

**Centers for Medicare & Medicaid Services
National Provider Call**

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

Payment Year 2015 Final Rule

**Wednesday, March 13, 2013
2:00 – 3:30pm EST**

Medicare Learning Network

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CMS Presenters

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- **Anita Segar, MBA, MSHCA**
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ESRD QIP Communications and M&E Lead
Division of ESRD, Population, and Community Health

Purpose

To provide an overview of the final rule for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Year (PY) 2015

This National Provider Call (NPC) will discuss:

- **ESRD QIP Legislative Framework**
- **Measures, Standards, Scoring, and Payment Reduction Scale for PY 2015**
- **Comparison of PY 2015 to PY 2014**
- **Available Resources**

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 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 encouraging 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 to create an ESRD QIP that will:**
 - Select measures
 - Establish performance standards that apply to individual measures
 - Specify the performance period for a given 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

From Rulemaking to Implementation

- **ESRD QIP rulemaking implements Section 1881(h)**
 - **Proposed rule / Notice of Proposed Rulemaking (NPRM):**
 - ❖ 77 Fed. Reg. 40,952 (July 11, 2012)
 - **60-day comment period ended August 31, 2012**
 - **Final rule:**
 - ❖ 77 Fed. Reg. 67,450 (November 9, 2012)

Proposed Rule Comments: Changes in the Final Rule

- **PY 2015 Comment Period: 7/1/2012 – 8/31/2012**
- **CMS received approximately 55 public comments about elements in the proposed rule**
- **Changes made in PY 2015 final rule:**
 - Did not finalize the Hypercalcemia clinical measure
 - Established a formula to incentivize incremental scoring on reporting measures
 - Applied 11-case minimum for reporting measures
 - Revised exclusions for reporting measures
 - Changed computation of minimum TPS to include points for reporting measures
 - Modified weighting for TPS:
 - Clinical measures: 75%
 - Reporting measures: 25%

PY 2015 Clinical Measures

Presenter:

Joel Andress

Clinical Measures: Summary

The PY 2015 final rule broadens the scope of the ESRD QIP to include three measure topics for a total of six clinical measures:

- **Anemia Management**
- **Kt/V Dialysis Adequacy measure topic**
 - Adult Hemodialysis
 - Adult Peritoneal Dialysis
 - Pediatric Hemodialysis
- **Vascular Access Type (VAT) measure topic**
 - Access via arteriovenous fistula (AVF)
 - Access via catheter for 90+ days

Scores for applicable clinical measure topics will be weighted equally to comprise 75% of the TPS

Clinical Measures: Anemia Management

- **Percentage of Medicare patients with a mean hemoglobin value greater than 12 g/dL**
 - Lower percentage on this measure indicates better care
- **Measure is unchanged from PY 2014**
- **Exclusions:**
 - Patients younger than 18
 - Patients on dialysis for fewer than 90 days
 - Patients who have not been treated with erythropoiesis-stimulating agents (ESA) during the claim month
 - Hemoglobin values less than 5
 - Hemoglobin values greater than 20
 - Patients with missing data
 - Patients not on chronic dialysis
 - Patients with fewer than 4 eligible claims at the facility

Clinical Measures: Kt/V Dialysis Adequacy Measure Topic

- **Replacing Urea Reduction Ratio (URR) to measure dialysis adequacy**
 - Expanding topic to include peritoneal dialysis and pediatric hemodialysis
- **The Kt/V Dialysis Adequacy measure topic has separate measures for:**
 - Adult hemodialysis patients (in-center and at home)
 - Adult peritoneal dialysis patients
 - Pediatric in-center hemodialysis patients
- **Higher percentages on each of these measures indicate better care**

Clinical Measures: Kt/V Measure

Topic – Adult Hemodialysis Measure

- **Percent of hemodialysis patient-months with spKt/V greater than or equal to 1.2**
- **Exclusions:**
 - Patients younger than 18 years
 - Patients on peritoneal dialysis
 - Patients on dialysis for fewer than 90 days
 - Patients dialyzing 4x or more per week
 - Patients dialyzing 2x or fewer per week
 - Patients with a spKt/V value less than 0.5
 - Patients with a spKt/V value greater than 2.5
 - Patients treated at the facility less than 2x during claim month
 - Patients not on chronic dialysis

Clinical Measures: Kt/V Measure

Topic – Adult Peritoneal Dialysis Measure

- **Percent of peritoneal patient-months with Kt/V greater than or equal to 1.7 (dialytic + residual) during 4-month study period**
- **Exclusions:**
 - Patients younger than 18 years
 - Patients on hemodialysis
 - Patients on dialysis for fewer than 90 days
 - Patients with a Kt/V value less than 0.5
 - Patients with a Kt/V value greater than 5.0
 - Patients not on chronic dialysis

Clinical Measures: Kt/V Measure

Topic – Pediatric Hemodialysis Measure

- **Percent of pediatric in-center hemodialysis patient-months with spKt/V greater than or equal to 1.2**
- **Exclusions:**
 - Patients 18 years or older
 - Patients on peritoneal dialysis
 - Patients on home hemodialysis
 - Patients on dialysis for fewer than 90 days
 - Patients with a spKt/V value less than 0.5
 - Patients with a spKt/V value greater than 2.5
 - Patients dialyzing 5x or more per week
 - Patients dialyzing 2x or fewer per week
 - Patients treated at the facility less than 2x during claim month
 - Patients not on chronic dialysis

Clinical Measures:

VAT Measure Topic – AVF Measure

- **Percentage of patient-months on hemodialysis during last hemodialysis treatment of the month using an autogenous AVF with two needles**
 - Higher percentage indicates better care
- **Measure is unchanged from PY 2014**
- **Exclusions:**
 - Patients younger than 18
 - Patients on peritoneal dialysis
 - Claims reporting both a fistula and graft
 - Patients not on chronic dialysis
 - Patients with fewer than 4 eligible claims at the facility

Clinical Measures:

VAT Measure Topic – Catheter Measure

- **Percentage of patient-months for patients on hemodialysis during the last hemodialysis treatment of month with a catheter continuously for 90 days or longer prior to the last hemodialysis session**
 - Lower percentage indicates better care
- **Measure is unchanged from PY 2014**
- **Exclusions:**
 - Patients younger than 18 years and 3 months
 - Patients on peritoneal dialysis
 - Claims reporting both a fistula and graft
 - Patients not on chronic dialysis
 - Patients with fewer than 4 consecutive eligible claims at the facility

Clinical Measures: “Low-Volume Facility” Adjustments

- **CMS uses 11 eligible cases as the minimum to receive a score on a clinical measure**
 - Publishing data based on fewer than 11 cases runs the risk that information about individual patients might be derived from the data
 - 11-case approach comes from traditional Dialysis Facility Compare (DFC) practices
- **CMS wants to continue to include as many facilities as possible in the ESRD QIP**
- **CMS will apply an “adjuster” in PY 2015 to rates of measures with 11 – 25 eligible cases**
- **Can only improve a measure score; it will never penalize a facility**

Scoring for Measure Topics

- **Two measure topics consist of more than one measure:**
 - **Kt/V Dialysis Adequacy:** adult hemodialysis, adult peritoneal dialysis, pediatric hemodialysis
 - **VAT:** AVF, catheter
- **CMS will weight the individual measures to create a single score for the measure topic to use in calculating the overall TPS**
 - A measure's weight is based on the number of patients included in the denominator for each measure. If the number of patients included in the denominator for the VAT AVF and catheter measures are X and Y, respectively, the weight applied to the fistula measure would be $X/(X+Y)$.
 - The number of patients included in each denominator is assessed separately for the purposes of weighting (i.e., patients included in the sum of measure denominators need not be unique).
- **If a facility is not eligible for a score on a component measure, then the other score(s) will be weighted to provide the overall score for the measure topic**

Scoring for Measure Topics: Example

- **Add the weighted scores to generate a “measure topic score” for calculating the TPS**

- **Example: Kt/V Dialysis Adequacy Measure Topic**
 - Assumption: Facility A serves all three patient populations and has a total non-excluded patient population of 100
 - ❖ Hemodialysis – measure rate: 50/60, measure score: 7
 - ❖ Peritoneal dialysis – measure rate: 15/20, measure score: 8
 - ❖ Pediatric hemodialysis – measure rate: 10/20, measure score: 5
 - Calculation: Kt/V Dialysis Adequacy measure topic score = $[7 \times (60/100)] + [8 \times (20/100)] + [5 \times (20/100)]$
 - $4.2 + 1.6 + 1 = 6.8$
 - Rounded for a Kt/V Dialysis Adequacy measure topic score of 7

Calculating Each Clinical Measure Score

A facility's score for each of the clinical measures will be based on the higher of:

- **Achievement score:**

Performance period rate compared to national rate during Calendar Year (CY) 2011

or

- **Improvement score:**

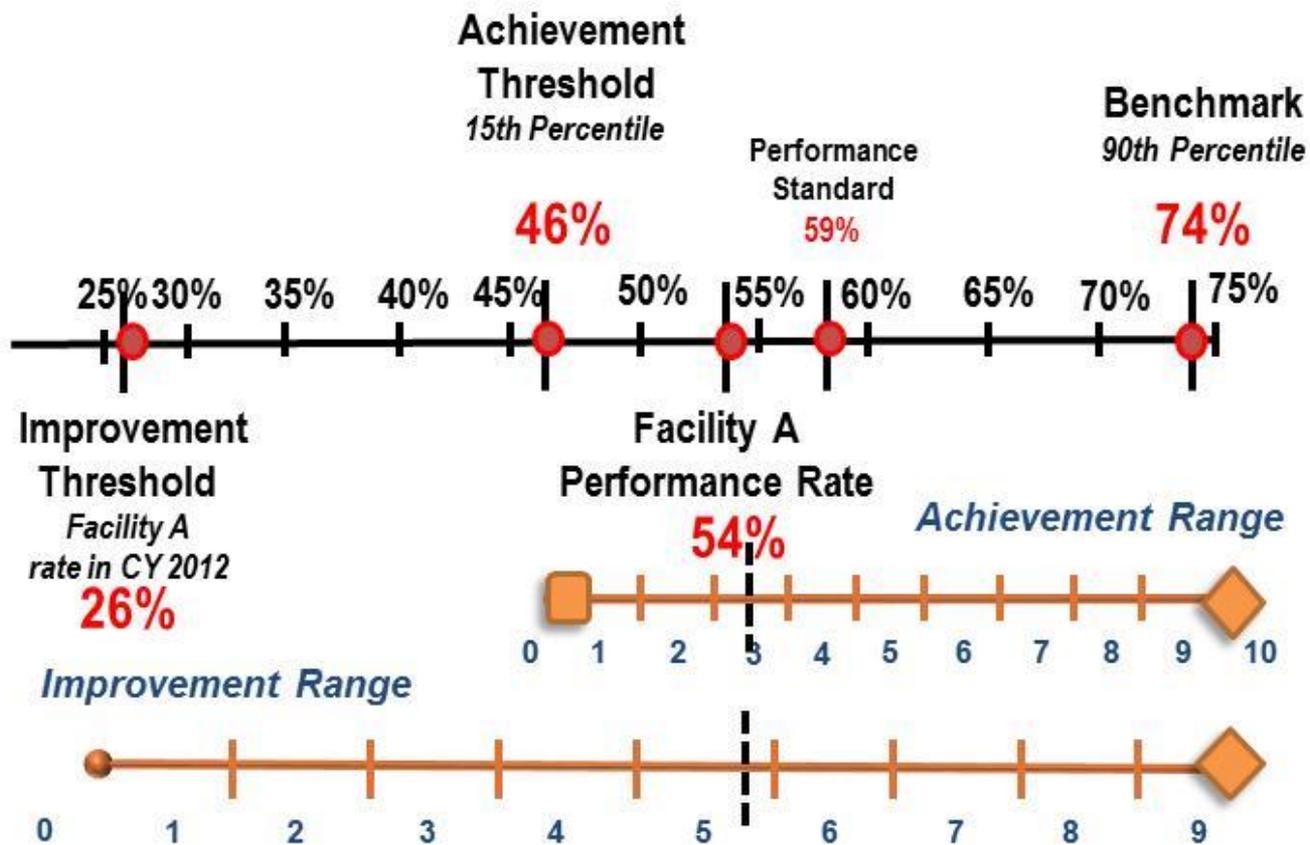
Performance period rate compared to that facility's rate during CY 2012

PY 2015 Achievement Score: Comparison to National Performance

- **The following example illustrates scoring calculations for the Vascular Access Type – AVF clinical measure**
- **To determine the achievement score, facilities will receive points along an achievement range:**
 - The achievement threshold is the 15th percentile during CY 2011
 - The benchmark is the 90th percentile during CY 2011
 - The achievement range (on a scale from 0 – 10) runs from the achievement threshold to the benchmark

PY 2015: Achievement Score Example

Vascular Access Type – AVF Measure (Facility A)



PY 2015: Calculating Achievement Scores

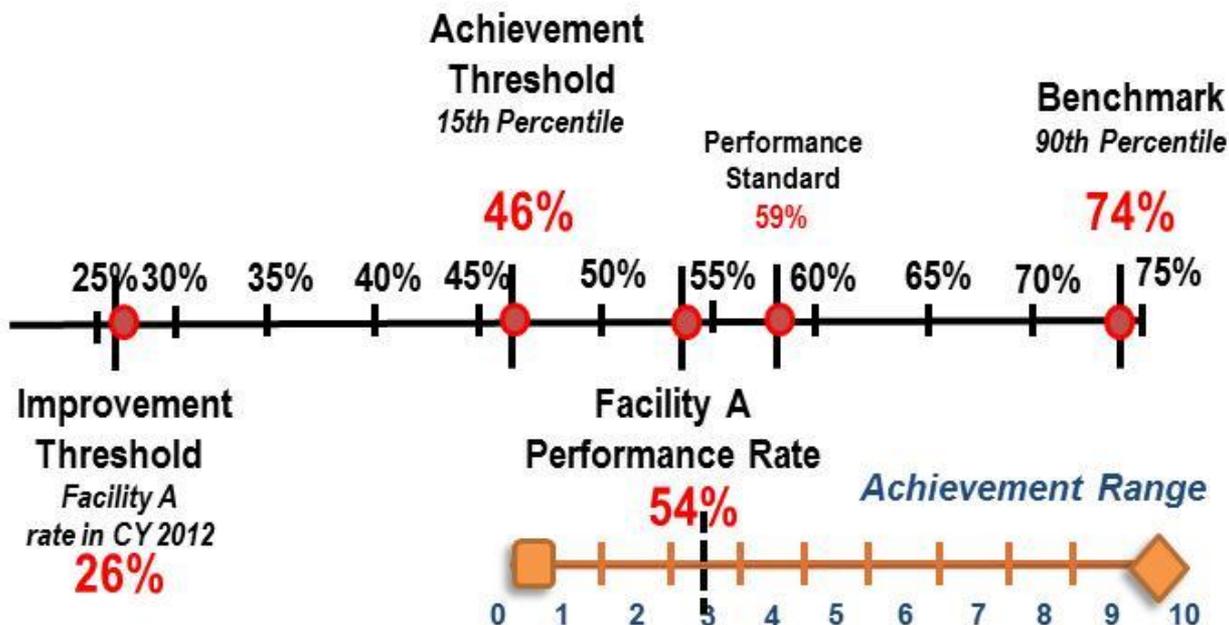
- The achievement score is calculated using the following formula:

$$9 \times \left(\frac{\text{Facility's Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5$$

- This formula will only be used if the facility's performance rate falls within the achievement range:
 - If the facility's performance rate is below the achievement range, it will receive 0 points for its achievement score
 - If the facility's performance rate is above the achievement range, it will receive 10 points

PY 2015 Example: Calculating the Achievement Score

Vascular Access Type – AVF Measure (Facility A)



Achievement Score Formula

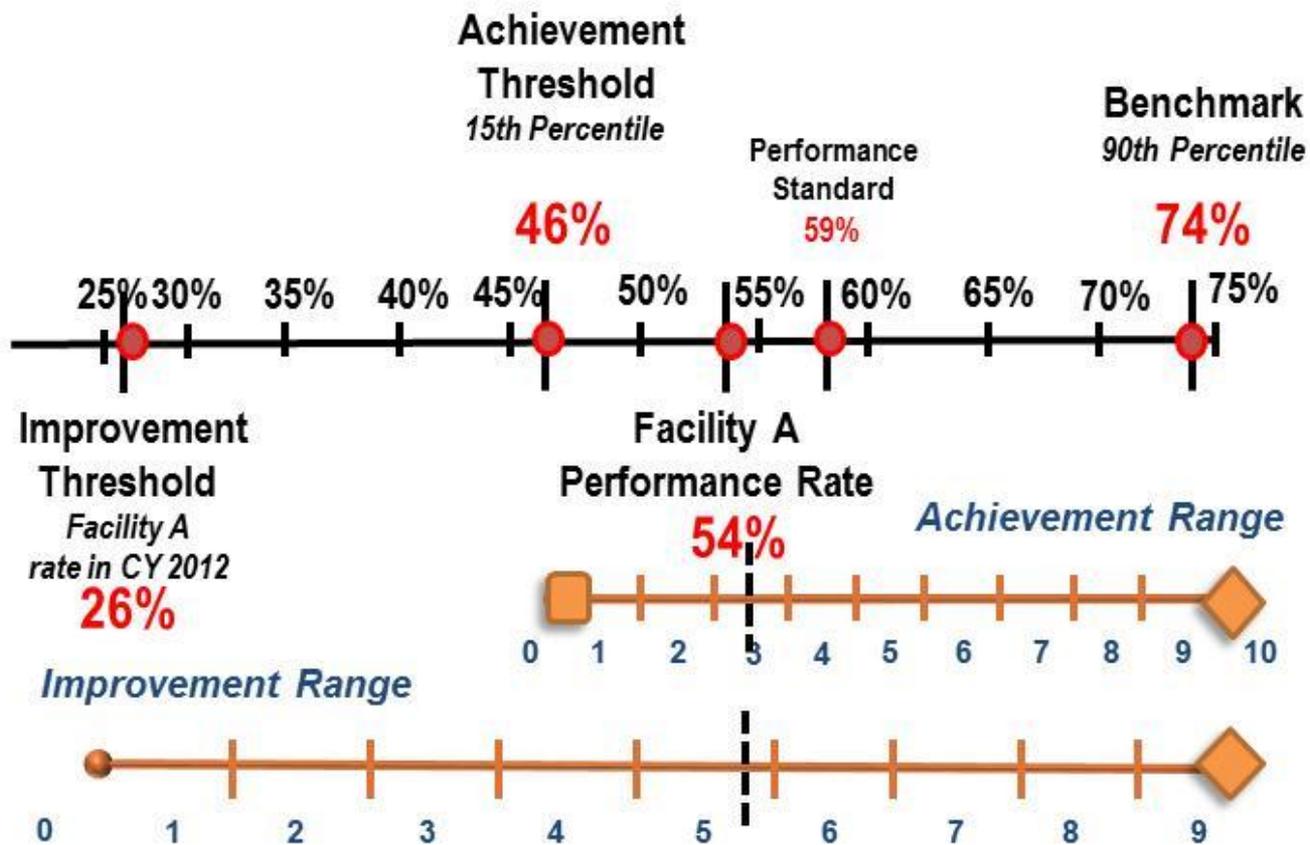
$$9 \times \left[\frac{54 - 46}{74 - 46} \right] + 0.5 = 3.07, \text{ rounded to } 3$$

PY 2015 Improvement Score: Comparison to Previous Facility Performance

- **To determine the improvement score, facilities will receive points along an improvement range:**
 - The improvement threshold is the individual facility's performance during CY 2012
 - The benchmark is the 90th percentile during CY 2011
 - The improvement range (on a scale from 0 – 9 points) runs between the improvement threshold and the benchmark

PY 2015: Improvement Score Example

Vascular Access Type – AVF Measure (Facility A)



PY 2015: Calculating Improvement Scores

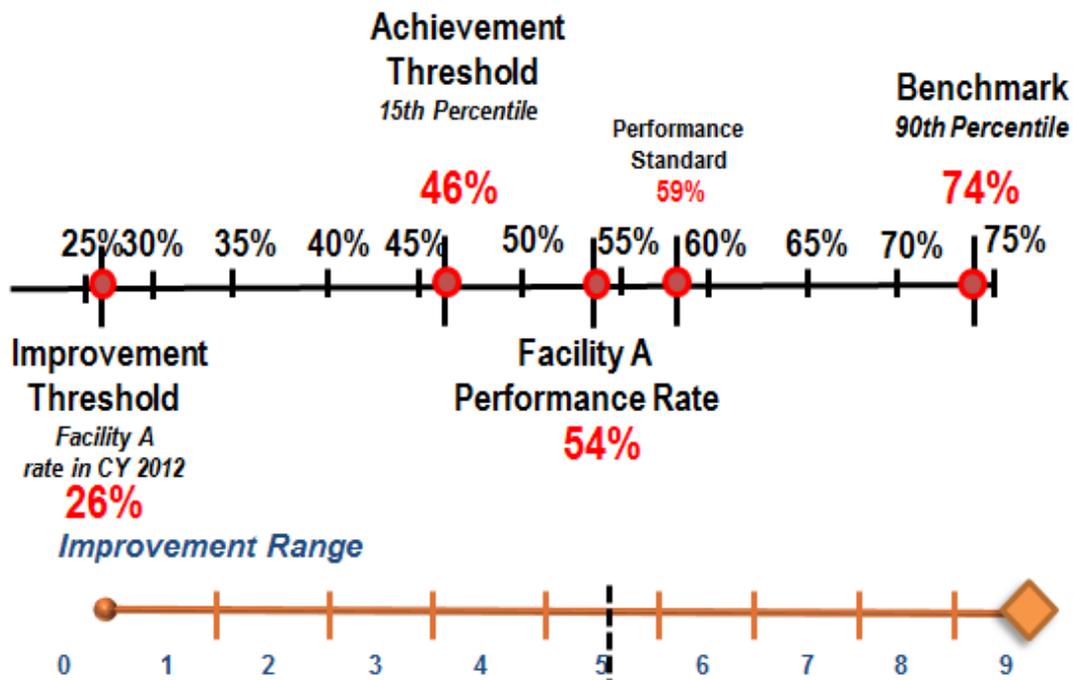
- The improvement score is calculated using the following formula:

$$10 \times \left(\frac{\text{Facility's Performance Period Rate} - \text{Improvement Threshold}}{\text{Benchmark} - \text{Improvement Threshold}} \right) - 0.5$$

- This formula is only used if the facility's performance rate falls within the improvement range:
 - If the facility's performance rate is below the improvement range, it will receive 0 points for its improvement score
 - If the facility's performance rate is above the improvement range, that facility already received the full 10 points for achievement

PY 2015 Example: Calculating the Improvement Score

Vascular Access Type – AVF Measure (Facility A)

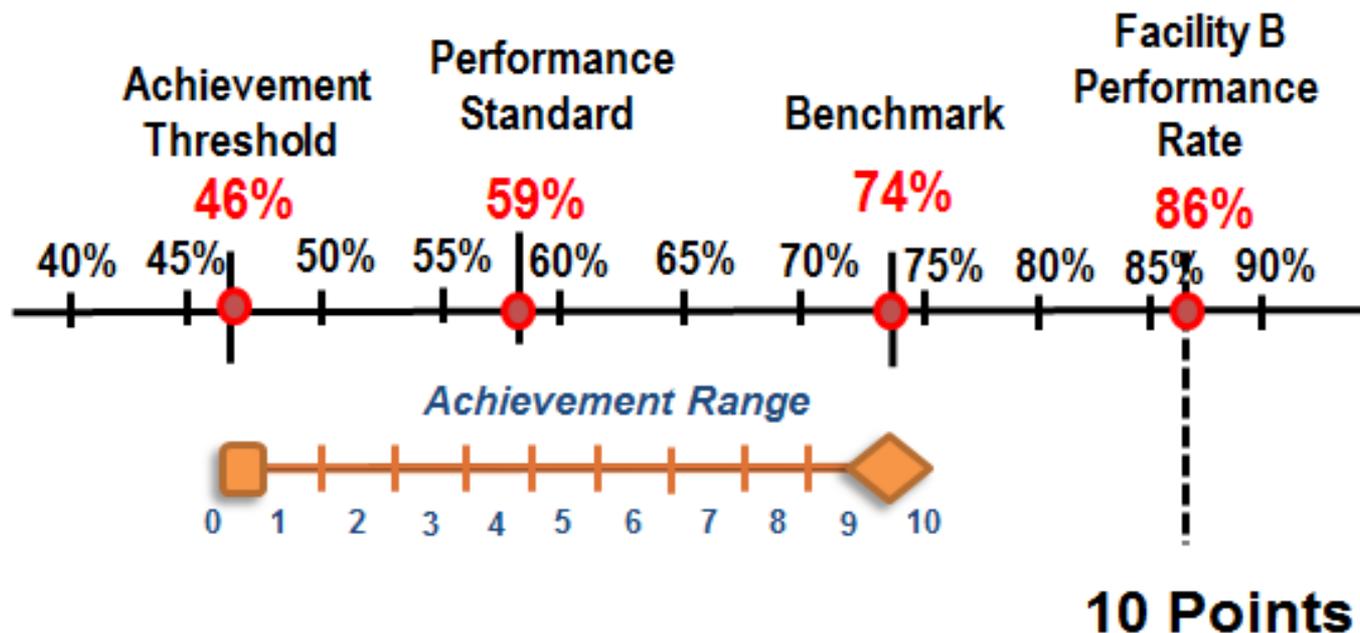


Improvement Score Formula

$$10 \times \left[\frac{54 - 26}{74 - 26} \right] - 0.5 = 5.33, \text{ rounded to } 5$$

PY 2015 Example: Score At or Above the Benchmark

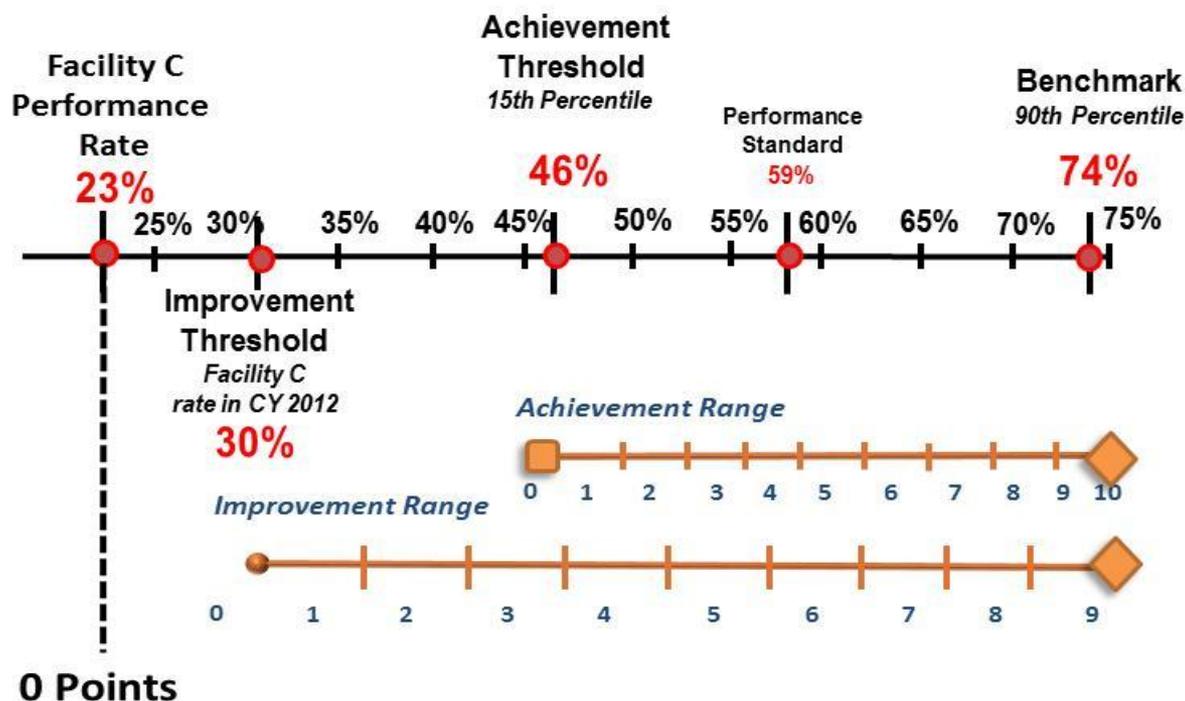
Vascular Access Type – AVF Measure (Facility B)



- The formulas are not applied for facility performance rates above the benchmark
- A facility performance rate above the benchmark earns 10 points

PY 2015 Example: Below Achievement and Improvement Thresholds

Vascular Access Type – AVF Measure (Facility C)



- The formulas are not applied for performance rates below the achievement and/or improvement threshold
- A rate below the achievement threshold and at or below the improvement threshold earns 0 points

PY 2015: Achievement Thresholds, Benchmarks, and Performance Standards

Measure	Description/Definition	Achievement Threshold: 15th percentile	Benchmark: 90th percentile	Performance Standard
Anemia Management Measure Topic	Percentage of patients with hemoglobin greater than 12 g/dL	5%	0%	1%
Kt/V Dialysis Adequacy Measure Topic	Three measures:			
• Hemodialysis	• Percentage of adult hemodialysis patients with spKt/V of at least 1.2	86%	97%	93%
• Peritoneal Dialysis	• Percentage of adult peritoneal dialysis patients with Kt/V of at least 1.7	63%	94%	84%
• Pediatric Hemodialysis	• Percentage of pediatric patients with a spKt/V of at least 1.2	83%	97%	93%

PY 2015: Achievement Thresholds, Benchmarks, and Performance Standards (Cont.)

Measure	Description/Definition	Achievement Threshold: 15th percentile	Benchmark: 90th percentile	Performance Standard
Vascular Access Type Measure Topic	Two measures:			
• Fistula	• Percentage of patients receiving treatment with fistula with two needles	47%	75%	60%
• Catheter	• Percentage of patients receiving treatment with catheter for at least 90 days	22%	5%	13%

PY 2015 Reporting Measures

Presenter:

Anita Segar

Reporting Measures: Summary

- **The PY 2015 final rule broadens the scope of the ESRD QIP to include four reporting measures**
- **Performance period: CY 2013**
- **One reporting measure unchanged from PY 2014:**
 - Patient Experience of Care survey is administered via the In-Center Hemodialysis (ICH) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey
- **Two reporting measures expanded from PY 2014:**
 - Dialysis event data is submitted to the National Healthcare Safety Network (NHSN) system
 - Monthly mineral metabolism monitoring (serum calcium and serum phosphorus)
- **One new reporting measure:**
 - Anemia Management

Reporting Measures: Summary (Cont.)

- **Ratio for calculating scores for Anemia Management and Mineral Metabolism measures:**
 - $[(\# \text{ months reporting data} \div \# \text{ eligible months}) \times 12] - 2$
- **Ratio for calculating scores for NHSN measure:**
 - $(\# \text{ months reporting data} \div 12) \times 10$
- **Facilities receiving their CMS Certification Number (CCN) after June 30, 2013 are excluded from *all* reporting measures**
 - Will not receive a TPS
- **Facilities receiving their CCN after January 1, 2013 are excluded from the NHSN measure**
- **11-case minimum applies**
 - Attestations for each measure made via CROWNWeb
- **Scores for applicable reporting measures will be weighted equally to comprise 25% of the TPS**

PY 2015: Applying Reporting Measures to New Facilities

- **New scoring approach for facilities receiving their CCN between January 1 and June 30, 2013:**
 - NHSN measure does not apply
 - Reporting requirements begin on first day after the month in which the facility receives its CCN (e.g., April 1 if CCN received during March)
 - Reporting for every eligible month: 10 points
 - Reporting for part of the year: ratios apply for Anemia Management and Mineral Metabolism measures
 - ICH CAHPS reporting measure: Attest that survey was completed successfully during the time period the facility had a CCN

PY 2015: Calculating the Anemia Management Reporting Measure

- **Facilities must include hemoglobin or hematocrit values on Medicare claims**
 - Facilities must report at the lesser of (1) the 50th percentile of facilities during 2013 or (2) 99% per month for all eligible patients
 - Applies for in-center Medicare patients, home hemodialysis patients, and pediatric dialysis patients alike
 - If the patient is treated elsewhere during the month (e.g., hospital), facilities can report lab work performed by the other entity
 - Claims for in-center Medicare patients treated fewer than seven times during the claim month will be excluded
 - Claims for home peritoneal dialysis Medicare patients will be excluded
- **To earn the maximum 10 points on the measure: report data for every eligible patient for every month a facility has a valid CCN**

PY 2015: Calculating the NHSN Dialysis Event Reporting Measure

- **Facilities must report information about dialysis events on a monthly basis to the NHSN**
- **Facilities receiving their CCN after January 1, 2013 are excluded from this measure**
- **Facilities are allowed to add/modify reported data until April 15, 2014**
- **To earn the maximum 10 points on the measure: report 12 months of data for in-center hemodialysis patients**
- **Facilities that have not yet enrolled and trained in the NHSN system for dialysis events must do so**

PY 2015: Calculating the Mineral Metabolism Reporting Measure

- **Facilities must report the serum calcium and serum phosphorus levels of all Medicare patients on a monthly basis to CROWNWeb**
 - Facilities must report at the lesser of (1) the 50th percentile of facilities during 2013 or (2) 97% per month for all eligible patients
 - Applies for in-center Medicare patients, home hemodialysis patients, and pediatric dialysis patients alike
 - If the patient is treated elsewhere during the month (e.g., hospital), facilities can report lab work performed by the other entity
 - Claims for in-center Medicare patients treated fewer than seven times during the claim month will be excluded
 - Claims for home peritoneal dialysis Medicare patients will be excluded
- **A one-month grace period applies** (e.g., June data must be reported by July 31)
- **To earn the maximum 10 points on the measure: report data for every eligible patient for every month a facility has a valid CCN**

PY 2015: Calculating the ICH CAHPS Reporting Measure

- **Facilities must attest that they have administered the ICH CAHPS survey via a third party to adult in-center hemodialysis patients**
- **To earn the maximum 10 points on this measure: attest to successfully administering the survey via CROWNWeb**
- **No points will be awarded to eligible facilities that do not make this attestation**

Calculating the Total Performance Score and Determining Payment Reductions

Presenter:

Anita Segar

PY 2015: Calculating the Total Performance Score

- **Weighting of Clinical Measures:**
 - Each clinical measure or measure topic for which a facility receives a score is equally weighted to comprise 75% of the TPS
- **Weighting of Reporting Measures:**
 - Each reporting measure for which a facility receives a score is equally weighted to comprise 25% of the TPS
- **Facilities will receive a TPS as long as they receive a score for at least one clinical measure *and* one reporting measure**
- **Facilities can obtain a TPS of up to 100 points**

PY 2015: Payment Reduction Structure

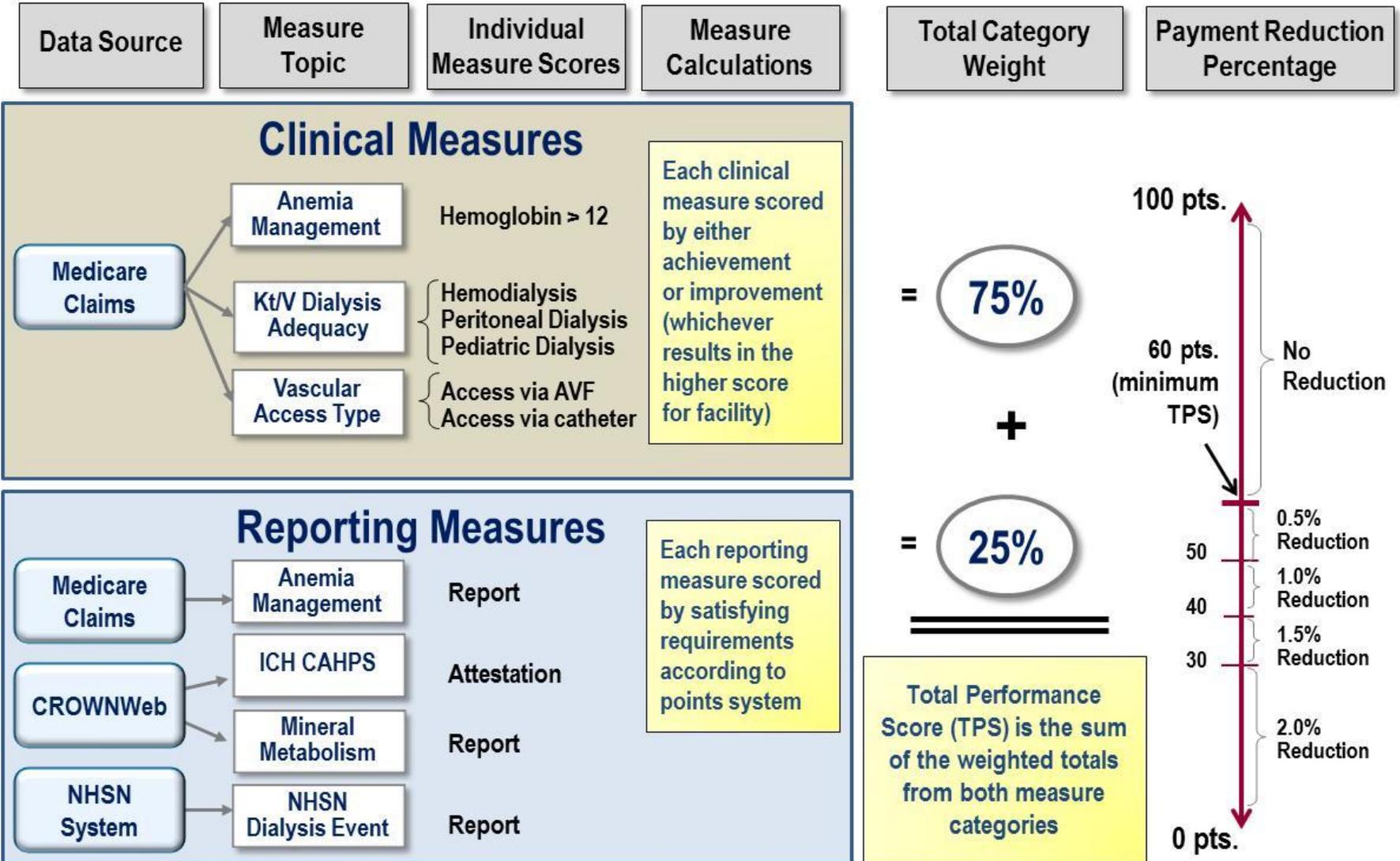
- **A facility's TPS determines whether a payment reduction applies**
- **To avoid a payment reduction, facilities must score at or above the minimum TPS**
- **Minimum TPS is calculated by:**
 - Scoring each clinical measure at the performance standard
 - Scoring each reporting measure at half of the total possible points (5 points per measure)
- **CMS weights the measure topics by the number of ESRD patients nationally in each measure**
- **Maximum payment reduction: 2%**

PY 2015: Payment Reduction Scale

- Minimum TPS is 60 points
- Payment reductions are applied on a sliding scale

Total Performance Score (TPS)	Percentage of Payment Reduction
60 or more points	0%
50 – 59 points	0.5%
40 – 49 points	1.0%
30 – 39 points	1.5%
29 or fewer points	2.0%

PY 2015 Scoring and Payment Reduction Methodology



Additional Rules

Presenter:

Brenda Gentles

Changes to PY 2014

- **The PY 2015 rule amended the requirements for the PY 2014 Mineral Metabolism reporting measure**
- **Modified Performance Score Certificate rules**
 - New Spanish-language copy (posting both certificates is mandatory)
 - Posting is required by the first business day of 2014 and each subsequent calendar year

PY 2015 Additional Concepts

■ Data Validation Pilot Project

- National sample of facility records to examine accuracy of data used to calculate measure scores and TPS
- Random sample of ~750 facilities beginning in CY 2013 (10 records each)
- Facilities would have 60 days to comply with a request of records
- No payment reductions posed in first year
- CMS intends to evolve this pilot into a full effort by PY 2016

■ Rules for transferred facilities

■ Score “floors”

Topics for Future Measure Development

- **Standard Mortality Ratio (SMR)**
- **Standard Hospitalization Ratio (SHR) – Admissions**
- **30-day readmissions**
- **Population/community health**
- **Efficiency/cost of care**
- **Assessing health-related quality of life**
- **Access to care**
- **Transfusion**

Summary: PY 2015 Compared to PY 2014

Presenter:

Brenda Gentles

PY 2015: Similarities with PY 2014

■ General program framework:

- TPS consists of clinical and reporting measures
- TPS range is 0 – 100 points
- Achievement and improvement scoring applies to clinical measures
 - ❖ Method resulting in the best score for the facility applies
- Points for reporting measures awarded by meeting requirements

■ Measures retained:

- Anemia Management and VAT clinical measures
- ICH CAHPS reporting measure (unchanged)
- Mineral Metabolism and NHSN Dialysis Event reporting measures (expanded)

PY 2015: Measure Changes from PY 2014

■ Clinical Measures:

- URR Dialysis Adequacy removed
- Kt/V Dialysis Adequacy measure topic added
 - ❖ Adult hemodialysis
 - ❖ Adult peritoneal dialysis
 - ❖ Pediatric hemodialysis

■ Reporting Measures:

- Anemia Management reporting measure added

PY 2015: Program Changes from PY 2014

- **TPS Weighting:**
 - 75% clinical measure scores and 25% reporting measure scores
- **Clinical scoring adjuster for “low-volume” facilities**
- **Performance Period: CY 2013**
- **Achievement thresholds, benchmarks, and performance standards based on CY 2011 data**
- **Improvement thresholds based on CY 2012 data**
- **Program Eligibility:**
 - Facilities must receive a score for at least one measure in each category to receive a TPS and be eligible for a payment reduction

Comparison of PYs 2014 and 2015

	PY 2014	PY 2015
Measures	<p>6 Total</p> <p>3 Clinical</p> <ul style="list-style-type: none"> • Hgb >12 g/dL • URR • VAT Measure Topic <ul style="list-style-type: none"> ○ Fistula ○ Catheter <p>3 Reporting</p> <ul style="list-style-type: none"> • NHSN • ICH CAHPS • Mineral Metabolism 	<p>10 Total</p> <p>6 Clinical</p> <ul style="list-style-type: none"> • Hgb >12 g/dL • VAT Measure Topic <ul style="list-style-type: none"> ○ Fistula ○ Catheter • Kt/V Dialysis Adequacy Measure Topic <ul style="list-style-type: none"> ○ Hemodialysis ○ Peritoneal Dialysis ○ Pediatric Hemodialysis <p>4 Reporting</p> <ul style="list-style-type: none"> • Anemia Management • NHSN • ICH CAHPS • Mineral Metabolism
Performance Period	CY 2012	CY 2013
Comparison Period	July 1, 2010 – June 30, 2011	CY 2011 (achievement), CY 2012 (improvement)
Performance Standard	Median national performance rate during July 1, 2010 – June 30, 2011	Median national performance rate during CY 2011
Weighting	Clinical Measures: 90%, Reporting Measures: 10% If facility has only one type of measure, then that type is weighted at 100% of the score.	Clinical Measures: 75%, Reporting Measures: 25% A facility must have enough data for at least one clinical measure and one reporting measure to receive a TPS.
Payment Reductions: Minimum Score	Payment reductions applied to any score less than 53 points.	Payment reductions applied to any score less than 60 points.

Resources and Next Steps

Presenter:

Brenda Gentles

Resources: Websites

- **Medicare Improvements for Patients and Providers Act of 2008 (MIPPA):** www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf
- **CMS website for the ESRD QIP (new):** <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html>
- **ESRD Network Coordinating Center (NCC):** <http://www.esrdncc.org/>
- **Dialysis Facility Compare:** <http://www.medicare.gov/dialysisfacilitycompare>
- **Dialysis Facility Reports:** <http://www.DialysisReports.org>

Resources: Clinical Measures

- **Anemia Management:** <http://www.dialysisreports.org/pdf/esrd/public-measures/AnemiaManagement-HGB-2015-FR.pdf>

- **Kt/V Dialysis Adequacy measure topic**
 - **Adult Hemodialysis:** <http://www.dialysisreports.org/pdf/esrd/public-measures/HemodialysisAdequacy-ktv-2015-FR.pdf>
 - **Adult Peritoneal Dialysis:** <http://www.dialysisreports.org/pdf/esrd/public-measures/PeritonealDialysisAdequacy-ktv-2015-FR.pdf>
 - **Pediatric Hemodialysis:** <http://www.dialysisreports.org/pdf/esrd/public-measures/PediatricHemodialysisAdequacy-ktv-2015-FR.pdf>

- **Vascular Access Type measure topic**
 - **AVF:** <http://www.dialysisreports.org/pdf/esrd/public-measures/VascularAccess-Fistula-2015-FR.pdf>
 - **Catheter:** <http://www.dialysisreports.org/pdf/esrd/public-measures/VascularAccess-Catheter-2015-FR.pdf>

Resources: Reporting Measures

- **Anemia Management:**

<http://www.dialysisreports.org/pdf/esrd/public-measures/AnemiaManagement-Reporting-2015-FR.pdf>

- **ICH CAHPS:**

<http://www.dialysisreports.org/pdf/esrd/public-measures/ICHCAHPS-2015-FR.pdf>

- **Mineral Metabolism:**

<http://www.dialysisreports.org/pdf/esrd/public-measures/MineralMetabolism-Reporting-2015-FR.pdf>

- **NHSN Dialysis Event Reporting:**

<http://www.dialysisreports.org/pdf/esrd/public-measures/NHSNDialysisReporting-2015-FR.pdf>

Next Steps

- **Review PY 2014 Preview Performance Score Report (PSR), made available on July 15, 2013, and submit any clarification questions or a formal inquiry**
- **Comment on PY 2016 proposed rule when posted**
- **Read PY 2016 final rule when posted (early November)**
- **Review PY 2014 Final PSR when available (mid-December)**
- **Post PY 2014 Performance Score Certificate by the first business day of 2014**

Questions?

ESRDQIP@cms.hhs.gov

Evaluate Your Experience with Today's National Provider Call

- To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.
- To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.
- All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.
- We appreciate your feedback!

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Thank You

- For more information about the MLN, please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>
- For more information about the National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>