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.
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<td>James Poyer, MS Program Director</td>
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<td>Helpful Tips &amp; Resources</td>
<td>Julia Venanzi, MPH ESRD QIP Program Systems &amp; Communications DVIQR/QMVIG/CCSQ, CMS</td>
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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

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<td>CDC</td>
<td>Centers for Disease Control and Prevention (HHS)</td>
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<td>CY</td>
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<td>ESRD QIP</td>
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<td>HHS</td>
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<td>PAMA</td>
<td>The Protecting Access to Medicare Act of 2014</td>
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<td>PPPW</td>
<td>Percentage of Prevalent Patients Waitlisted</td>
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<td>PPS</td>
<td>Prospective Payment System</td>
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<td>PSC</td>
<td>Performance Score Certificate</td>
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<td>PY</td>
<td>Payment Year</td>
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<td>SHR</td>
<td>Standardized Hospitalization Ratio</td>
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<td>SRR</td>
<td>Standardized Readmission Ratio</td>
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<tr>
<td>STrR</td>
<td>Standardized Transfusion Ratio</td>
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<tr>
<td>SWR</td>
<td>First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients</td>
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<tr>
<td>TPS</td>
<td>Total Performance Score</td>
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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

CMS drafts proposals for ESRD QIP (applied on a PY basis)

HHS reviews proposals

CMS publishes proposed rule in the Federal Register

CMS drafts final rule addressing public comments, which passes through HHS internal clearance

The public is afforded a 60-day period to comment on the proposed rule

CMS reviews public comments

Final rule becomes regulation

Your comments matter!
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 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
"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
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

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>RATIONALE</th>
</tr>
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<tbody>
<tr>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>Factor 1</td>
</tr>
<tr>
<td>Pain Assessment and Follow-Up</td>
<td>Factor 1</td>
</tr>
<tr>
<td>Anemia Management</td>
<td>Factor 1</td>
</tr>
<tr>
<td>Serum Phosphorus</td>
<td>Factor 5</td>
</tr>
</tbody>
</table>
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.
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

Patient & Family Engagement Domain  
15% of TPS  
- ICH CAHPS clinical measure

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<tr>
<th>TPS</th>
<th>Payment Reduction Percentage</th>
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<tbody>
<tr>
<td>56 to 100</td>
<td>No reduction</td>
</tr>
<tr>
<td>46 to 55</td>
<td>0.5% reduction</td>
</tr>
<tr>
<td>36 to 45</td>
<td>1.0% reduction</td>
</tr>
<tr>
<td>26 to 35</td>
<td>1.5% reduction</td>
</tr>
<tr>
<td>0 to 25</td>
<td>2.0% reduction</td>
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</table>
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**

<table>
<thead>
<tr>
<th>January 2019</th>
<th>May 2019</th>
</tr>
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<tbody>
<tr>
<td>S</td>
<td>M</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
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<tr>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>29</td>
<td>30</td>
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</table>

**First day of fourth month**

“Open” date for reporting and measurement begins on...
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
- Percentage of Prevalent Patients Waitlisted (PPPW)

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
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

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<th>Performance Period</th>
<th>Achievement Score Comparison</th>
<th>Improvement Score Comparison</th>
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<td>CY 2019</td>
<td>CY 2017</td>
<td>CY 2018</td>
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<td>PY 2022</td>
<td>CY 2020</td>
<td>CY 2018</td>
<td>CY 2019</td>
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<table>
<thead>
<tr>
<th>WHAT</th>
<th>WHEN</th>
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<tr>
<td>PY 2019 Performance Score Certificate (PSC)</td>
<td>Facilities must post through December 31, 2019</td>
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<tr>
<td>PY 2019 payment reductions applied</td>
<td>January 1 – December 31, 2019</td>
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<tr>
<td>PY 2020 Preview Period</td>
<td>Estimated: August, 2019</td>
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<tr>
<td>PY 2021 Performance Period</td>
<td>January 1 – December 31, 2019</td>
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<tr>
<td>PY 2020 PSC</td>
<td>Available mid December, 2019, facilities must post January 1 – December 31, 2020</td>
</tr>
<tr>
<td>PY 2020 payment reductions applied</td>
<td>January 1 – December 31, 2020</td>
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<td>CY 2020 ESRD PPS Rulemaking</td>
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<tr>
<td>• Proposed rule published</td>
<td>• Estimated: June, 2019</td>
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<tr>
<td>• 60-day comment period ends</td>
<td>• Estimated: September, 2019</td>
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<tr>
<td>• Final rule published</td>
<td>• Early November, 2019</td>
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## Resources

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<td>Stakeholder Partners</td>
<td>Partners in ESRD Care Information &amp; Links to stakeholders who compliment ESRD quality improvement (non-comprehensive)</td>
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<td>Legislative</td>
<td>CY 2019 ESRD PPS Final Rule (CMS-1691-F) on Federal Register</td>
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<td>The Medicare Improvements for Patients and Providers Act of 2008</td>
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To reach us for comment: Contact the ESRD QIP Support Team via the ESRD QIP Q&A Tool or at ESRDQIP@CMS.HHS.gov
Question & Answer Session
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