



mln call

A MEDICARE LEARNING NETWORK® (MLN) EVENT

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

January 15, 2019

## Presenters:

James Poyer, MS  
Delia Houseal, PhD., MPH  
Julia Venanzi, MPH



# About Today's Call

---

- CMS will provide information about the CY 2019 ESRD PPS Final Rule (CMS-1691-F) published on November 14, 2018.
- Information is offered as an informal reference and does not constitute official CMS guidance. CMS encourages stakeholders, advocates, and others to refer to Final Rule CMS-1691-F in the [Federal Register](#).



# Agenda

Topic	Speaker
<b>Welcome &amp; Introduction</b>	<b>James Poyer, MS</b> Program Director Division of Value, Incentives & Quality Reporting (DVIQR) Quality Measurement & Value Incentives Group (QMVIG) Center for Clinical Standards & Quality (CCSQ) Centers for Medicare & Medicaid Services (CMS)
<b>Overview of the ESRD QIP &amp; Operationalizing Meaningful Measures</b>	<b>Delia Houseal, PH.D., MPH</b> ESRD QIP Program Lead DVIQR/QMVIG/CCSQ, CMS
<b>ESRD QIP Section of the CY 2019 PPS Final Rule (CMS-1691-F)</b>	<b>Delia Houseal, PH.D., MPH</b> ESRD QIP Program Lead DVIQR/QMVIG/CCSQ, CMS
<b>Helpful Tips &amp; Resources</b>	<b>Julia Venanzi, MPH</b> ESRD QIP Program Systems & Communications DVIQR/QMVIG/CCSQ, CMS



# Today's Objectives

---

- Identify programmatic changes beginning in PY 2021
- Introduce PY 2022 requirements
- Discuss the impact of the final rule on facilities, providers and patients
- Identify resources for support or further details



# Acronyms used in this Presentation

Acronym	Definition
BSI	Bloodstream Infection (CDC)
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
HHS	U.S. Department of Health & Human Services
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems
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
PY	Payment Year
SHR	Standardized Hospitalization Ratio
SRR	Standardized Readmission Ratio
STrR	Standardized Transfusion Ratio
SWR	First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients
TPS	Total Performance Score



# Welcome & Introduction

---

**James Poyer, MS**

Program Director

Division of Value, Incentives & Quality Reporting,  
Quality Measurement & Value Incentives Group Center  
for Clinical Standards & Quality,  
*Centers for Medicare & Medicaid Services*



# Overview of the ESRD QIP & Operationalizing Meaningful Measures

---

**Delia Houseal, PH.D., MPH**  
ESRD QIP Program Lead

Division of Value, Incentives & Quality Reporting,  
Quality Measurement & Value Incentives,  
Group Center for Clinical Standards & Quality,  
*Centers for Medicare & Medicaid Services*



# ESRD QIP Statutory Requirements:

The Secretary of the Department of Health & Human Services (HHS) is required to create an ESRD QIP and method for assessing total performance of each facility based on standard measurements and weights during a defined performance period

The ESRD QIP is linked to the bundled ESRD prospective payment system (PPS) through the passage of the Medicare Improvements for Patients and Providers Act of 2008 (MIPAA).

**Section 1881(h) of the Social Security Act**, as added by Section 153(c) of 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%

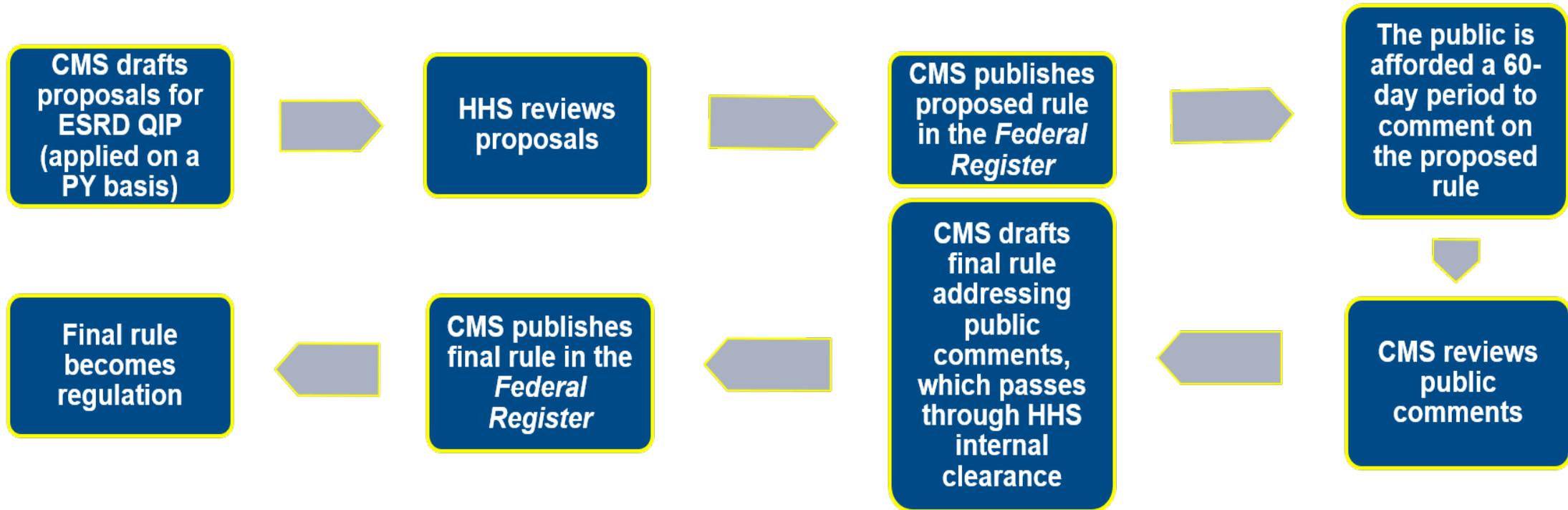
The ESRD QIP has progressively matured in scope and structure since its formation.

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).



# ESRD QIP Rule Development



*Your comments matter!*



# The Proposed Rule...530 Public Comments

Stakeholder insights influenced CMS changes from the proposed rule

Most significantly, public comments impacted:

- Rationale for finalizing PPPW and not SWR
- Revisions to weighting approach
- Rationale for the new weight redistribution approach

Comments and details are available [online](#)

The screenshot shows the regulations.gov website interface. At the top, the logo 'regulations.gov' is displayed with the tagline 'Your Voice in Federal Decision-Making'. Navigation links for Home, Help, Resources, and Contact Us are visible. A search bar is present on the right. The main content area features a docket entry for 'CY 2019 Changes to the End-Stage Renal Disease (ESRD) Prospective Payment System, Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) CMS-1691-P'. Below the title, there is a 'Docket Folder Summary' and a link to 'View all documents and comments in this Docket'. The docket ID is CMS-2018-0079, the agency is the Centers for Medicare Medicaid Services (CMS), and the parent agency is the Department of Health and Human Services (HHS). A summary states that the rule updates the bundled payment system for ESRD facilities by January 1, 2019, and implements changes to the DMEPOS competitive bidding program. The RIN is 0938-AT28, the impacts and effects are none, the CFR citation is 42 CFR 413, and the priority is Economically Significant. A 'Take a Tour!' button is located to the right. Below the summary, there are social media sharing options (Tweet, Share, Email) and a 'Sign up for Email Alerts' button. A prominent box displays '530 Comments Received'. A 'Regulatory Timeline' section is also visible, showing a 'Pre Rule' event.



# CY 2019 ESRD PPS Final Rule - ESRD QIP Summary

The rule supports the ESRD QIP's effort to align with the Meaningful Measures Initiative's objectives

- Removes four measures beginning in PY 2021
- Adds two new measures beginning in PY 2022
- Restructures domains and weights used to calculate each facility's Total Performance Score (TPS) beginning in PY 2021
- Expands the National Healthcare Safety Network (NHSN) dialysis event data validation study over two years beginning in PY 2021
- Converts the CROWNWeb validation study into a permanent program feature beginning in PY 2021
- Delays reporting requirements for new facilities beginning in PY 2021



# Meaningful Measures Initiative

## OBJECTIVES

- Are patient-centered and meaningful to patients
- Are relevant and meaningful to providers
- Remove measures where performance is already very high and that are low-value
- Provide significant opportunity for improvement
- Align across programs and/or with other payers



- 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



# 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 & Medicaid Services*

**Through Meaningful Measures, 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 Section of the CY 2019 PPS Final Rule (CMS-1691-F)

---

**Delia Houseal, PH.D., MPH**  
ESRD QIP Program Lead

Division of Value, Incentives & Quality Reporting,  
Quality Measurement & Value Incentives Group, Center  
for Clinical Standards & Quality,  
*Centers for Medicare & Medicaid Services*



# Beginning in PY 2021: Update

## Factors for Measure-Removal

When removing a measure from the ESRD QIP, CMS will cite one or more of the following factors as justification for the measure's removal:

- Factor 1.** Measured performance among the majority of ESRD facilities is so high and unvarying that meaningful distinctions in improvements or performance can no longer be made (for example, the measure is topped-out).
- Factor 2.** Performance or improvement on the measure does not result in better or the intended patient outcomes.
- Factor 3.** A measure no longer aligns with current clinical guidelines or practice.
- Factor 4.** A more broadly applicable (across settings, populations, or conditions) measure for the topic or a measure that is more proximal in time to desired patient outcomes for the particular topic becomes available.
- Factor 5.** A measure that is more strongly associated with desired patient outcomes for the particular topic becomes available.
- Factor 6.** Collection or public reporting of a measure has (or could) lead/s to negative or unintended consequences.
- Factor 7.** It is not feasible to implement the measure specifications.
- Factor 8.** The costs associated with a measure outweigh the benefit of its continued use in the Program.



# Beginning in PY 2021: Change

## Four reporting measures removed

---

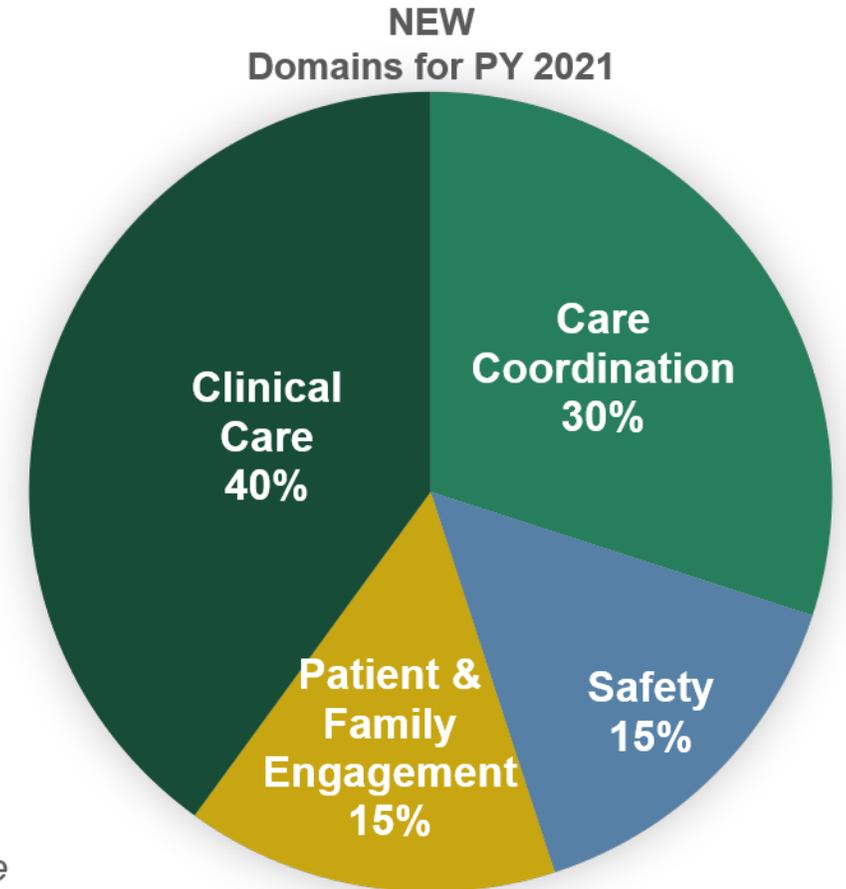
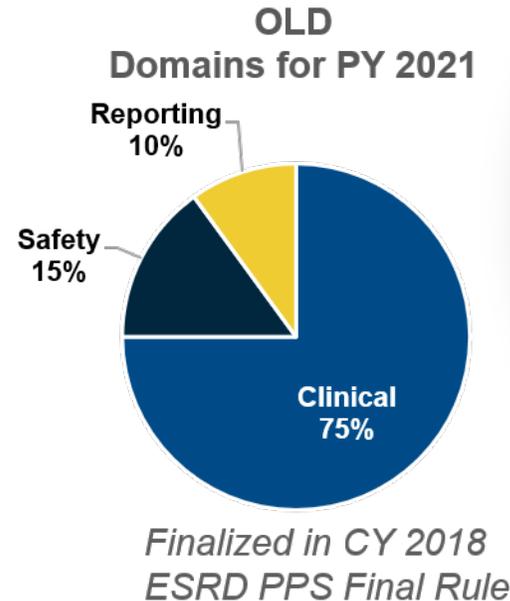
MEASURE	RATIONALE
Healthcare Personnel Influenza Vaccination	Factor 1
Pain Assessment and Follow-Up	Factor 1
Anemia Management	Factor 1
Serum Phosphorus	Factor 5



# PY 2021: Domains and Weighting

Reweights domain structure and measures to account for measure removals and emphasize clinical outcomes

- Four domains: To be eligible for a TPS, a facility must receive a score on at least one measure in two out of the four domains
- Clinical Care and Care Coordination Domains have the highest weights because they are more focused on **clinical outcomes**. Clinical Care Domain has a higher weight over Care Coordination because it contains more measures
- Patient and Family Engagement Domain and the Safety Domain each contribute 15% to the TPS, as they are more focused on **process** measures



*Finalized in CY 2019 ESRD PPS Final Rule*



# PY 2021 Measures: Overview

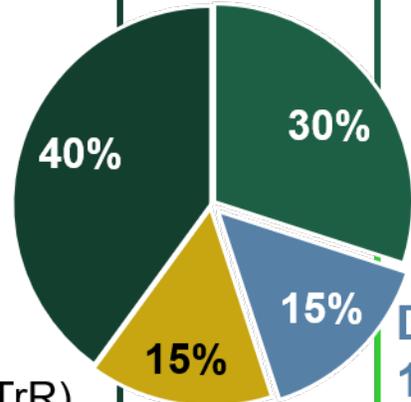
A facility must be eligible to receive a score on at least one measure in any two domains to receive a Total Performance Score (TPS)

## Clinical Care Domain 40% of TPS

- Kt/V Dialysis Adequacy (comprehensive)
- VAT Measure Topic:
  - Standardized Fistula Rate
  - Long-Term Catheter Rate
- Hypercalcemia
- Standardized Transfusion Ratio (STrR)
- Ultrafiltration Rate reporting measure

## Care Coordination Domain 30% of TPS

- Standardized Readmission Ratio (SRR)
- Standardized Hospitalization Ratio (SHR)
- Clinical Depression Screening & Follow-Up reporting measure



## Safety Domain 15% of TPS

- NHSN Bloodstream Infection (BSI)
- NHSN Dialysis Event reporting measure

## Patient & Family Engagement Domain 15% of TPS

- ICH CAHPS clinical measure

TPS	Payment Reduction Percentage
56 to 100	No reduction
46 to 55	0.5% reduction
36 to 45	1.0% reduction
26 to 35	1.5% reduction
0 to 25	2.0% reduction



# Beginning in PY 2021: New Start for Data Reporting Timeframe

Provides new facilities 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

- Delays the requirement for new facilities to begin reporting ESRD QIP data until the first day of the fourth month following the facility's **CCN Open Date**

EXAMPLE

IF CCN is assigned in the month of:

**January 2019**

S	M	Tu	W	Th	Fri	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	<b>CCN Open Date</b>					19
20	21	22	23	24	25	26
27	28	29	30	31		

*First day of fourth month*

“Open” date for reporting and measurement begins on...

**May 2019**

S	M	Tu	W	Th	Fri	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



# Beginning in PY 2021: Changes Data Validation

---

- **CROWNWeb data validation** becomes a permanent feature of the ESRD QIP
- **NHSN Dialysis Event validation study** will use an expanded sample size:
  - PY 2020: 35 Facilities, each providing 20 Records
  - PY 2021 Study: 150 Facilities, each providing 40 Records
  - PY 2022 Study: 300 Facilities, each providing 40 Records



## Beginning in PY 2022: Summary

- New Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec) measure
- New Percentage of Prevalent Patients Waitlisted (PPPW) measure
- Weights revised to account for addition of two new measures
- Continues expansion of number of facilities participating in the NHSN validation study

## PY 2024: Proposed but not finalized in Final Rule

- Proposed SWR measure



# Beginning PY 2022: New Measure

## Patients Receiving Care at Dialysis Facilities (MedRec)

Meaningful Measure Area = Medication Management

---

### MedRec

The measure assesses how well a facility has appropriately evaluated a patient's medications – an important safety concern for the ESRD patient population, who typically take a large number of medications

- Measure steward is Kidney Care Quality Alliance
- Additional resources for this measure are included at the end of the presentation



# Beginning PY 2022: New Measure

## Percentage of Prevalent Patients Waitlisted (PPPW)

Meaningful Measures Area = Equity of Care.

---

### PPPW

This measure assesses the percentage of current patients at each dialysis facility who were on the kidney or kidney-pancreas transplant waitlist

- Additional resources for this measure are included at the end of the presentation



# PY 2022 Measures: Overview

Reweights measures for scoring calculations to account for measure removals to achieve preferred emphasis on clinical outcomes. A facility must be eligible to receive a score on at least one measure in any two domains to receive a Total Performance Score (TPS).

## Clinical Care Domain 40% of TPS

- Kt/V Dialysis Adequacy (comprehensive)
- VAT Measure Topic:
  - Standardized Fistula Rate
  - Long-Term Catheter Rate
- Hypercalcemia
- Standardized Transfusion Ratio (STrR)
- Ultrafiltration Rate reporting measure

## Care Coordination Domain 30% of TPS

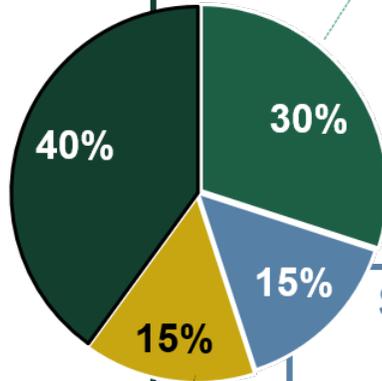
- Standardized Readmission Ratio (SRR) reporting measure
- Standardized Hospitalization Ratio (SHR)
- Clinical Depression Screening & Follow-Up
- NEW** • Percentage of Prevalent Patients Waitlisted (PPPW)

## Safety Domain 15% of TPS

- NHSN Bloodstream Infection (BSI)
- NHSN Dialysis Event reporting measure
- NEW** • Medication Reconciliation

## Patient & Family Engagement Domain 15% of TPS

- ICH CAHPS clinical measure



TPS	Payment Reduction Percentage
Not defined	To be determined



## Helpful Tips & Resources

---

Julia Venanzi, MPH

*ESRD QIP Program Systems & Communications*  
Division of Value, Incentives & Quality Reporting,  
Quality Measurement & Value Incentives Group,  
Center for Clinical Standards & Quality,  
*Centers for Medicare & Medicaid Services*



# Important ESRD QIP Dates

Payment Year	Performance Period	Achievement Score Comparison	Improvement Score Comparison
PY 2021	CY 2019	CY 2017	CY 2018
PY 2022	CY 2020	CY 2018	CY 2019

WHAT	WHEN
<b>PY 2019 Performance Score Certificate (PSC)</b>	Facilities must post through December 31, 2019
<b>PY 2019 payment reductions applied</b>	January 1 – December 31, 2019
<b>PY 2020 Preview Period</b>	<i>Estimated:</i> August, 2019
<b>PY 2021 Performance Period</b>	January 1 – December 31, 2019
<b>PY 2020 PSC</b>	Available mid December, 2019, facilities must post January 1 – December 31, 2020
<b>PY 2020 payment reductions applied</b>	January 1 – December 31, 2020
<b>CY 2020 ESRD PPS Rulemaking</b> <ul style="list-style-type: none"> <li>Proposed rule published</li> <li>60-day comment period ends</li> <li>Final rule published</li> </ul>	<ul style="list-style-type: none"> <li><i>Estimated:</i> June, 2019</li> <li><i>Estimated:</i> September, 2019</li> <li>Early November, 2019</li> </ul>



# Resources

For Info on:	Go to:
<b>Program (General)</b>	<a href="#">ESRD QIP Section at CMS.gov</a>
<b>Measures</b>	<a href="#">Technical Specifications for ESRD QIP Measures</a> <a href="#">CMS ESRD Measures Manual</a> <a href="#">In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems</a>
<b>QualityNet</b>	<a href="#">ESRD QIP Section at QualityNet.org</a> <a href="#">QualityNet Secure Portal</a> : Question & Answer Feature, Messaging, Scores, Facility Notices/Information, Certificates...
<b>Billing &amp; Payment</b>	<a href="#">ESRD Center on CMS.gov</a>
<b>Stakeholder Partners</b>	<a href="#">Partners in ESRD Care</a> Information & Links to stakeholders who compliment ESRD quality improvement (non-comprehensive)
<b>Legislative</b>	<a href="#">CY 2019 ESRD PPS Final Rule (CMS-1691-F) on Federal Register</a> <a href="#">The Medicare Improvements for Patients and Providers Act of 2008</a>

**To reach us for comment:** Contact the ESRD QIP Support Team via the [ESRD QIP Q&A Tool](#) or at [ESRDQIP@CMS.HHS.gov](mailto:ESRDQIP@CMS.HHS.gov)



# Question & Answer Session

---



# Thank You – Please Evaluate Your Experience

Share your thoughts to help us improve – [Evaluate](#) today's event

## Visit:

- [MLN Events](#) webpage for more information on our conference call and webcast presentations
- [Medicare Learning Network](#) homepage for other free educational materials for health care professionals

The Medicare Learning Network® and MLN Connects® are registered trademarks of the U.S. Department of Health and Human Services (HHS).



# Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Last revision date: January 11, 2019

