

Proposed Rule Webinar for CY2025



Tuesday, August 13, 2024
2:00 to 3:00PM Eastern Time (ET)

End-Stage Renal Disease (ESRD)
Quality Programs Support (QPS)

Speakers



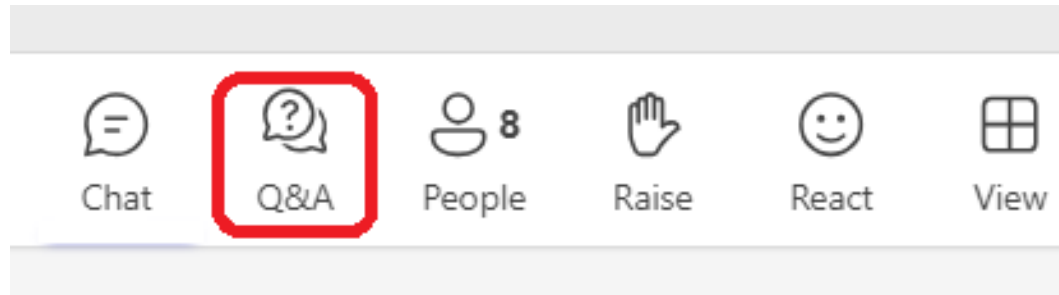
Alissa Kapke, MS
ESRD QPS Project Director



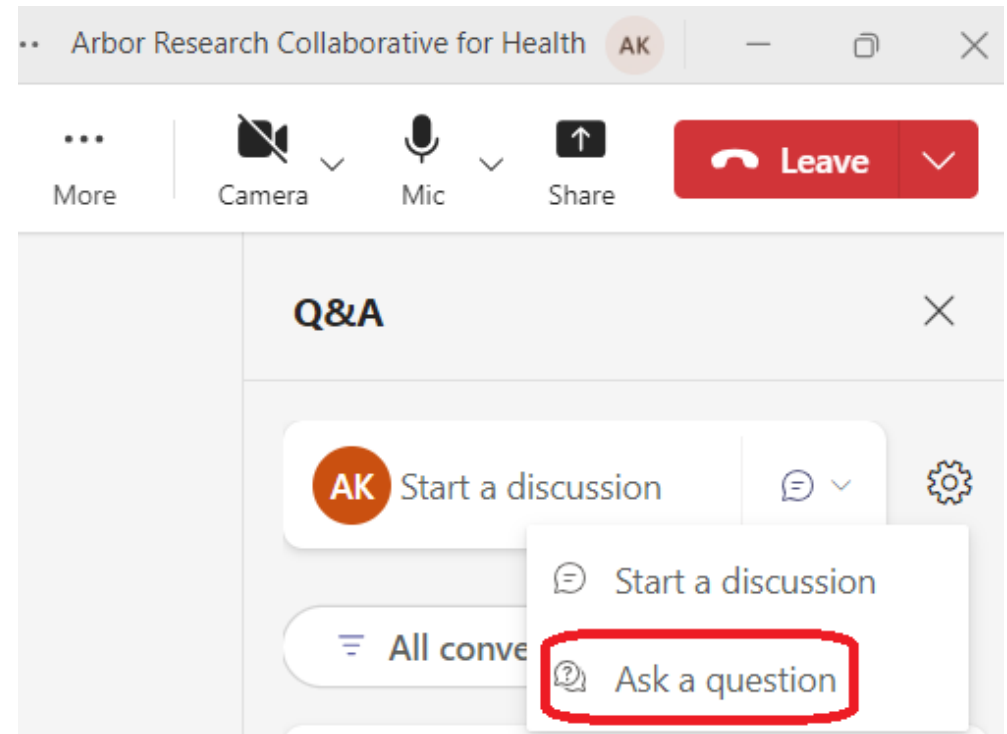
Steve Hines, PhD
Senior Research Scientist

Submitting Questions

- Click on Q&A at top of your screen to submit a question



- Under Q&A, select Ask a question.
- Type your question in box on right hand side of your screen.



Purpose

Discuss details of the Centers for Medicare and Medicaid Services (CMS) Calendar Year (CY) 2025 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Proposed Rule that pertain directly to the ESRD Quality Incentive Program (QIP).

Objectives

Attendees will be able to:

- Recognize statutory and legislative components for the ESRD QIP.
- Understand the proposals in the CY 2025 ESRD PPS Proposed Rule for the ESRD QIP program.
- Review the steps required to submit a comment.
- Access resources for the ESRD QIP.

Administrative Procedures Act

- Because CMS must comply with the Administrative Procedures Act, we are not able to provide additional information, clarification, or guidance related to the proposed rule.
- We encourage stakeholders to submit comments or questions through the formal comment submission process, as described in this webinar.

Acronyms and Abbreviations

- Centers for Medicare and Medicaid Services (CMS)
- Calendar Year (CY)
- End-Stage Renal Disease (ESRD)
- Health and Human Services (HHS)
- Hemodialysis (HD)
- Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
- Minimum Total Performance Score (mTPS)
- National Healthcare Safety Network (NHSN)
- The Protect Access to Medicare Act of 2014 (PAMA)
- Peritoneal Dialysis (PD)
- Prospective Payment System (PPS)
- Request for Information (RFI)
- Total Performance Score (TPS)
- Quality Incentive Program (QIP)

Legislative Drivers and Statutory Foundations

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).

- The program's intent is to promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care.
- Section 1881(h) authorizes payment reductions of up to 2 percent if a facility does not meet or exceed the minimum Total Performance Score (TPS).

The Protect Access to Medicare Act of 2014 (PAMA) added section 1881 (h)(2)(A)(iii).

- The ESRD QIP must include measures specific to the conditions treated with oral-only drugs. These measures are required to be outcome-based, to the extent feasible.

Statutory Overview

MIPPA requires the Health and Human Services (HHS) Secretary to create an ESRD QIP that will:

- Select measures that, to the extent possible, address the following:
 - Anemia
 - Dialysis adequacy
 - Patient satisfaction
 - Iron management, bone mineral metabolism, and vascular access
- Establish performance standards
- Specify the performance period
- Develop a methodology for calculating TPS
- Apply an appropriate payment percentage reduction
- Publicly report results

Guidance

- During today's call, we will discuss the proposed updates for the ESRD QIP in the CY 2025 ESRD PPS Proposed Rule, published on July 5, 2024.
- The information provided is offered as an informal reference and does not constitute official CMS guidance.
- CMS encourages stakeholders, advocates, and others to refer to the proposed rule located in the [*Federal Register*](#).

CY 2025 ESRD QIP Proposals

Proposed Rule Summary

The CY 2025 ESRD PPS Proposed Rule **proposed** the following:

- Replace the Kt/V Dialysis Adequacy Comprehensive clinical measure with a Kt/V Dialysis Adequacy measure topic.
- Remove National Healthcare Safety Network (NHSN) Dialysis Event reporting measure.
- Requests for Information (RFIs) on Topics Relevant to ESRD QIP.

**Proposal to Replace the
Kt/V Dialysis Adequacy
Comprehensive Clinical
Measure with a Kt/V Dialysis
Adequacy Measure Topic
Beginning with PY 2027**

Proposal Overview

- Remove the Kt/V Dialysis Adequacy Comprehensive clinical measure under removal factor 5.
 - A measure that is more strongly associated with desired patient outcomes for the particular topic becomes available.
- Replace the Kt/V Dialysis Adequacy Comprehensive clinical measure with the proposed Kt/V Dialysis Adequacy Measure Topic, which consists of four individual Kt/V measures (i.e., adult hemodialysis (HD) Kt/V, adult peritoneal dialysis (PD) Kt/V, pediatric HD Kt/V, and pediatric PD Kt/V).

Proposal Rationale

- A facility would be more accurately assessed based on its actual ESRD patient population and treatment modalities.
- Proposed measure topic scoring takes into account the different ESRD populations **and** treatment modalities at a facility.
 - Performance on each of individual Kt/V measure is weighted proportionately based on facility's overall patient population.

Eligibility

- Facility must treat at least 11 eligible patients using the modality addressed by that particular measure to be eligible to receive an individual Kt/V measure score.
 - E.g., a facility treating at least 11 eligible pediatric HD patients during the applicable performance period would be scored on the Kt/V Pediatric HD measure.
- A facility does not need to be eligible for all four individual measures to receive a measure topic score.

Scoring Example

Measure topic score example calculation for a facility eligible for all four measures:

Measure	Measure Score	# Patients in denominator	Weighted Score
Kt/V Adult HD	8	60	$8 * (60/125) = 3.84$
Kt/V Adult PD	6	30	$6 * (30/125) = 1.44$
Kt/V Pediatric HD	9	15	$9 * (15/125) = 1.08$
Kt/V Pediatric PD	5	20	$5 * (20/125) = 0.80$

Kt/V Topic Score = $3.84 + 1.44 + 1.08 + 0.80 = 7.16$, which rounds to 7.

Scoring Example (continued)

Measure topic score example calculation for a facility eligible for adult HD Kt/V and pediatric HD Kt/V measure:

Measure	Measure Score	# Patients in denominator	Weighted Score
Kt/V Adult HD	8	60	$8 * (60/75) = 6.40$
Kt/V Adult PD	N/A	3	N/A
Kt/V Pediatric HD	9	15	$9 * (15/75) = 1.80$
Kt/V Pediatric PD	N/A	2	N/A

Kt/V Topic Score = $6.40 + 1.80 = 8.20$, which rounds to 8.

**Proposal to Remove National
Healthcare Safety Network
(NHSN) Dialysis Event
Reporting Measure
Beginning with PY 2027**

Proposal Overview

- Remove NHSN Dialysis Event reporting measure from the ESRD QIP measure set under removal factor 1.
 - Measure performance among the majority of ESRD facilities is so high and unvarying that meaningful distinctions in improvements or performance can no longer be made.

Rationale

- Measure rate performance in the 5th percentile through the 100th percentile was 100% on the NHSN Dialysis Event reporting measure during PY 2022 through PY 2024.
- NHSN dialysis event data are now reported consistently, and the measure is not likely to drive improvements in care.
- Consistent with evolving the QIP to focus on a measure set of high-value, impactful measures that have been developed to drive care improvements for a broader set of ESRD patients.

**Proposed Revisions to
Measure Domains and to
Measure Weights Used to
Calculate the Total
Performance Score (TPS)
Beginning with PY 2027**

Measure Domains and Measure Weights Used to Calculate TPS

Measures by Domain	Measure Weight as Percent of TPS as Percent of TPS PY 2027
Patient and Family Engagement Measure Domain	15.00
ICH CAHPS measure	15.00
Care Coordination Measure Domain	30.00
SHR clinical measure	7.50
SRR clinical measure	7.50
PPPW measure	7.50
Clinical Depression Screening and Follow-Up measure	7.50
Clinical Care Measure Domain	35.00
Kt/V Dialysis Adequacy Measure Topic*	11.00
Long-Term Catheter Rate clinical measure	12.00
STrR clinical measure	12.00

*Proposed measure for PY 2027

Measure Domains and Measure Weights Used to Calculate TPS (cont.)

Measures by Domain	Measure Weight as Percent of TPS as Percent of TPS PY 2027
Safety Measure Domain	10.00
NHSN BSI clinical measure	10.00
Reporting Measure Domain**	10.00
Screening for Social Drivers of Health measure	1.67
Screen Positive Rate for Social Drivers of Health reporting measure	1.67
Facility Commitment to Health Equity reporting measure	1.67
Hypercalcemia reporting measure	1.67
MedRec reporting measure	1.67
COVID-19 HCP Vaccination reporting measure	1.67

RFIs on Topics Relevant to ESRD QIP

- CMS is requesting information on two topics to inform future revisions to the ESRD QIP:
 - Potential future modifications to the existing ESRD QIP scoring methodology to reward facilities based on their performance and the proportion of their patients who are dually eligible for Medicare and Medicaid.
 - Potential updates to the data validation policy to encourage accurate, comprehensive reporting of ESRD QIP data.
- Achieving health equity, addressing health disparities, and closing the performance gap in the quality of care provided to disadvantaged, marginalized, or underserved populations continue to be priorities for CMS.

ESRD QIP Scoring Modification Considerations

CMS welcomes public comment on the following:

- Would a health equity adjustment be valuable to the ESRD QIP?
 - If yes, how should it be structured?
 - If no, why?
- Are there other approaches that the ESRD QIP could propose to adopt to effectively address healthcare disparities and advance health equity?

ESRD QIP Data Validation Considerations

CMS welcomes public comment on the following:

- Should CMS consider introducing a penalty for facilities that do not meet an established reporting or data accuracy threshold?
- Would targeted education on data validation reporting be beneficial?
- Should facilities selected for validation that do not meet an established reporting or data accuracy threshold be selected again in the next year?

Payment Reduction Scale for PY 2027

PY 2027 Payment Reduction Scale

We estimate that a facility must meet or exceed a minimum Total Performance Score (mTPS) of 51 to avoid a payment reduction.

Estimated Payment Reduction Scale for PY 2027 Based on the Most Recently Available Data	
Total performance score	Reduction (%)
100-51	0%
50-41	0.5%
40-31	1.0%
30-21	1.5%
20-0	2.0%

CY 2025 ESRD PPS Proposed Rule Summary

Additional information on the CY 2025 ESRD PPS Proposed Rule is available on these websites:

Federal Register	https://www.federalregister.gov/documents/2024/07/05/2024-14359/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis
CMS.gov	https://www.cms.gov/newsroom/fact-sheets/calendar-year-2025-end-stage-renal-disease-esrd-prospective-payment-system-pps-proposed-rule-cms

CY 2025 ESRD PPS Proposed Rule

To participate in the comment period, please use the link below and follow the instructions in the proposed rule.

<https://www.federalregister.gov/documents/2024/07/05/2024-14359/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis#open-comment>

Commenting

Public Role in Rulemaking

CMS writes the proposed rule and displays it in the *Federal Register*.

CMS publishes the proposed rule in the *Federal Register*.

Public comment period on the proposed rule opens.

CMS reviews all public comments.

CMS publishes the final rule in the *Federal Register* (becomes regulation).

Your Comments Matter
The comment period is open
until August 26, 2024

Submitting Comments

- Comments must be received by August 26, 2024.
- CMS encourages submission of electronic comments to [Regulations.gov](https://www.regulations.gov).
 - Comments may also be submitted by regular mail, express mail, or overnight mail to the designated addresses provided.
- Responses to comments will be in the final rule.

Locating the Rule

FEDERAL REGISTER
The Daily Journal of the United States Government

NATIONAL ARCHIVES

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
1945

Proposed Rule

Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model

A Proposed Rule by the Centers for Medicare & Medicaid Services on 06/28/2022

This document has a comment period that ends in 52 days. (08/22/2022) [SUBMIT A FORMAL COMMENT](#)

PUBLISHED DOCUMENT

Start Printed Page 38464

AGENCY:
Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION:
Proposed rule.

SUMMARY:
This proposed rule would update and revise the End-Stage Renal Disease (ESRD) Prospective Payment System for calendar year 2023. This proposed rule also

DOCUMENT DETAILS

Printed version:
[PDF](#)

Publication Date:
06/28/2022

Agencies:
[Centers for Medicare & Medicaid Services](#)

Dates:
To be assured consideration, comments must be received at one of the addresses provided below, by August 22, 2022.

Comments Close:
08/22/2022

From the [Federal Register](#), you can scroll down the page or select the PDF option.

To Comment

FEDERAL REGISTER
The Daily Journal of the United States Government

Proposed Rule

Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model

A Proposed Rule by the Centers for Medicare & Medicaid Services on 06/28/2022

This document has a comment period that ends in 54 days. (08/22/2022)

SUBMIT A FORMAL COMMENT

PUBLISHED DOCUMENT Start Printed Page 38464

AGENCY:
Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION:
Proposed rule.

SUMMARY:
This proposed rule would update and revise the End-Stage Renal Disease (ESRD) Prospective Payment System for calendar year 2023. This proposed rule also proposes to update the payment rate for renal dialysis services furnished by an ESRD facility to individuals with acute kidney injury. This rule also includes requests for information regarding potential payment adjustments for certain new renal dialysis drugs and biological products as well as health equity issues under the ESRD PPS with a focus on pediatric dialysis payment. In addition, this proposed rule proposes to update requirements for the ESRD Quality Incentive

DOCUMENT DETAILS

Printed version:
PDF

Publication Date:
06/28/2022

Agencies:
Centers for Medicare & Medicaid Services

Dates:
To be assured consideration, comments must be received at one of the addresses provided below, by August 22, 2022.

Comments Close:
08/22/2022

Document Type:
Proposed Rule

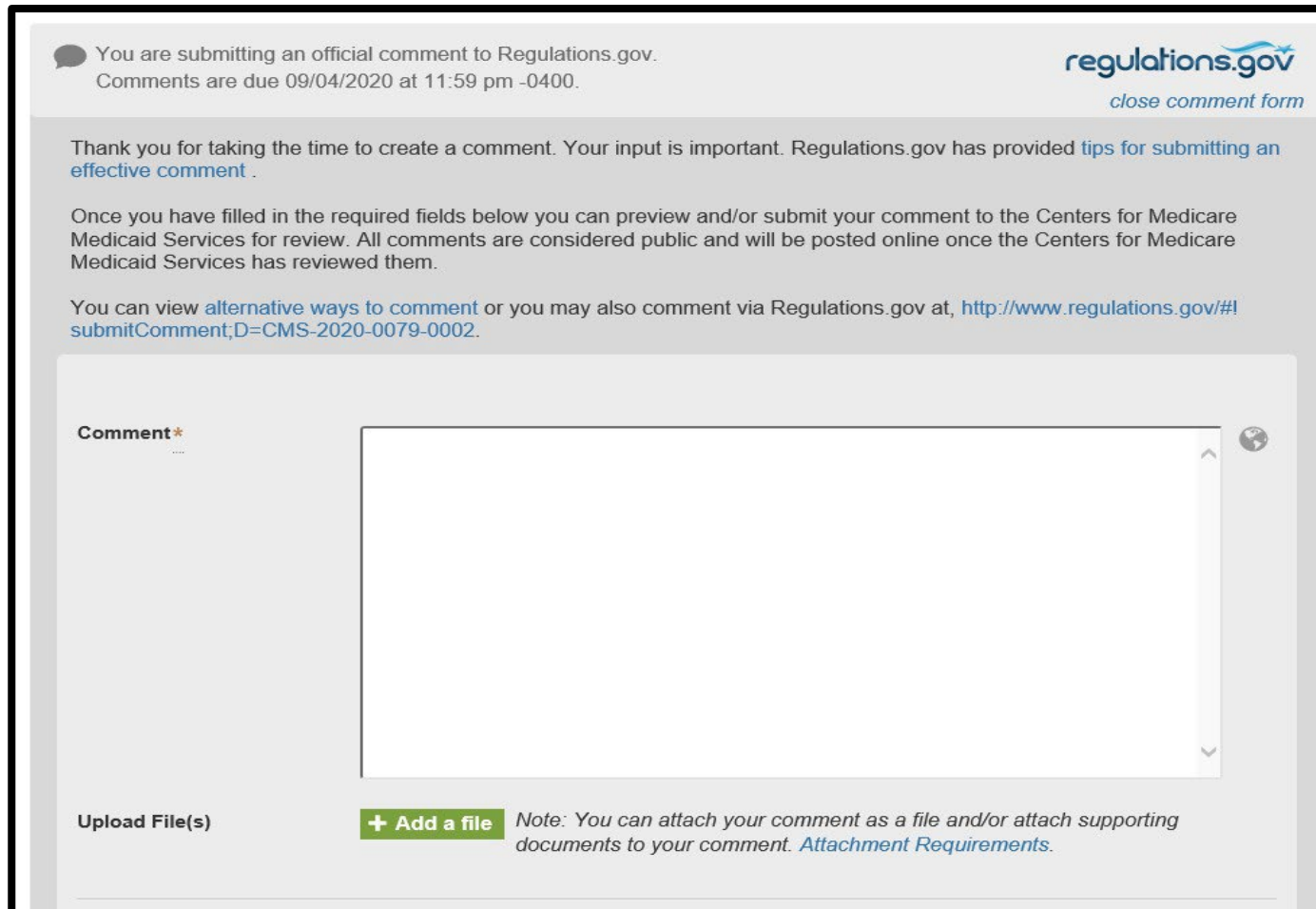
Document Citation:
87 FR 38464

Page:
38464-38586 (123 pages)

To submit your comment electronically, click on the green **Submit a Formal Comment** box.

Enter Your Comment

Enter your comment in the **Comment** field and **Add a file**, if needed.



The screenshot shows the Regulations.gov comment submission interface. At the top, a message states: "You are submitting an official comment to Regulations.gov. Comments are due 09/04/2020 at 11:59 pm -0400." The Regulations.gov logo and a "close comment form" link are in the top right. The main content area contains a thank-you message and instructions: "Thank you for taking the time to create a comment. Your input is important. Regulations.gov has provided [tips for submitting an effective comment](#) . Once you have filled in the required fields below you can preview and/or submit your comment to the Centers for Medicare Medicaid Services for review. All comments are considered public and will be posted online once the Centers for Medicare Medicaid Services has reviewed them. You can view [alternative ways to comment](#) or you may also comment via Regulations.gov at, <http://www.regulations.gov/#/submitComment;D=CMS-2020-0079-0002>." Below this is a large text area labeled "Comment*" with a small globe icon on the right. At the bottom left is an "Upload File(s)" section with a green "+ Add a file" button. A note next to the button reads: "Note: You can attach your comment as a file and/or attach supporting documents to your comment. [Attachment Requirements](#)."

Submit Your Comment

What is your comment about?

Upload File(s) [+ Add a file](#) Note: You can attach your comment as a file and/or attach supporting documents to your comment. [Attachment Requirements](#).

Email
this will NOT be posted on regulations.gov

Opt to receive email confirmation of submission and tracking number?

Tell us about yourself! I am...*

An Individual An Organization Anonymous

Organization Type*

Organization Name*

You are filing a document into an official docket. Any personal information included in your comment text and/or uploaded attachment(s) may be publicly viewable on the web.

I read and understand the statement above.

[SUBMIT COMMENT](#) [Preview Comment](#)

Please review the [Regulations.gov privacy notice](#) and [user notice](#).

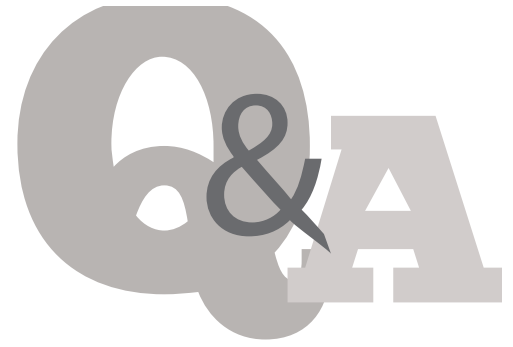
Enter your information.

Select the **I read and understand the statement above** box.

Select the **Submit Comment** button.

Live Questions & Answers

Type your questions or comments in the chat box!



Resources

Resource	Location
General ESRD QIP Information	ESRD QIP Section on CMS.gov
ESRD QIP Measures	Technical Specifications on CMS.gov ESRD QIP Measures on CMS.gov ESRD QIP Measures on QualityNet
ESRD Public Reporting	Dialysis Facility Compare
ESRD Stakeholder Partners	Partners in ESRD Care
ESRD Proposed Rule	ESRD PPS Proposed Rule

Contact us via the [QualityNet Question & Answer \(Q&A\) Tool](#).

Disclaimer

This presentation was current at the time of publication and/or upload. If Medicare policy, requirements, or guidance changes following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials are provided as summary information. No material contained herein is intended to replace either written laws or regulations. In the event of any discrepancy between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules or regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.