

# End-Stage Renal Disease Quality Incentive Program (QIP)

**Payment Year 2019**  
**Calendar Year 2017**

Barbara Dommert-Breckler, RN, CNN  
Quality Improvement Director

# Value-Based Purchasing

- Identify and Require Reporting
- Advance Transparency
- Continually Refine Payment Models
- Stimulate the Meaningful use of IT
- Refine Measurements and Incentives to achieve healthcare equity



# 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©

- **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)



# Extraordinary Circumstances Exception

CMS finalized in 2014 (79 FR 66189) that, for PY 2017 and beyond, it would exempt a facility from all ESRD QIP requirements during the time that the facility was forced to close temporarily due to a natural disaster or other extraordinary circumstances beyond the facility's control.



# 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)



# Clinical Measures Domain- 90% of TPS

- Safety Subdomain- 20%
- Patient and Family Engagement/Care  
Coordination Subdomain- 30%
- Clinical Care Subdomain- 50%



# Safety Subdomain- NHSN Bloodstream Infections

- Numerator: The number of new positive blood cultures per 100 hemodialysis patient-months
  - Includes facility drawn and hospital drawn within 1 calendar day after hospital admission
- Denominator: Number of in-center hemodialysis patients treated in the outpatient hemodialysis unit on the first 2 working days of the month
- Exclusions: Home only, CCN cert after 1/1/17, less than 11 in-center ESRD patients
- Data Source: NHSN





# Patient and Family Engagement/Care Coordination Subdomain- ICH CAHPS

- Overall Rating: A summation of responses to the rating items grouped into 3 levels
- Exclusions: CCN cert. after 1/1/17, treating fewer than 30 eligible in-center adult patients, Home only facilities
- Data Source: ICH CAPHS



# Patient and Family Engagement/Care Coordination Subdomain- Standardized Readmission Ratio

- Numerator: Number of unplanned 30-day readmissions
- Denominator: The expected number of unplanned 30-day hospital readmissions in each facility. (derived from a model that accounts for patient characteristics, discharge facility, and the acute care or critical access hospital)
- Data Source: Medicare Claims



# Patient and Family Engagement/Care Coordination Subdomain- Standardized Readmission Ratio

- Exclusions
  - Planned readmissions
  - Occurred within the first three days of discharge
  - End in death or death within 30 days
  - Are against medical advice
  - Primary diagnosis of certain cancers, mental health conditions or rehabilitations
  - Occur after the patient's 12<sup>th</sup> admission in the calendar year
  - Facilities with fewer than 11 index hospital discharges in the calendar year



# Clinical Care Subdomain- Standardized Transfusion Ratio

- Numerator: Number of observed red blood cell transfusion (including blood products) events among patients dialyzing at the facility
- Denominator: Number of eligible red blood cell transfusions events that would be expected among patients
- Data Sources: Medicare Claims, CROWNWeb, REMIS, 2728



# Clinical Care Subdomain- Standardized Transfusion Ratio

- Exclusions:
  - Pediatrics
  - Patients on dialysis less than 90 days
  - Patients at the facility for less than 60 days
  - Transplant patients
  - Patients who have not been treated by any facility for longer than a year
  - Patients with a Medicare claim for various conditions including aplastic anemia, coagulation disorders, various cancers, sickle cell anemia



# Clinical Care Subdomain

## Kt/V Dialysis Adequacy

### Comprehensive Measure

- Numerator: Number of patient months in the denominator for patients whose delivered dose of dialysis met specified ranges:
  - Hemodialysis (all ages):  $\geq$ spKt/V 1.2 (last measure of the month)
  - PD Pediatric:  $\geq$ spKt/V 1.8 (dialytic + residual, measured within the last 6 months)
  - PD Adults:  $\geq$ spKt/V 1.7 (dialytic + residual, measured within the last 4 months)



# Clinical Care Subdomain

## Kt/V Dialysis Adequacy

### Comprehensive Measure

- Denominator:
  - All adult hemodialysis patients who receive dialysis three times a week (no more or less)
  - All pediatric in-center patients who receive dialysis three times a week (no less) and did not indicate frequent dialysis
  - All patients (both HD and PD) who are assigned to the facility for the entire month, and have had ESRD for 90 days or more



# Clinical Care Subdomain

## Kt/V Dialysis Adequacy

### Comprehensive Measure

- Exceptions
  - Patients on ESRD for less than 90 days
  - Patients who were not assigned to the facility for the entire month
- Data Sources: CROWNWeb, Medicare Claims





# Clinical Care Subdomain

## Vascular Access Type Measure

### Topic- AVF

- Numerator: Patient-months in the denominator where an autogenous AV fistula with two needles was the means of access
- Denominator: Number of Medicare patient-months at the facility during the measurement period
- Exceptions:
  - Pediatrics
  - Multiple access claims
- Measure: CROWNWeb, Medicare Claims



# Clinical Care Subdomain

## Vascular Access Type Measure

### Topic- Catheter > 90 Days

- Numerator: Patient-months in the denominator for patients continuously using a catheter for 90 days or longer prior to the last treatment during the month
- Denominator: Number of Medicare patient-months at the facility during the measurement period
- Exceptions:
  - Pediatrics
  - Multiple access claims
- Measure: CROWNWeb, Medicare Claims



# Clinical Care Subdomain

## Hypercalcemia Clinical Measure

- Numerator: Patient-months in the denominator with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL
- Denominator: Number of patient-months at the facility during the measurement period
- Exceptions:
  - Pediatrics
  - Patients at the facility for less than 30 days
  - Patients on ESRD treatment for fewer than 90 days
  - Patients that have died or been discharged prior to the end of the reporting month
- Measure: CROWNWeb, Medicare Claims



# Reporting Measures

- 10% of TPS



# Reporting Measures

## Mineral Metabolism Reporting Measure

- Number of months for which the facility reports serum or plasma phosphorous values for each Medicare patient
- Exclusions
  - Facilities certified on or after July 1, 2017
  - In-center patients treating fewer than 7 times during the claim month
  - Facilities treating fewer than 11 patients
- Data Sources: CROWNWeb, Medicare Claims



# Reporting Measures

## Anemia Management

### Reporting Measure

- Number of months for which the facility reports ESA dosage (as applicable) and hemoglobin/hematocrit for each Medicare patient at least once per month
- Exclusions
  - Facilities certified on or after July 1, 2017
  - In-center patients treating fewer than 7 times during the claim month
  - Facilities treating fewer than 11 patients
- Data Sources: CROWNWeb, Medicare Claims



# Reporting Measures

## Pain Assessment and Follow-up Measure

- Facility reports in CROWNWeb one of six conditions for each qualifying patient once before August 1, 2017 and February 1, 2018
- Exclusions
  - Pediatrics
  - Facilities certified on or after July 1, 2017
  - Patients treated at the facility for fewer than 90 days
  - Facilities treating fewer than 11 patients
- Data Sources: CROWNWeb



# Reporting Measures

## Clinical Depression Screening and Follow-up Measure

- Facility reports in CROWNWeb one of six conditions for each qualifying patient once before February 1, 2018
- Exclusions
  - Pediatrics who are younger than 12 years
  - Facilities certified on or after July 1, 2017
  - Patients treated at the facility for fewer than 90 days
  - Facilities treating fewer than 11 patients
- Data Sources: CROWNWeb





# Reporting Measures

## Clinical Depression Screening and Follow-up Measure

- Facility reports in CROWNWeb one of six conditions for each qualifying patient once before February 1, 2018
- Exclusions
  - Pediatrics who are younger than 12 years
  - Facilities certified on or after July 1, 2017
  - Patients treated at the facility for fewer than 90 days
  - Facilities treating fewer than 11 patients
- Data Sources: CROWNWeb



# Reporting Measures

## NHSN Healthcare Personnel Influenza Vaccination Reporting Measure

- Facility submits Healthcare Personnel Influenza Vaccination Summary Report to NHSN by May 15, 2017
- Exclusions
  - Facilities certified on or after January 1, 2017
- Data Sources: NHSN



# Benchmarks and Total Performance Score

- Facilities will receive a TPS as long as they receive a score for at least one clinical measure and one reporting measure.
- The minimum Total Performance Score (mTPS) is established at 60 out of 100.



# Benchmarks and Total Performance Score

| Measure  | Achievement Threshold | Benchmark | Performance Standard |
|--|-----------------------|-----------|----------------------|
| <b>Vascular Access Type</b>                                      |                       |           |                      |
| %Fistula   | 53.66%                | 79.62%    | 65.93%               |
| %Catheter  | 17.20%                | 2.95%     | 9.19%                |
| <b>Kt/V Composite</b>  | 86.99%                | 97.74%    | 93.08%               |
| <b>Hypercalcemia</b>   | 4.24%                 | 0.32%     | 1.85%                |
| <b>Standardized Transfusion Ratio</b>                            | 1.488                 | 0.421     | 0.901                |
| <b>Standardized Readmission Ratio</b>                            | 1.289                 | 0.624     | 0.998                |
| <b>NHSN Bloodstream Infection</b>                                | 1.738                 | 0         | 0.797                |
| <b>ICH CAHPS: Nephrologists' Communication and Caring</b>        | 56.41%                | 77.06%    | 65.89%               |
| <b>ICH CAHPS: Quality of Dialysis Center Care and Operations</b> | 52.88%                | 71.21%    | 60.75%               |
| <b>ICH CAHPS: Providing Information to Patients</b>              | 72.09%                | 85.55%    | 78.59%               |
| <b>ICH CAHPS: Overall Rating of Nephrologists</b>                | 49.33%                | 76.57%    | 62.22%               |
| <b>ICH CAHPS: Overall Rating of Dialysis Center Staff</b>        | 48.84%                | 77.42%    | 62.26%               |
| <b>ICH CAHPS: Overall Rating of the Dialysis Facility</b>        | 51.18%                | 80.58%    | 65.13%               |



# Payment Scale Reduction

## Facility Total Performance Score Payment

- Reduction mTPS (60) 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%





# Questions/Comments



[BBreckler@nw18.esrd.net](mailto:BBreckler@nw18.esrd.net)

