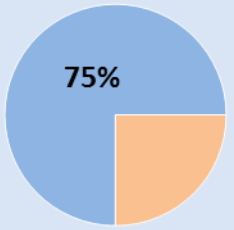


CMS will respond to questions and inquiries received before the deadline; responses to formal inquiries may be delivered after the Preview Period has elapsed

PY 2016: Measures Overview

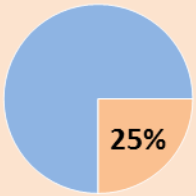
Clinical Measures – 75% of Total Performance Score (TPS)

1. Anemia Management – Hgb > 12 g/dL
2. Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis
3. Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis
4. Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
5. Vascular Access Type Measure Topic – Arteriovenous Fistula (AVF)
6. Vascular Access Type Measure Topic – Catheter ≥ 90 days
7. ★ National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Outpatients
8. ★ Hypercalcemia



Reporting Measures – 25% of TPS

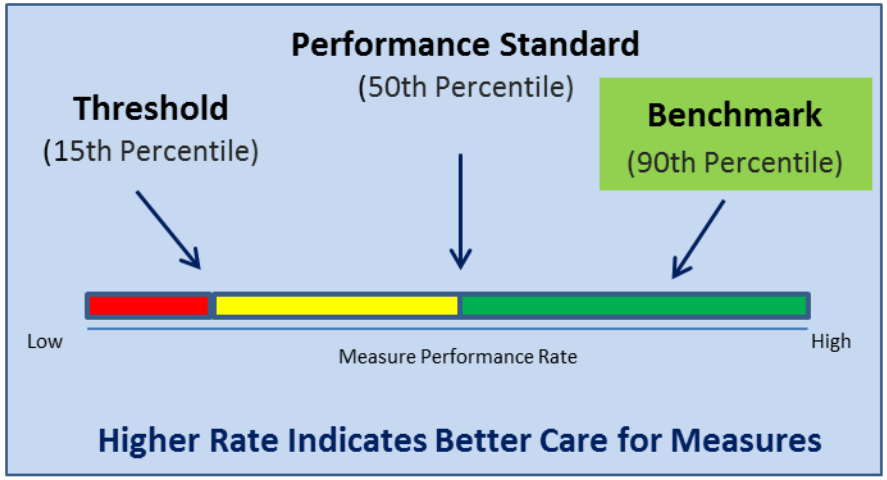
1. In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Patient Satisfaction Survey (expanded)
2. Mineral Metabolism – Serum Phosphorus
3. Anemia Management



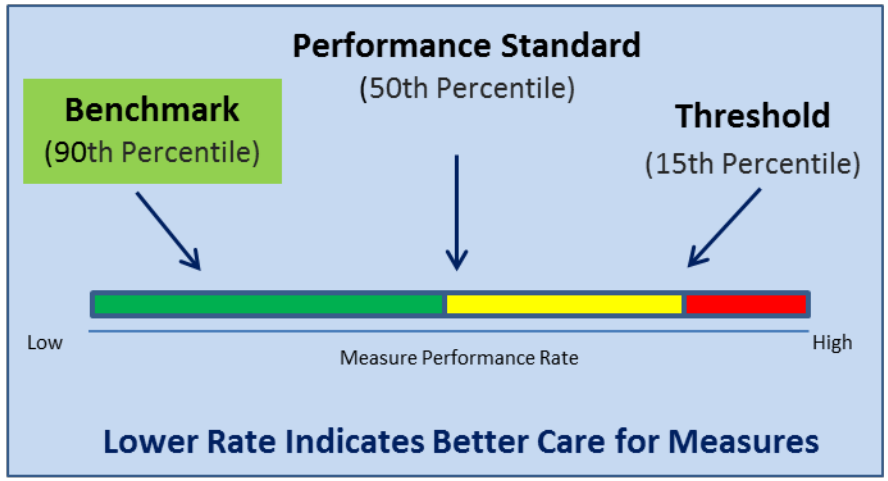
★ **New measure for PY 2016**

PY 2016 Clinical Measures: Directionality

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



- Anemia Management
- VAT – Catheter
- NHSN Bloodstream Infections
- Hypercalcemia

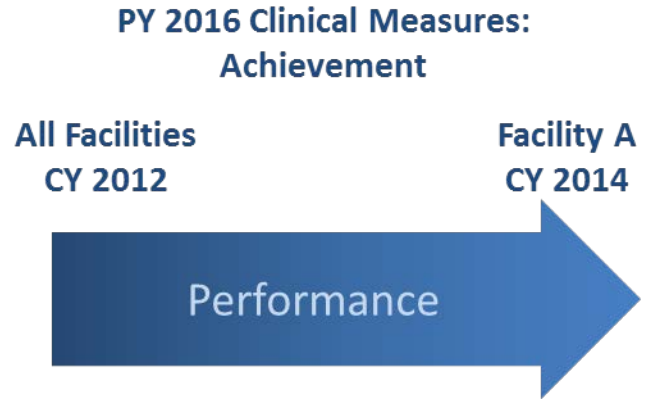


PY 2016: Achievement and Improvement Scoring Methods

Facility gets the BETTER score from the two methods

Achievement Score: Points awarded by comparing the facility's performance rate during the performance period (CY 2014) with the performance of **all facilities nationally** during the comparison period (CY 2012)

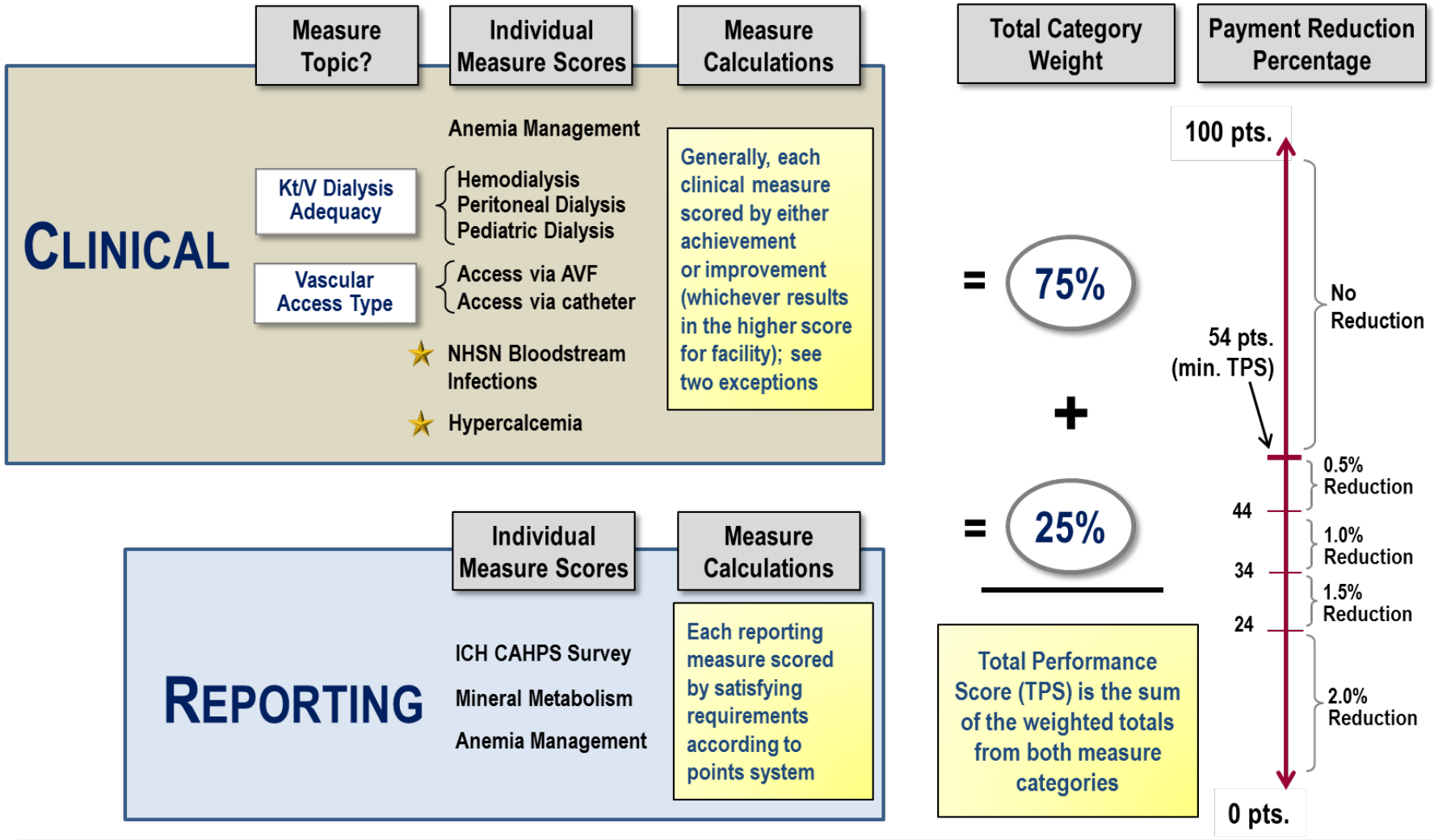
- Rate better than or equal to benchmark: 10 points
- Rate worse than achievement threshold: 0 points
- Rate between the two: 1 – 9 points



Improvement Score: Points awarded by comparing the facility's performance rate during the performance period (CY 2014) with **its own previous performance** during the comparison period (CY 2013)

- 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 2016 Scoring and Payment Reduction Methodology



Performance Score Report Overview

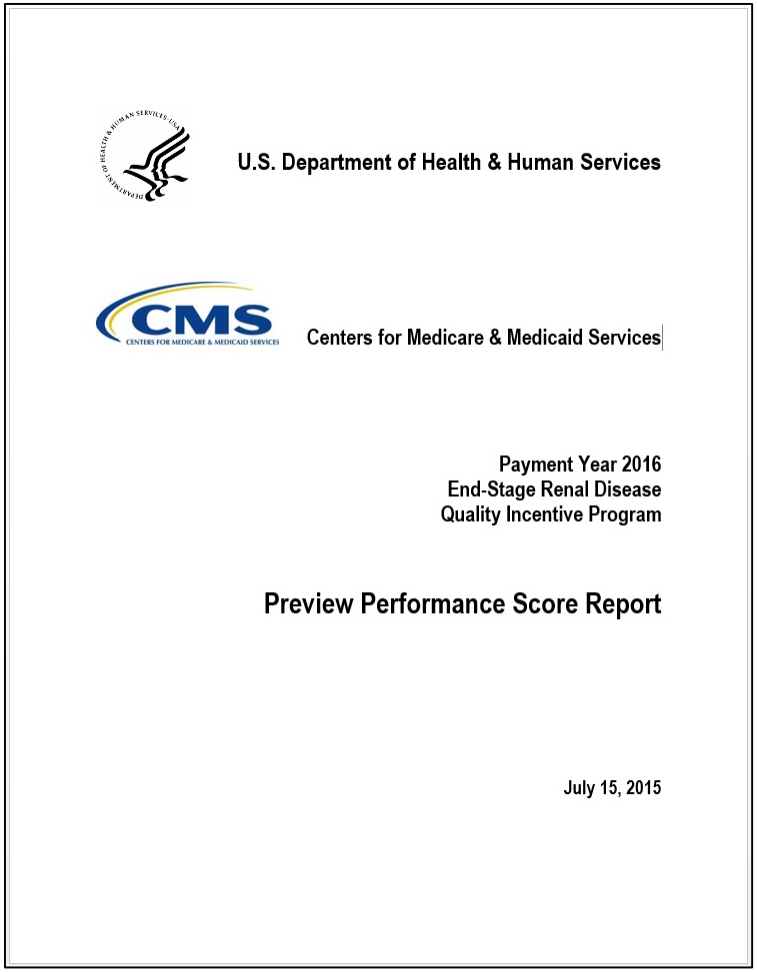
Tamyra Garcia

Performance Score Report Contents

- **Your PSR contains the following information:**
  - Your **performance rate in 2014** on each PY 2016 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 2016 Performance Score Report*, which will be available on** QualityNet.org

Preview Performance Score Report

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



U.S. Department of Health & Human Services

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Centers for Medicare & Medicaid Services

Payment Year 2016
End-Stage Renal Disease
Quality Incentive Program

Preview Performance Score Report

July 15, 2015

Score Summary and Payment Reduction Percentage

Table 1. Performance Score Overview

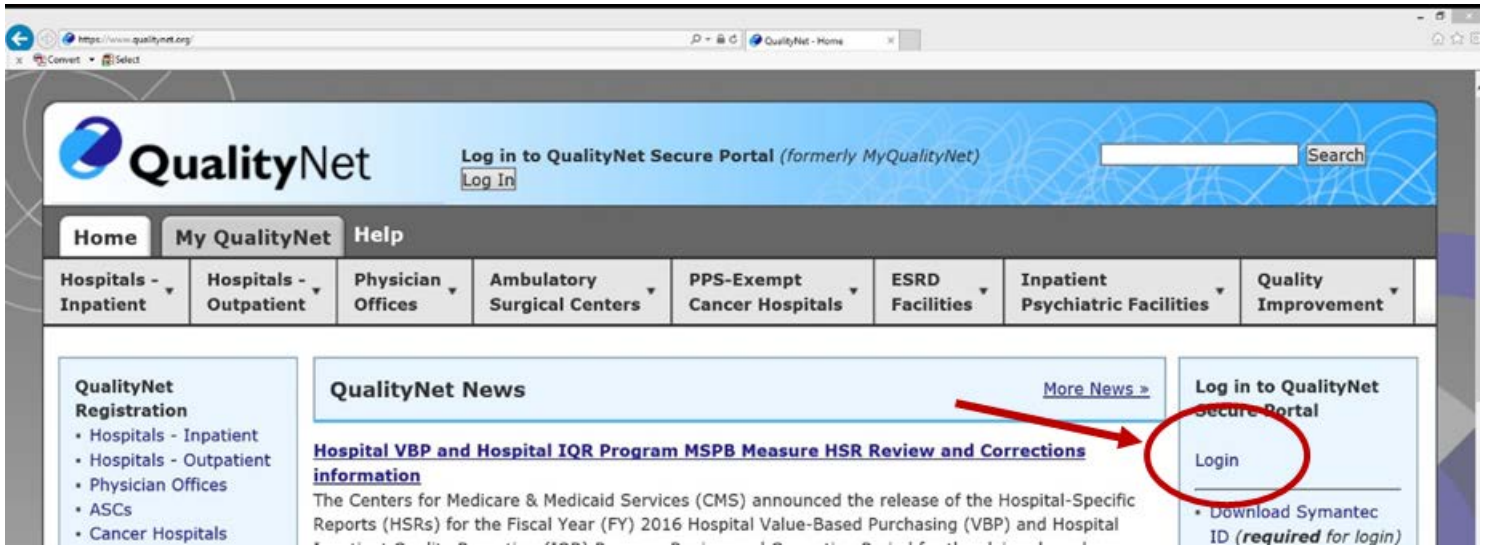
PROJECTED* PAYMENT REDUCTION PERCENTAGE:	NO REDUCTION	
Performance Measures and Definitions	**Measure Score**	**Measure Weight**
Clinical Measures		***Total of 75%***
Hemoglobin > 12g/dL Percent of patients with mean hemoglobin greater than 12 g/dL	10	16.07%
Kt/V Dialysis Adequacy measure topic Three measures for separate populations	8	16.07%
Percentage of adult hemodialysis patient-months with spKt/V greater than or equal to 1.2	8	
Percentage of adult peritoneal dialysis patient-months with Kt/V greater than or equal to 1.7	N/A	
Percentage of pediatric in-center hemodialysis patient-months with spKt/V greater than or equal to 1.2	N/A	
Vascular Access Type (VAT) measure topic Two measures for different access types	10	16.07%
Percent of hemodialysis patient-months using arteriovenous (AV) fistula with two needles during last treatment of the month	10	
Percent of hemodialysis patient-months with catheter in use for 90 days or longer prior to last hemodialysis session	10	
NHSN Bloodstream Infection in Hemodialysis Outpatients Standardized number of qualifying hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months	8	16.07%
Hypercalcemia Proportion of qualifying patient-months with three-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL	7	10.71%
Reporting Measures		***Total of 25%***
Anemia Management Reporting Number of months for which facility reports hemoglobin/hematocrit values and ESA dosage, if applicable, on Medicare claims	10	8.33%
Patient Experience of Care Survey Attestation Successful administration of In-Center Hemodialysis Consumer Assessment of Health Providers and Systems (ICH CAHPS) survey and delivery of results	10	8.33%
Mineral Metabolism Reporting Number of months for which facility reports serum phosphorus levels for each Medicare patient to CROWNWeb	6	8.33%
Total Performance Score‡	**87**	

Preview Period Details

Tamyra Garcia

Accessing the ESRD QIP System

- CMS will release ESRD QIP 1.0.0 prior to the start of the Preview Period
- From www.qualitynet.org, select "Log in to QualityNet Secure Portal"



- Approved users will access the site with their ESRD QIP QualityNet Identity Management System (QIMS) ID and password, along with two-factor authentication, to access the Preview PSR

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 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 an error in calculation has occurred**
  - 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 August 17, 2015**
- 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

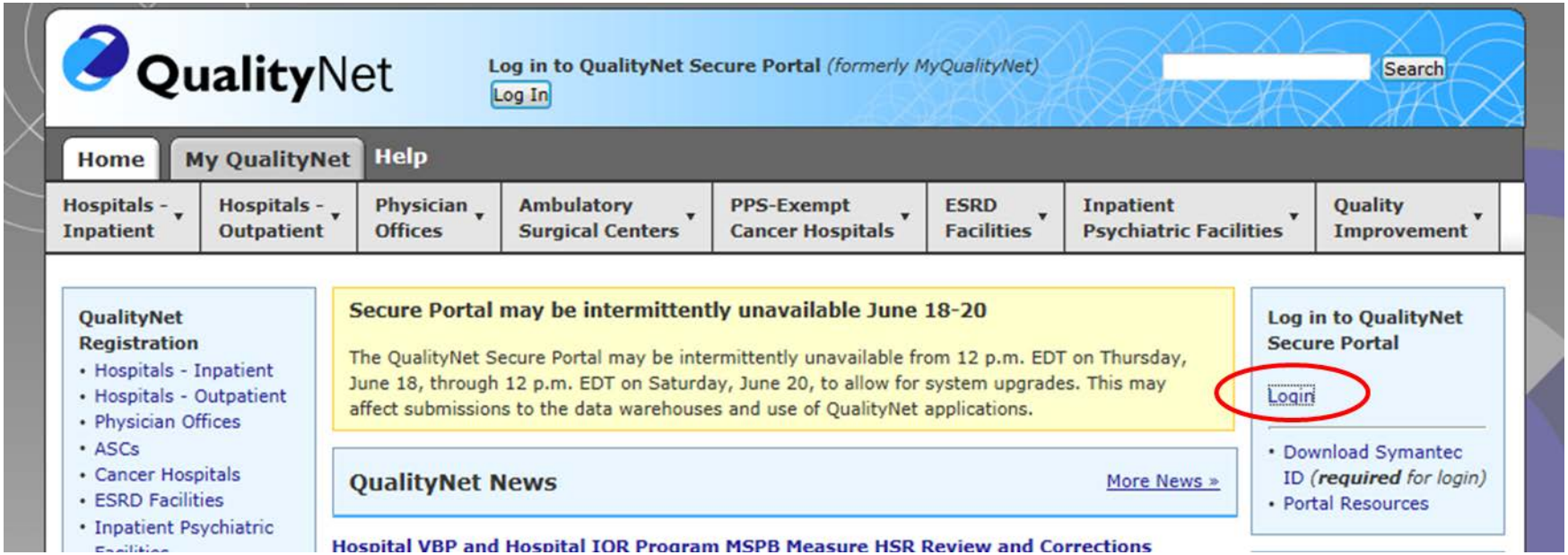
- Review the *QIMS Quick Start Guide* and *QIMS User Manual* available on the ESRD Facilities page of www.qualitynet.org
- QualityNet Help Desk options:
  - Phone: (866) 288-8912
    7:00 a.m. – 7:00 p.m. (CDT), Monday – Friday
  - Email: qnetsupport-esrd@hcqis.org
  - Mail:
    QualityNet Help Desk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

ESRD QIP 1.0.0 Walk-Through

Bill Lakenan

Visit QualityNet to Access Secure Portal

- Use a browser to access https://www.qualitynet.org/
- Click on the Login link to access the QualityNet Secure Portal



Log into QualityNet Secure Portal

- Click **End Stage Renal Disease Quality Incentive Program:**

For log in assistance,
see QIMS documentation
on https://www.qualitynet.org/

QIMS Registration (for CROWNWeb)

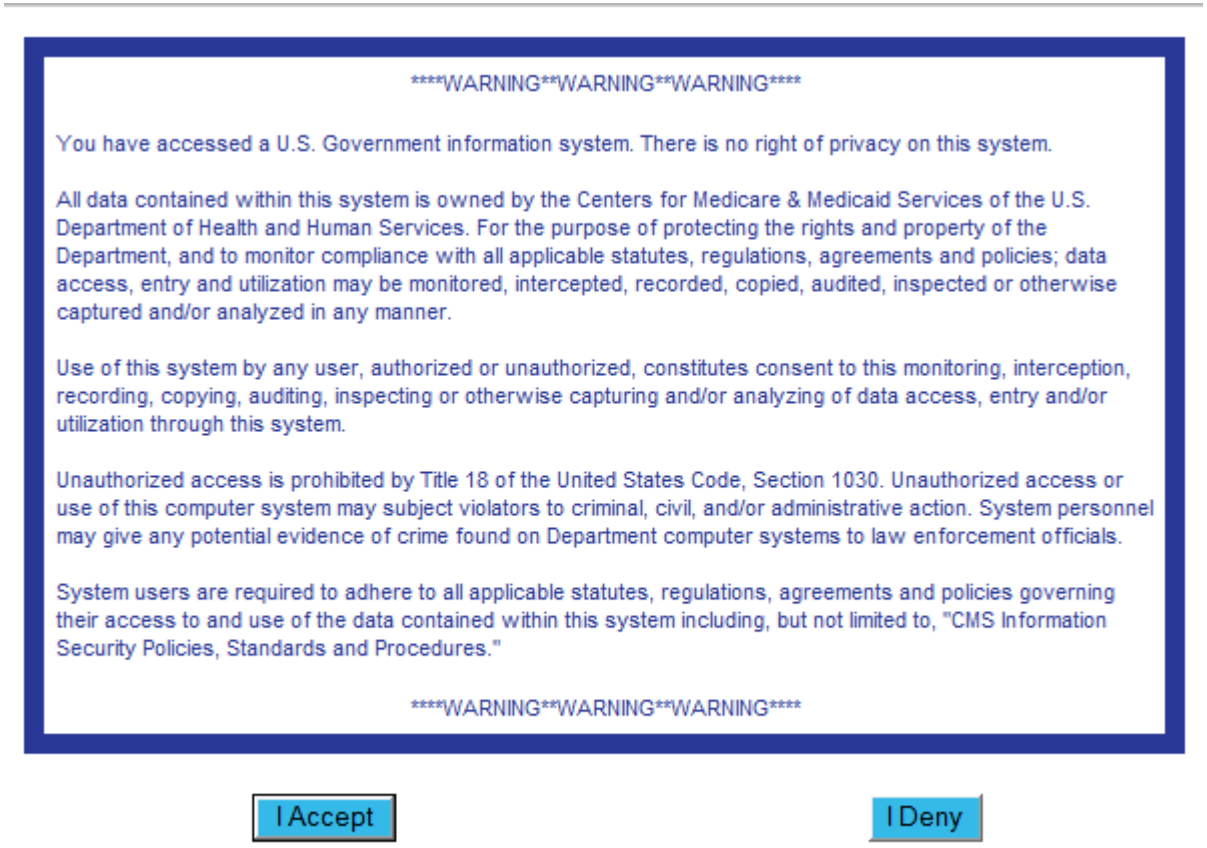
- Register for a QIMS account
- Manage QIMS account
- QIMS User Manual, PDF
- QIMS Quick Start Guide, PDF

Log into QSP/QIMS

QIMS Login Page

Log into QSP/QIMS

- Click **I Accept** for privacy disclaimer



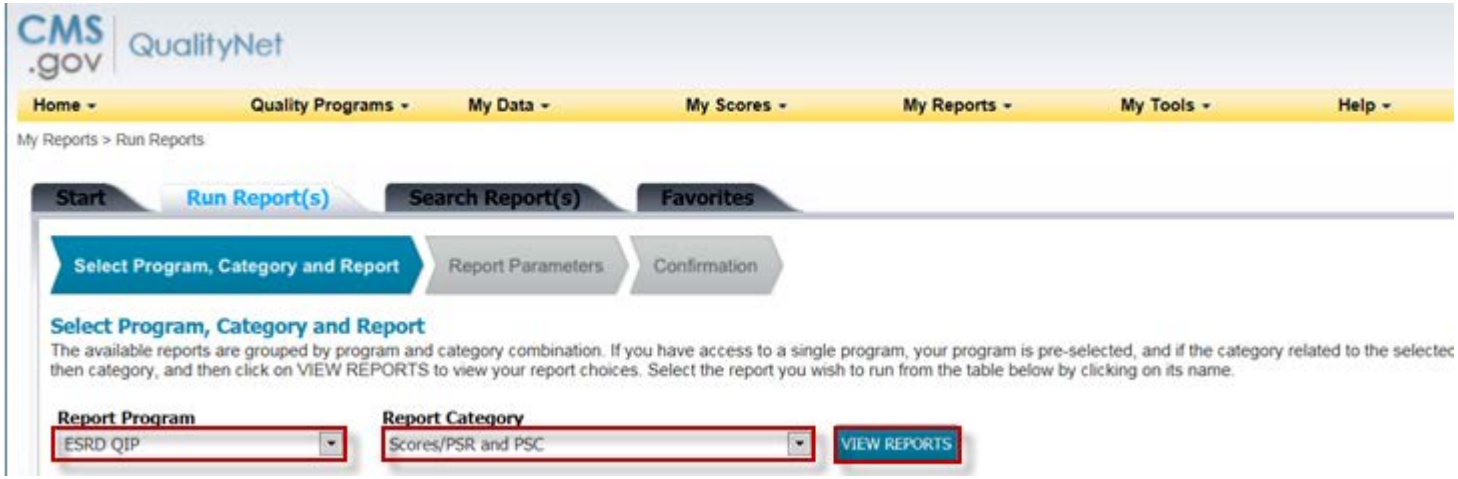
Download a PSR

1. Click **My Reports** drop-down

2. Click **Run Reports**

Download a PSR

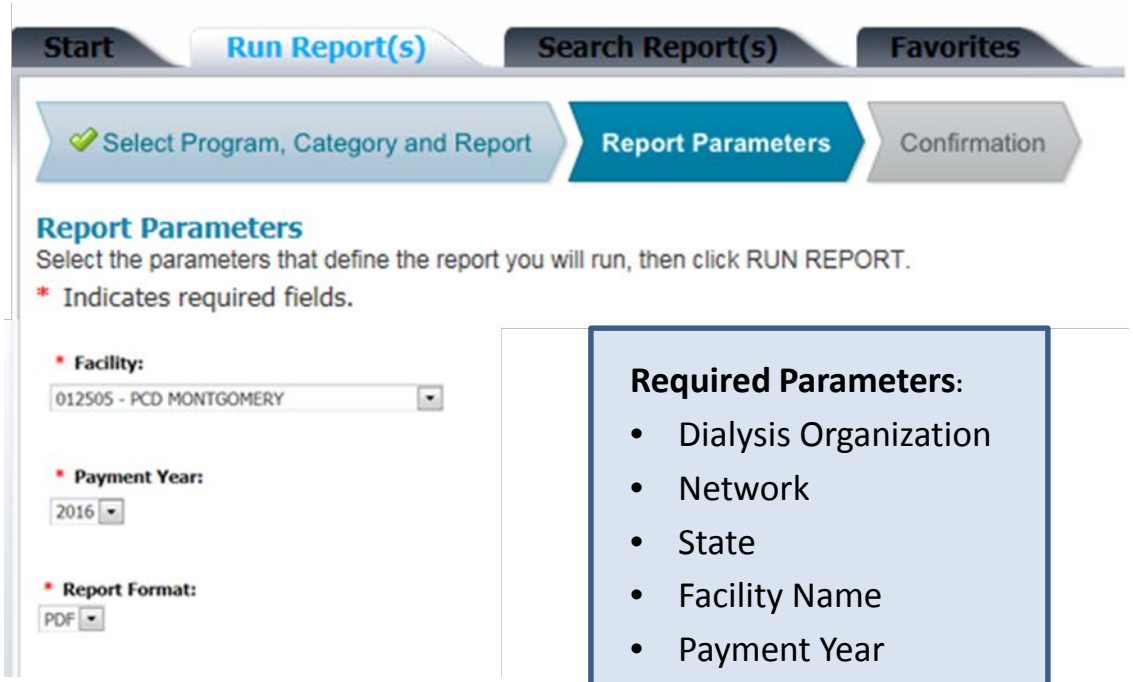
1. Select **Report Program**
2. Select **Report Category**
3. Click **View Reports**



4. Click **Report Name**

Download a PSR

- Choose **Report Parameters**



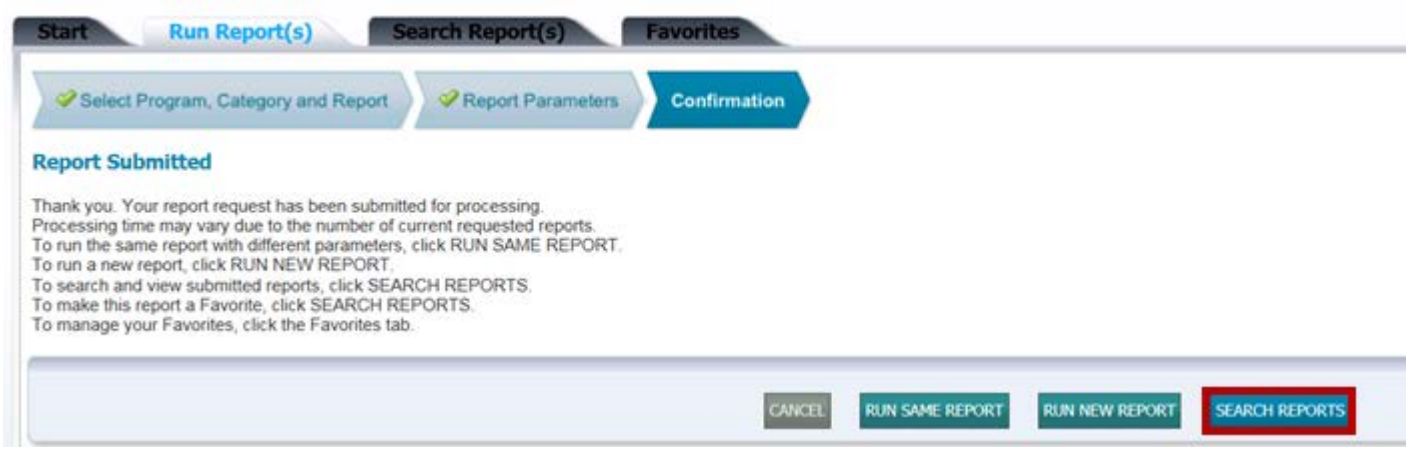
Required Parameters:

- Dialysis Organization
- Network
- State
- Facility Name
- Payment Year
- Report Format

- Click **Run Report**

Download a PSR

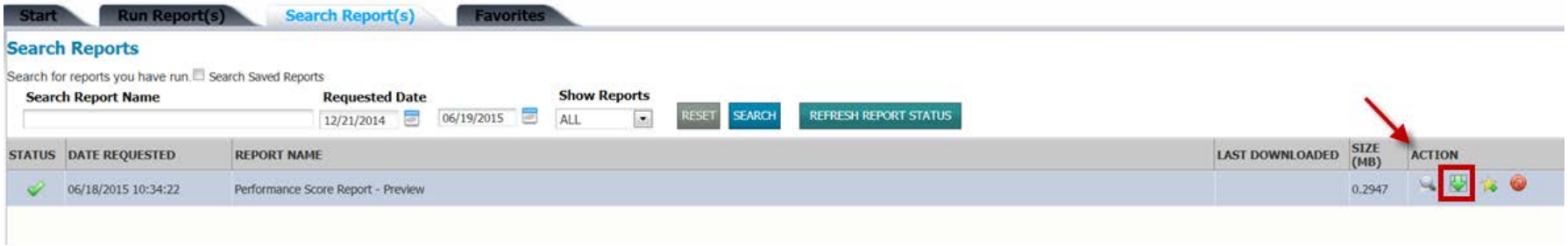
- View report **Confirmation**
- Click **Search Reports**



Download a PSR

On the Search Reports screen

- Click the **Download Icon**

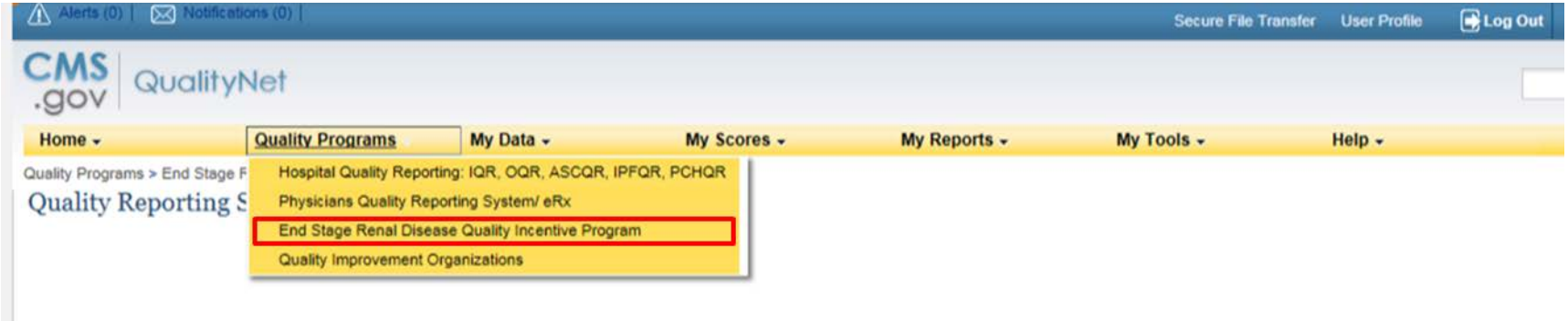


- Choose **Open** or **Save** the report

Submit an Inquiry

For the Facility Point of Contact:

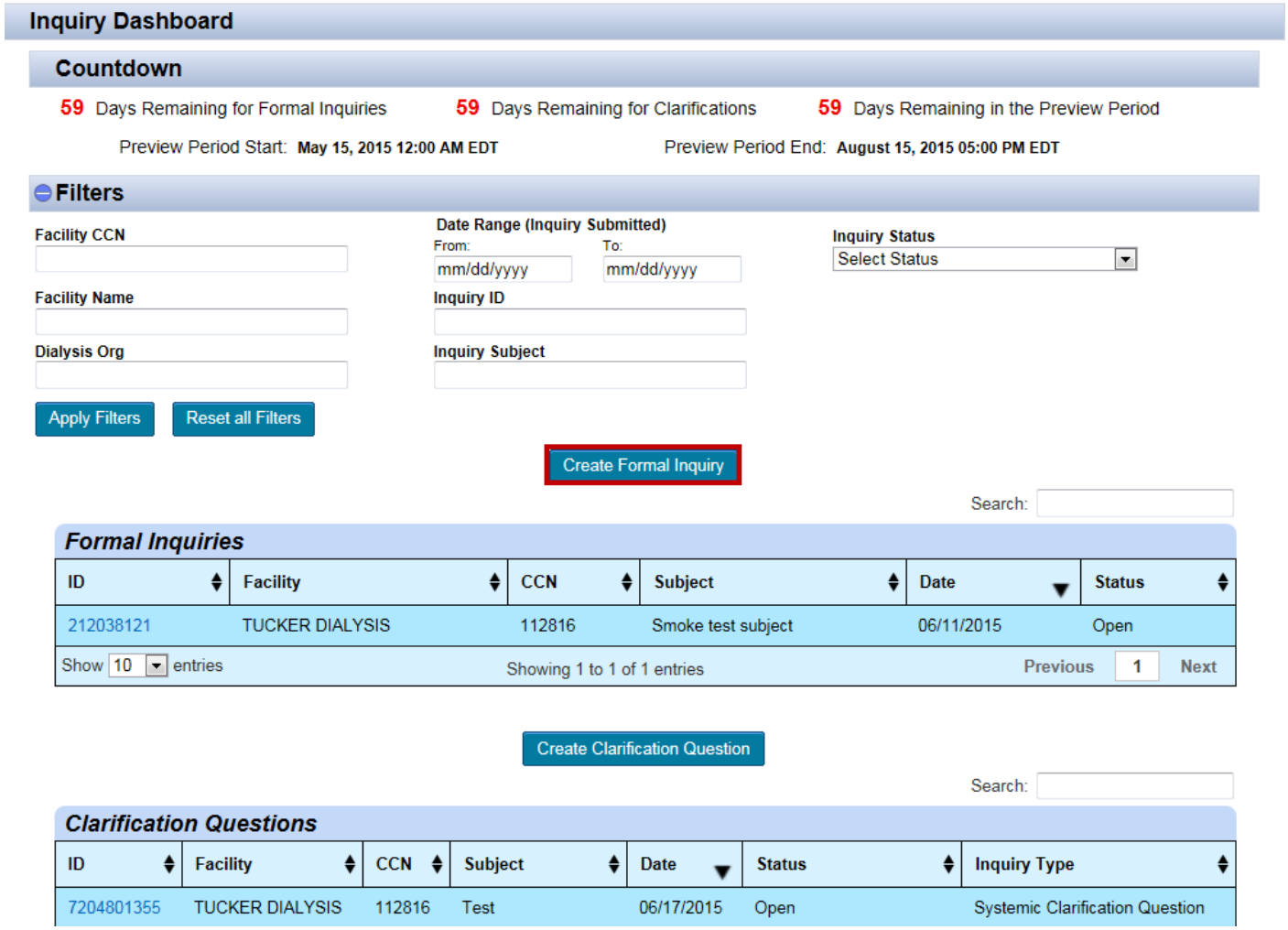
- Click the **Quality Programs** drop-down
- Choose **End Stage Renal Disease Quality Incentive Program**



- Click **Analysis** to display the **Inquiry Dashboard**

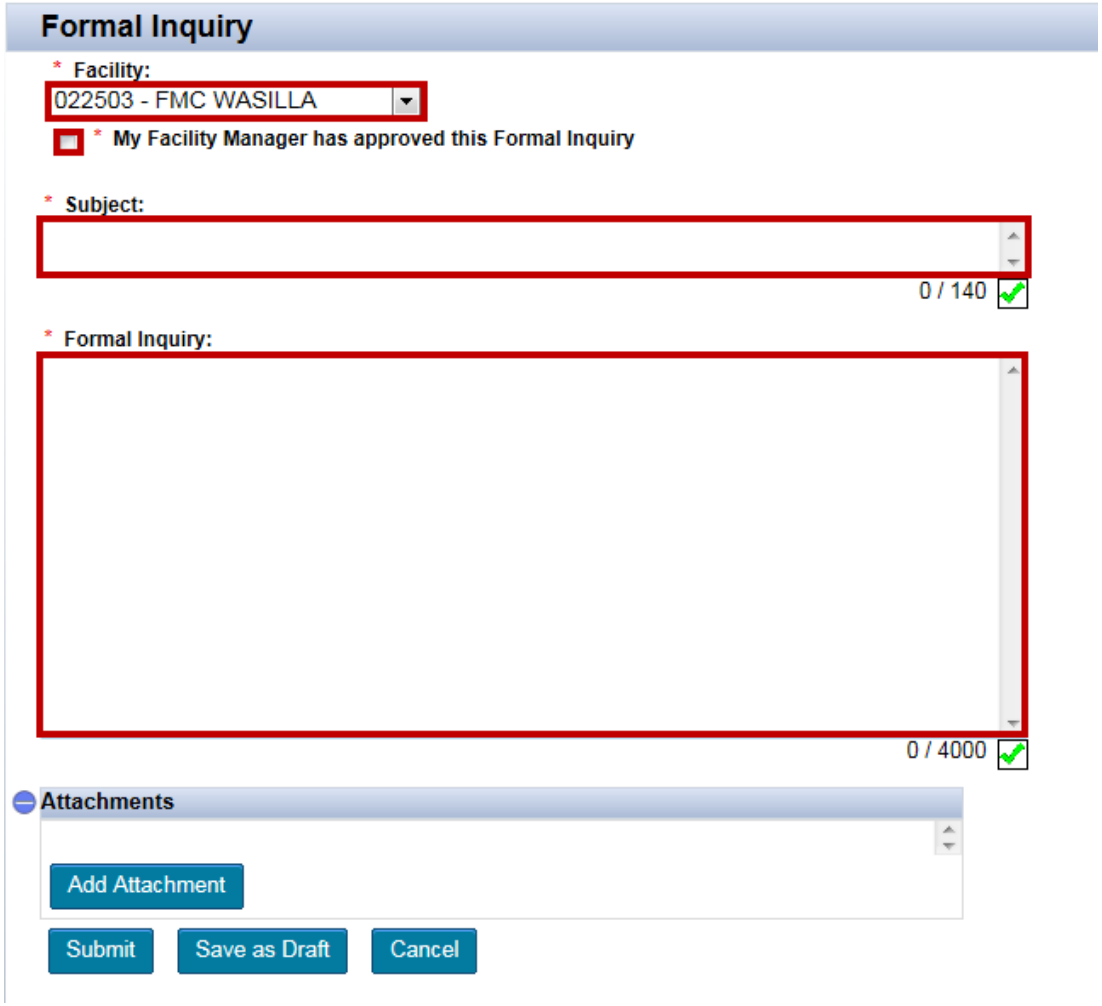
Submit an Inquiry

On the Inquiry Dashboard, click **Create Formal Inquiry**



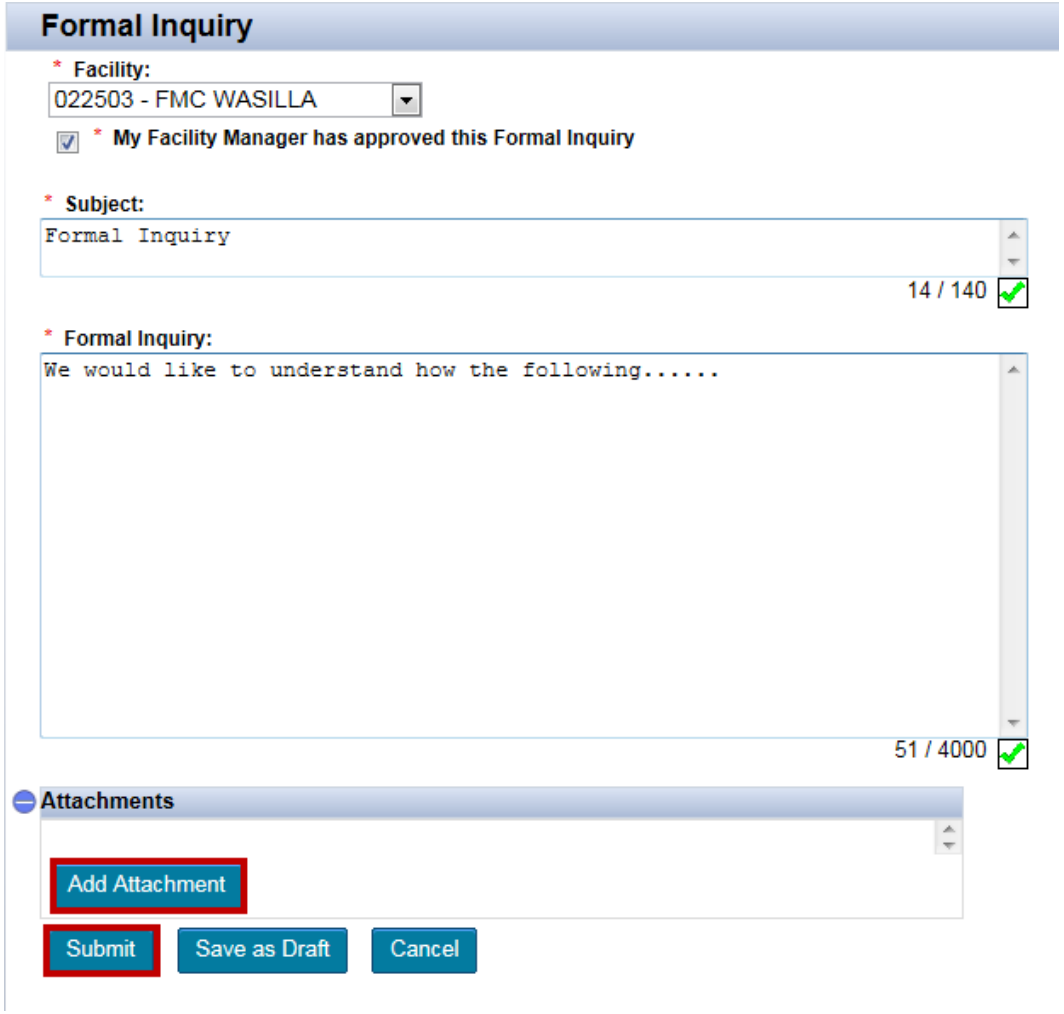
Submit a Formal Inquiry

- Click **Create Formal Inquiry**
- Choose Facility
- Click box for manager approval
- Enter Subject
- Enter text of inquiry



Submit a Formal Inquiry

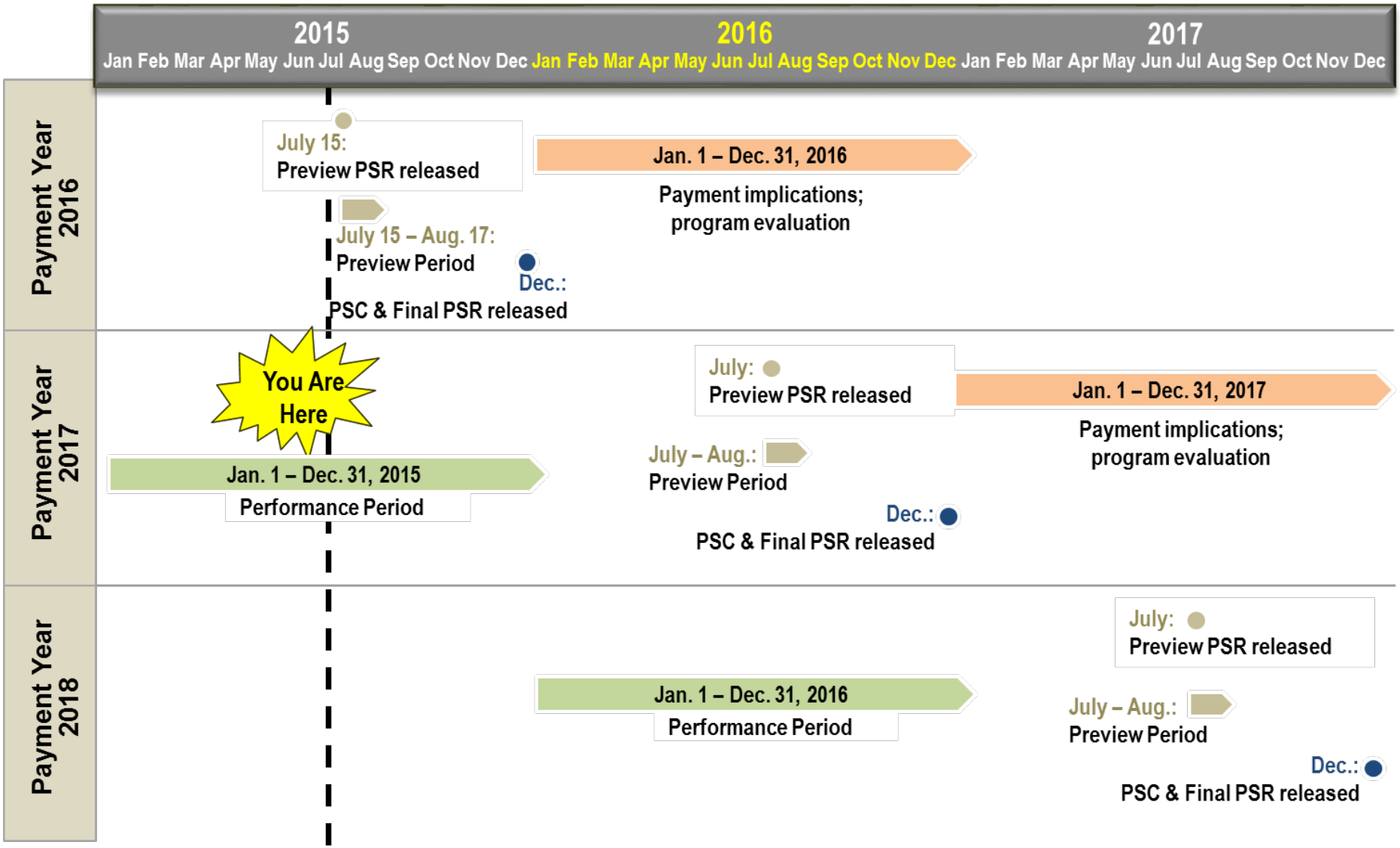
- Click **Add Attachment** (optional)
- Click **Submit**



Follow-Up Activities and Responsibilities

Tamyra Garcia

ESRD QIP Critical Dates and Milestones



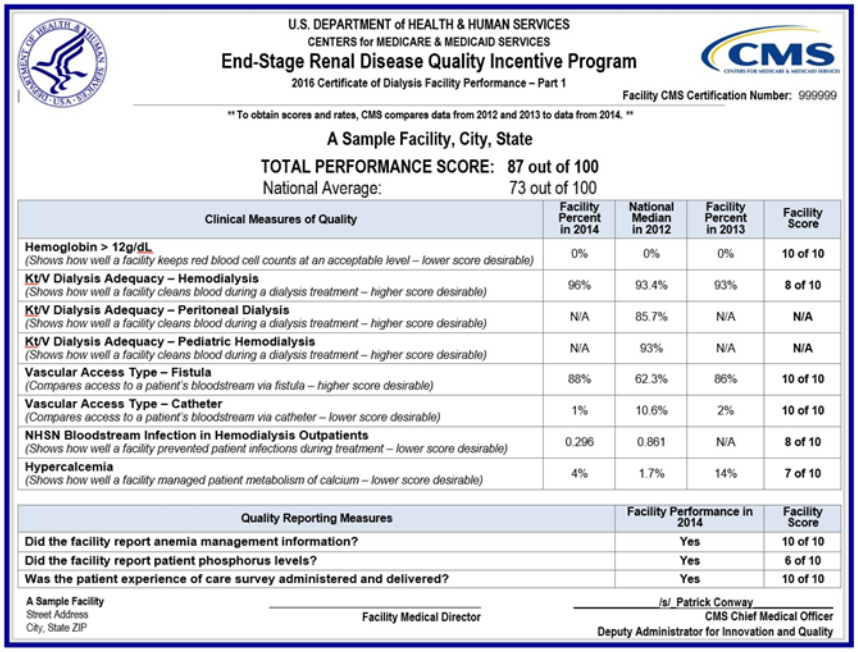
Activities Following the Preview Period

- **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 2015, each facility's Performance Score Certificate (PSC) will be posted for download on the ESRD QIP system**
- **By the end of January 2016, 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, 2016**, 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

2016 Certificate of Dialysis Facility Performance – Part 1

Facility CMS Certification Number: 999999

** To obtain scores and rates, CMS compares data from 2012 and 2013 to data from 2014. **

A Sample Facility, City, State

TOTAL PERFORMANCE SCORE: 87 out of 100
National Average: 73 out of 100

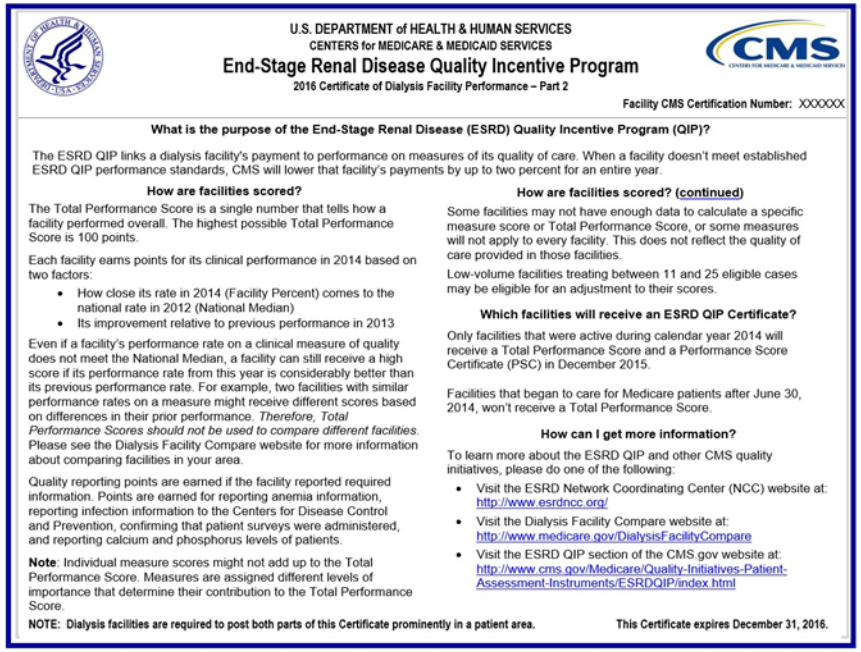
Clinical Measures of Quality	Facility Percent in 2014	National Median in 2012	Facility Percent in 2013	Facility Score
Hemoglobin > 12g/dL *(Shows how well a facility keeps red blood cell counts at an acceptable level – lower score desirable)*	0%	0%	0%	**10 of 10**
Kt/V Dialysis Adequacy – Hemodialysis *(Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)*	96%	93.4%	93%	**8 of 10**
Kt/V Dialysis Adequacy – Peritoneal Dialysis *(Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)*	N/A	85.7%	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	93%	N/A	**N/A**
Vascular Access Type – Fistula *(Compares access to a patient's bloodstream via fistula – higher score desirable)*	88%	62.3%	86%	**10 of 10**
Vascular Access Type – Catheter *(Compares access to a patient's bloodstream via catheter – lower score desirable)*	1%	10.6%	2%	**10 of 10**
NHSN Bloodstream Infection in Hemodialysis Outpatients *(Shows how well a facility prevented patient infections during treatment – lower score desirable)*	0.296	0.861	N/A	**8 of 10**
Hypercalcemia *(Shows how well a facility managed patient metabolism of calcium – lower score desirable)*	4%	1.7%	14%	**7 of 10**

Quality Reporting Measures	Facility Performance in 2014	Facility Score
Did the facility report anemia management information?	**Yes**	**10 of 10**
Did the facility report patient phosphorus levels?	**Yes**	**6 of 10**
Was the patient experience of care survey administered and delivered?	**Yes**	**10 of 10**

A Sample Facility
Street Address
City, State ZIP

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

2016 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 2014 based on two factors:

- How close its rate in 2014 (Facility Percent) comes to the national rate in 2012 (National Median)
- Its improvement relative to previous performance in 2013

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 calcium 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 2014 will receive a Total Performance Score and a Performance Score Certificate (PSC) in December 2015.

Facilities that began to care for Medicare patients after June 30, 2014, 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, 2016.

Recap: Facility Responsibilities

- **Establish your QIMS account to access** QualityNet.org **and ESRD QIP 1.0.0**
- **Facilities and Networks can access their Preview PSRs beginning July 15**
  - Recommendation: Submit clarification questions by August 1 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
- **Preview Period ends August 17 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 2015 payment reductions applied** (January 1 – December 31, 2015)
- **PY 2016 Preview Period** (July 15 – August 17, 2015)
- **PY 2017 Performance Period** (January 1 – December 31, 2015)
- **PY 2019 Rulemaking**
  - Proposed rule published (displayed June 26, 2015)
  - 60-day comment period (ends August 25, 2015)
  - Final rule published (November 2015)
- **PY 2016 PSC** available for download mid-December 2015; post within 15 business days

PY 2016 payment reductions are effective January 1, 2016

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
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
QIMS	QualityNet Identity Management System
QIP	Quality Incentive Program
TPS	Total Performance Score
VAT	Vascular Access Type

A Message from the CMS Provider Communications Group

Aryeh Langer

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