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# Calendar Year (CY) 2019 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Proposed Rule: ESRD Quality Incentive Program (ESRD QIP) Proposals

August 14, 2018  
2:00 PM ET

## Presenters:

James Poyer, MS  
Delia Houseal, PhD., MPH



# Acronyms in this Presentation

Acronym	Definition
CDC	Centers for Disease Control and Prevention (HHS)
CMS	Centers for Medicare & Medicaid Services (HHS)
CY	calendar year
ESRD	End-Stage Renal Disease
ESRD QIP	End-Stage Renal Disease Quality Incentive Program
FDA	Food & Drug Administration (HHS)
HHS	U.S. Department of Health & Human Services
MAP	Measures Application Partnership
MedRec	Medication Reconciliation for Patients Receiving Care at Dialysis Facilities
MIPPA	The Medicare Improvements for Patients and Providers Act of 2008

Acronym	Definition
NHSN	National Healthcare Safety Network (CDC)
OGC	Office of General Counsel (CMS)
PAMA	The Protecting Access to Medicare Act of 2014
PPPW	Percentage of Prevalent Patients Waitlisted
PPS	Prospective Payment System
PSC	Performance Score Certificate
PSR	Performance Score Report
PY	Payment Year
SWR	First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients
TPS	Total Performance Score



# Agenda

Topic	Speaker
<b>Welcome &amp; Introduction</b>	<b>James Poyer, MS</b> Program Director Division of Value, Incentives, and Quality Reporting, CMS
<b>CY 2019 Rulemaking Overview</b>	
<b>Proposed Modifications to Payment Year (PY) 2021; Proposed Requirements for PY 2022 and PY 2024</b>	<b>Delia Houseal, PH.D., MPH</b> ESRD QIP Program Lead Division of Value, Incentives, and Quality Reporting, CMS
<b>Participating in the Comment Period</b>	



## A Note About the CY 2019 ESRD PPS Proposed Rule

- This call is intended for CMS to provide information regarding the ESRD PPS Proposed Rule released on July 11, 2018.
- This rule proposes requirements for the ESRD QIP.
- CMS encourages stakeholders, advocates, and others to use the formal comment period described in the rule.



# Introduction and ESRD QIP Overview

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Delia Houseal, PhD., MPH

*ESRD QIP Program Lead*

*Division of Value, Incentives, and Quality Reporting  
Centers for Medicare & Medicaid Services*



# 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 CMS to apply payment reductions of up to 2%
- The Protecting Access to Medicare Act of 2014 (PAMA) added section 1881(h)(2)(A)(iii) to the Social Security Act
  - Starting in 2016, ESRD QIP must include measures specific to the conditions treated with oral-only drugs (and those measures are required to be outcome-based, to the extent feasible)



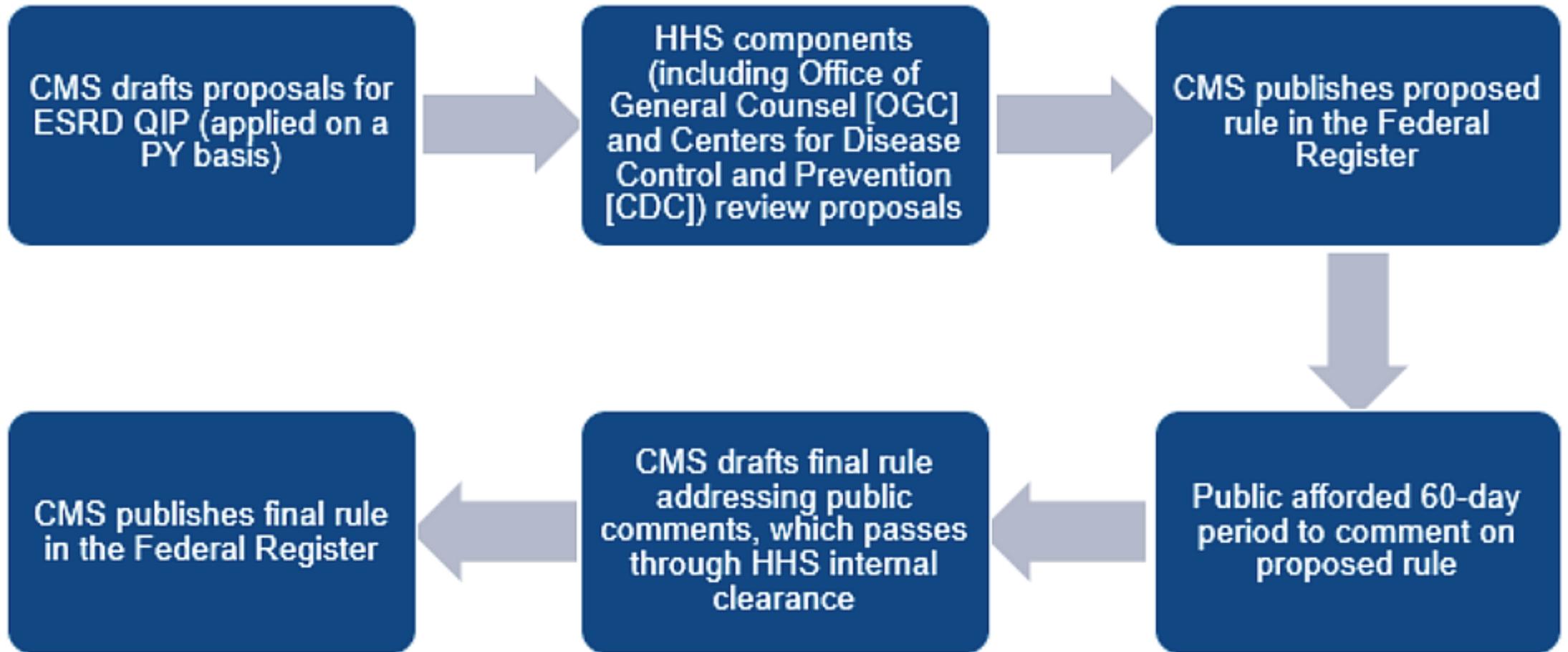
# Overview of ESRD QIP Statutory Requirements

**Secretary of the Department of Health and Human Services (HHS) required to create an ESRD QIP that will:**

- **Select measures addressing:**
  - 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 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)



# ESRD QIP Rule Development



# Meaningful Measures: Getting to What Matters

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# CMS Meaningful Measures Objectives

- Meaningful Measures focus everyone's efforts on the same quality areas and ensures that we identify measures that:

- Address high-impact measure areas that safeguard public health
- Are patient-centered and meaningful to patients
- Are outcome-based where possible
- Are relevant and meaningful to providers
- Minimize level of burden for providers
- Remove measures where performance is already very high and that are low-value
- Provide significant opportunity for improvement
- Address measure needs for population-based payment through alternative payment models
- Align across programs and/or with other payers



# Meaningful Measures Initiative



- **Promote Effective Communication & Coordination of Care**  
 Meaningful Measure Areas:
  - Medication Management
  - Admissions and Readmissions to Hospitals
  - Transfer of Health Information and Interoperability
- **Promote Effective Prevention & Treatment of Chronic Disease**  
 Meaningful Measure Areas:
  - Preventive Care
  - Management of Chronic Conditions
  - Prevention, Treatment, and Management of Mental Health
  - Prevention and Treatment of Opioid and Substance Use Disorders
  - Risk Adjusted Mortality
- **Work with Communities to Promote Best Practices of Healthy Living**  
 Meaningful Measure Areas:
  - Equity of Care
  - Community Engagement
- **Make Care Affordable**  
 Meaningful Measure Areas:
  - Appropriate Use of Healthcare
  - Patient-focused Episode of Care
  - Risk Adjusted Total Cost of Care
- **Make Care Safer by Reducing Harm Caused in the Delivery of Care**  
 Meaningful Measure Areas:
  - Healthcare-associated Infections
  - Preventable Healthcare Harm
- **Strengthen Person & Family Engagement as Partners in their Care**  
 Meaningful Measure Areas:
  - Care is Personalized and Aligned with Patient's Goals
  - End of Life Care according to Preferences
  - Patient's Experience of Care
  - Patient Reported Functional Outcomes

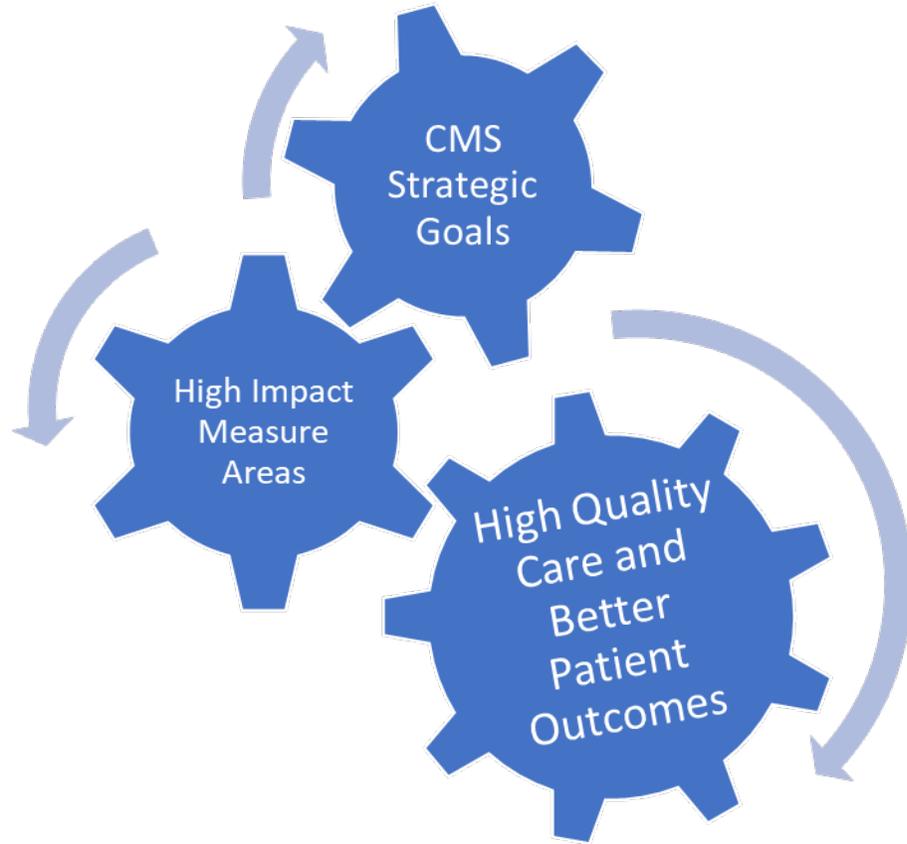


# Benefits of Including Meaningful Measures

- By including Meaningful Measures in its programs, CMS seeks to address the following cross-cutting measure criteria:
  - Eliminating disparities
  - Tracking measurable outcomes and impact
  - Safeguarding public health
  - Achieving cost savings
  - Improving access for rural communities
  - Reducing burden
- CMS believes that these will lead to:
  - Improved outcomes for patients, their families, and healthcare providers
  - Reduced burden and costs for clinicians and providers
  - Increased operational efficiencies
- ESRD QIP proposes to incorporate Meaningful Measures by applying a measure removal factor that aligns with other CMS quality programs.



# Meaningful Measures: Improving Outcomes, Reducing Burden

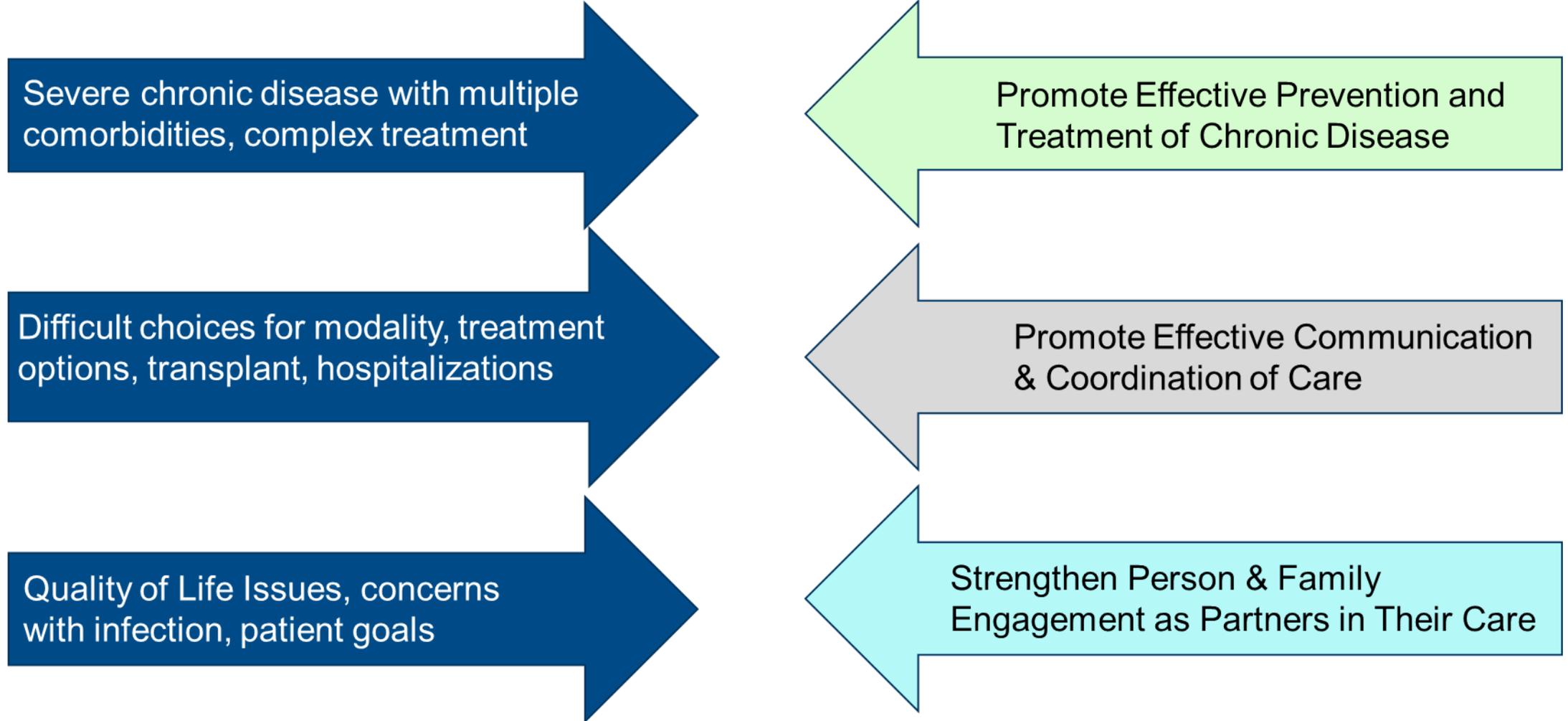


**“At CMS the overall vision is to reinvent the Agency to put patients first. We want to partner with patients, providers, payers, and others to achieve this goal. We aim to be responsive to the needs of those we serve.”**

- *Administrator Seema Verma  
Centers for Medicare and Medicaid Services*



# ESRD QIP and Meaningful Measures



# CY 2019 ESRD PPS Proposed Rule: Operationalizing Meaningful Measures

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# Strategic Overview: Three PYs & Meaningful Measures

- Reduce provider burden by eliminating measures that add little to the overall quality picture
- Responding to stakeholder feedback to strengthen data validation efforts for CROWNWeb and the National Healthcare Safety Network (NHSN)
- Introduce transplant measures for incident and prevalent patients – promoting effective treatment of chronic disease
- Establishing and updating factors for measure removal to ensure that the measure set reflect core issues that are most vital to high quality care and better patient outcomes



# CY 2019 Rulemaking Overview

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# Overview of Proposed ESRD QIP Modifications: PY 2021

- Applying Meaningful Measures Initiative across all PYs
- Refining and updating existing measure-removal factors
- Adding a measure-removal factor
- Removing four reporting measures
- Revising domain structure as well as domain and measure weights
- Revising data-reporting requirements for new facilities
- Expanding number of facilities and patient records in the NHSN validation study
- Converting CROWNWeb pilot study into permanent ESRD QIP policy



# Overview of Proposed ESRD QIP Modifications: PY 2022

- Updating structure of PY 2022
- Proposing two new measures to support Meaningful Measures areas of Care Coordination and Making Care Safer
- Expanding the number of facilities and the number of patient records in the NHSN validation study to achieve the most reliable validation results



# Overview of Proposed ESRD QIP Modifications: PY 2024

- Adding new transplant measure



# Proposed Modifications to PY 2021

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# Proposed Changes to PY 2021: Measure Removals Based on Meaningful Measures

Do the costs of collecting data and calculating the measure outweigh its benefits?

- Consider several types of costs, including, but not limited to:
  - Provider and clinician information collection burden, and related cost and burden associated with the submission/reporting of quality measures to CMS
  - The provider and clinician cost associated with complying with other quality programmatic requirements
  - The provider and clinician cost associated with participating in multiple quality programs, and tracking multiple similar or duplicative measures within or across those programs
  - The CMS cost associated with the program oversight of the measure, including measure maintenance and public display
  - The provider and clinician cost associated with compliance with other federal and/or state regulations (if applicable)
- CMS proposes removing measures based on this approach on a case-by-case basis.



## Proposed Changes to PY 2021: Measure Removals

- Remove four reporting measures for which reporting is high and there is little room for improvement—or for which there is a better measure in use—in alignment with the Meaningful Measures Initiative:
  - Healthcare Personnel Influenza Vaccination
  - Pain Assessment and Follow-Up
  - Anemia Management
  - Serum Phosphorus



# Proposed Changes to PY 2021: Domains and Weighting

- Remove the current Reporting Domain and divide the current Clinical Domain into three domains to more closely align the ESRD QIP with priorities within the Meaningful Measures Initiative
- Reweight domains and measures for scoring calculations to account for measure removals and domain changes and our preferred emphasis on clinical outcomes



# Proposed Changes to PY 2021: Reporting Data and Data Validation

- Change requirements for new facilities to begin reporting ESRD QIP data
- Modify the CROWNWeb and NHSN data-validation studies to achieve the most reliable results under the NHSN study
- Convert the CROWNWeb data validation study as a permanent feature of the program



# Proposed Changes to PY 2021: Measure Domains

In order to more closely align with priority areas in the Meaningful Measures Initiative, CMS proposes to:

- Reorganize the Clinical Domain into three distinct domains
  - Patient and Family Engagement
  - Care Coordination
  - Clinical Care Domain
- Eliminate the Reporting Domain since there would no longer any measures in this domain if this proposal is finalized



## Proposed Changes to PY 2021: Domain and Measure Weights

- Clinical Care and Care Coordination Domains now with the highest weights because they are more closely tied to clinical outcomes
  - Clinical Care Domain has a higher weight (40% of TPS) versus Care Coordination (30% of TPS) because it has more measures
- Patient and Family Engagement Domain and the Safety Domain will each contribute 15% to the TPS, as they are focused on clinical process measures
- To be eligible for a TPS, a facility must score in at least one measure in two out of the four domains



# PY 2021 Features Finalized in Prior Rulemaking

## 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

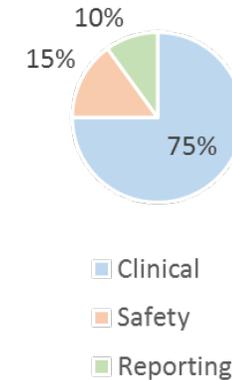
## Safety Measure Domain – 15% of TPS

### 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



# Impact: PY 2021 Proposed Changes

## Clinical Care Domain – 40% of TPS

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

## Care Coordination Domain – 30% of TPS

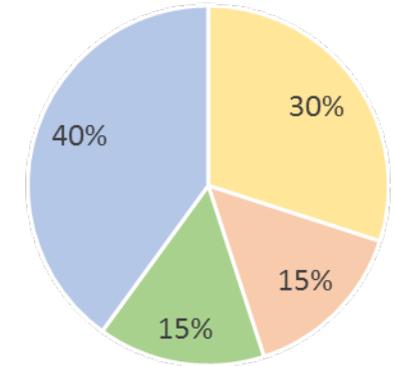
1. SRR
2. SHR
3. Clinical Depression and Follow-Up reporting measure

## Safety Domain – 15% of TPS

1. NHSN BSI
2. NHSN Dialysis Event reporting measure

## Patient and Family Engagement Domain – 15% of TPS

1. ICH CAHPS

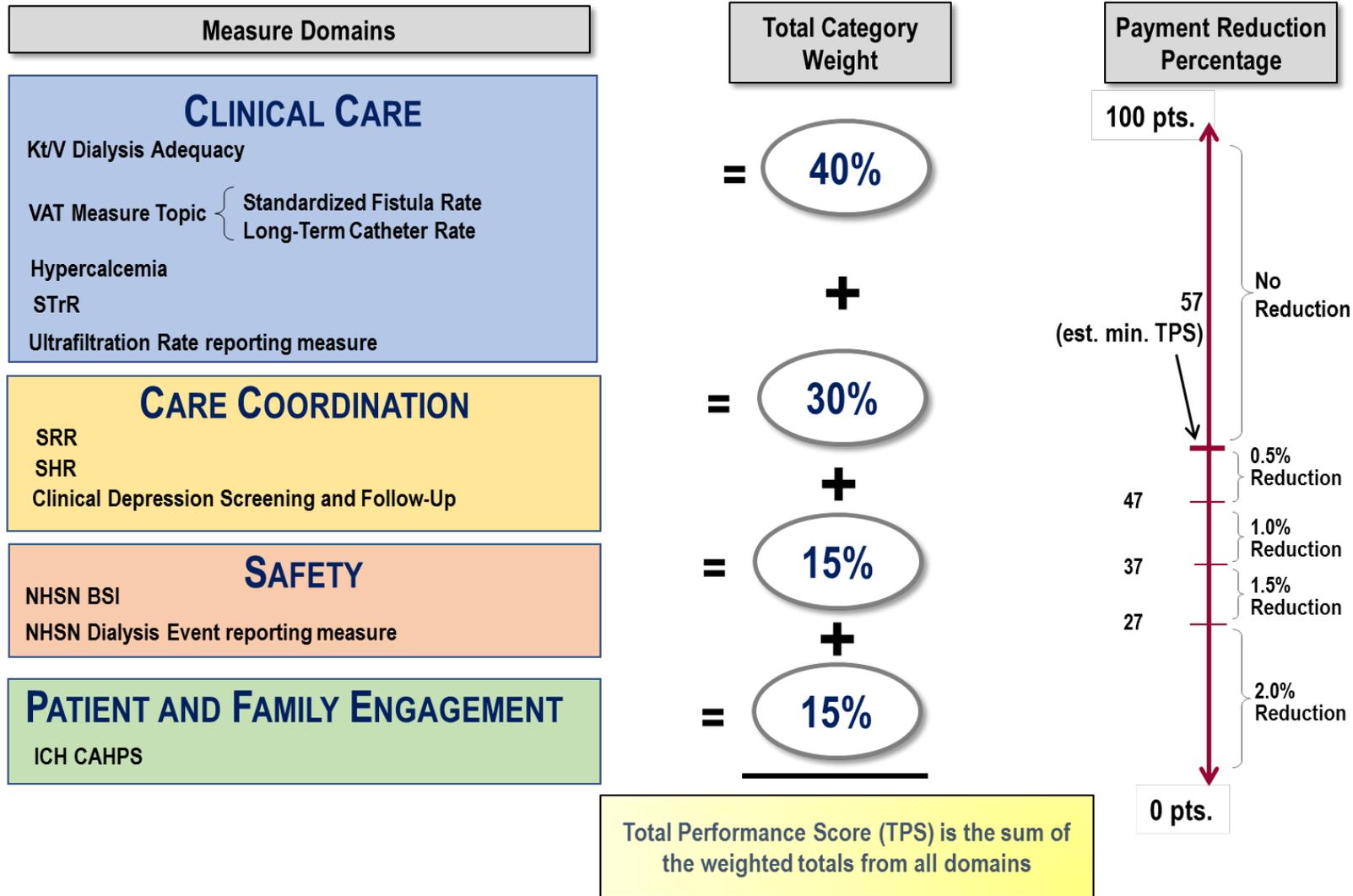


- Care Coordination
- Safety
- Patient/Family Engagement
- Clinical Care

★ A facility must be eligible for at least one measure in any two domains to receive a TPS



# Impact: Proposed PY 2021 Scoring/Payment Reduction Method



# Proposed Modification to Requirements to Begin Reporting Data

Policy	Collection Starts
Current	First day of the month following the facility's CCN Open Date
Proposed	Four months (on the first of the month) following the facility's CCN Open Date

- In both cases, the start of ESRD QIP data collection starts the clock to establish the number of months in which a facility is open
- Rationale: Provides facilities with a longer time period to become familiar with the processes for collecting and reporting ESRD QIP data before those data are used for purposes of scoring



# Proposed Modification to Data-Validation Activities

- Make CROWNWeb pilot data validation study a permanent feature of the ESRD QIP
- Expand the NHSN Dialysis Event validation study

Payment Year	CROWNWeb		NHSN	
	Facilities	Records	Facilities	Records
Prior	300	10	35	20
PY 2021	300	10	150	40
PY 2022	300	10	300	40



# Proposed Requirements for PY 2022 and PY 2024

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## PY 2022: Proposed New Measure – Percentage of Prevalent Patients Waitlisted (PPPW)

- Assesses the percentage of current patients at each dialysis facility who were on the kidney or kidney-pancreas transplant waitlist
- Risk-adjusted
- Emphasizes shared accountability between dialysis facilities and transplant centers
- Rationale: Aligns with Meaningful Measure focus area for communication and coordination; encourages facilities to coordinate care with transplant centers to waitlist patients



## PY 2022: Proposed New Measure – PPPW (continued)

- Submitted to the Measures Application Partnership (MAP) in 2017 for consideration as part of the pre-rulemaking process
- Data sources: CROWNWeb; Organ Procurement and Transplant Network (a public/private partnership established by the National Organ Transplant Act of 1984)
- Links to additional resources on slide 47



## PY 2022: Proposed New Measure – Patients Receiving Care at Dialysis Facilities (MedRec)

- Assesses how well a facility has appropriately evaluated a patient's medications
- Addresses an important safety concern for the ESRD patient population, who typically take a large number of medications
- Medication management practices focusing on medication documentation, review, and reconciliation could systematically identify and resolve medication-related problems, improve patient outcomes, and reduce total costs of care



# PY 2022: Proposed New Measure – MedRec (continued)

- Data sources:
  - Administrative claims
  - CROWNWeb
  - Facility medical records
- Measure steward is Kidney Care Quality Alliance
- Submitted to the MAP in 2017 for consideration as part of the pre-rulemaking process
- MAP supported the measure for the ESRD QIP in its February 2018 Hospital Workgroup report
- Link to additional information on slide 47



# Proposed PY 2022 Measures Overview

## Clinical Care Domain – 40% of TPS

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

## Patient and Family Engagement Domain – 15% of TPS

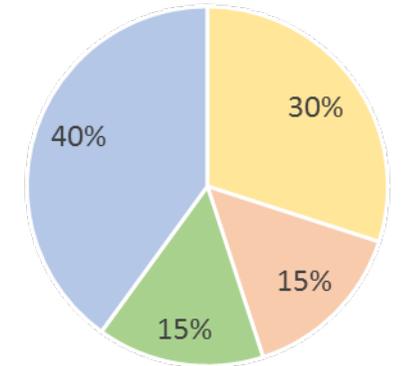
1. ICH CAHPS

## Care Coordination Domain – 30% of TPS

1. SRR
2. SHR
- ★ 3. PPPW
4. Clinical Depression and Follow-Up reporting measure

## Safety Domain – 15% of TPS

- ★ 1. MedRec
2. NHSN BSI
3. NHSN Dialysis Event reporting measure

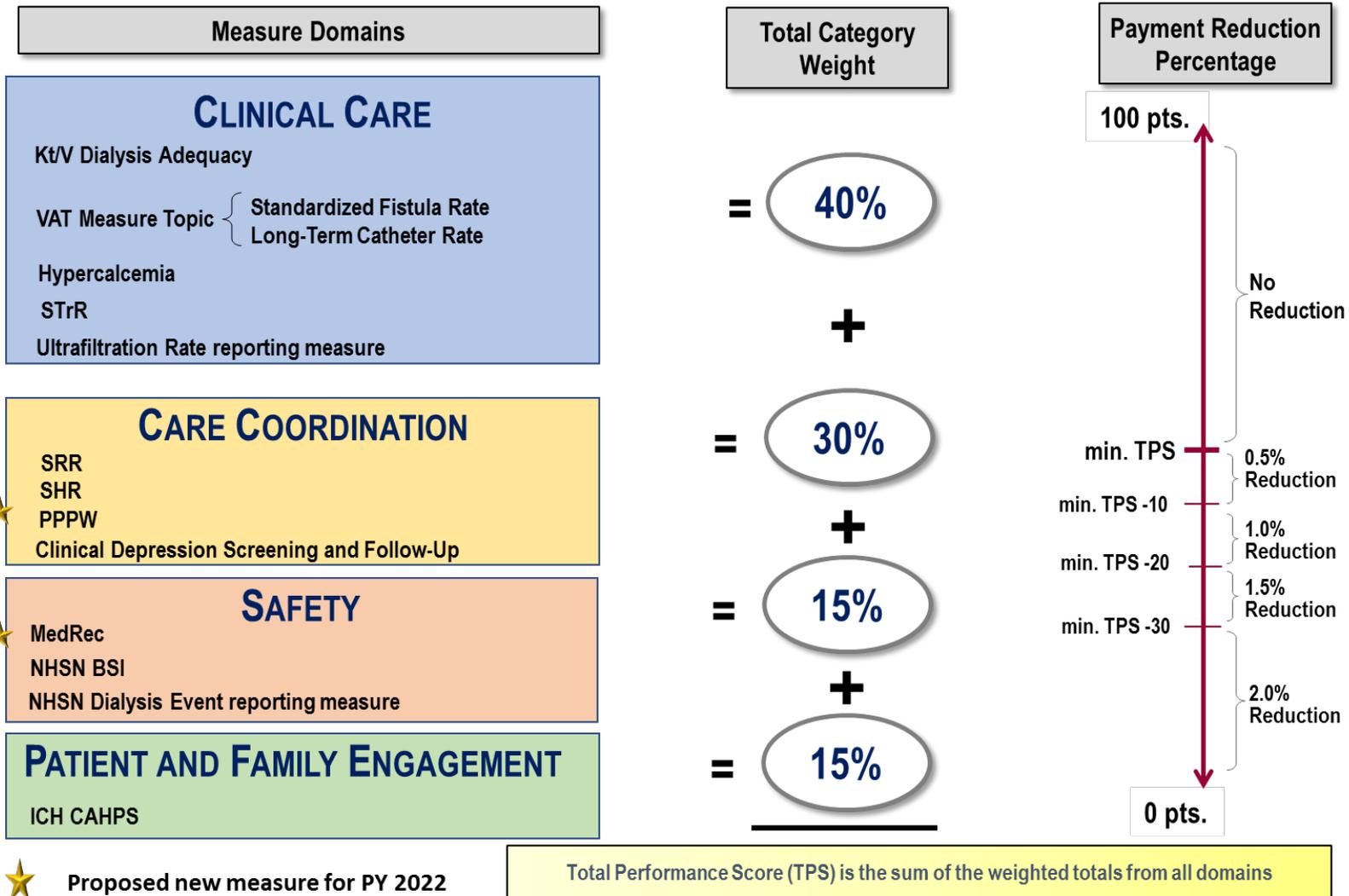


- Care Coordination
- Safety
- Patient/Family Engagement
- Clinical Care

★ Proposed new measure for PY 2022



# Proposed PY 2022 Scoring/Payment Reduction Method



# PY 2024: Proposed New Measure for PY 2024 – First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)

- Measure requires three years of data to score (i.e., proposed performance period begins in 2019)
- Assesses the population of patients within the first year of onset of dialysis, examining for waitlist, or living-donor transplant events occurring within a year of dialysis initiation
- Encourages facilities to more rapidly evaluate patients for transplant and coordinate the waitlisting of those patients



# Participating in the Comment Period

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# Public Role in the Regulation Process

CMS implements the ESRD QIP through the federal regulation process, one of the basic tools of government used to implement public policy



# Commenting on the Proposed Rule

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RIN: 0938-AT28

- Document Contents : ...for Medicare & Medicaid Services 42 CFR Parts 413 and 414 [CMS-1691-P] RIN 0938-AT28 Medicare Program; End-Stage Renal Disease Prospective Payment System...

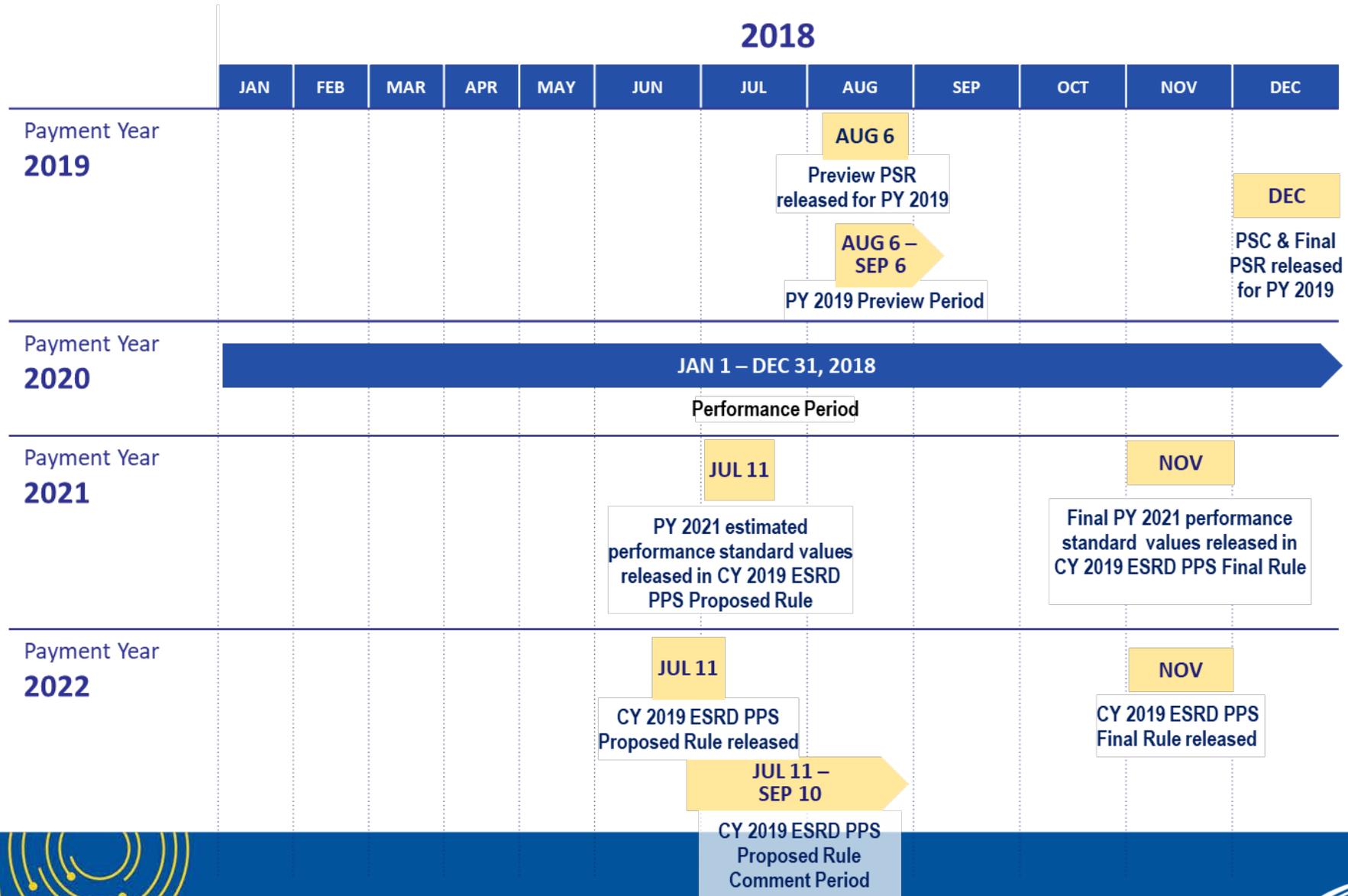


# Key ESRD QIP Dates to Remember

- **PY 2018 payment reductions applied** (January 1 – December 31, 2018)
- **PY 2019 Preview Period** (August 6 – September 6, 2018)
- **PY 2020 Performance Period** (January 1 – December 31, 2018)
- **CY 2019 ESRD PPS (PY 2022) Rulemaking**
  - Proposed rule published (displayed on July 11, 2018)
  - 60-day comment period (July 11 – September 10, 2018)
  - Final rule published (early November 2018)
- **PY 2019 PSC available for download mid-December 2018**
  - Post within 15 business days
- **PY 2019 payment reductions are effective January 1, 2019**



# ESRD QIP Critical Dates and Milestones



# Resources

- **ESRD QIP Section of CMS.gov:** [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html)
  - **Technical Specifications for ESRD QIP Measures (including proposed technical specifications and supporting documentation):** [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061\\_TechnicalSpecifications.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html)
- **ESRD QIP Section on QualityNet.org:** <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228776130562>
- **PPPW:**
  - **Risk Adjustment:** [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061\\_TechnicalSpecifications.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html)
  - **MAP:** <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=86972>
- **MedRec:** [http://kidneycarepartners.com/wp-content/uploads/2014/11/tbKCQA\\_NQFendorsedSpecs10-26-17.pdf](http://kidneycarepartners.com/wp-content/uploads/2014/11/tbKCQA_NQFendorsedSpecs10-26-17.pdf)

