

Centers for Medicare & Medicaid Services Special Open Door Forum:

End-Stage Renal Disease Quality Incentive Program

Final Rule: Payment Years 2013 and 2014



OPENING DOORS
since 2001

Thursday, February 2, 2012
2:00 p.m. – 3:30 p.m. EDT

Purpose




To provide an overview of the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Years (PY) 2013 and 2014.

This Open Door Forum (ODF) will discuss:

- **ESRD QIP Legislative Framework**
- **Measures, Standards, Scoring, and Payment Reduction Scales for PYs 2013 and 2014**
- **Resources**

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.

ESRD QIP Legislative Drivers



- **The ESRD QIP is described in Section 1881(h) of the Social Security Act, as amended by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)**
 - **Program intent:**
 - ❖ Promote patient health by encouraging 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 as set forth by CMS
 - ❖ Allows payment reductions of up to 2%

From Rulemaking to Implementation

- Annual ESRD QIP rulemaking to implement Section 1881(h)
- 2011: CMS proposed and finalized rules for PYs 2013 and 2014
 - **Proposed rule / Notice of Proposed Rulemaking (NPRM):**
 - ❖ July 8, 2011 (76 FR 40517)
 - **Final Rule:**
 - ❖ November 10, 2011 (76 FR 70228)

ESRD QIP PYs 2013 and 2014 NPRM Comments: Changes in the Final Rule



- **PYs 2013 and 2014 Comment Period: 7/8/2011 – 8/30/2011**
- **88 comments received about ESRD QIP measures, covering 364 areas**
- **Changes made in PY 2014 Final Rule:**
 - **Measures removed:**
 - ❖ Standardized Hospital Ratio-Admissions
 - ❖ Vascular Access Infection
 - ❖ Kt/V (retained Urea Reduction Ratio [URR] measure)
 - **Scoring modified:**
 - ❖ A more-gradual payment reduction scale (starting with 0.5%)
 - ❖ Slightly adjusted scoring methodology



ESRD QIP Payment Year 2013

PY 2013 Measures



- **Two measures have been adopted for the PY 2013 ESRD QIP:**
 - Percentage of patients with hemoglobin levels greater than 12 g/dL (Hemoglobin Greater Than 12 g/dL)
 - ❖ Lower percentage indicates better care
 - Percentage of patients with a Urea Reduction Ratio (URR) of 65% or greater (Hemodialysis Adequacy)
 - ❖ Higher percentage indicates better care
- **Facilities must have at least 11 patients eligible for each measure to receive a Total Performance Score**

PY 2013 Measures: Hemoglobin Greater Than 12 g/dL Exclusions



- **Claims will be excluded from the measure calculation if the patient:**
 - Is less than 18 years old as of the start date of the claim
 - Is in the first 89 days of ESRD as of the start date of the claim
 - Has a reported hemoglobin value (or hematocrit value divided by 3) less than 5 g/dL or greater than 20 g/dL
 - Is not treated with erythropoietin-stimulating agents (ESA) according to the claim, specifically epoetin alfa or darbepoetin alfa
 - Has fewer than 4 months of eligible claims at the facility in the measurement period

PY 2013 Measures: Hemodialysis Adequacy Exclusions



- **Claims will be excluded from the measure calculation if the patient:**
 - Is less than 18 years old as of the start date of the claim
 - Has fewer than 7 dialysis sessions per month (HCPCS modifier = G6)
 - Is in the first 182 days of ESRD as of the start date of the claim
 - Is on home hemodialysis or peritoneal dialysis according to the claim
 - Is on frequent hemodialysis (4 or more sessions per week)
 - Has fewer than 4 months of eligible claims at a facility in the measurement period

Measure Retirement: Minimum Hemoglobin Level



- **The measure assessing the percentage of patients with hemoglobin levels less than 10 g/dL has been retired**
- **This action is consistent with the labeling approved by the Food and Drug Administration (FDA) for ESAs released in June 2011**

PY 2013: Performance Standards



- **The performance period is calendar year (CY) 2011**
- **Data is obtained from facility dialysis claims**
- **One of two performance standards apply:**
 - The facility's performance in CY 2007
 - or***
 - The national performance rate in CY 2009
- **The standard that yields the best score for the facility will be applied**

PY 2013: National Performance Rates



- **The CY 2009 national performance rate for the Hemoglobin Greater Than 12g/dL measure: 14%**
- **The CY 2009 national performance rate for the Hemodialysis Adequacy measure: 97%**
- **Reference: ESRD QIP PYs 2013 and 2014 Final Rule (76 FR 70261)**

PY 2013: Total Performance Score



- **Facility meets or exceeds performance standard for a measure: 10 points**
- **Facility does not meet the performance standard for a measure: 2 points subtracted from 10 points for every 1% below the performance standard**
- **Total Performance Score =
Sum of the Two Measure Scores x 1.5**
 - Measures are weighted equally
 - Highest score is 30 points

PY 2013: Payment Reductions



- A facility's Total Performance Score determines whether a payment reduction applies:

PY 2013 Payment Reduction Scale	
Total Performance Score	Percentage of Payment Reduction
30 points	No Reduction
26-29 points	1.0%
21-25 points	1.5%
20 points or less	2.0%



ESRD QIP Payment Year 2014

PY 2014: Overview



- **The PY 2014 Final Rule broadens the scope of the ESRD QIP measures:**
 - Total of three clinical measures:
 - ❖ **Addition of one new clinical measure**
 - ❖ Clinical measures comprise 90% of the Total Performance Score
 - Total of three reporting measures:
 - ❖ **All reporting measures are new**
 - ❖ Reporting measures comprise 10% of the Total Performance Score
- **Scoring on clinical measures is based upon a facility's achievement or improvement on a measure**
- **The facility receives the higher of its achievement score or improvement score for each clinical measure**

PY 2014: Three Clinical Measures: Summary



■ Continued from PY 2013:

— Anemia Management

- ❖ Assess percentage of patients with hemoglobin greater than 12g/dL
- ❖ Lower percentage indicates better care

— Hemodialysis Adequacy

- ❖ Assess percentage of hemodialysis patients with a URR of at least 65%
- ❖ Higher percentage indicates better care

■ New for PY 2014:

— Vascular Access Type (VAT)

— Comprised of two submeasures

- Arteriovenous Fistula
- Catheter

PY 2014: Three Reporting Measures: Summary



- **Dialysis event data submission to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) system**
- **Patients' experience of care survey administration**
 - In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey
- **Monthly mineral metabolism monitoring (serum calcium and serum phosphorus)**

PY 2014 Clinical Measures: Exclusions Unchanged from PY 2013



- The exclusions in PY 2014 for the Anemia Management measure (Hemoglobin Greater Than 12 g/dL) and Hemodialysis Adequacy measure (URR of at least 65%) are unchanged from the PY 2013 measures
- See slides 8 and 9 for details on these exclusions

PY 2014 Clinical Measures: Vascular Access Type (VAT)



- **The VAT measure consists of two submeasures:**
 - Percent of hemodialysis patients using an AVF during last treatment of the month
 - ❖ Higher percentage is desirable
 - Percent of hemodialysis patients using an intravenous catheter during the last treatment of the month and for at least 89 days prior
 - ❖ Lower percentage is desirable
- **Each submeasure receives a score**
- **The submeasures scores are then averaged to derive the VAT measure score**
- **A facility must have at least 11 cases to be scored on this measure**
- **Cases are aggregated across both submeasures**

PY 2014 Clinical Measures: VAT Exclusions



- **Claims are excluded from the AVF submeasure if the patient:**
 - Is less than 18 years old as of the start date of the claim
 - Is on peritoneal dialysis according to the claim
 - Has fewer than 4 months of eligible claims at the facility in the performance period

- **Claims are excluded from the catheter submeasure if the patient:**
 - Is less than 18 years and 90 days old as of the start date of the claim?
 - Is on peritoneal dialysis according to the claim?
 - Does not have 4 consecutive months of eligible claims at the facility?



Clinical Measures Scoring

PY 2014: Calculating Each Clinical Measure Score



- The performance period is CY 2012
- The baseline period for the clinical measures is July 1, 2010 – June 30, 2011
- A facility's score for each of the three clinical measures will be based on the higher of:
 - **Achievement score**
 - ❖ Performance period rate compared to national rate during baseline period
 - and**
 - **Improvement score**
 - ❖ Performance period rate compared to facility's own baseline period rate

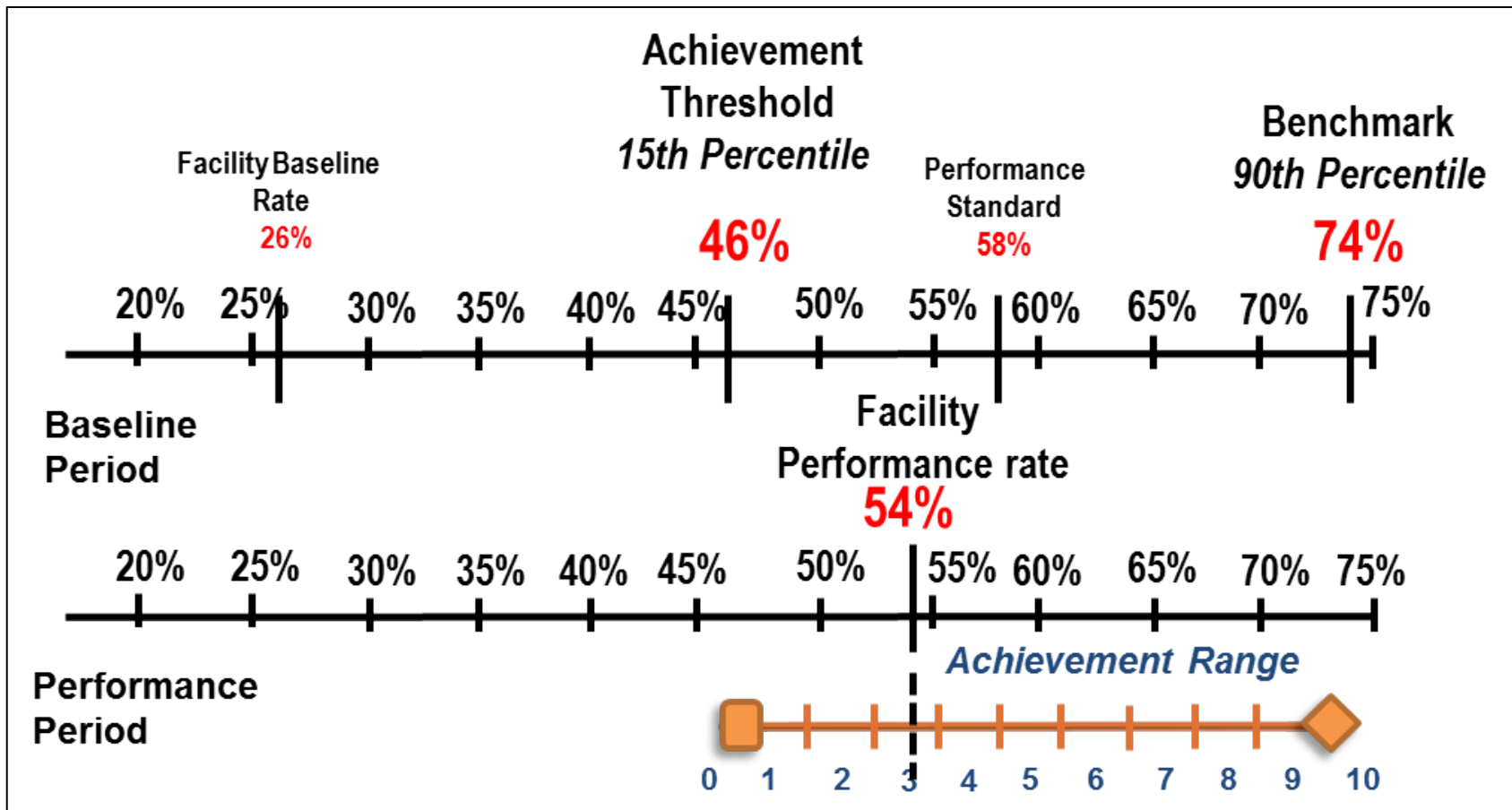
PY 2014 Achievement Score: Comparison to National Performance



- **To determine the achievement score, facilities will receive points along an achievement range:**
 - The achievement threshold is the 15th percentile during the baseline period
 - The benchmark is the 90th percentile during the baseline period
 - The achievement range is a 10-point scale that runs from the achievement threshold to the benchmark
 - The national performance standards may be found on slide 34 and at <http://www.dialysisreports.org/pdf/esrd/public-measures/UpdatedBaseline-2014-FR.pdf>

PY 2014: Achievement Score Example

■ Vascular Access Type – Arteriovenous Fistula Submeasure



PY 2014: Calculating Achievement Scores

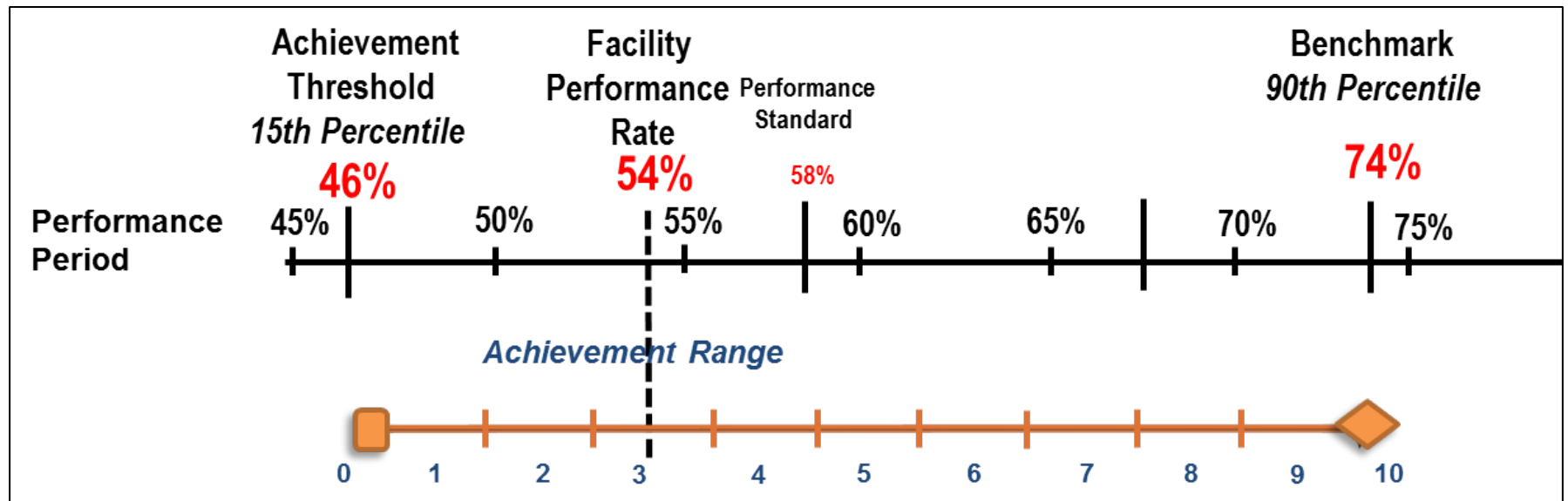
- To determine the achievement score, the following formula is used:

$$9 \times \left(\frac{\text{Facility Rate during Performance Period} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5$$

- This formula will only be used if the facility's performance falls within the achievement range:
 - If the facility's performance is below the achievement range, it will receive 0 points for its achievement score.
 - If the facility's performance is above the achievement range, it will receive 10 points.

PY 2014 Example: Calculating the Achievement Score

■ Vascular Access Type – Arteriovenous Fistula Submeasure



Achievement Score Formula

$$9 \times \left[\frac{54 - 46}{74 - 46} \right] + 0.5 = 3.07 \text{ rounded to } 3$$

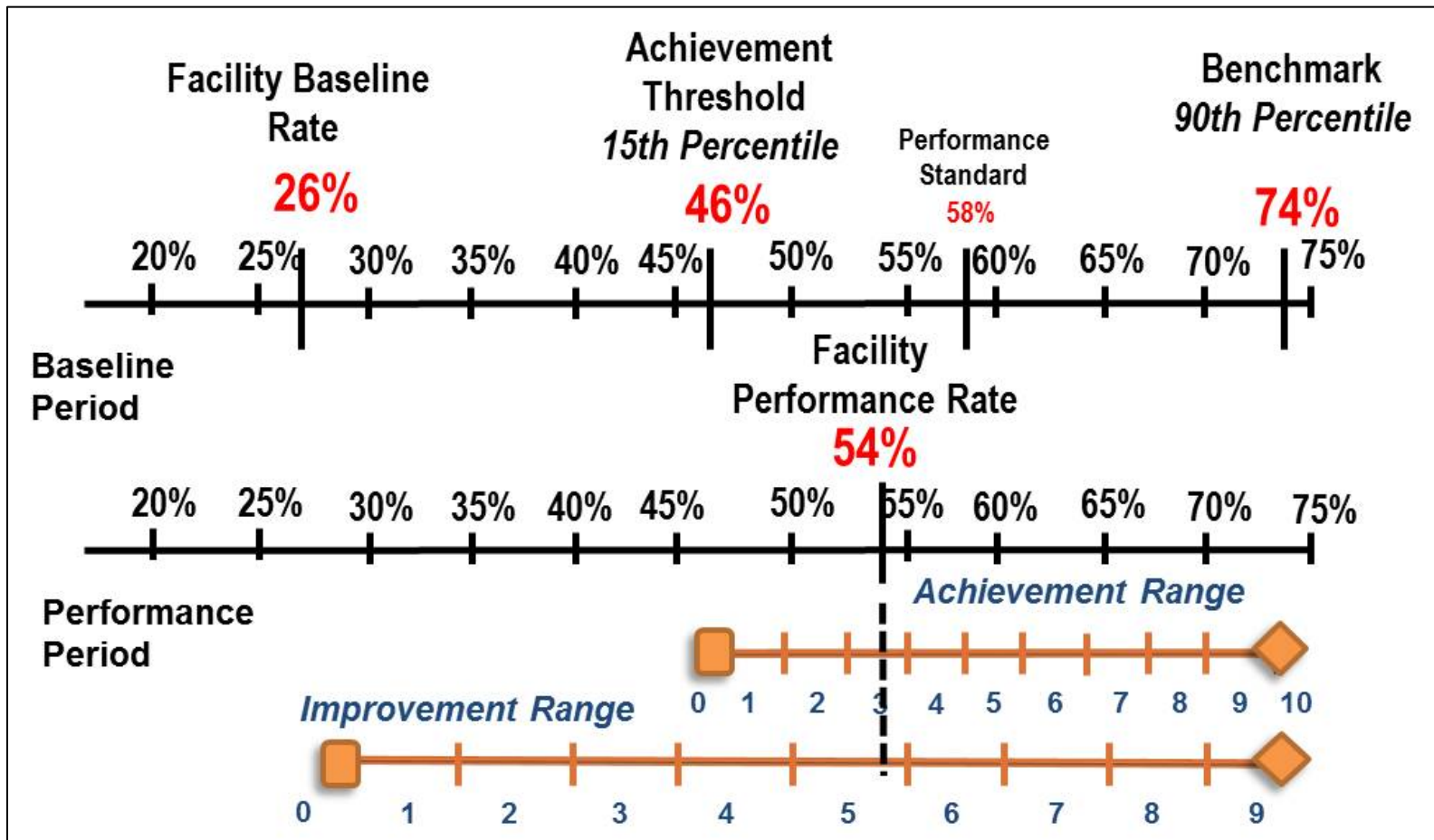
PY 2014 Improvement Score: Comparison to Previous Facility Performance



- **To determine the improvement score, facilities will receive points along an improvement range:**
 - The improvement threshold is the individual facility's performance during the baseline period.
 - The benchmark is the 90th percentile for all facilities during the baseline period.
 - The improvement range (on a scale from 0 – 9 points) runs between the improvement threshold and the benchmark.

PY 2014: Improvement Score Example

- Vascular Access Type – Arteriovenous Fistula Submeasure**



PY 2014: Calculating Improvement Scores

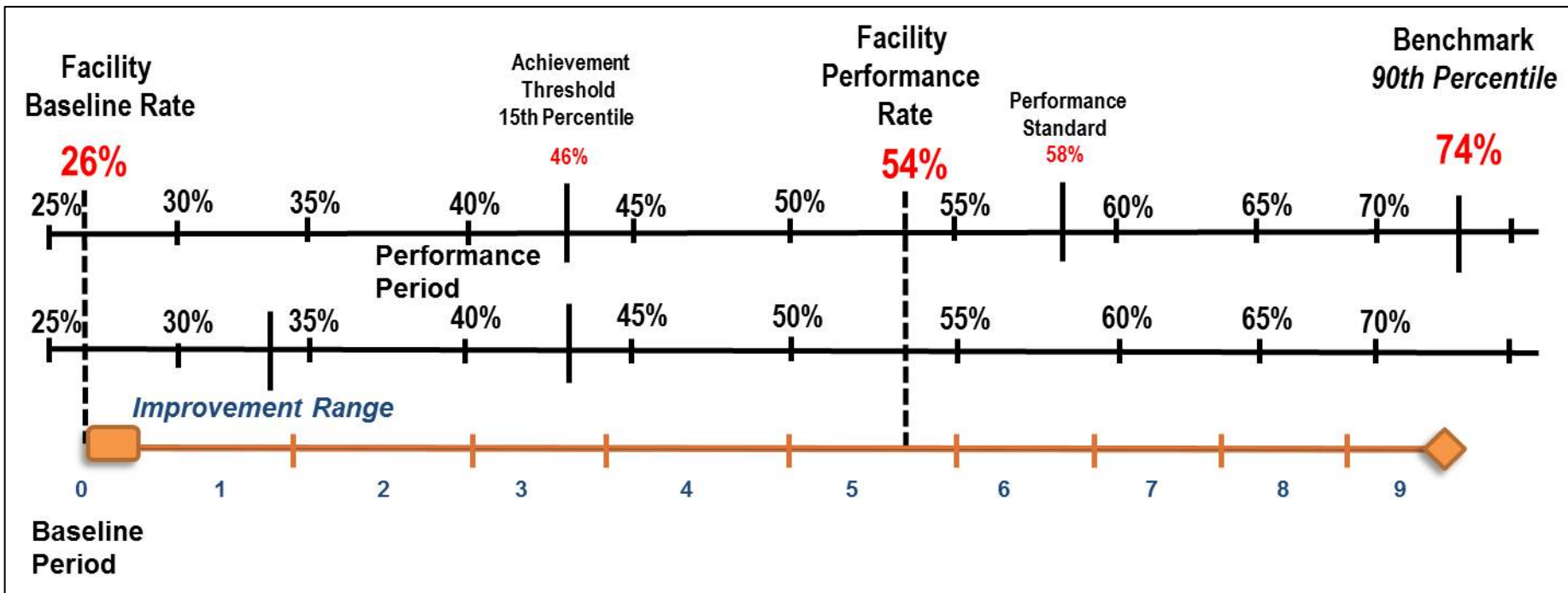
- To determine the improvement score, the following formula is used:

$$10 \times \left(\frac{\text{Facility Rate during Performance Period} - \text{Facility Rate during Baseline Period}}{\text{Benchmark} - \text{Facility Rate during Baseline Period}} \right) - 0.5$$

- This formula is only used if the facility's performance falls within the improvement range:
 - If the facility's performance is below the improvement range, it will receive 0 points for its improvement score.
 - If the facility's performance is above the improvement range, that facility already received the full 10 points for Achievement.

PY 2014 Example: Calculating the Improvement Score

■ Vascular Access Type – Arteriovenous Fistula Submeasure

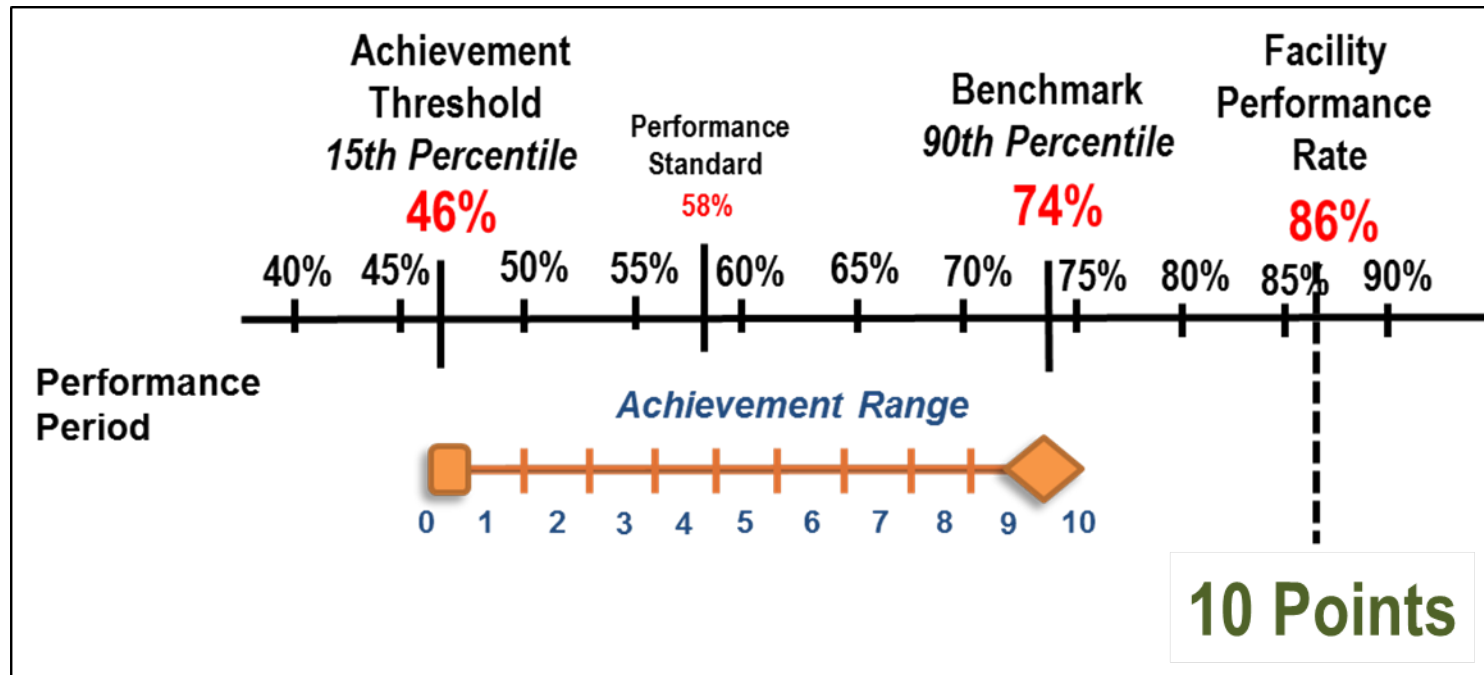


Improvement Score Formula

$$10 \times \left[\frac{54 - 26}{74 - 26} \right] - 0.5 = 5.33 \text{ rounded to } 5$$

PY 2014 Example: Score At or Above the Benchmark

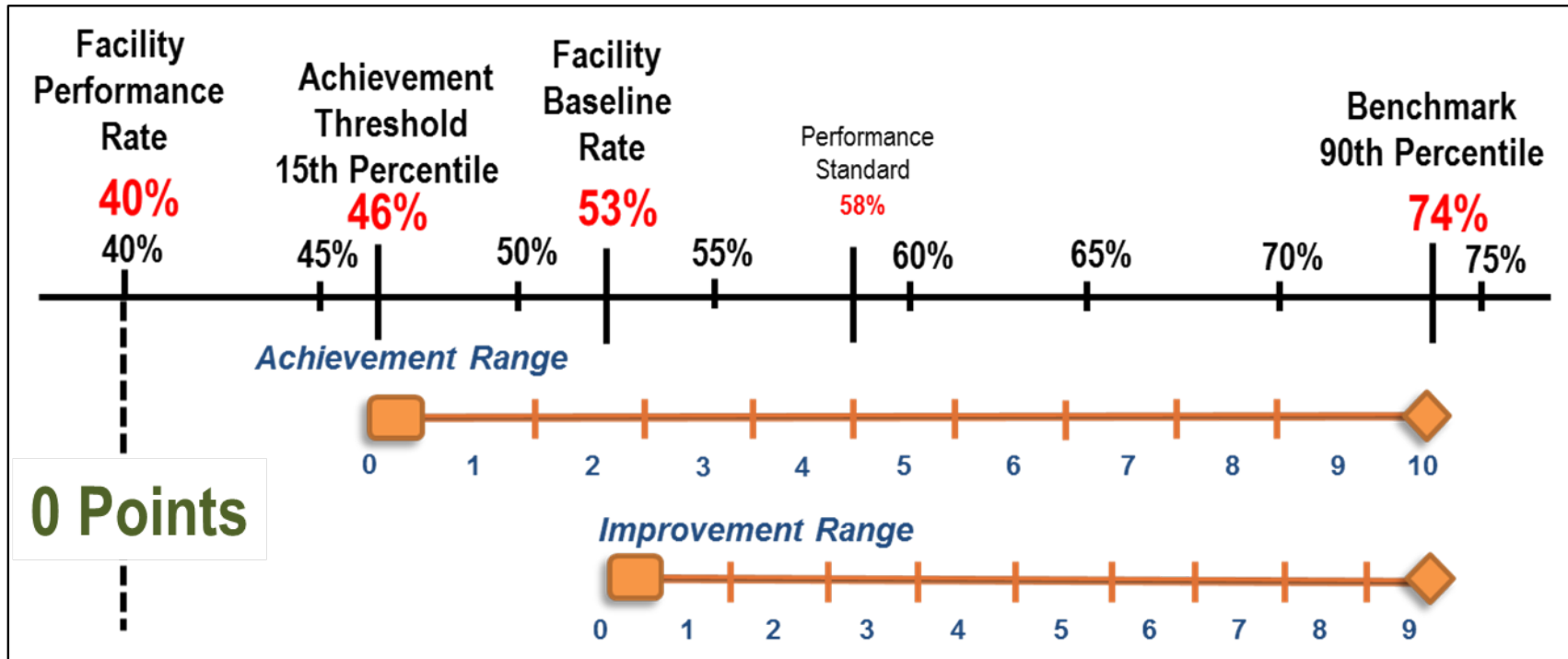
■ Vascular Access Type – Arteriovenous Fistula Submeasure



- The formulas are not applied for facility performance rates above the benchmark.
- A facility performance rate above the benchmark earns 10 points.

PY 2014 Example: Below Achievement and Improvement Thresholds

■ Vascular Access Type – Arteriovenous Fistula Submeasure



- The formula(s) are not applied for performance rates below the achievement and/or improvement threshold.
- A rate below the achievement threshold and at/below the improvement threshold earns 0 points.

PY 2014: Achievement Thresholds, Benchmarks, and Performance Standards



Measure	Measure Description/Definition	Achievement Threshold: 15 th percentile	Benchmark: 90 th percentile	Performance Standard
Hemoglobin Greater Than 12 g/dL	Percentage of patients with hemoglobin greater than 12 g/dL	10%	0%	4%
Hemodialysis Adequacy (URR)	Percentage of patients with URR greater than or equal to 65%	94%	100%	98%
Vascular Access Type	Average of two submeasures:			
• Fistula	• Percentage of patients receiving treatment with fistula	46%	74%	58%
• Catheter	• Percentage of patients receiving treatment with catheter	24%	5%	14%



Reporting Measures Scoring

PY 2014: Calculating the NHSN Dialysis Event Reporting Measure



- **To earn the maximum 10 points on the NHSN Dialysis Event measure, a facility must:**
 - Enroll in the NHSN and complete the required training during or prior to CY 2012 **and**
 - Report at least three consecutive months of dialysis event data collected during CY 2012 by March 31, 2013

- **To earn 5 points a facility must:**
 - Enroll in the NHSN and complete the required training during or prior to CY 2012

- **Facilities that do not enroll and receive training during or prior to CY 2012 will receive 0 points**

- **If a facility receives a CMS Certification Number (CCN) after June 30, 2012, it will only be scored if it successfully completes the requirements to obtain a full 10 points**

PY 2014: Calculating the ICH CAHPS Reporting Measure



- **To earn the maximum 10 points on this measure, a facility must:**
 - Attest to successfully administering the ICH CAHPS survey during CY 2012 via CROWNWeb by January 30, 2013
 - If the ICH CAHPS measure does not apply to a facility, it must still complete an attestation via CROWNWeb stating that the measure is not applicable
- **0 points are awarded to eligible facilities that do not make this attestation**
- **If a facility receives a CMS Certification Number (CCN) after June 30, 2012, it will only be scored if it successfully completes the requirements to obtain a full 10 points**

PY 2014: Calculating the Mineral Metabolism Reporting Measure



- **To earn the maximum 10 points on the Mineral Metabolism measure, a facility must:**
 - Attest via CROWNWeb by January 30, 2013 to measuring serum calcium and serum phosphorus levels of all Medicare patients treated by that facility at least once per month throughout CY 2012
 - 0 points are awarded to facilities that do not make this attestation
- **If a facility receives a CMS Certification Number (CCN) after June 30, 2012, it will only be scored if it successfully completes the requirements to obtain a full 10 points**

PY 2014: Some Facilities Eligible for the First Time



- **The PY 2014 ESRD QIP expanded the populations included in the measure set:**
 - Not all measures apply to all populations, but at least one measure applies to each population.

Measure	Adult				Pediatric			
	In-center HD 3x/week	In-Center HD >3x/week	PD	Home HD	In-center HD 3x/week	In-Center HD >3x/week	PD	Home HD
Hemodialysis Adequacy	X							
Hemoglobin Greater Than 12 g/dL	X	X	X	X				
Vascular Access Type (VAT)	X	X		X				
National Healthcare Safety Network (NHSN)	X	X			X	X		
In-Center Hemodialysis (ICH) CAHPS Survey	X	X						
Mineral Metabolism	X	X	X	X	X	X	X	X

PD = Peritoneal Dialysis HD = Hemodialysis

PY 2014: Calculating the Total Performance Score



- **Weighting of Clinical Measures:**
 - Each clinical measure for which a facility is eligible is equally weighted to comprise 90% of the Total Performance Score
- **Weighting of Reporting Measures:**
 - Each reporting measure for which a facility is eligible is equally weighted to comprise 10% of the Total Performance Score
- **Facilities will receive a Total Performance Score as long as they are eligible for at least one measure:**
 - If a facility is only eligible for one type of measure or one measure type (either clinical or reporting), that measure(s) will comprise 100% of the Total Performance Score
- **Facilities can obtain a Total Performance Score of up to 100 points**

PY 2014: Payment Reductions



- A facility's Total Performance Score determines whether a payment reduction applies
- To avoid a payment reduction, facilities must score at or above the minimum Total Performance Score:
 - For PY 2014, the minimum Total Performance Score is **53** points
- If a facility scores at the performance standard (50th percentile) for each clinical measure, the facility Total Performance Score will be equal or greater than **53**

PY 2014 Payment Reduction Scale	
Total Performance Score	Percentage of Payment Reduction
100 to 53	0%
52 to 43	0.5%
42 to 33	1.0%
32 to 23	1.5%
22 or below	2.0%

Key ESRD Quality Incentive Program Dates to Remember



Happening During 2012:

- **PY 2012 payment reductions applied**
- **PY 2014 Performance Period**
- **PY 2013 Preview Period**
 - PSR available for download and review
 - Should your facility find any issues/discrepancies, CMS will respond to one formal inquiry per facility, as well as requests for clarification
- **PY 2015 rulemaking established**
 - NPRM published June/July
 - Final Rule will be published mid-November
- **PY 2013 PSC**
 - Available for download mid-December;
 - 5 business days to print and post

PY 2013 payment reductions effective January 1, 2013



Resources

Q&A – We Heard You



■ Sample questions sent to ESRDQIP@CMS.HHS.GOV

Q. Do home hemodialysis and peritoneal dialysis facilities need to enroll and report for the PY 2014 ESRD QIP?

A. Adult, peritoneal-only facilities are evaluated on two measures:

- Hemoglobin Greater Than 12 g/dL
- Mineral Metabolism
- Must also attest that ICH CAHPS does not apply

A. Adult, home-hemodialysis-only facilities are evaluated based on three measures:

- Hemoglobin Greater Than 12 g/dL
- Vascular Access Type
- Mineral Metabolism
- Must also attest that ICH CAHPS does not apply

Q&A – We Heard You (Continued)



Q. Do dialysis facilities have to register for all three components of NHSN, or is it just one?

A. Dialysis facilities treating in-center hemodialysis patients on an outpatient basis must separately enroll in NHSN, and must report data on dialysis patients treated on an outpatient basis. Please reference the following website for additional information: <http://www.cdc.gov/nhsn/>

Q. Where is information located on the QIP requirements?

A. Information on the ESRD QIP can be found in the Federal Register / Vol. 76, No. 218 / Thursday, November 10, 2011/Rules and Regulations at: <http://www.gpo.gov/fdsys/pkg/FR-2011-11-10/pdf/2011-28606.pdf>

Q&A – We Heard You (Continued)



Q. Does the QIP apply to pediatric outpatient dialysis facilities?

A. Yes, the ESRD QIP will apply to pediatric outpatient dialysis facilities as of January 1, 2012, which is the start of the performance period. Payment implications will be applied during Calendar Year 2014.

Q. For PY 2012, how can you determine which performance standard was applied in the performance score calculation?

A. The Performance Score Report (PSR) includes a row that indicates which performance standard was applied.

Overview of PYs 2012, 2013, and 2014



	PY 2012	PY 2013	PY 2014	
Measures	3 Total <ul style="list-style-type: none"> Hgb >12 g/dL Hgb < 10 g/dL URR ≥ 65% 	2 Total <ul style="list-style-type: none"> Hgb >12 g/dL URR ≥ 65% 	6 Total	
			3 Clinical <ul style="list-style-type: none"> Hgb >12 g/dL URR ≥ 65% VAT 	3 Reporting <ul style="list-style-type: none"> NHSN ICH CAHPS Mineral Metabolism
Performance Period	CY 2010	CY 2011	CY 2012	
Baseline Period	N/A	N/A	July 1, 2010 - June 30, 2011	
Performance Standard	Lesser of the facility performance rate in CY 2007 or the national performance rate in CY 2008	Lesser of the facility performance rate in CY 2007 or the national performance rate in CY 2009	Median national performance rate	
Weighting	50% for Hgb < 10 g/dL 25% for Hgb >12 g/dL 25% for URR ≥ 65%	50% Hgb >12 g/dL 50% for URR ≥ 65%	Clinical Measures: 90%	Reporting Measures: 10%
			If a facility is only eligible for one type of measure, that measure(s) will comprise 100% of the TPS.	
Maximum TPS	30 Points	30 Points	100 Points	
Payment Reductions: Minimum Score	Payment reduction applied for any score less than 26.	Payment reduction applied for any score less than 30.	Payment reductions applied for any score less than 53.	
Payment Reductions: Scale	Sliding Scale: 0.5% - 2% if under minimum TPS	Sliding Scale: 1% – 2% if under minimum TPS	Sliding Scale: 0.5% – 2% if under minimum TPS	
Special Rule	Applies	Applies	Does not apply. Score for clinical measures based on the higher of an improvement or an achievement score.	
Achievement Score Calculation	N/A	N/A	Applies	
Improvement Score Calculation	N/A	N/A	Applies	
Reporting Measures	N/A	N/A	Reporting measures are not scored using the achievement/improvement methodology. In order to score points, facilities must complete certain requirements that vary by measure.	

Resources: Websites



- **Medicare Improvements for Patients and Providers Act of 2008 (MIPPA):**
 - www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf

- **CMS ESRD Quality Initiative Website:**
 - www.cms.gov/ESRDQualityImproveInit

- **ESRD QIP PYs 2013 and 2014 Final Rule:**
 - <http://www.gpo.gov/fdsys/pkg/FR-2011-11-10/pdf/2011-28606.pdf>

- **Numerical Values for PY 2014 Standards:**
 - <http://www.dialysisreports.org/pdf/esrd/public-measures/UpdatedBaseline-2014-FR.pdf>

Resources: Measures



■ Hemoglobin Greater Than 12 g/dL:

- <http://www.dialysisreports.org/pdf/esrd/public-measures/AnemiaManagement-HGB12-2013-2014-FR.pdf>

■ Hemodialysis Adequacy:

- <http://www.dialysisreports.org/pdf/esrd/public-measures/DialysisAdequacy-URR65-2013-2014-FR.pdf>

■ VAT – Fistula:

- <http://www.dialysisreports.org/pdf/esrd/public-measures/VascularAccess-Fistula-2014-FR.pdf>

■ VAT – Catheter:

- <http://www.dialysisreports.org/pdf/esrd/public-measures/VascularAccess-Catheter-2014-FR.pdf>

■ NHSN:

- http://www.cdc.gov/nhsn/psc_da_de.html

■ ICH CAHPS:

- https://www.cahps.ahrq.gov/CAHPSkit/files/53_Fielding_the_ICH_Survey.pdf

Questions?



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