

Preview of Payment Year 2020 Proposed Rule

The Centers for Medicare & Medicaid Services (CMS) uses a variety of levers to support its Three-Part Aim and the six domains of care based on the National Quality Strategy (NQS). Those levers include:

- Continuous quality improvement (CQI) efforts;
- Transparency and robust public reporting;
- Coverage and payment decisions;
- Payment incentives;
- Conditions for coverage; and
- Grants, demonstrations, pilots, and research.

CMS strives to ensure that all of these complex levers work in concert in order to improve the quality and cost efficiency of national dialysis care for all beneficiaries. These various levers share a common goal—the provision of cost-efficient and clinically effective patient care—and they ideally complement each other to these ends. The End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) provides an important lever for safety, value, and quality for CMS.

The ESRD QIP promotes high-quality care delivered by outpatient dialysis facilities treating patients with ESRD. The first of its kind in Medicare, this program changes the way CMS pays for the treatment of ESRD patients by linking a portion of payment directly to facilities' performance on quality care measures. The ESRD QIP will reduce payments to ESRD facilities that do not meet or exceed certain performance standards.

For more information about the program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html>. If you have questions about the program after reviewing this content, you may reach the CMS ESRD QIP staff by emailing ESRDQIP@cms.hhs.gov.

Please note that this document is an informal reference only, and does not constitute official CMS guidance. Please refer to the implementing regulations.

Introduction to the Payment Year 2020 Proposed Rule

CMS has released a proposed rule for the ESRD QIP for Payment Year (PY) 2020 as part of the ESRD Prospective Payment System (PPS) rulemaking for Calendar Year (CY) 2017. The purpose of this fact sheet is to provide information to dialysis facilities and other interested parties regarding the contents of the proposed rule, as well as details for supplying feedback to CMS about these provisions during the 60-day comment period.

Established in accordance with Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), the ESRD QIP is designed to encourage high-quality care for dialysis patients. As a result of performance on quality measures, eligible dialysis facilities that earn a performance score that does not meet or exceed the minimum Total Performance Score (TPS) are subject to a payment reduction of up to 2% on Medicare claims during the payment year.

The public will have the opportunity to comment on the proposed rule before it is finalized later this year. Patients, facilities, and other stakeholders are strongly encouraged to review the proposed rule and provide comments no later than August 23, 2016.

In addition to this fact sheet, CMS plans to release an informational video about this proposed rule through the Medicare Learning Network (MLN) YouTube channel.

Proposed Revisions to PY 2019 Program

The scope of this proposed rule includes a significant change for the PY 2019 program. CMS proposes to reintroduce the National Healthcare Safety Network (HNSN) Dialysis Event reporting measure, and to create a third domain of measures.

NHSN Dialysis Event Reporting Measure

CMS first implemented this measure in PY 2014 in part to gather data that was used to create the related clinical measure, which began in PY 2016. Starting with PY 2019, CMS proposes to reintroduce this reporting measure as established for PY 2015 in an effort to address tradeoffs associated with incentivizing facilities to report monthly dialysis event data and to accurately report such data.

Proposed Safety Measure Domain

CMS proposes to combine this reintroduced reporting measure with the current NHSN Bloodstream Infection (BSI) clinical measure into a new NHSN BSI measure topic, which will make up the new Safety Measure Domain. Combining these two measures into a single measure topic simplifies the process of weighting each of the two measures; incentives from one measure simply are reallocated to the other if new evidence suggests that the incentives are not properly balanced to optimize both reporting of data and prevention of infections. The creation of the new Safety Measure Domain also removes the Safety subdomain from the list of clinical measure subdomains finalized last year.

To account for the new domain, CMS proposes to distribute the weights of the measure domains to 75% for the Clinical Measure Domain, 15% for the new Safety Measure Domain, and 10% for the Reporting Measure Domain. Facilities will receive a TPS as long as they are eligible for at least one measure in the Clinical Measure Domain and one measure in the Reporting Measure Domain.

The following figure illustrates the makeup of the PY 2019 program in the event that this proposal is adopted by CMS in the final rule.

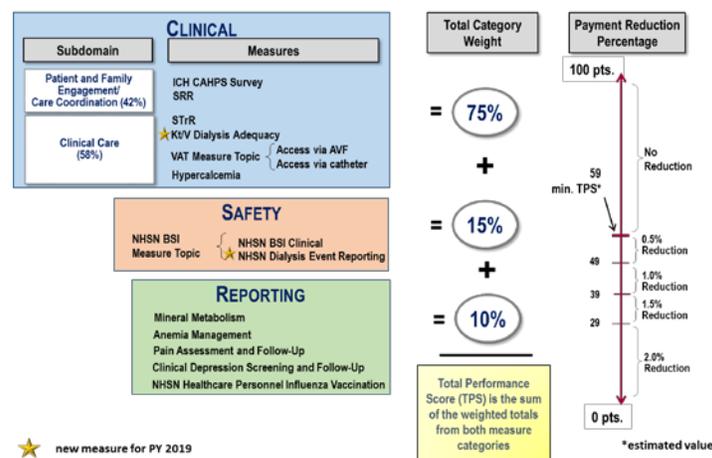


Figure 1: Proposed Revised PY 2019 Scoring and Payment Reduction Methodology

Proposed PY 2020 Program

Overview

This portion of the proposed rule covers payment reductions that will be applied in 2020, based on facility performance in 2018. CMS proposes clinical, safety, and reporting measures encompassing anemia management, dialysis adequacy, vascular access type, patient experience of care, infections, mineral metabolism management, pain management, depression management, hospital admissions, and readmissions.

Proposed Clinical Measures

In addition to the seven measures established for PY 2019, CMS proposes to add the Standardized Hospitalization Ratio (SHR) clinical measure. Under the proposal, the Clinical Measure Domain will make up 80% of a facility's TPS.

- The Patient and Family Engagement/Care Coordination subdomain, accounting for 40% of the Clinical Measure Domain score, includes the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) measure and the Standardized Readmission Ratio (SRR) measure.
- The Clinical Care subdomain, accounting for 60% of the Clinical Measure Domain score, includes the Standard Transfusion Ratio (STrR) measure, the comprehensive Kt/V Dialysis Adequacy measure, the two Vascular Access Type measures, the Hypercalcemia measure, and the new SHR measure.

Proposed Safety Measures

CMS proposes to continue the Safety Measure Domain described earlier. The NHSN BSI measure topic combines the clinical measure with the related reporting measure, and will make up 10% of a facility's TPS.

Proposed Reporting Measures

The proposed rule includes six reporting measures. Continuing from PY 2019 are the Anemia Management, Pain Assessment and Follow-Up, Clinical Depression Screening and Follow-Up, and NHSN Healthcare Personnel Influenza Vaccination reporting measures. CMS proposes to add the Ultrafiltration Rate reporting measure. It also proposes to replace the existing Mineral Metabolism reporting measure with a Serum Phosphorus reporting measure that uses CROWNWeb data instead of claims. According to the proposed rule, the reporting measures collectively will make up the final 10% of a facility's TPS.

Proposed Scoring Structure

The proposed rule's scoring structure is the same as that established for earlier PYs. The TPS can range from 0 to 100 points. CMS will calculate the minimum TPS required to avoid a payment reduction by scoring:

- Each clinical measure at the national performance standard for 2016; and
- Each reporting measure equal to the 50th percentile of facility performance achieved by all facilities on the four PY 2018 reporting measures.

Generally, a facility will earn points on applicable clinical measures by comparing its performance during 2018 either to (1) a national standard based on 2016 data (the "achievement score") or (2) its own performance during 2017 (the "improvement score"). CMS will apply the better of the two scores when computing the TPS. Facilities will be scored on their achievement score alone if CMS is unable to calculate an improvement score due to insufficient baseline period data.

For purposes of calculating clinical measure topic scores for the TPS, the individual measure score(s) applicable to a given facility will be weighted to create a single score for the measure topic.

Facilities will be scored on reporting measures according to a points system established for each measure.

Facilities will receive a TPS as long as they are eligible for at least one measure in the Clinical Measure Domain and one measure in the Reporting Measure Domain. In other words, facilities do not need to receive a score on one or more measures in the Safety Domain to receive a TPS.

The following figure illustrates the makeup of the PY 2020 program in the event as proposed.

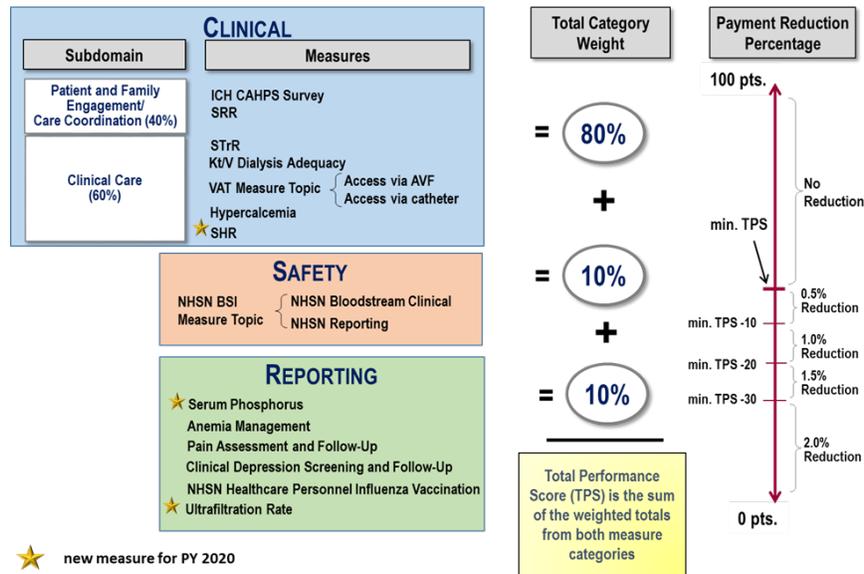


Figure 2: Proposed PY 2020 Scoring and Payment Reduction Methodology

Additional Programmatic Proposals

The scope of this proposed rule encompasses program changes in addition to the specific PY 2019 and PY 2020 elements described earlier.

Revised Hypercalcemia Clinical Measure

Beginning with the PY 2018 ESRD QIP, CMS proposes to update this measure to ensure that it remains in alignment with specifications endorsed by the National Quality Forum (NQF) and with the requirements of the Protecting Access to Medicare Act of 2014 (PAMA). The update includes plasma as an acceptable substrate along with serum calcium. It also provides that patient-months with missing values in the reporting month and the two months prior are included in the denominator and numerator alike, which serves to minimize any incentive favoring non-measurement of serum calcium in the preceding three months.

CROWNWeb Data Validation

The proposed rule continues CMS's actions to ensure that facilities enter valid data into CROWNWeb. CMS proposes to sample approximately 10 medical records each from 300 facilities during 2017; facilities will have 60 calendar days to provide those records. CMS proposes to deduct 10 points from the TPS of noncompliant facilities. In addition, once CMS adopts a methodology for validating CROWNWeb data, it will consider basing payment reductions in part on whether a facility has met data-validation standards.

NHSN Data Validation

Likewise, the proposed rule continues CMS’s actions to ensure that facilities enter valid data into NHSN. CMS proposes to increase the size of the study by sampling approximately 10 medical records each from 35 randomly selected facilities (an increase from 9 facilities, as finalized in 2015) during two quarters of data reported in 2017; it also proposes to request medical records for all patients with “candidate events” during the evaluation period. Facilities will have 30 calendar days to provide those records. CMS proposes to deduct 10 points from the TPS of noncompliant facilities.

Comment Period and the Commenting Process

Upon posting of the proposed rule, the public has a 60-day period in which to submit comments on the proposal. CMS welcomes comments on any portion of the proposed rule, as well as suggestions for future program elements. Comments may be posted online via www.regulations.gov; they also may be delivered in hard copy by standard mail, express/overnight mail, or hand delivery. CMS will review the comments it receives when composing the PY 2020 final rule, which will be published in November.

Call-In Sessions—Payment Year 2020 Proposed Rule

CMS plans to hold two webinar-based “call-in sessions” during which facilities and other stakeholders in the ESRD community can ask clarifying questions with regard to the proposed rule. These discussions will be recorded and made available shortly after the sessions.

Stakeholder Checklist for the ESRD QIP PY 2020 Proposed Rule

✓	Date	Action
	June 26, 2016	Access and read the proposed rule, displayed on June 26 and published June 30 via the <i>Federal Register</i> , available at https://www.gpo.gov/fdsys/pkg/FR-2016-06-30/pdf/2016-15188.pdf
	August 4 and August 16, 2016 2:00 – 2:30 pm EDT	Register to participate in one of two webinar-based call-in sessions <ul style="list-style-type: none">• August 4: https://engage.vevent.com/index.jsp?eid=3536&seid=488• August 16: https://engage.vevent.com/index.jsp?eid=3536&seid=492
	by August 23, 2016 11:59 p.m. EDT	Comment on the various measures of the proposed rule
	November 2016	Access and read the PY 2020 final rule
	Early 2016	Attend CMS National Provider Call event discussing the PY 2020 final rule