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**Calendar Year (CY) 2018 End-Stage Renal Disease (ESRD)
Prospective Payment System (PPS) Final Rule:
Overview of ESRD Quality Incentive Program (ESRD QIP) Standards**

February 22, 2018

Acronyms in this Presentation

Acronym	Definition
AKI	Acute kidney injury
AVF	Arteriovenous fistula
BSI	Bloodstream infection
CCN	CMS Certification Number
CCSQ	Center for Clinical Standards and Quality
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
DQM	Division of Quality Measurement
DVIQR	Division of Values, Incentives, and Quality Reporting [CMS]
ECE	Extraordinary Circumstances Exception
ESRD	End-Stage Renal Disease
HCP	Healthcare personnel
HHS	Department of Health and Human Services
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Programs and Systems
MIPPA	Medicare Improvements for Patients and Providers Act of 2008

Acronym	Definition
mTPS	Minimum Total Performance Score
NHSN	National Healthcare Safety Network [CDC]
NPRM	Notice of Proposed Rulemaking
NQF	National Quality Forum
OGC	Office of General Counsel [CMS]
PAMA	Protecting Access to Medicare Act of 2014
PPS	Prospective Payment System
PSC	Performance Score Certificate
PY	Payment Year
QIP	Quality Incentive Program
QMVIG	Quality Measurement and Value-Based Incentives Group
SHR	Standardized Hospitalization Ratio
SRR	Standardized Readmission Ratio
SSA	Social Security Act of 1935
STrR	Standardized Transfusion Ratio
TPS	Total Performance Score
VAT	Vascular Access Type
VBP	Value-Based Purchasing programs [CMS]



Presenters

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CMS Strategic Goals



The CMS strategy will be built on one main goal: **PUT PEOPLE FIRST**

- 1 Empower patients and doctors to make decisions about their health care**
 - Reduce burdensome regulations so that doctors and providers can focus on providing high-quality healthcare to their patients.
 - Put policies in place that build a patient-centered system of care that increases competition, quality, and access.
 - Empower patients to take ownership of their health and ensure that patients have the flexibility and information to make choices as they seek care.
- 2 Usher in a new era of state flexibility and local leadership**
 - Provide states and local communities flexibility so they can design innovative, fiscally responsible programs that best meet their citizens' unique needs.
 - Hold states accountable for achieving outcomes and results.
- 3 Support innovative approaches to improve quality, accessibility, and affordability**
 - Use data-driven insights to ensure cost effective care that also leads to improvements in patient outcomes.
 - Leverage technology to prevent and identify waste, fraud, and abuse so that taxpayer dollars can focus on providing high-quality care to beneficiaries.
- 4 Improve the CMS customer experience**
 - Provide patients and providers with the tools and information they need to make decisions that work best for them.
 - Empower states with their efforts to drive innovation to improve quality and health outcomes.



- The Centers for Medicare and Medicaid Services (CMS) Strategy is built on one main goal: **Put People First**
- CMS will achieve its main goal by meeting four strategic goals:
 1. Empower patients and doctors to make decisions about their healthcare
 2. Usher in a new era of state flexibility and local leadership
 3. Support innovative approaches to improve quality, accessibility, and affordability
 4. Improve the CMS customer experience



Purpose

- This presentation will provide participants with an overview of the policies finalized in the CY 2018 ESRD PPS final rule (published on November 1, 2017) related to the ESRD QIP.



Objectives

Participants will be able to perform the following:

- Locate the CY 2018 ESRD PPS final rule text
- Identify changes from the CY 2018 ESRD PPS proposed rule
- Describe changes to the PY 2019 and PY 2020 ESRD QIP programs
- Describe the finalized policies for the PY 2021 program



ESRD QIP Overview

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ESRD QIP at a Glance

- Established by Section 1881(h) of the Social Security Act
 - Amended by MIPPA and PAMA
- Incentivizes high quality care in outpatient dialysis facilities
 - Adjusts payment by up to 2% for facilities that fail to meet performance standards on established quality measures

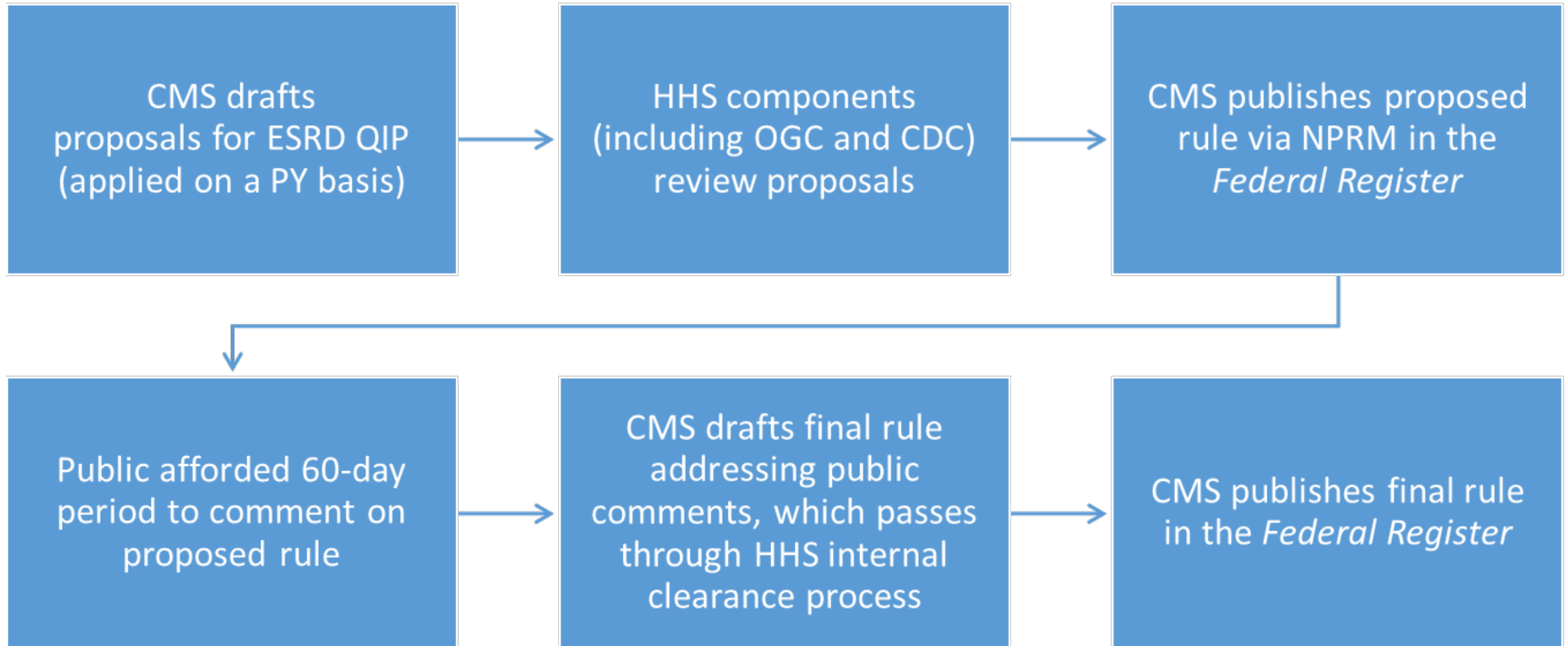


Current Measures

	PY 2019	PY 2020
Clinical Measures	ICH CAHPS Standardized Readmission Ratio Kt/V Dialysis Adequacy (comprehensive) Standardized Transfusion Ratio Vascular Access Type Measure Topic (fistula, catheter) Hypercalcemia	ICH CAHPS Standardized Readmission Ratio Kt/V Dialysis Adequacy (comprehensive) Standardized Transfusion Ratio Vascular Access Type Measure Topic (fistula, catheter) Hypercalcemia Standardized Hospitalization Ratio
Safety Measures	NHSN BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting)	NHSN BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting)
Reporting Measures	Mineral Metabolism Anemia Management Pain Assessment and Follow-Up Clinical Depression Screening and Follow-Up NHSN Healthcare Personnel Influenza Vaccination	Serum Phosphorus Anemia Management Pain Assessment and Follow-Up Clinical Depression Screening and Follow-Up NHSN Healthcare Personnel Influenza Vaccination Ultrafiltration Rate
Performance Period	CY 2017 (NHSN HCP reporting measure: 10/1/2016 – 3/31/2017)	CY 2018 (NHSN HCP reporting measure: 10/1/2017 – 3/31/2018)



ESRD QIP Rule Development



CY 2018 ESRD PPS Final Rule: ESRD QIP Policies

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Impact of the Comment Period

- Approximately 58 public comments on the CY 2018 ESRD PPS Proposed Rule
- Public feedback incorporated in Final Rule policies, including:
 - Performance Score Certificate simplification
 - Correction to Minimum Data Policy table for PY 2020 Scoring Measures
 - Updates to Extraordinary Circumstances Exception Policy
 - Replacement of Vascular Access Type measures for PY 2021
 - Correction to Ultrafiltration Rate Reporting Measure weighting



PY 2019 Change – Simplifying the Performance Score Certificate

- **Goal: Simplify language and improve readability**

Previously Finalized PSC Elements and Requirements:

- Facility TPS
- Comparison to national average TPS
- Facility information
- English and Spanish versions posted in hard copy
- Performance results on each measure
- Comparison of facility results to national median on each clinical measure

Revised PSC Elements and Requirements:

- Facility TPS
- Comparison to national average TPS
- Facility information
- English and Spanish versions posted in hard copy



PY 2020 Changes

- Clarify the Minimum Data Policy for scoring measures
- Expanded the ECE policy
- Enhance NHSN Data Validation Study
- Finalized performance standards values for clinical measures
- Finalized mTPS and payment reductions



PY 2020 – Clarify the Minimum Data Policy for Scoring Measures

- **Prior policy:** Determine eligibility by number of months the facility is open following its CCN Open Date
 - CY 2017 ESRD PPS Final Rule (issued last November) misapplied this standard for some PY 2020 measures
- **Final policy:** Revised eligibility data for PY 2020 measures to conform to previously-adopted policy
 - No changes adopted to underlying methods to determine minimum number of cases for measure eligibility, or to score facilities on measures
 - Corrected to count the number of months the facility is open on the first day of the month after the facility's CCN Open Date.
- See Final Rule (82 FR 50761) for a detailed table of proposed minimum data requirements, CCN Open Dates, and small-facility adjusters for PY 2020 measures



PY 2020 – Expanded the ECE Policy

Goals:

- Align with other programs
- Increase facility flexibility
- Respond to facility/stakeholder concerns

Element	Current Policy	Change
Authorizing ECE Form	CEO only	CEO and “designated personnel”
Grounds to Request ECE	Facility must be closed	<ul style="list-style-type: none">• Open facilities may now apply for an ECE• Extenuating circumstances for data reporting• Operations “significantly affected ... beyond the control” of the facility



PY 2020 – Enhance NHSN Data Validation Study

Goals:

- Collect data that is more representative of facilities
- Include high-performing facilities as well as facilities at risk of underreporting
- Identify difficulties facilities have with reporting complete and accurate infection data to NHSN

Element	Current Policy	Change
Method to select participating facilities	Random selection	Ensure “more representative sample” of facilities, including high-performing facilities as well as those at risk of underreporting



Finalized PY 2020 Performance Standards Values

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard (50th percentile)
VAT Measure Topic			
• AVF	53.95%	79.90%	65.98%
• Catheter*	17.22%	3.11%	9.40%
Kt/V Dialysis Adequacy	91.09%	98.56%	95.64%
Hypercalcemia*	2.41%	0.000%	0.86%
NHSN BSI*	1.598	0.000	0.740
SRR*	1.273	0.629	0.998
STrR*	1.444	0.429	0.889
SHR*	1.249	0.670	0.967

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



Finalized PY 2020 Performance Values (continued)

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard (50th percentile)
ICH CAHPS Survey			
• Nephrologists' Communication and Caring	57.36%	78.09%	67.04%
• Quality of Dialysis Center Care and Operations	53.14%	71.52%	61.22%
• Providing Information to Patients	73.31%	86.83%	79.79%
• Overall Rating of Nephrologists	49.33%	76.57%	62.22%
• Overall Rating of Dialysis Center Staff	48.84%	77.42%	62.26%
• Overall Rating of the Dialysis Facility	52.24%	82.48%	66.82%



PY 2020 – Finalized Payment Reductions

The mTPS is calculated by scoring:

- Each clinical measure at the national performance standard for 2016
- Each reporting measure equal to the mean of the median scores achieved by all facilities on the PY 2018 reporting measures

The finalized PY 2020 mTPS is 59 points

Finalized payment reduction scale:

Facility TPS	Payment Reduction Percentage
100 – 59	0%
58 – 49	0.5%
48 – 39	1.0%
38 – 29	1.5%
28 – 0	2.0%



Changes Impacting PY 2021

Replacement of VAT Clinical Measures

- To better align with NQF standards updated in 2016, we finalized the replacement of the existing VAT measures with:
 - Hemodialysis Vascular Access Standardized Fistula Rate Clinical Measure (NQF #2977)
 - Hemodialysis Vascular Access: Long- Term Catheter Rate Clinical Measure (NQF #2978)

Revision of STrR Clinical Measure

- The finalized change to the STrR aligns the Program's measure specifications with those endorsed by NQF in 2016 (NQF #2979).
- The updated specifications contain a more restricted definition of transfusion events than is used in the current STrR measure.



Overview of PY 2021 Measures

Clinical Measure Domain – 75% of TPS

Patient and Family Engagement/ Care Coordination Subdomain – 40% of Clinical Measure Domain score

1. ICH CAHPS
2. SRR

Clinical Care Subdomain – 60% of Clinical Measure Domain score

- ★1. STrR
 2. Kt/V Dialysis Adequacy (comprehensive)
- VAT Measure Topic:
- ★3. Standardized Fistula Rate
 - ★4. Long-Term Catheter Rate
 - 5. Hypercalcemia
 - 6. SHR

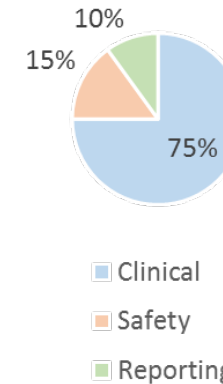
Safety Measure Domain – 15% of TPS

NHSN BSI Measure Topic:

1. NHSN Bloodstream Clinical
2. NHSN Reporting

Reporting Measure Domain – 10% of TPS

1. Serum Phosphorus
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination
6. Ultrafiltration Rate



★ Revision or replacement measure for PY 2021



PY 2021 Scoring/Payment Reduction Method

CLINICAL	
Subdomain	Measures
Patient and Family Engagement/ Care Coordination (40%)	ICH CAHPS Survey SRR
Clinical Care (60%)	STrR ★
	KtV Dialysis Adequacy
	VAT Measure Topic { Standardized Fistula Rate ★ Long-Term Catheter Rate ★
	Hypercalcemia
	SHR

SAFETY	
NHSN BSI Measure Topic	{ NHSN Bloodstream Clinical NHSN Reporting

REPORTING	
Serum Phosphorus	
Anemia Management	
Pain Assessment and Follow-Up	
Clinical Depression Screening and Follow-Up	
NHSN Healthcare Personnel Influenza Vaccination	
Ultrafiltration Rate	

Total Category Weight

= 75%

+

= 15%

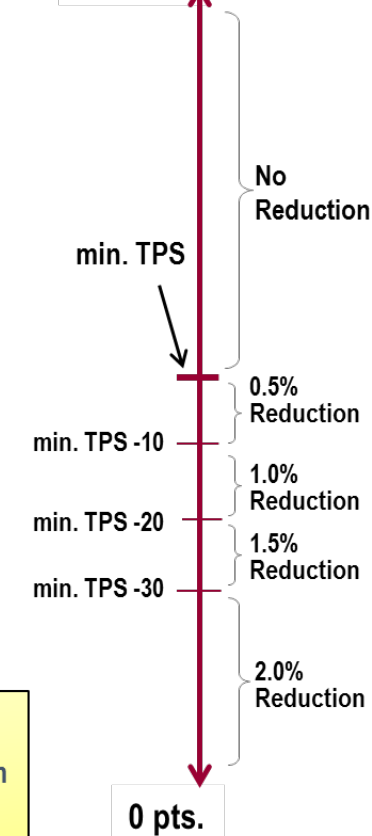
+

= 10%

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

Payment Reduction Percentage

100 pts.



★ Revision or replacement measure for PY 2021



Sought Comments On Future Measures to Include AKI Patients

- Beginning January 1, 2017, renal dialysis services provided by renal dialysis facilities as defined under Section 1881(b)(14)(B) of the SSA are also covered for patients with AKI
- This change gives ESRD QIP the authority to collect data on patients with AKI, as well as patients with ESRD
- Nevertheless, facilities are NOT required to report AKI patient data for any ESRD QIP measure at this time
- CMS sought comments on several policy questions about AKI patients, and will continue collecting information on AKI patients while considering its policy options
 - Some commenters supported AKI patients' inclusion in the ESRD QIP based on increasing AKI incidence.
 - Some other commenters did not believe we should include AKI patients in the ESRD QIP and recommended that we continue collecting AKI data before making any proposals on this topic.



Sought Comments: Accounting for Social Risk Factors

- CMS sought comments on reducing care disparities and altering risk adjustment to account for social risk factors in ESRD QIP.
 - Commenters argued that ESRD patients are disproportionately affected by social risk factors and that any additional risk adjustment must not mask disparities in care provision
 - Commenters supported additional research to examine costs of caring for beneficiaries with social risk factors
- CMS will continue studying the issue, and will consider the feedback in future rulemaking.



Question & Answer Session

ESRD QIP Q&A Tool on QualityNet



Resources

- [CY 2018 ESRD PPS Final Rule](#)
(includes ESRD QIP PY 2021 Final Rule)
- [ESRD QIP Section of CMS.gov](#)
 - [Technical Specifications for PY 2021 Final Measures](#)
- [ESRD QIP Section on QualityNet](#)
- [MIPPA](#)
- [Dialysis Facility Compare](#)
- [National Coordinating Center](#)



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