Implications of CMS Final Rule on the ESRD Prospective Payment System and Quality Incentive Program

Presented on: December 10, 2013

Please note: In the rush to get this information ready and presented as quickly as possible, several typos were made on the PowerPoint presentation that you’ll view as part our recorded session. These typos been identified and corrected in the attached file, but as the presentation slides and voice were recorded together in sync, we cannot correct the slides in the presentation.

Here are the differences:

On slide 23: “Dialysis Adequacy”

- Each of the “greater than” signs (>) should actually be “equal to or greater than” (≥)

On slide 36: From Table 9 of the Final Rule

- The Benchmark for percent of catheters > 90 d should be 2.8% (not 1.8%)
- The “equal to” line was left off of the signs for the Adequacy targets; all three should be “equal to or greater than” (not just “greater than”)
- The Benchmark for the Adult HD Adequacy target is 97.4% (not 94.4%)
- The Hypercalcemia measure is % (greater than) 10.2 [not %< (less than) 10.2].

On slide 42: From Table 8 of the Final Rule

- The “equal to” line was left off of the signs for the Adequacy targets; all three should be “equal to or greater than” (not just “greater than”)
- The Hypercalcemia measure is % (greater than) 10.2 [not %< (less than) 10.2].

We also added a slide to the downloadable set that provides the website information to obtain the specifications for each measure.

We very much apologize for these errors and appreciate our members who have called these to our attention! Thank you for your support of ANNA.
How does the given performance percentage calculate into the measures, or is it only really based on the Threshold and Benchmark percentages? In other words, is the “Benchmark” the goal, or is the “Threshold” not where a facility should be. Please clarify

- Each of the clinical measures has a threshold, a benchmark, and a performance standard.
  - The Threshold is the 15th percentile—the low mark your facility wants to be above.
  - The Benchmark is the 90th percentile—the high mark you should strive for.
  - The Performance Standard is the 50th percentile—the average of all facilities in the nation on that measure. As long as you are above the 50th percentile, you are not subject to a payment penalty for that measure.
- Because these percentile mark points change every year, you should set your goals higher than the performance standard, and review and revise your goals at least annually.

Are pediatric dialysis units required to do ICH CAHPS for less than 30 patients? Only adult units with less than 30 patients were mentioned as excluded.

- Pediatric dialysis units are NOT required to participate in this measure even if they have more than 30 patients. The ICH CAHPS measure was designed only for adult in-center hemodialysis patients and excludes patients who are under the age of 18.

For the Kt/V measure how will transient patients be measured?

- For adults, this measure applies to patients treated at the facility more than twice during the claim month, who have been on dialysis more than 90 days, and who dialyze 3 times a week.
- For pediatrics, this measure applies to patients treated at the facility more than twice during the claim month, who have been on dialysis more than 90 days, and who dialyze 3-4 times a week.
- Transient patients who meet these “inclusion” requirements will be included in this measure.

Will there be "exclusion criteria" for patients going forward (for those that are non-compliant, not showing for their treatments)?

- The nephrology community including outpatient dialysis facilities is in the midst of a culture change to become patient centered. One example of being patient centered is to engage the patient from admission in his/her plan of care by listening to the patient’s wants, needs and desires, and putting those first in the goals of the care plan. It is not likely that CMS will exclude patients from the measures due to the reasons mentioned. It is important that patients be informed of options, assessed for obstacles that impair their ability or capacity to follow a treatment plan, and assisted in overcoming those obstacles.

Are patients being notified of these changes? The payment cut and the big possibility of having an impact on their care?
• Great question. Patients may be notified about these changes through their dialysis facility and/or health care provider.
• Some facilities may not impose any changes that impact patients immediately. Other facilities may reduce or restructure their hours of operation, and if so, would be expected to give patients advance notice of this sort of change.
• As ANNA continues its advocacy activities it is always helpful to share with Congress and the Administration personal stories about the impact of Medicare payment changes on beneficiaries. ANNA wants to hear from you. If your facility makes changes to its normal operations based on the payment cuts, please e-mail us at finalrule@ajj.com.

Is there a benchmark for pediatric PD?

• There is currently no CMS performance measure for pediatric peritoneal dialysis; a benchmark has not been established under the QIP program.

In looking at the hypercalcemia requirement, what does “patient-month” mean/equate to? Is that a simple patient count for a month period per facility?

• While nothing is simple, “patient-month” counts each patient for the month for a measure in both the numerator and denominator. For example, if you have 20 patients included in a measure for the month of November, that would = 20 patient months for that month. If only 10 of those achieved the goal that month, that would equal a denominator of 20 with a numerator of 10, or 10/20. While this example uses a single month, the performance score is determined cumulatively for the 12-month performance period.

The slide for adequacy showed the goal as > 1.2. Is this a change? We had understood that the goal was > or EQUAL to 1.2 so that a patient with a Kt/V of 1.2 would still be in goal.

• The goal for this measure is a Kt/V equal to or greater than 1.2. We apologize for omitting the “equal to” sign, and this has been corrected on the slide deck that is posted.

Wasn't the Pediatric Kt/V 83%? The summary says 93%.

• The achievement threshold for the pediatric Kt/V is 83%; remember the threshold is set at the 15th percentile—the low mark. The performance standard (the average for the nation, the 50th percentile) is 93%. You need to be above 93% to avoid a payment penalty for this measure.

What is the minimum number of patients for QIP to "count"?

• The minimum number of patients served to require reporting is different with the various measures. For example, all facilities treating more than one eligible patient for the Mineral Metabolism measure (i.e., phosphorus levels) or the Anemia Management measure (i.e., hemoglobin level and ESA dose) must report on this measure, while facilities must have more than 30 eligible patients to be required to report on the ICH CAHPS measure.
What's the rationale for including Calcium as one of the clinical measures?

- CMS “believes that the hypercalcemia measure is the best measure supported by current evidence available for implementation in the ESRD QIP at this time. CMS has convened three discrete Technical Expert Panels (TEPs) since 2006 charged with developing quality measures related to management of bone and mineral disorders in chronic dialysis patients. The 3-month rolling average hypercalcemia measure is the first outcome measure developed in this topic area that has received National Quality Forum (NQF) endorsement. The measure is important because it addresses a potential healthcare-association condition, hypercalcemia, that may result from treatments chosen by dialysis providers to treat CKD-related bone disease. … The published literature indicates that large numbers of patients with ESRD are affected by hypercalcemia.” (pages 166 and 167, Final Rule)

Why was the hypercalcemia measure not paired with hyperphosphatemia?

- There is no currently approved measure for hyperphosphatemia. There is not consensus on what the limits for this measure should be. There is understanding that hypercalcemia should not be used in isolation, and it is likely that as measures are developed and approved for hyperphosphatemia, as well as for PTH, additional measures will be added.
- Note that CMS responded to commenters concerns about the clinical significance of the hypercalcemia measure by weighting this measure at roughly two-thirds of the weight of the four other clinical measures.

Will the Adult HD Kt/V include the home hemodialysis patients?

- Home hemodialysis patients are included in the adult adequacy measure. However, patients dialyzing 4 times or more a week or excluded; this exclusion may apply to some home hemodialysis patients.

Can I please be provided the formula to calculate infection rates?


REMEMBER:

ANNA wants to hear from you! If you have personal stories regarding the impact of the ESRD rule on your facility, please send them to finalrule@ajj.com.
Summary of ANNA’s Comments on the CMS ESRD PPS and QIP Proposed Rule

<table>
<thead>
<tr>
<th>Proposed Rule</th>
<th>ANNA Comment</th>
<th>CMS Final Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CY 2014 ESRD Prospective Payment System</strong></td>
<td></td>
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</tr>
<tr>
<td>CMS proposed an update that was estimated to result in a 12 percent reduction in payment per dialysis treatment.</td>
<td>ANNA opposed the reduction, citing concerns about the impact on patient care.</td>
<td>CMS maintained the 12 percent reduction, phased in over a three- to four-year period. The cuts for calendar year 2014 and 2015 will be mostly offset by what would have been increases in payment, and result in a near zero change in the rate.</td>
</tr>
<tr>
<td>CMS requested comments on a proposal to holdback a portion of the add-on payment for training until the patient demonstrates successful transition to a home treatment modality.</td>
<td>ANNA did not support the proposal and expressed concern that the policy as written would encourage facilities to offer self-dialysis or home dialysis only to those patients who may be more likely to successfully transition to home care. ANNA also commented that the current add-on payment was not sufficient for the number of RN hours required to train patients for self care.</td>
<td>CMS did not finalize the “holdback” proposal, and implemented a 50 percent increase to the training add-on payment beginning in calendar year 2014.</td>
</tr>
</tbody>
</table>

**Quality Improvement Program**

**ICH CAHPS Reporting**

CMS proposed that for payment year (PY) 2016 each facility must arrange for a CMS-approved vendor to conduct the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey and report the results. CMS also proposed that beginning in PY 2017, this survey would be required twice a year.

While ANNA expressed support for the need for information on the patient’s experience of care, ANNA expressed concern that requiring administration of the survey twice annually would hinder a facility’s ability to provide high quality care.

In the Final Rule, CMS finalized the measure as proposed and rejected stakeholder comments that the proposed measure (including requiring the survey twice annually beginning for PY 2017) is overly burdensome on providers.
<table>
<thead>
<tr>
<th>Proposed Rule</th>
<th>ANNA Comment</th>
<th>CMS Final Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient informed consent for anemia treatment: CMS proposed a new measure that would measure the percentage of qualifying patients who completed an informed consent regarding anemia treatment including information on the potential benefits and risks of treatment options for anemia, and alternatives to ESAs.</td>
<td>ANNA urged CMS not to include this measure in the QIP, and expressed concern that this requirement replicates FDA requirements and imposes an unnecessary administrative burden on facilities.</td>
<td>In the Final Rule, CMS agreed with ANNA and decided not to adopt the proposed measure. The Hgb&gt;12 will continue to be an independent measure.</td>
</tr>
<tr>
<td>Hypercalcemia: CMS proposed to adopt a clinical measure that monitors hypercalcemia. CMS proposed a similar measure as part of the PY 2015 QIP, but ultimately declined to impose the measure recognizing the lack of baseline data.</td>
<td>ANNA did not support the adoption of this clinical measure because it failed to take into account the monitoring of phosphorous and intact parathyroid hormone (iPTH) levels as recommended by CKD-MBD.</td>
<td>In the Final Rule, CMS adopted the measure as proposed. However, CMS agreed that other mineral metabolism measures – such as iPTH and phosphorous – warrant consideration in future years.</td>
</tr>
<tr>
<td>Use of Iron Therapy for Pediatric Patients: CMS proposed to impose a new measure on the use of iron therapy for pediatric patients. Under the proposal, facilities would be required to enter seven data elements into CROWNWeb on a quarterly basis.</td>
<td>ANNA expressed concern with this measure because of the undue burden it would impose on facilities. Manually gathering and entering seven data elements per patient per quarter for this measure is a significant burden, particularly since one of these is elements includes the dose of oral iron, which may not be as well documented as the doses may be obtained over-the-counter. Additionally, there is no specification of the age/size of the child to determine if all seven points of data are required for even the smallest/youngest patients.</td>
<td>CMS did not adopt the proposed measure as they determined there would be an insufficient number of patients who would be eligible.</td>
</tr>
<tr>
<td>NHSN Bloodstream Infection</td>
<td>ANNA expressed concern</td>
<td>CMS adopted the measure</td>
</tr>
</tbody>
</table>
### Proposed Rule

**Hemodialysis Outpatients:** CMS proposed a new clinical measure that would result in a score for each facility based on the number of blood stream infections in hemodialysis outpatients as reported to NHSN.

**ANNA Comment:** that data has not been collected to allow determination of an appropriate baseline upon which performance will be measured. ANNA urged CMS to include this measure as a reporting measure and collect baseline data.

**CMS Final Rule:** as proposed.

**Comorbidity Reporting Measure:** CMS proposed to adopt a reporting measure to require facilities to annually update each HD and PD patient’s information in CROWNWeb for the presence/absence of 24 comorbidities.

**ANNA Comment:** ANNA expressed appreciation for the attempt to obtain better data for the development of appropriate case-mix adjustments. However, ANNA expressed concern that the measure as proposed is overly burdensome.

**CMS Final Rule:** CMS did not adopt the proposed measure.
Welcome!
To ANNA’s Webinar on the CMS Final Rule for the PPS/QIP for 2016

ESRD PPS & QIP for 2016: Final Rule
Donna Bednarski, MSN, RN, ANP-BC, CNN
Glenda M. Payne, MS, RN, CNN
Anna Schwamlein Howard, JD

Objectives
• Describe the provisions of the Final Rule for the Prospective Payment System (PPS)
• Discuss the potential impact of these changes on dialysis services
• Describe the measures established by the Final Rule for PY 2016 under the Quality Incentive Program (QIP)
• Identify actions nephrology nurses should take now to address the QIP measures

How Changes To The PPS and QIP Get Made
• CMS responsible for the rules that implement the law
• Notice of Proposed Rule Making (NPRM) is required
  • Publish a proposed rule in the Federal Register (“early July”)
  • Allow a comment period (usually 60 days)
  • Accept and review public comments
  • Comments make a difference!
  • Publish a Final Rule (November 1)
• Performance Period starts the following January
OMG!

Proposed Rule: PPS

PPS: Why the Cut?

- OIG and GAO Reports to Congress:
  - Allege CMS has overpaid dialysis facilities
  - Due to decreased use of ESAs
- Congress passed ATRA (American Taxpayer's Relief Act)
  - Law mandates CMS revise the base "bundled" rate to account for "overpayment"
- CMS published annual proposed rules, July 1:
  - PPS section called for up to a 12% reduction in the base rate across all facilities

Impact of Comments

PPS:
- 1,282 comments on the PPS section
- Changes to PPS overall: 0; but tempered impact for 2014-15
- Change to self training add-on

So, What Does the Final Rule Say?

- 2014 base rate per treatment is $239.02
  - $1.34 below base rate for 2013 of $240.36
    - How calculated:
      - Market basket increase of 2.8% - base rate up to $247.09
      - Wage neutrality index adjustment factor of 1.000454 - base rate up to $247.20
      - Budget neutrality adjustment factor, from increase in home training - base rate lowered to $247.18
      - Adjustment for lower drug utilization by $8.16 to account for 27% of the total ATRA cut - base rate lowered to $239.02

The proposed rule had a base rate of $216.95 for 2014
• Market Basket:
  • Medicare Improvement for Patients and Providers Act (MIPPA) provides that the base rates are to be annually increased by the rate of increase in the ESRD market basket.
  • The Affordable Care Act (ACA) provided that all provider market basket updates are to be reduced by a productivity adjustment.
  • 2014 market basket is 3.2% which was reduced by the productivity adjustment of 0.4%, for a net market basket of 2.8%.

• Wage Index:
  • CMS used same methodology as finalized in 2011 ESRD PPS.
  • Wage index budget neutrality adjustment factor of 1.000454 for 2014.

  The proposed rule had a budget neutrality factor of 1.000411 for 2014

So, What Does the Final Rule Say?

• Home Dialysis Training Adjustment
  • Increased payment by 50% to $50.16 for 2014.
  • Increase of $16.72 over the $33.44 paid in 2013.
  • Based on an increase to 1.5 hours of RN time per training treatment.
  • Implemented in budget neutral manner – cut base rate by $0.02.

  The proposed rule did not propose an increase in add-on adjustment payment and invited comments on the cost of home training.

• Utilization of ESRD Related Drugs Adjustment
  • CMS is phasing-in the $29.93 adjustment over 3 – 4 years.
  • 2014 and 2015 payment reductions will be offset by what would have been payment increases, to equal a near zero change in reimbursement.
  • 2016: CMS to determine whether to implement the balance of the ATRA cut over one or two years.

  The proposed rule would have lowered the 2014 base rate by $29.93.
So, What Does the Final Rule Say?

- Revisions to Outlier Policy
  - Updated the fixed dollar loss and the Medicare Allowable Payment (MAP).
  - For pediatric patients, the fixed dollar loss increased to $54.01 and MAP amount decreased to $40.49.
  - For adult patients, the fixed dollar loss decreased to $98.67 and MAP amount decreased to $50.25.
  - CMS expects this change in policy will allow more cases to qualify for outlier payments to achieve the 1% target rate.

What does our future hold?

- 2014:
  - Rulemaking for CY 2015
  - Set base rate

- 2015:
  - Rulemaking for CY 2016:
    - Base rate cut: determination of whether the remaining ATRA cut will be done over 1 or 2 years.
    - Analysis of the case mix adjustments as required by ATRA.
    - Re-examination of outlier policy.
    - Incorporation of oral-only medications.

How will facilities plan for the cuts?

- Restricted hours of operation?
- Limited access to services?
- Staff reductions?
  - Will there be increases to patient-to-staff ratios?
  - Facility closures/consolidations?
- Impact to innovation?

Final Rule: QIP Measures for Performance Period 2014
(Payment Year 2016)
The Law Requires CMS to Establish a QIP by:

(i) Selecting measures
(ii) Establishing performance standards for individual measures
(iii) Specifying a performance period with respect to a year
(iv) Developing a method to assess the total performance of each facility based on the performance standards for the measures in a performance period
(v) Applying an appropriate payment reduction to facilities that do not meet or exceed the established Total Performance Score (TPS).

Process for Determining Proposed QIP Measures

CMS goal for ESRD QIP measures:
• Promote high-quality care
• Strengthen the goals of the National Quality Strategy
• MIPPA requirement: Use National Quality Forum (NQF) endorsed measures when available
• CMS may add measures if NQF endorsed measures do not exist or are not sufficient for the topic area
• The law requires measures on anemia & adequacy

Two Kinds of Measures

Clinical Measures:
• Your facility gets a score
• Target scores include:
  • Thresholds (15th percentile)
  • Performance standards (Median)
  • Benchmarks (90th percentile)

Reporting Measures:
• Report data
• Some percentages may apply
• Attest that your facility complied with requirement

Impact of Comments

QIP:
• 58 comments on the QIP section
• Did not adopt in the final rule:
  • Informed consent for ESA-Clinical
  • Pediatric Iron-Reporting
  • Comorbidities-Reporting
So, What Are the Final Measures for PY 2016?

3 Reporting Measures:
• Hgb level/ESA dose
• Phosphorus levels
• ICH CAHPS results

8 Clinical Measures:
• Anemia: Hgb > 12 g/dL
• Adequacy (3 measures)
• Vascular Access (2 measures)
• Calcium >10.2 (3 month rolling average)
• BSI per 100 HD patient months (per NHSN)

Anemia Management

<table>
<thead>
<tr>
<th>Clinical: Anemia management:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical: Anemia management:</td>
</tr>
<tr>
<td>Hgb &gt; 12 g/dL (patients NOT on ESA*)</td>
</tr>
</tbody>
</table>

* Not treated with ESA during the claim month

Dialysis Adequacy

<table>
<thead>
<tr>
<th>Performance Period 2013</th>
<th>Performance Period 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical: Dialysis Adequacy:</td>
<td></td>
</tr>
<tr>
<td>Kt/V&gt;1.2: Adult HD</td>
<td></td>
</tr>
<tr>
<td>Kt/V&lt;1.7: Adult PD</td>
<td></td>
</tr>
<tr>
<td>Kt/V&gt;1: Pediatric HD</td>
<td></td>
</tr>
</tbody>
</table>

Clinical: Dialysis Adequacy:
• No change

Vascular Access Type

<table>
<thead>
<tr>
<th>Performance Period 2013</th>
<th>Performance Period 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical: Vascular Access Type:</td>
<td></td>
</tr>
<tr>
<td>AV Fistula (more is better)</td>
<td></td>
</tr>
<tr>
<td>Central venous catheter use &gt;90 days (less is better)</td>
<td></td>
</tr>
</tbody>
</table>

Clinical: Vascular Access Type:
• No change
Hypercalcemia

<table>
<thead>
<tr>
<th>Reporting measure</th>
<th>Clinical measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Calcium levels included in MBD reporting measure</td>
<td>• Proportion of adult patients (HD &amp; PD) with a 3-month rolling average of total uncorrected serum calcium &gt; 10.2</td>
</tr>
</tbody>
</table>

A Word About Calcium

- Performance = proportion of patient-months for which the 3-month "rolling average" is greater than 10.2 mg/dL (the upper limit of normal)
- "Score" calculated each month, but months used differ:

  - Jan
  - Feb
  - March
  - Feb
  - March
  - March
  - April
  - May
  - April
  - May
  - June
  - July
  - August
  - July
  - Aug
  - Sept
  - Aug
  - Sept
  - Sept
  - Oct
  - Nov
  - Dec

(Note: In recognition of the limits of this measure, hypercalcemia will be weighted at 2/3 of the weight of the other clinical measures.

NHSN—Blood Stream Infection

<table>
<thead>
<tr>
<th>Performance Period 2013</th>
<th>Performance Period 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting measure:</td>
<td>Clinical measure:</td>
</tr>
</tbody>
</table>
| • Submit 12 months data on infection events to NHSN | • # of HD outpatients with positive blood cultures* per 100 HD months
• Must submit 12 months of data to NHSN within 3 months of the end of each quarter
• No credit for < 12 months data
• No improvement score; achievement threshold and performance standard to be determined during the performance period |

Notes on NHSN BSI measure

Why is CMS requiring 12 months of data?

- Clinical measure now (you get a score), not just reporting
- Infection rates vary through different seasons of the year

Your facility can meet the minimum TPS even if you score zero points on the NHSH BSI Clinical Measure, if:

- You meet or exceed the performance standard on other clinical measures and
- Score at least 5 points on each of the reporting measures
- The value of standardizing care...
Mineral Bone Disease

<table>
<thead>
<tr>
<th>Performance Period 2013</th>
<th>Performance Period 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting: MBD</td>
<td>Reporting: MBD</td>
</tr>
<tr>
<td>• Report calcium and phosphorus levels monthly for in-center HD patients</td>
<td>• Report phosphorus levels monthly for in-center and home HD/PD patients</td>
</tr>
<tr>
<td></td>
<td>Note: Calcium is now a clinical measure</td>
</tr>
</tbody>
</table>

Anemia Management: Reporting

<table>
<thead>
<tr>
<th>Performance Period 2013</th>
<th>Performance Period 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting: Anemia Management</td>
<td>Reporting: Anemia Management</td>
</tr>
<tr>
<td>• Report Hgb levels and ESA doses monthly</td>
<td>• Report Hgb levels and ESA doses monthly</td>
</tr>
<tr>
<td></td>
<td>• Include HD patients</td>
</tr>
<tr>
<td></td>
<td>• Include in-center HD and home patients (HD &amp; PD)</td>
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</table>

ICH CAHPS

<table>
<thead>
<tr>
<th>Performance Period 2013</th>
<th>Performance Period 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting: ICH CAHPS</td>
<td>Reporting: ICH CAHPS</td>
</tr>
<tr>
<td>• Use a vendor to conduct the survey</td>
<td>• Must use a CMS-approved vendor</td>
</tr>
<tr>
<td>• Attired to completion in CROWNWeb</td>
<td>• Conduct the survey by CMS specifications</td>
</tr>
<tr>
<td></td>
<td>• By Jan 28, 2015, submit the survey results to CMS</td>
</tr>
</tbody>
</table>

Notes About the ICH CAHPS

Excluded: Facilities that serve fewer than 30 adult, in-center HD patients during the performance period (e.g., Jan 2014-Dec 2014)

About the survey:
• 21 "About you" questions
• 38 core questions applicable to all respondents
• 19/38 must be answered for survey to be considered complete
• Patients can take a break during the survey or complete the survey in multiple settings if the number of questions seems too many to answer at one time
What Are the Thresholds & Benchmarks for the Clinical Measures?

First: What Are Thresholds & Benchmarks?

- Threshold: the 15th percentile of scores on a measure for all facilities in the US. Scoring below the threshold = no points for that measure
- Benchmark: the 90th percentile of scores on a measure for all facilities in the US. Scoring at or above the benchmark = full points for that measure

Remind Me Again...

- Achievement score: based on performance of ALL facilities
- Improvement score: based on performance of the INDIVIDUAL facility

<table>
<thead>
<tr>
<th>Clinical Measure</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular Access Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent Fistula</td>
<td>40.0%</td>
<td>77.0%</td>
</tr>
<tr>
<td>Percent Catheter &gt; 90d</td>
<td>30.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Adequacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult HD &gt; 1.2</td>
<td>80.0%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Adult PD &gt; 1.7</td>
<td>67.8%</td>
<td>94.8%</td>
</tr>
<tr>
<td>Pediatric HD &gt; 1.2</td>
<td>81.0%</td>
<td>97.0%</td>
</tr>
<tr>
<td>Anemia Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemoglobin &gt; 12g/dL</td>
<td>1.2%</td>
<td>0%</td>
</tr>
<tr>
<td>Hypercalcemia (% &gt; 10.2*)</td>
<td>0.9%</td>
<td>0%</td>
</tr>
<tr>
<td>NHSN Bloodstream Infection in HD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatients</td>
<td>15th percentile of eligible facilities performance during the PP</td>
<td>90th...</td>
</tr>
</tbody>
</table>
About Those *

- Per CMS, the ESRD QIP for the coming year should not have a lower standard than the previous year.
- Final values for Kt/V adult HD achievement threshold = 85.6%
  - This is lower than the achievement threshold of 86% for CY 2013
  - Therefore, the achievement threshold for CY 2014 = 86%
- Final values for Kt/V Pediatric HD achievement threshold = 71.3%
  - This is lower than the achievement threshold of 83% for CY 2013
  - Therefore, the achievement threshold for CY 2014 = 83%

Website for measure specs:
http://www.dialysisreports.org/ESRDMeasures.aspx

Scroll down to Final Measure Specifications for the PY 2016 ESRD QIP
Each measure has a one page specification explanation

How Does Your Facility Avoid a Payment Penalty?

To Avoid a Payment Penalty

- Total Performance Score (TPS):
  - Clinical measures = 75%
  - Reporting measures = 25%
  - TPS = 54 or greater = no payment penalty
- Be sure your scores on each clinical measure are above the 50th percentile ("Performance Standard")
- Comply with the reporting requirements
<table>
<thead>
<tr>
<th>Clinical Measure</th>
<th>Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular Access Type</td>
<td></td>
</tr>
<tr>
<td>Percent Fistula</td>
<td>62.3%</td>
</tr>
<tr>
<td>Percent Catheter &gt; 90 days</td>
<td>10.6%</td>
</tr>
<tr>
<td>Adequacy</td>
<td></td>
</tr>
<tr>
<td>Adult HD &gt;1.2</td>
<td>93.4%</td>
</tr>
<tr>
<td>Adult PD &gt;1.7</td>
<td>85.7%</td>
</tr>
<tr>
<td>Pediatric HD &gt;1.2</td>
<td>93%</td>
</tr>
<tr>
<td>Anemia Management</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin &gt;12g/dL</td>
<td>0%</td>
</tr>
<tr>
<td>Hypercalcemia (% &gt; 10.2%)</td>
<td>1.7%</td>
</tr>
<tr>
<td>NHSN Bloodstream Infection in HD Outpatients</td>
<td></td>
</tr>
<tr>
<td>50th percentile of eligible facilities performance during the PP</td>
<td></td>
</tr>
</tbody>
</table>

What Are Some Strategies to Improve Patient Care, Maximize Reimbursement, and Improve QIP Scores?

Knowledge Is Key

- “You can’t use knowledge you don’t have”
- Get involved in the process: watch the ANNA website every July for announcements of the Proposed Rule—review and comment!
- Before January each year, review measures for the coming performance period and update protocols when indicated

Knowledge Is Key

- Stay current with the QIP measures
- Be sure all team members (PCT, MSW, RD, other RNs and physicians) are aware of QIP and the implications for payment.
- Determine the minimum score to avoid payment reduction: aim for much higher!
Patient-Centered Care

Take a Look At Your Culture:
• Are patients engaged in their care?
• Do patients actively participate in their plans of care? Are their personal goals considered the most important?

Consider a Culture Change

• Do patients feel comfortable expressing concerns?
• Is the patient’s voice valued in all aspects: care delivery, the plan of care, facility policies?
• If not, start now to make changes!

Questions?

Thanks for your attention!

Email questions to: FinalRule@aij.com

Questions submitted by January 10, 2014 will be included in a compiled Q&A document to be posted with this presentation mid January on the ANNA Website.

Remember we want your stories!

Email stories to: FinalRule@aij.com