



mln call

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Calendar Year (CY) 2020 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Proposed Rule: ESRD Quality Incentive Program (ESRD QIP) Proposals

August 20, 2019
2:00 PM ET

Presented by:

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Centers for Medicare & Medicaid Services



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
STrR	Standardized Transfusion Ratio
SWR	First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients
TPS	Total Performance Score
UFR	Ultrafiltration



Today's Objectives

At the conclusion of today's call, the audience will:

A

Be familiar with statutory foundations and legislative drivers that guide ESRD QIP

B

Know the CMS Meaningful Measures Initiative and its alignment to ESRD QIP

C

Understand policies proposed in the CY 2020 ESRD PPS Proposed Rule

D

Gain insights into the rationale for proposed modifications and estimated impacts

E

Know how, and where, to view the proposed rule and to submit comments

F

Have access to additional resources about ESRD QIP



Today's Call:

CY 2020 ESRD PPS Proposed Rule

- This webinar is intended for CMS to provide information regarding requirements for the ESRD QIP that are contained within the CY 2020 ESRD PPS Proposed Rule released on July 29, 2019.
- Information is offered as an informal reference and does not constitute official CMS guidance. CMS encourages stakeholders, advocates, and others to refer to the Proposed Rule located in the [Federal Register](#).



The Administrative Procedures Act

- Because CMS must comply with the Administrative Procedures Act, we are not able to provide additional information, clarification, or guidance related to the proposed rule.
- CMS encourages stakeholders, advocates, and others to submit comments or questions by using the formal comment period referenced in today's call and described in the rule.





Introduction and ESRD QIP Overview

Statutory Foundations & Legislative Drivers



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, these measures are required to be outcome-based, to the extent feasible



ESRD QIP Statutory Requirements: Overview

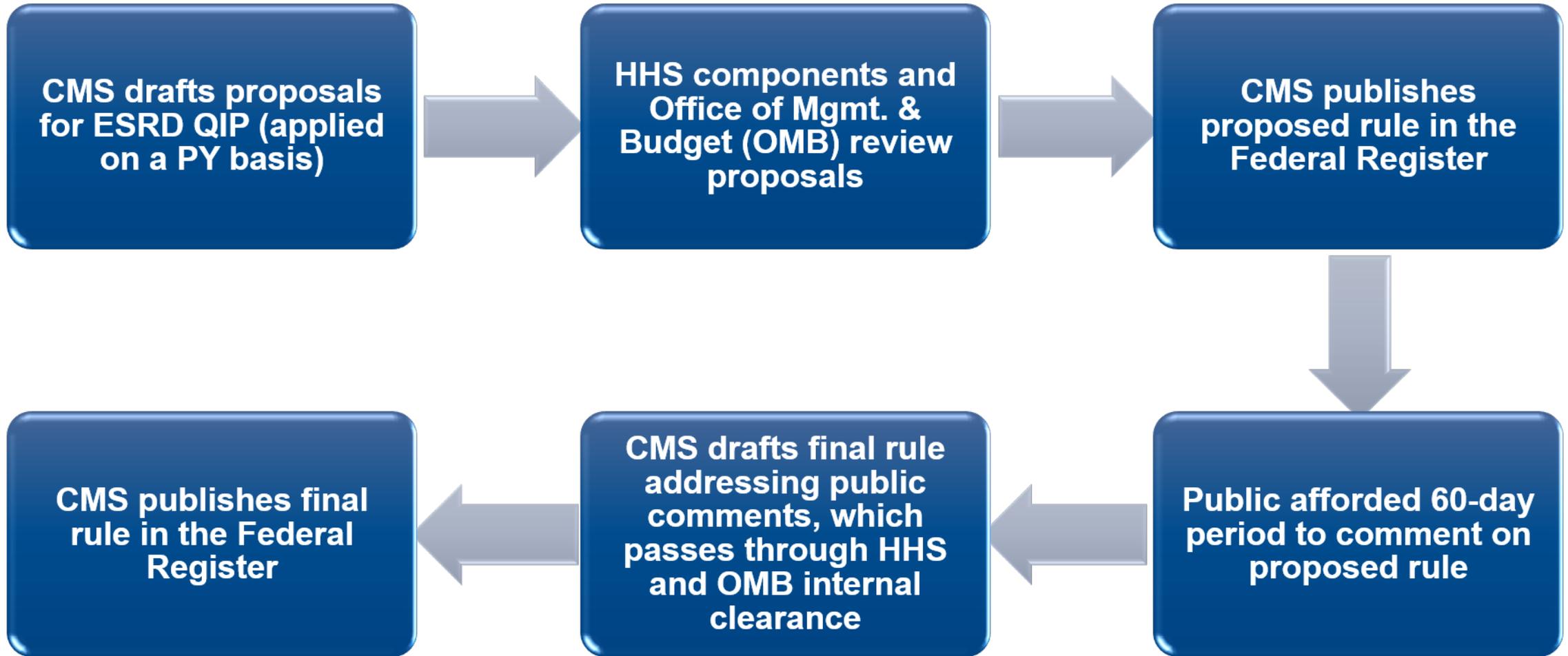
The Secretary of the Department of Health and Human Services (HHS) is required to create an ESRD QIP that will:

- **Include 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)

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ESRD QIP Rule Development

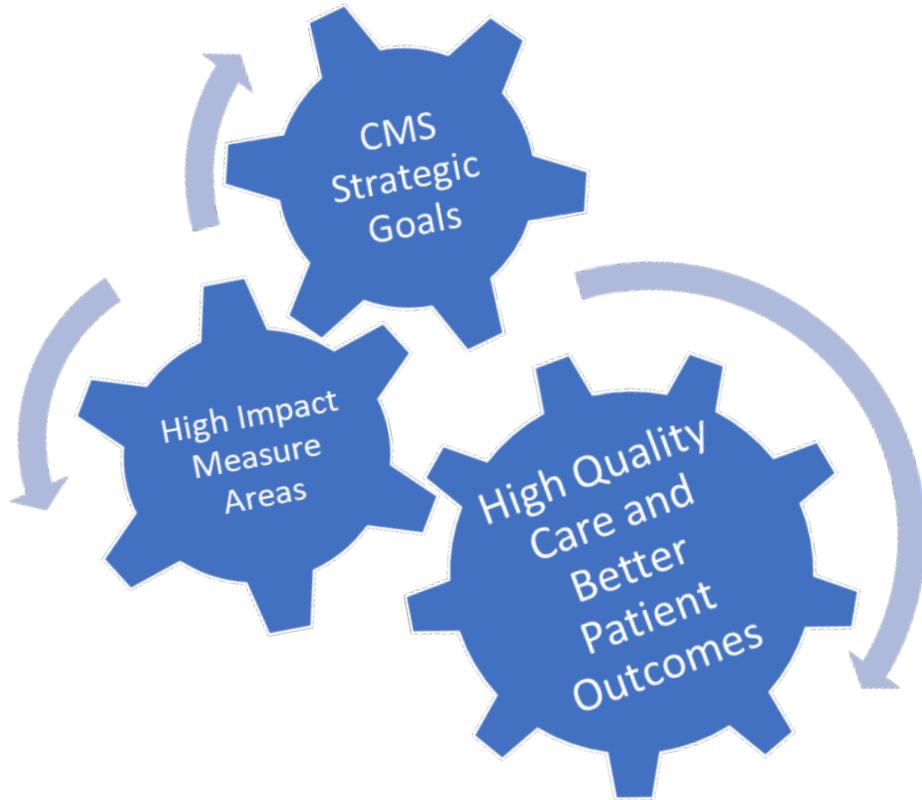




Meaningful Measures & the ESRD QIP



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*



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

Application in ESRD QIP

MedRec

Patients Receiving Care at Dialysis Facilities, Medication Reconciliation

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

Meaningful Measures Area
Making Care Safer by Reducing Harm Caused by Care Delivery

PPPW

Percentage of Prevalent Patients Waitlisted

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

Meaningful Measures Area
Promote Effective Communication and Coordination of Care





CY 2020 Rulemaking

PY 2022 & PY 2023 Overview (Finalized in CY 2020 ESRD PPS)

Proposed Modifications & Rationale

Summary of Proposals & Estimated Impacts on PY 2022 & 2023



PY 2022 & PY 2023 Measure Set

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
- Percentage of Prevalent Patients Waitlisted (PPPW)

Patient & Family Engagement Domain

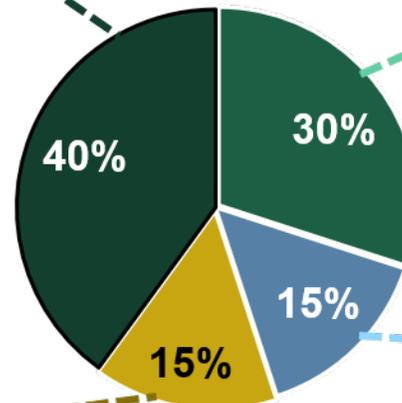
15% of TPS

- ICH CAHPS

Safety Domain

15% of TPS

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



Overview of Proposed ESRD QIP Modifications

1. Update scoring methodology for the National Healthcare Safety Network (NHSN) Dialysis Event reporting measure
2. Convert STrR clinical measure (NQF #2979) into a reporting measure
3. Revise MedRec reporting measure's scoring equation
4. Codify program requirements in regulation text
5. Continue data validation in PY 2022 and beyond



Proposal 1:

Update scoring methodology for the National Healthcare Safety Network (NHSN) Dialysis Event reporting measure

PROPOSED SCORING DISTRIBUTION

Percentage of Eligible Months* Reported	Points Awarded to Facility
100% of eligible months	10 points
Less than 100% but no less than 50% of eligible months	2 points
Less than 50% of eligible months	0 points

Proposal

- Update the Eligibility Requirements for the PY 2022 ESRD QIP to allow facilities to receive a score even when they are ineligible to report for all 12 months
- Assess facilities based on number of months eligible to report
- Remove the requirement that new facilities have a CCN open date that is before the October 1st prior to the performance period

*“**Eligible Months**” = the months in which dialysis facilities are required to report dialysis event data to NHSN per the measure eligibility criteria. Includes facilities that offer in-center hemodialysis and facilities that treat at least 11 eligible in-center hemodialysis patients during the performance period



Proposal 1: Rationale

Update scoring methodology for the National Healthcare Safety Network (NHSN) Dialysis Event reporting measure

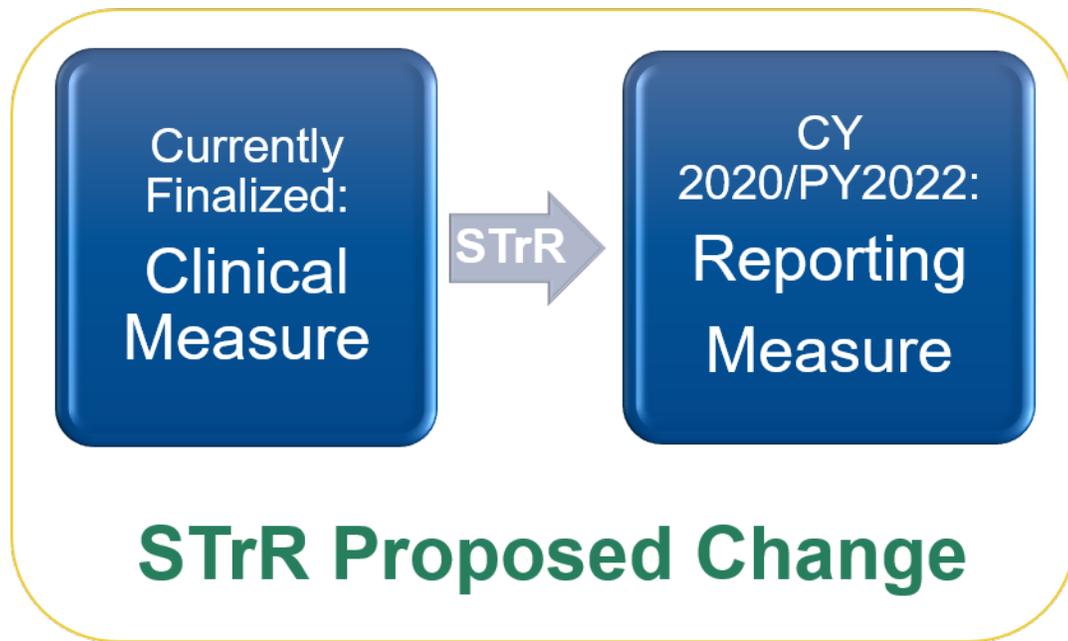
Rationale

- Accumulated experience with the existing requirements, finalized in the CY 2017 ESRD PPS Final Rule, has led CMS to recognize a need for adjustment, which:
 - Recognizes effort from facilities ineligible to submit 12 months of data (new facilities or those granted an ECE)
 - Incentivizes reporting for facilities eligible to report data for fewer than 12 months



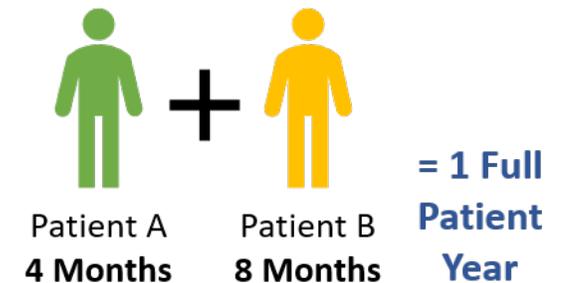
Proposal 2:

Convert the STrR clinical measure (NQF #2979) into a reporting measure



Proposal

- Convert STrR from a Clinical Measure to a Reporting Measure
- To receive 10 points: Facility must report the data required to determine the number of eligible patient-years at risk + have a minimum of 10 patient-years at risk
 - Multiple patients can be included within one patient year



Proposal 2: Rationale

Convert the STrR clinical measure (NQF #2979) into a reporting measure

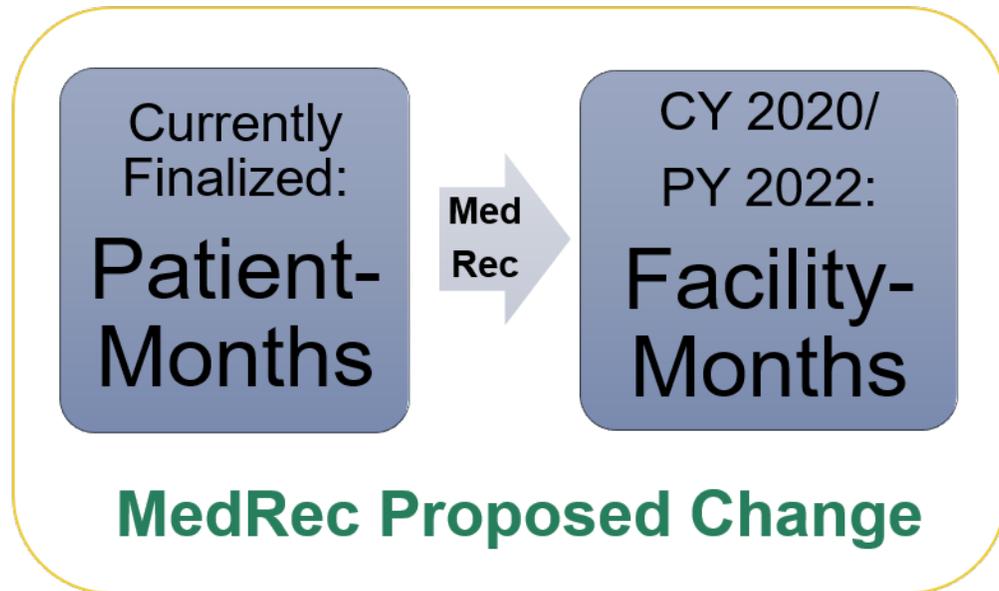
Rationale

- Commenters to the CY 2019 ESRD PPS proposed rule raised concerns about the STrR clinical measure's validity
- CMS is currently in the process of examining these concerns
- Fulfills the statutory requirement to include a measure of anemia management in the Program
- Ensure that facilities are not adversely affected during CMS's continued examination of the measure
- Ensures that the Program's scoring methodology results in fair STrR measure scores



Proposal 3:

Revise MedRec reporting measure's scoring equation



Proposal

- Change MedRec scoring equation before the measure's introduction in PY 2022 to use the term "Facility-Months" (instead of "Patient-Months")

$$\left(\frac{\# \text{ months successfully reporting data}}{\# \text{ eligible months}} \times 12 \right) - 2$$



Proposal 3: Rationale

Revise MedRec reporting measure's scoring equation

Rationale

- Facility-months is more appropriate because it would assess the proportion of months in a year that a facility reported the necessary data
- Calculating MedRec using facility-months is consistent with the scoring methodology used for all reporting measures that require monthly reporting
- Adjusts the measure's scoring equation prior to the measure's use in the Program



Proposal 4:

Codify Program Requirements

Proposal

- **Codify automatic adoption of the baseline period and performance period for each payment year**
- **Codify data submission requirements for calculating measure scores**
- **Codify the Extraordinary Circumstances Exception (ECE) process, including a new option to provide facilities with flexibility**



Proposal 4: Rationale

Codify Program Requirements

Rationale

- Previously finalized policies will be easier for the public to locate
- Data submission requirements will be easier to understand
- Guidance on ECE policies will be clearer and provide additional flexibility to facilities in affected areas



Proposal 5:

Continue Data Validation in PY 2022 and Beyond



Proposal

NHSN validation study

- Continue using PY 2022 methodology
- Adopt NHSN validation study as a permanent feature of the ESRD QIP.



Proposal 5: Rationale

Continue Data Validation in PY 2022 and Beyond

Rationale

- A sample size of 300 facilities ensures enough precision within the study
- Signals CMS' commitment to accurate reporting of the topics covered by the adopted NHSN measures



Proposed Rule

PY 2023 OVERVIEW

Proposals

- **Performance period: CY 2021**
- **Baseline period: CY 2019 and 2020**
- **Automatically adopt performance and baseline period for each year that is one year advanced from those specified for the previous payment**
- **Continue use of the PY 2022 measure weights and measure weight distribution policy in PY 2023 and future years**

Rationale

- Provide clear guidance to the public on these policies for PY 2023 and future payment years



Payment Reductions

Provide estimated PY 2022 minimum total performance score (TPS) and payment reduction scale for PY 2022

PY 2022 minimum Total Performance Score (TPS) estimate

- Facility must meet or exceed a **mTPS** of 53 to avoid payment reduction

	Total performance score	Reduction (%)
mTPS Estimate PY 2022	100-53	0%
	52-43	0.5%
	42-33	1.0%
	32-23	1.5%
	22-0	2.0%

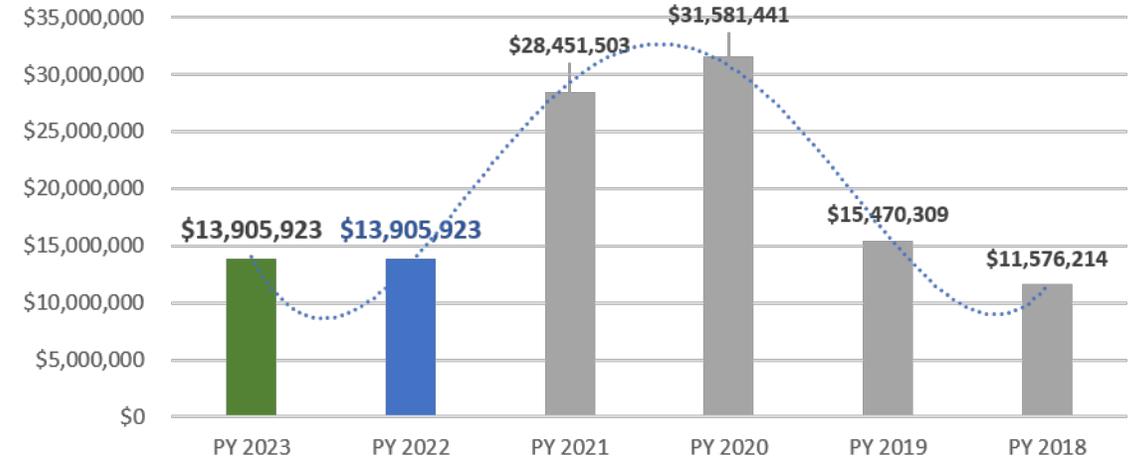
- Final mTPS and payment reduction ranges will be included in the Final Rule



Anticipated Impact of Proposed Rule PY 2022 & PY 2023

<i>Projected Impact By Year PY 2022 & PY 2023</i>	Number of Facilities	Number of Treatments 2017 (in millions)	Number of Facilities with QIP Score	Number of Facilities Expected to Receive a Payment Reduction	Payment Reduction (percent change in total ESRD payments)
All Facilities	7,099	45.1	6,876	1,506	-0.14%
Facility Type: Freestanding	6,681	43	6,510	1,407	-0.13%
Hospital-based	418	2.2	366	99	-0.22%

Projected Payment Reductions & History



Projected for each PY

Payment Reduction	Number of Facilities	Percent of Facilities*
0.00%	5,370	78.10%
0.50%	1,116	16.23%
1.00%	325	4.73%
1.50%	56	0.81%
2.00%	9	0.13%

*223 facilities not scored due to insufficient data





Participating in the Comment Period

How to Locate the Proposed Rule or Submit a Comment



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



Your Comments Matter

The public comment period for the CY 2020 ESRD PPS Proposed rule is open until **September 27, 2019**

[regulations.gov](https://www.regulations.gov)



Commenting on the Proposed Rule

Make a difference. Submit your comments and let your voice be heard.

SEARCH for: Rules, Comments, Adjudications or Supporting Documents:

1713-P

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Comments Due Soon
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Unable to submit a comment?



Commenting on the Proposed Rule (continued)

Certain browser plug-ins or extensions, such as Grammarly, may interfere with submitting comments on the comment form. If you have issues, please disable browser plugins and extensions and try submitting your comment again. If you need additional assistance, please contact the Help Desk at 1-877-378-5457.

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Medicare Program: End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, etc.

- Document Contents : ...Medicaid Services 42 CFR Parts 405, 410, 413 and 414 [CMS-1713-P] RIN 0938-AT70 Medicare Program; End-Stage Renal Disease Prospective Payment System...

Proposed Rule by CMS on 08/06/2019 ID: CMS-2019-0110-0002

[Comment Now!](#)

Due Sep 27, 2019 11:59 PM ET

[Open Docket Folder](#)

RIN: 0938-AT70

End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury ESRD Quality Incentive Program, DMEPOS CBP & Fee Schedule Amounts for New Items and Services CMS-1713-P Display

- Document Contents : ...Medicaid Services 42 CFR Parts 405, 410, 413 and 414 [CMS-1713-P] RIN 0938-AT70 Medicare Program; End-Stage Renal Disease Prospective Payment System...

Proposed Rule by CMS on 07/29/2019 ID: CMS-2019-0110-0001

Comment Period Closed

Aug 06, 2019 11:59 PM ET

[Open Docket Folder](#)

RIN: 0938-AT70





Resources

Important Dates, Websites, Feedback



Key ESRD QIP Dates to Remember

Item	Timeframe/Notes
PY 2019 Payment Reductions Applied	January 1 – December 31, 2019
PY 2020 Preview Period	July 22-August 23, 2019 at 11:59pm PT (August 24 at 2:29am ET)
PY 2021 Performance Period	January 1 – December 31, 2019
CY 2020 ESRD PPS	<p>Proposed rule published: display available on July 29, 2019</p> <p>60-day comment period: starts July 29 and ends September 27, 2019</p> <p>Final rule published: November 2019</p>
PY 2020 PSC Available for Download	<p>Mid-December 2019</p> <ul style="list-style-type: none"> • Post within 15 business days
PY 2020 Payment Reductions	January 1, 2020 through December 31, 2020



Resources

RESOURCE	URL
CMS.gov: ESRD QIP Section	www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html
Technical Specifications for ESRD QIP Measures (includes proposed technical specifications)	www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html
Dialysis Facility Compare	www.medicare.gov/dialysisfacilitycompare
Federal Register: CY 2020 ESRD PPS Proposed Rule	https://www.govinfo.gov/content/pkg/FR-2019-08-06/pdf/2019-16369.pdf
Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)	www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf
National Healthcare Safety Network (NHSN)	https://www.cdc.gov/nhsn/faqs/dialysis/faq-esrd-qip.html
QualityNet.org: ESRD QIP	https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228776130562
Regulations.gov	https://www.regulations.gov/



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