

# APPENDIX D. QUALITY PERFORMANCE

## Table of Contents

A. Quality Measures.....	2
B. Quality Measure Reporting.....	4
Population for Measurement.....	4
Time Period for Measurement.....	4
Quality Measure Data Sources for Reporting.....	4
C. Quality Performance Scoring.....	6
Quality Points Sliding Scale.....	7
D. Shared Savings eligibility.....	8
CEC Total Quality Score (TQS) Minimum Attainment Level.....	8
CEC Total Quality Score (TQS) Minimum Performance Threshold.....	8
ESRD QIP Total Performance Score (TPS) Minimum Attainment Level.....	8
E. Quality Performance Payment Adjustment.....	9
F. Physician Quality Reporting System.....	9

## A. Quality Measures

CMS will calculate the End Stage Renal Disease (ESRD) Seamless Care Organization's (ESCO) Total Quality Score (TQS) for the Comprehensive ESRD Care Initiative (CEC Initiative) using a set of standardized quality measures. These measures align with the National Quality Strategy (NQS) priorities and will encourage the ESCO to meet high standards of clinical care, patient-centeredness, and care coordination across multiple care settings for ESRD beneficiaries.

Table 1 displays the CEC Initiative Quality Measure Set by NQS domain and includes the measure title, National Quality Forum (NQF) number (where applicable), measure steward, and data source.

**Table 1: CEC Quality Measure Set**

Measure Title	NQF #	Measure Steward	CEC Data Source
<b><i>Domain: Patient Safety</i></b>			
ESCO Standardized Mortality Ratio	0369	CMS	Claims and CMS administrative data
Documentation of Current Medications in the Medical Record	Adapted 0419 <sup>1</sup>	CMS	Hybrid <sup>2</sup>
Bloodstream Infection in Hemodialysis Outpatients	1460	CDC	QIP results <sup>3</sup>
Falls: Screening, Risk Assessment and Plan of Care to Prevent Future Falls	Adapted 0101	NCQA	Hybrid
<b><i>Domain: Person- and Caregiver-Centered Experience and Outcomes</i></b>			
Kidney Disease Quality of Life (KDQOL) Survey	N/A	RAND	Survey
Advance Care Plan	Adapted 0326	NCQA	Hybrid
ICH-CAHPS: Nephrologists' Communication and Caring	0258	AHRQ	QIP results
ICH-CAHPS: Quality of Dialysis Center Care and Operations	0258	AHRQ	QIP results
ICH-CAHPS: Providing Information to Patients	0258	AHRQ	QIP results
ICH-CAHPS: Rating of Kidney Doctors	0258	AHRQ	QIP results
ICH-CAHPS: Rating of Dialysis Center Staff	0258	AHRQ	QIP results
ICH-CAHPS: Rating of Dialysis Center	0258	AHRQ	QIP results
<b><i>Domain: Communication and Care Coordination</i></b>			
ESCO Standardized Hospitalization Ratio for Admissions	1463	CMS	Claims and CMS administrative data
ESCO Standardized Readmission Ratio	2496	CMS	Claims and CMS administrative data
Medication Reconciliation Post Discharge	Adapted 0554	NCQA	Hybrid
<b><i>Domain: Clinical Quality of Care</i></b>			
Diabetes Care: Eye Exam	0055	NCQA	Hybrid
Diabetes Care: Foot Exam	0056	NCQA	Hybrid
Hemodialysis Adequacy: Minimum Delivered Hemodialysis Dose	0249	CMS	QIP results
Proportion of Patients with Hypercalcemia	1454	CMS	QIP results
Peritoneal Dialysis Adequacy: Delivered Dose of Peritoneal Dialysis Above Minimum	0318	CMS	QIP results
Hemodialysis Vascular Access: Maximizing Placement of Arterial Venous Fistula	0257	CMS	QIP results
Hemodialysis Vascular Access: Minimizing Use of Catheters as Chronic Dialysis Access	0256	CMS	QIP results
<b><i>Domain: Population Health</i></b>			
Influenza Immunization for the ESRD Population	Adapted 0226	KCQA	Hybrid
Pneumonia Vaccination Status	Adapted 0043	NCQA	Hybrid
Screening for Clinical Depression and Follow-Up Plan	Adapted 0418	CMS	Hybrid
Tobacco Use: Screening and Cessation Intervention	Adapted 0028	AMA PCPI	Hybrid

<sup>1</sup> An Adapted measure is a measure with changes to the specifications for the NQF-endorsed version of the measure, such as expanded age ranges (e.g., 18 and older instead of 65 and older) or alternate data sources for the measure. Measures with an age stratification (e.g., 18 and older instead of all ages) are not considered adaptations from the NQF endorsed measures.

<sup>2</sup> Hybrid measures use claims and medical record data. The ESCO is responsible for reporting on the portion of the measure that requires use of medical record data.

<sup>3</sup> The ESRD QIP generates measure results from Medicare claims, the Consolidated Renal Operations in a Web-Enabled Network (CROWNWeb), and the National Healthcare Safety Network (NHSN).

## **B. Quality Measure Reporting**

### **Population for Measurement**

The beneficiary population for CEC quality measures differs for those measures based on QIP results. For the quality measures using the QIP results, the measure population is not limited to ESCO Beneficiaries. Instead, the QIP measure results will include the entire adult Medicare ESRD beneficiary population for a given Dialysis Facility participating in the ESCO. To calculate an ESCO-level measure result using QIP results, the CEC Operations Contractor will combine the Dialysis Facility ESRD QIP measure results for all of the Dialysis Facilities in a given ESCO. For non-QIP measures, the measure population is all ESCO Beneficiaries.

### **Time Period for Measurement**

The measurement period for the quality measures is based on 12 months of data that align to the calendar year. Given Performance Year 1 (PY1) is 18 months and includes two calendar years, there will be two quality measure results submission periods for PY1. The first submission period will cover the measurement period from July 2015 through December 2015 and the second submission period will cover the measurement period from January 2016 through December 2016. The quality measures that use QIP results as the data source will be based on a period of performance that is 12 months and aligns to the calendar year. The submission periods and specifications for reporting on these measures are defined by the ESRD QIP.

### **Quality Measure Data Sources for Reporting**

Each individual measure will be collected and reported using the following data sources:

- Medicare claims and CMS administrative data.
- Medicare claims and medical records (Hybrid).
- ESRD QIP results.
- Patient surveys.

#### ***Medicare Claims and CMS administrative data***

For the standardized ratio measures (which are identified in Table 1 with a data source of the Claims and CMS administrative data), CMS will allow for a three-month claims run-out period before calculating measure results. The CEC Operations Contractor will directly access the Medicare claims and other CMS administrative data to calculate the measure results.

#### ***Medicare Claims and Medical Records (Hybrid)***

For hybrid measures, the CEC Operations Contractor will define the eligible populations from Medicare claims data. The CEC Operations Contractor will target a final sample size of 411 ESCO Beneficiaries per measure, which may require oversampling. If the ESCO will have measures with fewer than 411 ESCO Beneficiaries in the eligible population for a particular measure, it must report data for all eligible beneficiaries. The ESCO must submit medical record data for the hybrid measures using a CMS-provided, web-based reporting tool. The CEC Operations Contractor will populate the tool with measure denominator data and the ESCO will access the tool to submit the requested beneficiary-level quality. After the ESCO has submitted the required quality data, the CEC Operations Contractor will receive the

calculated measure results from the tool. These results will be combined with the other quality measure results to calculate a Total Quality Score (TQS).

### ***ESRD QIP Results***

The ESRD QIP generates dialysis facility measure results from Medicare claims, the Consolidated Renal Operations in a Web-Enabled Network (CROWNWeb), and the National Healthcare Safety Network (NHSN).

The CEC Initiative will incorporate ESRD QIP measures that target adults (18 years of age and older) and are categorized by the QIP as *Clinical*. The CEC Operations Contractor will obtain the Dialysis Facility-level quality measure results for each of the Dialysis Facilities directly from the ESRD QIP program. These data will reflect the entire population of Medicare beneficiaries who received care at the Dialysis Facility, provided the Dialysis Facility is eligible to participate in the QIP. The CEC Operations Contractor will calculate a weighted average of facility results for QIP measures to produce an ESCO-level result.

The CEC Initiative will align with the QIP measure exemptions and policies. For example, Dialysis Facilities are not always eligible to receive a score on all of the measures due to the exclusions that are part of the measure specifications, including the 11-patient minimum for clinical measures. Dialysis Facilities that receive “n/a” on a QIP measure will be held harmless for the missing result in the CEC Quality Performance Scoring methodology.

The In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS®<sup>4</sup>) is part of the CAHPS family of surveys developed by the Agency for Healthcare Research and Quality (AHRQ). The survey measures the experiences of adults receiving in-center hemodialysis care with at least three months of experience on hemodialysis at their current Medicare-certified dialysis facility.

As part of the ESRD QIP, all Medicare dialysis facilities are responsible for selecting and paying for a CMS-approved survey vendor to administer the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS®<sup>5</sup>) survey and, as of 2014, to submit the collected data to CMS. The CEC Operations contractor will obtain the ICH CAHPS results for Dialysis Facilities within the ESCO and combine the Dialysis Facility-level results to calculate an ESCO-level measure score for each ICH CAHPS component.

### ***Patient Surveys***

#### **KDQOL**

The Kidney Disease Quality of Life (KDQOL) survey is a patient assessment tool used to assess the quality of life of patients with kidney disease. CMS plans to administer the KDQOL through a survey contractor for ESCO Beneficiaries. The KDQOL survey contractor will provide the survey results and related reports to the CEC Operations Contractor and the ESCO.

---

<sup>4</sup> CAHPS® is a registered trademark of AHRQ.

<sup>5</sup> CAHPS® is a registered trademark of AHRQ.

## C. Quality Performance Scoring

The CEC Quality Performance Scoring methodology is based on the following scoring dimensions:

- Measure Weights.
- Quality Points Sliding Score.
- Minimum Attainment.
- Benchmark Sources.

### Measure Weights

The CEC Quality Scoring Methodology includes weights for each quality measure to reflect its respective contribution to the ESCO Total Quality Score (TQS). The methodology assigns outcome quality measures a weight of 3 and process quality measures a weight of 2. The quality measures with QIP results as their data source are assigned a weight of 1. Notably, the ICH CAHPS survey includes six reported measures, each of which are assigned a weight of 1 so the survey as a whole contributes a weight of 6.

Table 2 displays the measure weights for the CEC Quality Measure Set.

**Table 2: Measure Weights for ESCO TQS**

Measure Title	Data Source	Type	Measure Weight
Hemodialysis Vascular Access: Maximizing Placement of Arterial Venous Fistula	QIP results	Process	1
Hemodialysis Vascular Access: Minimizing Use of Catheters as Chronic Dialysis Access	QIP results	Process	1
Bloodstream Infection in Hemodialysis Outpatients	QIP results	Outcome	1
Hemodialysis Adequacy: Minimum Delivered Hemodialysis Dose	QIP results	Outcome	1
Proportion of Patients with Hypercalcemia	QIP results	Outcome	1
Peritoneal Dialysis Adequacy: Delivered Dose of Peritoneal Dialysis Above Minimum	QIP results	Outcome	1
In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey*	QIP results	Outcome	6*
Kidney Disease Quality of Life (KDQOL) Survey	Survey	Outcome	3
ESCO Standardized Hospitalization Ratio for Admissions	Claims	Outcome	3
ESCO Standardized Mortality Ratio	Claims	Outcome	3
ESCO Standardized Readmission Ratio	Claims	Outcome	3
Documentation of Current Medications in the Medical Record	Hybrid	Process	2
Falls: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls	Hybrid	Process	2
Advance Care Plan	Hybrid	Process	2
Medication Reconciliation Post Discharge	Hybrid	Process	2
Diabetes Care: Eye Exam	Hybrid	Process	2
Diabetes Care: Foot Exam	Hybrid	Process	2
Influenza Immunization for the ESRD Population	Hybrid	Process	2
Pneumonia Vaccination Status	Hybrid	Process	2
Screening for Clinical Depression and Follow-Up Plan	Hybrid	Process	2
Tobacco Use: Screening and Cessation Intervention	Hybrid	Process	2

\*ICH CAHPS is composed of six components: Nephrologists' Communication and Caring, Quality of Dialysis Center Care and Operations, Providing Information to Patients, Rating of Kidney Doctors, Rating of Dialysis Center Staff, and Rating of Dialysis Center. Each component has a measure weight of 1 with a total survey measure weight of 6.

### Quality Points Sliding Scale

In PY1, the ESCO will receive credit for completely and accurately reporting on the hybrid measures. Complete and accurate reporting means that the ESCO meets all of the reporting requirements including timing and reporting requested data for all required measures. If the ESCO does not completely and accurately report on all required measures, it will not be eligible to receive Shared Savings in PY1.

Beginning in PY2, the ESCO will earn quality points on a sliding scale based on its performance compared to a national benchmark or its improvement from its previous year results. For each measure, the TQS will use the higher of the points earned based on comparison to national performance or improvement [from the ESCO's own performance in the previous year]. The total points earned for each measure will be multiplied by the measure weight and summed to produce the ESCO TQS. The ESCO's TQS will be used to determine the ESCO's eligibility for Shared Savings.

CMS is considering several options for the implementation, analysis and scoring of the KDQOL survey measure. The final approach will be determined after reviewing the results of PY1 survey data. The design of the survey measure score(s) will consider different modes of administration, sampling approaches, response rates, and the contribution of the distinct subscales within the KDQOL (e.g., Physical and Mental summary components).

Table 3 presents the anticipated sliding scale for both performance and improvement scoring options for measures other than the KDQOL for PY2. With performance scoring, the ESCO will receive points for results at or above the 30<sup>th</sup> percentile of national performance. If the ESCO does not meet the minimum level for a given measure, it will receive zero points for that particular measure. With improvement scoring, the ESCO will receive up to 1.5 points for the percentage improvement from the ESCO's previous year's results. If the current year's results are less than the previous year's results for a particular measure, the ESCO receives zero points for improvement for that measure.

**Table 3: Anticipated Sliding Scale for ESCO Performance or Improvement Points**

Performance Scale	Quality Points Earned	Improvement Scale
90+ percentile national performance	2	Not applicable
75+ percentile national performance	1.5	Greater than 10%
50+ percentile national performance	1	Greater than 5% up to 10%
30-49 <sup>th</sup> percentile national performance	0.5	Up to 5%
<30 <sup>th</sup> percentile national performance	No points	Less than or equal to previous year's rate

Each measure's score will be derived by:

1. Determining the performance and improvement points.
2. Selecting the higher of the two values.
3. Multiplying the higher value by the measure weight to determine the measure score.

The CEC Operations Contractor will sum the measure scores to calculate the ESCO TQS. This scoring methodology awards the highest quality points to the ESCO if it achieves a high level of performance on a measure, while still offering some points for improved performance.

### **Benchmarks**

In PY1, all measures will be pay-for-reporting and CMS will not apply benchmarks to score the ESCO. For PY2 and beyond, CMS will release the list of benchmarks by measure in an update to this Appendix. These benchmarks, which represent national performance percentiles, will be used for performance scoring in PY2 and future years. The ESCO's results from PY1 will be used as baseline performance for calculating improvement scoring in PY2.

## **D. Shared Savings Eligibility**

### **CEC Total Quality Score (TQS) Minimum Attainment Level**

For PY1, CMS will use the CEC TQS minimum attainment level when determining Shared Savings eligibility. The minimum attainment level is defined as complete and accurate reporting for all required quality measures during both quality measure results submission periods. The failure to report on any required measure will result in a score less than 100% and thereby make an ESCO ineligible for Shared Savings.

### **CEC Total Quality Score (TQS) Minimum Performance Threshold**

For PY2 and future years, CMS will use the CEC TQS minimum performance threshold when determining Shared Savings eligibility. The minimum performance threshold will be a set percentile that is based on a national performance benchmark, which will be determined for PY2 and future years prior to the start of each of those years. Failure to achieve a TQS that meets or exceeds the minimum performance threshold will make an ESCO ineligible for Shared Savings.

### **ESRD QIP Total Performance Score (TPS) Minimum Attainment Level**

The ESRD QIP assesses up to a 2 percent payment reduction for Dialysis Facilities that fail to reach a specified threshold value for the ESRD QIP TPS ("the QIP minimum TPS") determined for each payment year. For PY1 and future years, CMS will require that the ESCO TPS for the ESCO's Dialysis Facilities meet the QIP minimum TPS. The CEC Operations Contractor will calculate the ESCO TPS by using a weighted average of the TPSs for the Dialysis Facilities that are part of the ESCO. If an ESCO's TPS falls below the QIP minimum TPS, the ESCO will be ineligible to receive Shared Savings.

In the event that an individual Dialysis Facility does not receive a TPS due to approved QIP exemptions (i.e., fewer than 11 cases for measures, does not qualify for any reporting measure, new facility, or change of ownership), that Dialysis Facility will be removed from the calculation of the ESCO TPS.

## **E. Quality Performance Payment Adjustment**

The CEC Operations Contractor will calculate the Shared Savings at the end of each Performance Year. If the ESCO has met or exceeded both the TPS minimum level of attainment and the TQS minimum level of attainment (in PY1) or the TQS minimum performance threshold (in PY2 and future years), CMS will multiply the total Medicare savings by the ESCO TQS to determine the Preliminary Shared Savings to be distributed to the ESCO, per the methodology described in Appendix B.

## **F. Physician Quality Reporting System**

In the CY15 portion of PY1, Participants that are Eligible Professionals (EPs) will remain subject to all Physician Quality Reporting System (PQRS) requirements. Beginning with the CY16 portion of PY1 and in future years of the CEC model, pursuant to section 1899(b)(3)(D), Participants that are EPs and part of an ESCO that successfully reports on the CEC measure set will be deemed to have satisfactorily reported data on quality measures for the PQRS for the corresponding CY. If an ESCO fails to successfully report on the CEC measure set, then any Participants that are EPs will not receive credit for satisfying PQRS reporting requirements and will be subject to the PQRS negative payment adjustment for the corresponding CY. Participants may not avoid the PQRS negative payment adjustment by separately reporting data on PQRS quality measures, instead, their PQRS compliance determination will be based solely on whether their ESCO has successfully reported on the CEC quality measures. If a Participant is a group practice, the EPs in the group practice that are not Participants remain subject to all PQRS reporting requirements.