



# **MLN Connects<sup>®</sup>**

*National Provider Call*

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

Payment Year 2020 Final Rule  
January 17, 2017



Official Information Health Care  
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# Presenters

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# Agenda

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**To provide an overview of the final rule for the Centers for Medicare & Medicaid Services' (CMS) End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Year (PY) 2020**

**This National Provider Call (NPC) will discuss:**

- ESRD QIP legislative framework
- Finalized measures, standards, scoring, and payment reduction scales for PY 2019 and PY 2020
- Additional programmatic changes
- Available resources

# Introduction

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Tamyra Garcia

# 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 Overview

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Celeste Bostic



# 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 (i.e., those submitting 72x claim forms for reimbursement) 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 (HHS) to create an ESRD QIP that will:

- **Select measures**
  - 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)

# Program Policy: ESRD QIP Development from Legislation to Rulemaking

**MIPPA** outlines general requirements for ESRD QIP (applied on a PY basis)

**HHS components review proposals**, including the Office of the General Counsel (OGC) and the Centers for Disease Control and Prevention (CDC)

**CMS publishes proposed rule** via Notice of Proposed Rulemaking (NPRM) in the *Federal Register*

**Public afforded 60-day period** to comment on proposed rule

**CMS drafts final rule** (addressing public comments), which passes through HHS internal clearance process

**CMS publishes final rule** in the *Federal Register*

# Scoring Facility Performance

**Collect data** from Medicare reimbursement claims, National Healthcare Safety Network (NHSN), CROWNWeb, and vendors who report data for the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS)

**Release estimated scores** and payment reduction in a Preview Performance Score Report (PSR) to facilities

**Conduct 30-day Preview Period** for facility review of calculations and inquiries

**Adjust scores where required**; submit payment reductions to Center for Medicare (CM)

**Release final results** in a Final PSR for facilities and PSCs for patients (posted in English and Spanish in a prominent patient area in each facility)

# Impact of the Comment Period

- Approximately 50 public comments on the PY 2020 Proposed Rule
- Changes to the proposals reflected in the PY 2020 Final Rule:
  - Substantive changes for the Hypercalcemia clinical measure finalized for PY 2019, rather than for PY 2018
  - Weighting of the scoring domains changed for PY 2020
  - 60-day response time finalized for the NHSN Bloodstream Infection (BSI) Data Validation Study

# Finalized Revisions to PY 2019

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Celeste Bostic  
Joel Andress

# Overview of PY 2019 Revisions

## Clinical Measure Domain – 75% of TPS

### Patient and Family Engagement/Care Coordination Subdomain – 42% of Clinical Measure Domain score

1. ICH CAHPS
2. Standardized Readmission Ratio (SRR)

### Clinical Care Subdomain – 58% of Clinical Measure Domain score

1. Standardized Transfusion Ratio (STrR)
- ★ 2. Kt/V Dialysis Adequacy (comprehensive)
3. Vascular Access Type (VAT) Measure Topic – Arteriovenous Fistula (AVF)
4. VAT Measure Topic – Catheter  $\geq$  90 days
5. Hypercalcemia

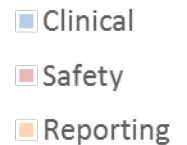
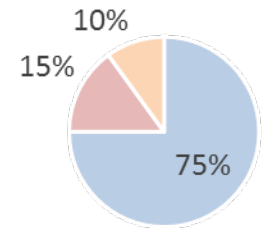
## ★ Safety Measure Domain – 15% of TPS

1. NHSN Bloodstream Infection (BSI) Measure Topic – NHSN Bloodstream Infection Clinical
- ★ 2. NHSN BSI Measure Topic – NHSN Dialysis Event Reporting

## Reporting Measure Domain – 10% of TPS

1. Mineral Metabolism
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
- ★ 5. NHSN Healthcare Personnel Influenza Vaccination

★ new measure for PY 2019



# Reintroducing the NHSN Dialysis Event Reporting Measure

- PY 2015 version of reporting measure addresses tradeoffs associated with incentivizing facilities to report monthly dialysis-event data and to accurately report such data
- Score based on number of months a facility reports data
  - 12 months: 10 points
  - 6 to 11 months: 2 points
  - 0 to 5 months: 0 points



# Establishing the NHSN BSI Measure Topic and Safety Measure Domain

- Combines the established NHSN BSI clinical measure with the reintroduced reporting measure
- Data from the reporting measure will be used to score the clinical measure
- Combining these two measures into a single Measure Topic balances incentives for complete and accurate reporting along with effective clinical performance
- Facilities will receive a Safety Measure Domain score separate from and in addition to their Clinical Measure Domain Score and Reporting Measure Domain Score
- Safety Measure Domain measures do not impact facility eligibility for a TPS (facilities still need eligibility for one measure in each of the Clinical Measure Domain and Reporting Measure Domain)

# Calculating the Total Performance Score

- **Weighting of Clinical Measures:** Each clinical measure or measure topic for which a facility receives a score weighted to comprise 75% of the TPS
- **Weighting of Safety Measures:** Two measures combine to form a score weighted to comprise 15% of the TPS  
(Note: scores on both measures required for domain eligibility)
- **Weighting of Reporting Measures:** Each reporting measure for which a facility receives a score is equally weighted to comprise 10% of the TPS
- **If facility is not eligible for one or more measures, then CMS redistributes weights across remaining measures within the domain**
- **Facility must receive a score for at least one Clinical Measure Domain measure *and* at least one Reporting Measure Domain measure to be eligible for a TPS**

# Calculating the Clinical Measure Domain Score

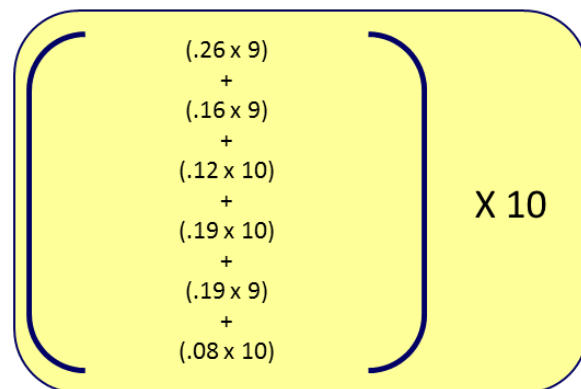
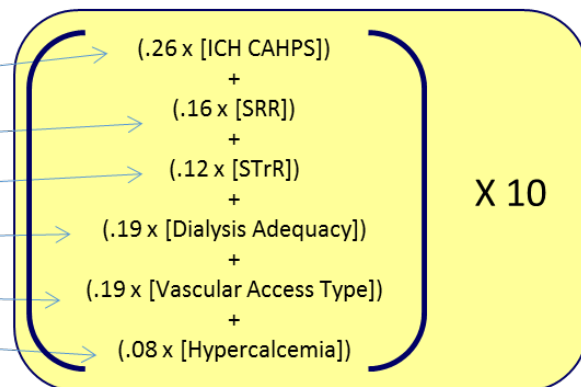
## Clinical Measure Domain: Facility A

### Clinical Measure

ICH CAHPS  
SRR  
STrR  
Dialysis Adequacy  
Vascular Access Type  
Hypercalcemia

### Measure Score

9  
9  
10  
10  
9  
10



Clinical Measure Scoring Domain = 93.9

# Calculating the Safety Measure Domain Score

## Safety Measure Domain: Facility A

### Measure

NHSN BSI Clinical Measure  
NHSN Reporting Measure

### Measure Score

9  
10

### NHSN BSI Measure Topic

(.60 x [NHSN Clinical])

+

(.40 x [NHSN Reporting])

x 10



### Safety Measure Domain

(.60 x 9)

+

(.40 x 10)

x 10



Safety Measure Scoring Domain = 94

# Calculating the Reporting Measure Domain Score

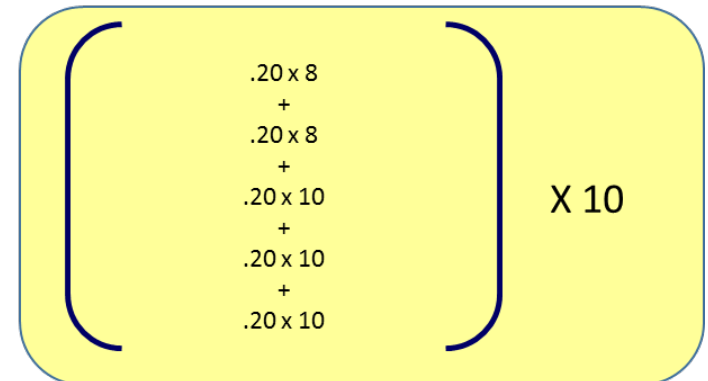
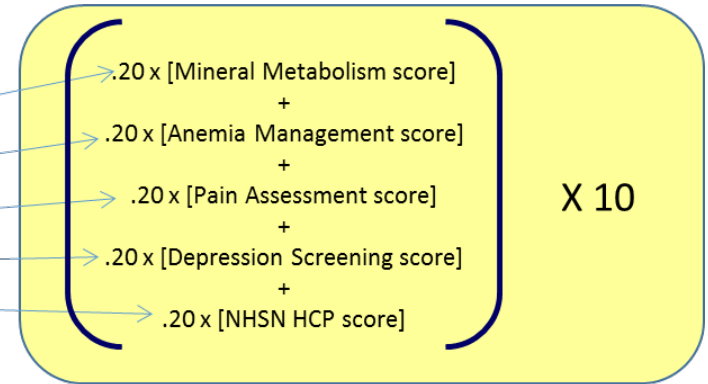
## Reporting Measure Domain: Facility A

### Reporting Measure

Mineral Metabolism	8
Anemia Management	8
Pain Assessment and Follow-Up	10
Clinical Depression Screening and Follow-Up	10
NHSN Healthcare Personnel Influenza Vaccination	10

### Measure Score

8  
8  
10  
10  
10



Reporting Measure Scoring Domain = 92

# Calculating the Total Performance Score (continued)

## Total Performance Score: Facility A

Domain	Domain Score
Clinical Measure Domain	94
Safety Measure Domain	94
Reporting Measure Domain	92

$$\left( \begin{array}{l} \rightarrow (.75 \times [\text{Clinical Domain}]) \\ + \\ \rightarrow (.15 \times [\text{Safety Domain}]) \\ + \\ \rightarrow (.10 \times [\text{Reporting Domain}]) \end{array} \right)$$



$$\left( \begin{array}{l} (.75 \times 94) \\ + \\ (.15 \times 94) \\ + \\ (.10 \times 92) \end{array} \right)$$



Total Performance Score = 93.8  
(Rounds to 94)

# Finalized PY 2019 Performance Values

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard (50th percentile)
<b>VAT Measure Topic</b>			
• AVF	53.66%	79.62%	65.93%
• Catheter *	17.20%	2.95%	9.19%
<b>Kt/V Dialysis Adequacy</b>	86.99%	97.74%	93.08%
<b>Hypercalcemia*</b>	4.24%	0.32%	1.85%
<b>NHSN BSI*</b>	1.738	0	0.797
<b>SRR*</b>	1.289	0.624	0.998
<b>STrR*</b>	1.488	0.421	0.901

\* On this measure, a lower rate indicates better performance.

# ***Finalized PY 2019 Performance Values*** **(continued)**

<b>Measure</b>	<b>Achievement Threshold (15th percentile)</b>	<b>Benchmark (90th percentile)</b>	<b>Performance Standard (50th percentile)</b>
<b>ICH CAHPS Survey</b>			
• Nephrologists' Communication and Caring	56.41%	77.06%	65.89%
• Quality of Dialysis Center Care and Operations	52.88%	71.21%	60.75%
• Providing Information to Patients	72.09%	85.55%	78.59%
• Overall Rating of Nephrologists	49.33%	76.57%	62.22%
• Overall Rating of Dialysis Center Staff	48.84%	77.42%	62.26%
• Overall Rating of the Dialysis Facility	51.18%	80.58%	65.13%



# PY 2019 Scoring and Payment Reduction Methodology

CLINICAL	
Subdomain	Measures
Patient and Family Engagement/ Care Coordination (42%)	ICH CAHPS Survey SRR
Clinical Care (58%)	STrR ★ Kt/V Dialysis Adequacy VAT Measure Topic { Access via AVF Access via catheter Hypercalcemia

SAFETY	
NHSN BSI Measure Topic	★ NHSN BSI Clinical NHSN Dialysis Event Reporting

REPORTING
Mineral Metabolism Anemia Management Pain Assessment and Follow-Up Clinical Depression Screening and Follow-Up NHSN Healthcare Personnel Influenza Vaccination

Total Category Weight

= 75%

+

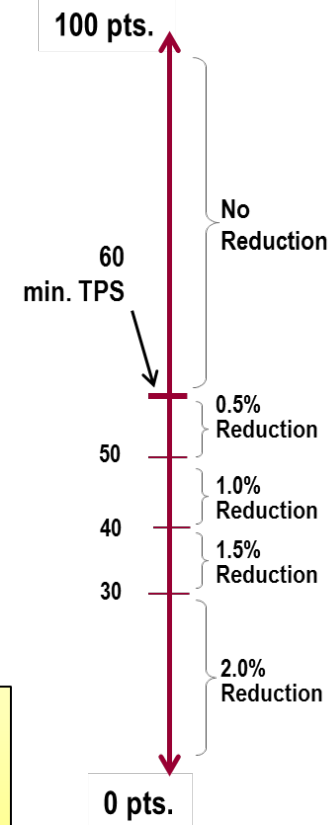
= 15%

+

= 10%

Total Performance Score (TPS) is the sum of the weighted totals from the three measure categories

Payment Reduction Percentage



★ new measure for PY 2019

# Finalized Measures for PY 2020

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Celeste Bostic  
Joel Andress

# Overview of PY 2020 Measures

## 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

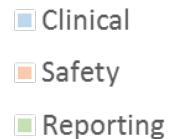
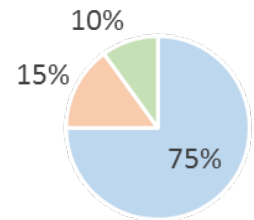
1. STrR
2. Kt/V Dialysis Adequacy (comprehensive)
3. VAT Measure Topic –AVF
4. VAT Measure Topic – Catheter  $\geq 90$  days
5. Hypercalcemia
- ★ 6. Standardized Hospitalization Ratio (SHR)

## Safety Measure Domain – 15% of TPS

1. NHSN BSI Measure Topic –  
NHSN Bloodstream Infection Clinical
2. NHSN BSI Measure Topic –  
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



★ new measure for PY 2020

# SHR Clinical Measure

- Goals:
  - Include more outcome measures in the ESRD QIP
  - Complement SRR by assessing overall hospitalization
- CMS modified the SHR measure currently endorsed by the National Quality Forum (NQF) (#1463)
  - Modification includes risk adjustment using Medicare claims for 210 prevalent comorbidities, in addition to incident comorbidities captured on Form 2728
  - Was under consideration for NQF endorsement when final rule was published
- Measure calculation:
  - Ratio of the number of observed hospitalizations to the number of expected hospitalizations

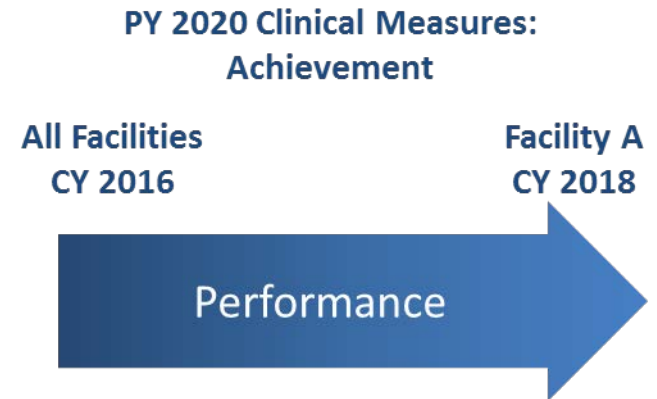
# Scoring Clinical Measures: Key Terms

Term	Definition
<b>Achievement Threshold</b>	The 15th percentile of performance rates nationally during calendar year (CY) 2016
<b>Benchmark</b>	The 90th percentile of performance rates nationally during CY 2016
<b>Improvement Threshold</b>	The facility's performance rate during CY 2017
<b>Performance Period</b>	CY 2018
<b>Performance Standard (clinical measures)</b>	The 50th percentile of performance rates nationally during CY 2016
<b>Performance Rate</b>	The facility's raw score, based on specifications for each individual measure

# Achievement and Improvement Scoring Methods

**Achievement Score:** Points awarded by comparing the facility's rate during the performance period (CY 2018) with the performance of **all facilities nationally** during the comparison period (CY 2016)

- Rate better than or equal to benchmark: 10 points
- Rate worse than achievement threshold: 0 points
- Rate between the two: 1 – 9 points



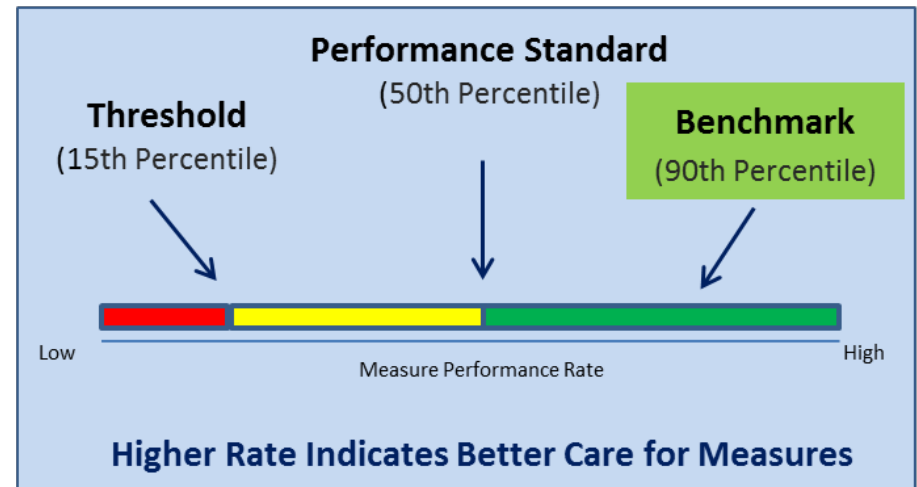
**Improvement Score:** Points awarded by comparing the facility's rate during the performance period (CY 2018) with **its previous performance** during the comparison period (CY 2017)

- Rate better than or equal to benchmark: 10 points (per achievement score)
- Rate at or worse than improvement threshold: 0 points
- Rate between the two: 0 – 9 points

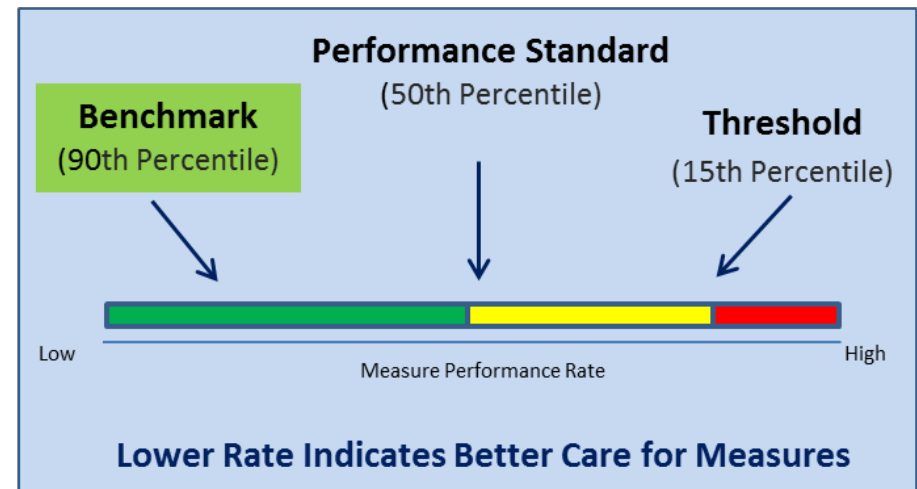


# Clinical Measure Directionality

- Kt/V Dialysis Adequacy (comprehensive)
- VAT – AVF
- ICH CAHPS



- VAT – Catheter
- NHSN Bloodstream Infection
- Hypercalcemia
- SRR
- STrR
- SHR



# New Reporting Measures

- **Serum Phosphorus**

- Replaces the Mineral Metabolism reporting measure, previously included in the ESRD QIP
- This measure is NQF #0255, which evaluates the extent to which facilities monitor and report patient phosphorus levels

- **Ultrafiltration Rate**

- Collects data to assess the rapidity with which fluid (ml) is removed per unit of body weight (kg) in unit (hour) time
- Based on NQF #2701, which assesses the percentage of patient-months with a rate  $\geq 13$  ml/kg/hr



# Calculating the Minimum TPS

**The minimum Total Performance Score (mTPS) will be calculated by scoring:**

- Each clinical measure at the national performance standard for 2016
- Each reporting measure equal to the mean of the median scores achieved by all facilities on the PY 2018 reporting measures

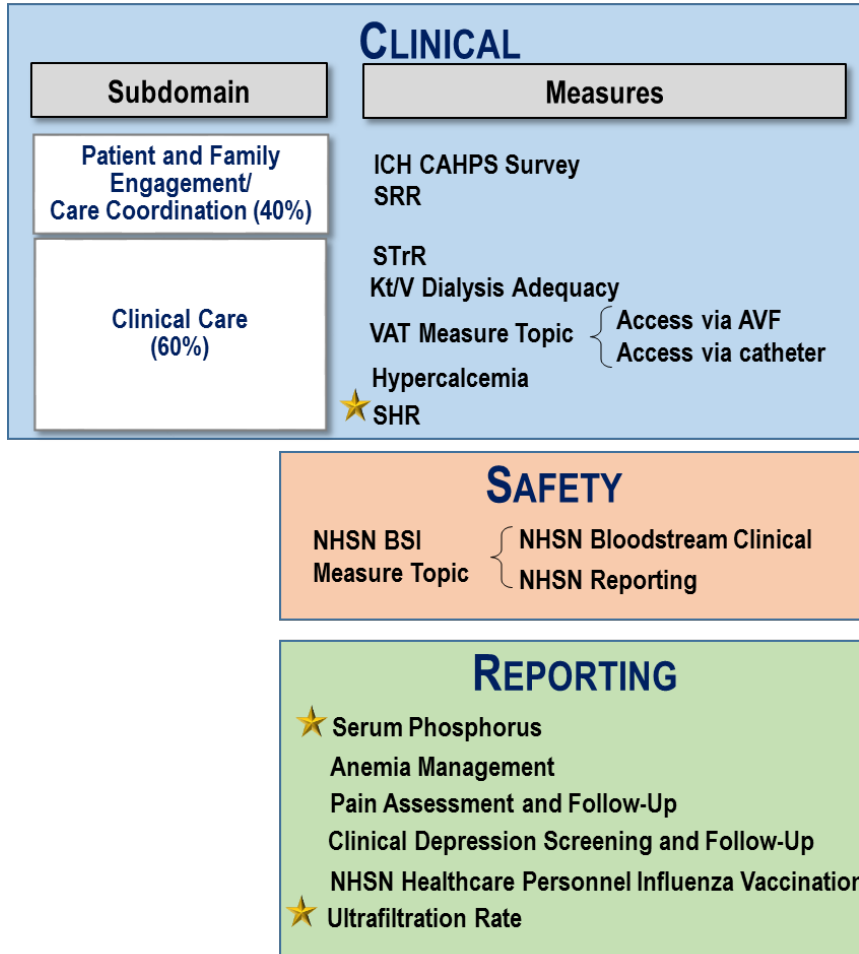
**Data for calculating the PY 2020 mTPS not yet available**

**Finalized mTPS will be published in the CY 2018 ESRD Prospective Payment System (PPS) final rule**

# Payment Reduction Scale

Facility Total Performance Score	Payment Reduction
mTPS or greater	0%
1 – 10 points below mTPS	0.5%
11 – 20 points below mTPS	1.0%
21 – 30 points below mTPS	1.5%
31 or more points below mTPS	2.0%

# PY 2020 Scoring and Payment Reduction Methodology



Total Category Weight

= 75%

+

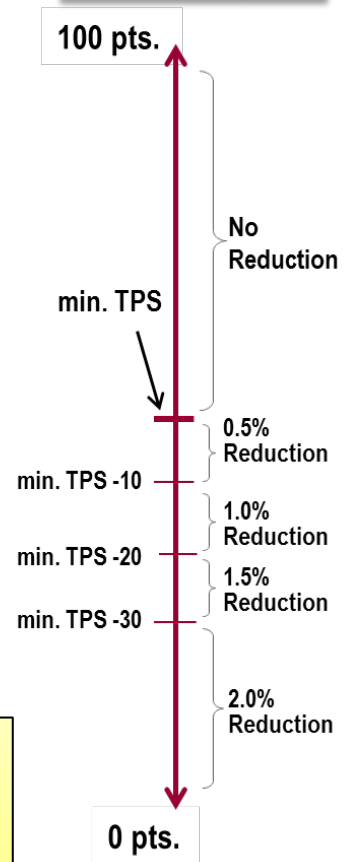
= 15%

+

= 10%

Total Performance Score (TPS) is the sum of the weighted totals from the three measure categories

Payment Reduction Percentage



★ new measure for PY 2020

# Programmatic Changes

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Celeste Bostic  
Joel Andress

# Modifying the Hypercalcemia Clinical Measure

**Initially proposed for PY 2018 but finalized for PY 2019 and beyond:** Update measure to ensure that it remains in alignment with specifications endorsed by NQF and requirements of the Protecting Access to Medicare Act of 2014 (PAMA)

- Includes plasma as an acceptable substrate along with serum calcium
- Patient-months with missing values in the reporting month and the two months prior are included in the measure calculation to minimize any incentive favoring non-measurement of serum calcium in the three-month study period

# Validating CROWNWeb Data

- **For PY 2019:** Continue the pilot program for validating a national sample of facilities' records reported to CROWNWeb
  - Sample approximately 10 medical records each from 300 facilities during CY 2017
  - Facilities will have 60 calendar days to provide CMS with the requested records
  - Deduct 10 points from the TPS of facilities that do not comply
- Upon adopting a methodology for validating the CROWNWeb data, CMS plans to consider whether payment reductions should be based in part on whether a facility has met data-validation standards

# Validating NHSN Data

**For PY 2019:** Increase the size of the NHSN Data Validation Study

- Sample 10 patient records each from 35 randomly selected facilities covering two quarters of data reported in CY 2017
- Request medical records for all patients with “Candidate Events” during the evaluation period, including those who:
  - Had any positive blood cultures
  - Received any intravenous antimicrobials
  - Had any pus, redness, or increased swelling at a vascular access site
  - Were admitted to a hospital
- Facilities will have 60 calendar days to provide requested records
- If additional records are needed to reach the 10-record threshold, CMS will request additional, randomly selected patient records from the facility
  - Facilities will have an additional 30 days to respond to these requests
- Deduct 10 points from the TPS of facilities that do not comply

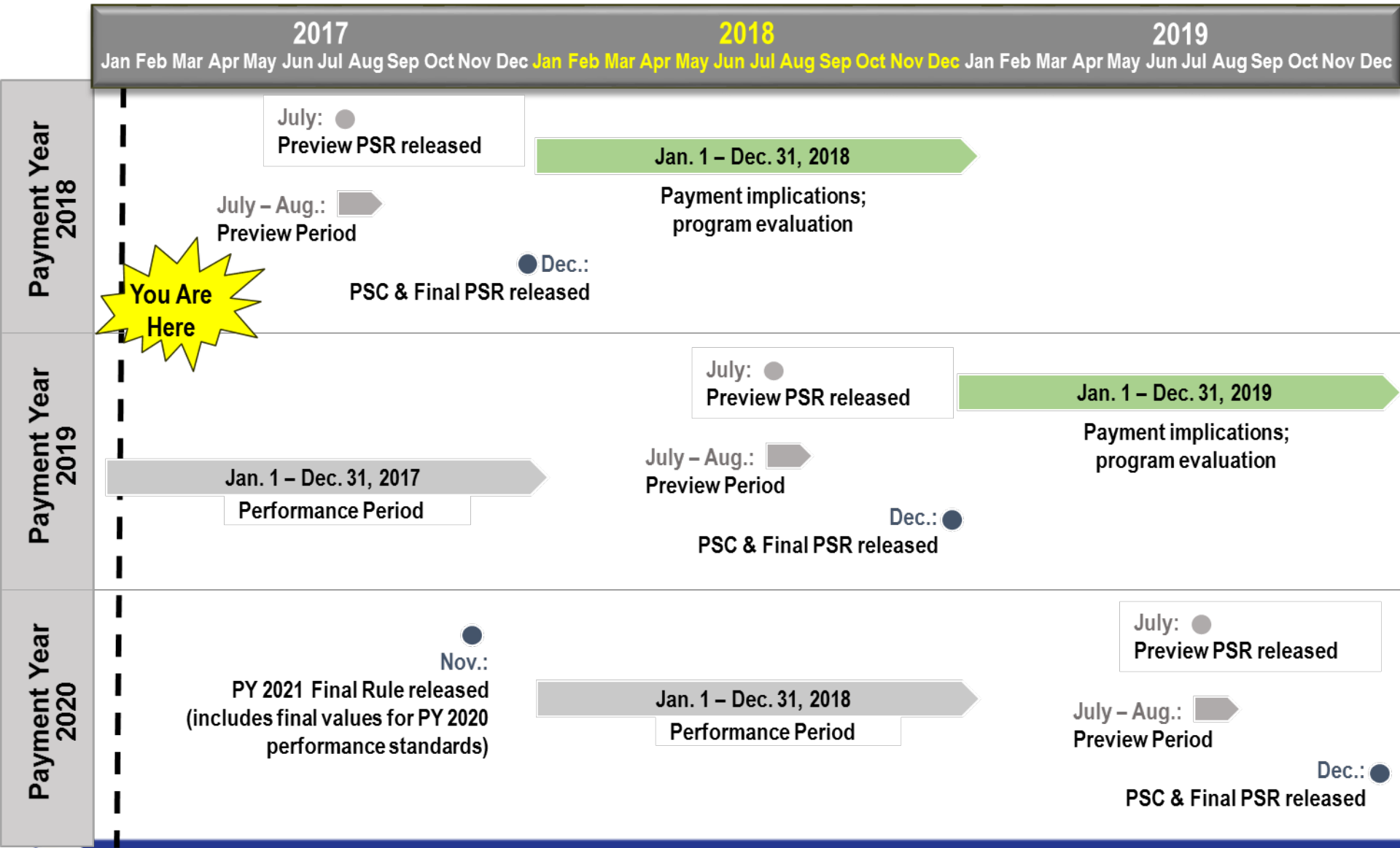
# Next Steps and Resources

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Celeste Bostic



# ESRD QIP Timeline



# Next Steps

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- Make sure your facility has posted its PY 2017 PSCs in English and Spanish
- Read and comment on PY 2021 Proposed Rule when posted (early July)
- Review PY 2018 Preview PSR when available (mid-July) and submit any clarification questions or a formal inquiry
- Join us for NPCs discussing the PY 2021 Proposed Rule and PY 2018 Preview Period when scheduled (summer)

# Resources

- **CY 2017 ESRD PPS Final Rule (includes ESRD QIP PY 2020 Final Rule):** <https://www.gpo.gov/fdsys/pkg/FR-2016-11-04/pdf/2016-26152.pdf>
- **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:** [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 Network Coordinating Center (NCC):** [www.esrdncc.org](http://www.esrdncc.org)
- **QualityNet:** [www.qualitynet.org](http://www.qualitynet.org)
- **Dialysis Facility Compare:** [www.medicare.gov/dialysisfacilitycompare](http://www.medicare.gov/dialysisfacilitycompare)
- **MIPPA:** [www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf](https://www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf)

# Question & Answer Session

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ESRDQIP@cms.hhs.gov

# Acronyms in this Presentation

Acronym	Definition
AVF	arteriovenous fistula
BSI	bloodstream infection
CDC	Centers for Disease Control and Prevention
CM	Center for Medicare
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
ESRD	End-Stage Renal Disease
FDA	Food and Drug Administration
HCP	healthcare personnel
HHS	Department of Health and Human Services
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems
MIPPA	Medicare Improvements for Patients and Providers Act of 2008
mTPS	Minimum Total Performance Score
NCC	National Coordinating Center
NHSN	National Healthcare Safety Network

Acronym	Definition
NPC	National Provider Call
NPRM	Notice of Proposed Rulemaking
NQF	National Quality Forum
OGC	Office of General Counsel
PAMA	Protecting Access to Medicare Act of 2014
PPS	Prospective Payment System
PSC	Performance Score Certificate
PSR	Performance Score Report
PY	Payment Year
QIP	Quality Incentive Program
SHR	Standardized Hospitalization Ratio
SRR	Standardized Readmission Ratio
STrR	Standardized Transfusion Ratio
TPS	Total Performance Score
VAT	Vascular Access Type

# Evaluate Your Experience

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- Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com> and select the title for today's call.

# Thank You

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