

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Room 352-G
200 Independence Avenue, SW
Washington, DC 20201



FACT SHEET

FOR IMMEDIATE RELEASE
July 2, 2014

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CMS PROPOSALS TO UPDATE QUALITY MEASURES FOR END-STAGE RENAL DISEASE PROSPECTIVE PAYMENT SYSTEM FOR CY 2015

OVERVIEW: On July 2, 2014, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would update payment policies and rates under the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for renal dialysis services furnished to beneficiaries on or after January 1, 2015. This proposal would introduce new quality and performance measures to improve the quality of care by outpatient dialysis facilities treating patients with end-stage renal disease and proposes to implement the Affordable Care Act provision to bring more competitive bidding for durable medical equipment.

The rule also proposes changes to the ESRD Quality Incentive Program (QIP), including for payment year (PY) 2017 and PY 2018, under which payment incentives are applied to dialysis facilities to improve the quality of dialysis care. Under the ESRD QIP, facilities that do not achieve a minimum total performance score with respect to quality measures established in regulation receive a reduction in their payment rates under the ESRD PPS. This rule also addresses issues related to the coverage and payment of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS).

This Fact Sheet addresses the general quality provisions of the ESRD PPS for CY 2015. A separate fact sheet addressing the payment provisions of the ESRD PPS for CY 2015 can be found here:

<http://www.cms.gov/Newsroom/Newsroom-Center.html>.

ESRD QIP BACKGROUND: Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) amended the Social Security Act to require CMS to create an ESRD QIP that selects measures, establishes performance standards, specifies a performance period for each PY, assesses the total performance of each facility, applies an appropriate payment reduction to each facility that does not meet a minimum total performance score, and publicly reports the results. The ESRD QIP is intended to promote high-quality care by dialysis facilities treating patients with ESRD. The first of its kind in Medicare, this program changes the way CMS pays for the treatment of ESRD patients by linking a portion of payment directly to facilities' performance on quality measures. The ESRD QIP will reduce

payments by up to 2 percent to ESRD facilities that do not meet or exceed a certain total performance score.

PROPOSED QUALITY CHANGES TO THE ESRD PPS:

PROPOSED CHANGES TO THE PY 2017 ESRD QIP: CMS is proposing that the PY 2017 ESRD QIP measure set will contain eight clinical measures and three reporting measures for PY 2017 encompassing anemia management, dialysis adequacy, vascular access type, patient experience of care, infections, hospital readmissions, and mineral metabolism management.

Clinical Measures: Five of the proposed PY 2017 clinical measures would be captured in two clinical measure “topics” or categories (Kt/V Dialysis Adequacy and Vascular Access Type). The proposed Standardized Readmission Ratio (SRR) measure is new, and CMS is proposing to revise the National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Outpatients measure to calculate facility performance using the Adjusted Ranking Metric. CMS is not proposing to make any changes to the Hypercalcemia measure or to the measures in the Kt/V Dialysis Adequacy measure topic or Vascular Access Type measure topic. The rule also proposes to remove the Hemoglobin Greater than 12 clinical measure because the measure is “topped out”.

Reporting Measures: The three proposed reporting measures include the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS), Anemia Management, and Mineral Metabolism. CMS is not proposing to make any changes to the specifications for the Anemia Management and Mineral Metabolism reporting measures, and it is not proposing any changes to the way the three reporting measures are scored. However, CMS is proposing that facilities will no longer have the option to attest that they only had one qualifying case to avoid being scored on the reporting measures.

PROPOSED CHANGES TO THE PY 2018 ESRD QIP: CMS is proposing that the PY 2018 ESRD QIP measure set will contain eleven clinical measures and five reporting measures encompassing anemia management, dialysis adequacy, vascular access type, patient experience of care, infections, mineral metabolism management, safety, pain management, depression management, and hospital readmissions. This represents an evolution of the program that encompasses quality-of-care issues.

Clinical Measures: In an effort to align the ESRD QIP with other Value-Based Purchasing (VBP) and quality reporting initiatives, CMS is proposing to organize the clinical measures into a Clinical Measure-Domain with component subdomains tracking to the CMS Quality Strategy.

- The proposed Safety subdomain, accounting for 20% of the Clinical Measure Domain score, would include the NHSN Bloodstream Infection in Hemodialysis Outpatients measure.
- The proposed Patient and Family Engagement/Care Coordination subdomain, accounting for 30% of the Clinical Measure Domain score, would include the ICH CAHPS measure and the SRR measure.
- The proposed Clinical Care subdomain, accounting for 50% of the Clinical Measure Domain score, would include the Standard Transfusion Ratio (STrR) measure, the Kt/V Dialysis Adequacy measure topic, the Vascular Access Type measure topic, and the Hypercalcemia measure.

New clinical measures proposed for PY 2018 include ICH CAHPS (converted from a previous reporting measure), STrR, and Pediatric Peritoneal Dialysis (part of the Kt/V Dialysis Adequacy measure topic).

Reporting Measures: The rule proposes to adopt five reporting measures. CMS is proposing to continue using the Anemia Management reporting measure, but is proposing to revise the Mineral Metabolism measure revised to allow facilities to submit serum and plasma phosphorus data. CMS is also proposing to adopt three new reporting measures, which are Pain Assessment and Follow-Up, Clinical Depression Screening and Follow-Up, and NHSN Healthcare Personnel Influenza Vaccination.

Measure Scoring:

Under the proposed rule, reporting measure scores would be totaled for the facility's Reporting Measure Domain score. CMS would then calculate the facility's Reporting Measure Adjuster by subtracting the facility's Reporting Measure Domain score (i.e., the sum of all reporting measure points received) from its total eligible reporting measure points (e.g., 50, if the facility is eligible for all five reporting measures), and then multiplying that total by a coefficient of 5/6.

CMS proposes to calculate a facility's total performance score by subtracting the facility's Reporting Measure Adjuster from its Clinical Measure Domain score.

ADDITIONAL ESRD QIP PROPOSALS: The proposed rule discusses proposals relating to when a measure should be removed or replaced due to being "topped out," continuing CMS's data validation pilot program, beginning an NHSN data validation study, and exceptions to ESRD QIP compliance as a result of "extraordinary circumstances."

CMS will accept comments on the proposed rule until September 2, 2014. The proposed rule will appear in the July 11, 2014 Federal Register and can be downloaded from the Federal Register at: <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>.

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