CY 2025 ESRD PPS Proposed Rule Webinar-20240813_182830-Meeting Recording

August 13, 2024, 2:00PM ET

Steve Hines 0:13

Good afternoon, everyone.
We will be getting started in just a minute here, but we would do want to welcome you to the Proposed Rule webinar for calendar year 2025 and we will be beginning getting momentarily.
We do want to welcome you all to today's webinar on the Proposed Rule for calendar year 2025.
We are very happy that you've joined us for this afternoon and hope that you'll learn about the processes that are required to make sense of the information in the Proposed Rule.
The primary speaker and presenter will be Alissa Kapke, who's the ESRD QPS Project Director.
And I'm Steve Hines, and I'll be facilitating the meeting and the Q&A at the end.
So welcome to today's call.
If you have questions to submit during the event, please click the Q&A at the top of your screen for the Teams event and that will open up the window in which you can enter your Q&A questions.
So under Q&A you would just select ask a question and then you can type your question in the box on the right hand side of your screen and we will be reviewing those questions and there will be time for us to respond to them at the end of the event.
So that's how to submit questions and we hope that you'll use that and we will answer all of the questions that we can.
So the purpose of today's event is to discuss the details of the CMS calendar year 2025 End Stage Renal Disease Prospective Payment System Proposed Rule that pertain directly to the ESRD Quality Incentive Program.
So that's the purpose of today's event, and let me turn it over now to Alissa and she can take us through the presentation.

Alissa Kapke 2:53

Thank you.
Steve, is Steve mentioned, my name is Alissa Kapke and I'm the project director for the ESRD quality program support contract.
So for today's presentation, we will be presenting background information regarding the statutory and legislative components for the ESRD QIP.
Additionally, we will present the proposals in the Calendar year 2025, ESRD PPS Proposed Rule that pertained to the ESRD QIP program, and then we will review the steps required to submit a comment to the Proposed Rule and share some links for the ESRD QIP resources that are available to you.
As a reminder, 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 will be described in this webinar.
Here we're just showing some of the acronyms and abbreviations that will be used throughout this presentation.
And so next, let's cover the legislative drivers and statutory foundations of the ESRD QIP.
The ESRD QIP is described in section 1881 H of these Social Security Act is added by section 153 C of the MIPPA or Medicare Improvements for Patients and Providers Act of 2008.
The intent of this program 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% if a facility does not meet or exceed the minimum total performance score.
The Protect Access to Medicare Act of 2014, or PAMA, added a section 1881 (h)(2)(A)(iii) that states the ESRD QIP must include measures specific to the conditions treated with oral only drugs, and these measures are required to be outcomes based to the extent feasible.
MIPPA requires the Health and Human Services Secretary to create an ESRD QIP that will select measures to the extent possible that address the following anemia, dialysis, adequacy, patient satisfaction, iron management, bone mineral metabolism and vascular access.
Additionally, it should establish performance standards.
Specify the performance period.

Develop a methodology for calculating the TPS.
Apply an appropriate payment reduction percentage and then publicly report the facility level results.

So during today's call, we will discuss the proposed updates for the ESRD QIP in calendar year 2025, Proposed Rule that was published in the Federal Register on July 5th, 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 that can be found in the Federal Register, and we will be uploading these slides to mycrownweb.org shortly after this presentation.
And if you click on this Federal Register link right here in the slide, it will take you right to the Proposed Rule.
So next I will cover the ESRD QIP proposals that were set forth in the calendar year 2025 Proposed Rule.
So the Proposed Rule for calendar year 2025 has two proposals related to the measures in the program.
First, there is a proposal to replace the Kt/V dialysis adequacy comprehensive clinical measure with a Kt/V dialysis adequacy measure, topic.
Second, CMS is proposing to remove the national healthcare safety network or NHSN dialysis event reporting measure.
Also in this rule are requests for information, also known as RFIs, on topics relevant to the ESRD QIP.
So first I'll cover the proposal to replace the dialysis adequacy comprehensive clinical measure with the dialysis adequacy measure topic and this is proposed for payment year 2027.
The CMS is proposing to remove this Kt/V comprehensive measure under removal factor 5.
Removal factor 5 supports removal of a measure if there is a measure that is more strongly associated with desired patient outcomes.
However, in order to remove the measure, there must be another measure available under the same measure topic area.
What CMS is proposing to do here is replace this comprehensive measure with this measure topic.

The measure topic would consist of four individual Kt/V measures, including two adult measures.
The hemodialysis are HD and peritoneal dialysis are PD, Kt/V and two pediatric HD and PD Kt/V measures and each of these individual measures will have their own performance standards, including the achievement thresholds and benchmarks which are displayed in the Proposed Rule.
So by switching from the comprehensive dialysis adequacy measure to this topic measure, the intent is to more accurately assess facilities based on their actual ESRD patient population and the treatment modalities of the patients receiving treatment at their facilities.
So this is accomplished by setting individual measure performance standards and also through weighting the measure scores.
So more specifically, under this proposal, the performance on each of the individual Kt/V measures is weighted proportionately based on that facilities overall population.
I will cover some exploring examples in a moment just to illustrate how these weights to the individual measure scores are applied.
So in order to receive a score for an individual measure, the facility must treat 11 eligible patients during the performance year, using the modality addressed by that particular measure.
For example, a facility must treat at least 11 eligible pediatric HD patients during the performance year in order to receive a score on the pediatric HD Kt/V measure.
This is different from the current Kt/V comprehensive measure.
The comprehensive measure requires 11 eligible patients across all modalities, so a facility with six eligible HD pediatric patients and 20 eligible adult HD patients would be scored on performance for both the pediatric and adult patients.
But with this new measure, the facility would only be scored on the performance of the adult patients, since they do not meet the 11 patient minimum for the pediatric HD measure.
Another important thing to note is a facility does not need to be eligible for all four individual measures in order to receive a measure topic score.
Only one measure would be required.
So next I will cover some examples of how the measure scores are combined to calculate this Kt/V topic score.
On this slide, we have a hypothetical facility that treats both adult and pediatric hemodialysis and peritoneal dialysis patients.

This is a large facility that has more than 11 eligible patients for each of the individual measures and therefore a scored on each of the of these individual measures.
So here the facility treated a total of 125 patients during the performance period, which you could determine by adding up all of the numbers under the column label. The number of patients in denominator.
So in this first row we show how the facility has treated 60 eligible adult HD patients during the performance year and they rescue received a score of eight points.
Then to determine the weighted score, we multiply the eight points by the proportion of adult HD patients of facility treated.
So this would be the 60 divided by the total of 125 patients at the facility and this weighted score comes out to be 3.84 points.
So then we would do this calculation for each of these individual measures, and then as you can see, the facility treated fewer pediatric patients.
So the pediatric measures have less weight on the topic score compared to the adult measures.
So in this example, the facility performed the worst on the Kt/V pediatric PD measure and they received a score of five points.
However, they only had 20 eligible patients, so the measure score does not have as large as an impact on the total score as compared to the adult measures.
So once we calculate these individual weighted scores, we sum them up and then as we show this facility score is 7.16 points, then all scores are rounded to the nearest integer.
So we have our resulting final score of seven points.
So here we have another example where the facility only treats the hemodialysis patients, but is eligible for both the adult and pediatric measures.
In this case, the total number of patients is only based on the counts for the eligible measures.
So we have 60 adult HD patients and 15 pediatric HD patients for a total of 75 patients.
In other words, 80% of patients, which would be the 60 / 75 or adult HD patients and 20% are pediatric HD patients.
Therefore, the adult HD score of eight points accounts for 80% of the measure score, which equals a weighted score of 6.4 points.
The Pediatric HD score accounts for 20% of the measure and it is a weighted score of 1.8 points.

So after adding up the weighted scores and rounding, we have a final score of eight points.
The other proposal for payment year 2027 is to remove the NHSN dialysis event reporting measure.
So CMS is proposing to remove this reporting measure under removal factor one as stated in the rule, measures qualify for removal under factor one.
If the performance among the majority of ESRD facilities is so high and unvarying that we can no longer make meaningful, distinguished distinctions in improvements or performance.
So what we have observed in recent years is that the measure rate performance has been 100% for at least 95% of facilities.
So this indicates that the NHSN dialysis event data are reported consistently and including this measure in the clip in future payment years is not likely to drive to drive improvements in care.
So this proposal is also consistent with CMS's goal 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.
So as a result of these changes, there are also some minor revisions proposed for the measures, domains and weights that are used to calculate the total performance score, and this will begin in payment year 2027.
So here we show the proposed weights for the patient and family engagement measure, domain care coordination, measure domain and clinical care.
Measure domain.
ICH CAHPS is still the only measure in the patient and family engagement measure domain and its weight will remain at 15%.
The measures in the care coordination domain will all be waiting equally at 7.5% for a total of 30% for this domain.
We are proposing a weight of 11% for the Kt/V topic measure, which is one of three measures in this clinical care measure domain.
The other two measures in the domain, which are the long term catheter rate and the standardized transfusion ratio clinical measures will be weighted at 12% for a total domain weight of 35%.
So then in the safety domain, we again have just one measure, the NHSN bloodstream infection clinical measure and it is weighted at 10%.
And finally, we have the reporting measure domain, which is also weighted at 10%

and we have 6 measures here and they are all equally weighted.
So the weight for each of these measures comes out to be 1.67%.
So next let's review the RFI topics in the rule that are relevant to the ESRD QIP.
RFI is are requests for information that are often included in Proposed Rules to solicit stakeholder feedback.
So in this Proposed Rule, CMS is requesting information on potential future modifications to the existing ESRD QIP scoring methodology, including possibly rewarding facilities based on their performance and the proportion of their patients who are dually eligible for Medicare and Medicaid.
The other proposal is to consider potential updates to the data validation policy to encourage accurate and comprehensive reporting of ESRD.
QIP data teams continues to prioritize HealthEquity addressing, health disparities and closing the performance gap in the quality of care provided to disadvantaged marginalized or underserved populations.
So more specifically related to ESRD, QIP scoring modifications, CMS welcomes public comments on whether the ESRD QIP would benefit from a HealthEquity just adjustment and if so, how should it be structured, and if not, what were the reasons be and what other approaches could ESRD QIP use to effectively address disparities and advance HealthEquity CMS would like you to share your ideas and feedback on these important topics by submitting a comment to the Proposed Rule.
Some questions to consider related to data validation include should CMS in consider any introducing a penalty for facilities that do not meet proposed reporting threshold or data accuracy threshold?
Would targeted education on data validation reporting be beneficial?
And finally, if a facility is selected for validation and does not meet the established reporting or data accuracy thresholds, should they be selected again in the following year?
We encourage you to consider these questions and submit your feedback as a comment, and I will be covering how to submit your comments at the end of this presentation.
This Proposed Rule also includes an estimated payment reduction scale for payment year 2027.
The scale is based on the most recently available data and may change in the final rule.
So for payment year 2027, we estimate facility must meet or exceed a minimum total

performance score of 51 points in order to avoid a payment reduction.
And then for every 10 points below the minimum TPS, the payment reduction percentage increases by 0.5% for a maximum of a 2% payment reduction.
So for additional information on the calendar year 2025 ESRD Proposed Rule, you may go to the Federal Register link provided here.
And then we also provide a link to The Newsroom Fact sheets on cms.gov and that also will provide a link to get you right to the Proposed Rule in the Federal Register.
To participate in the comment period, you can use this link displayed on this slide and then we'll next cover how to submit public comments during the comment period.
So first I will give an overview of the public role in the rulemaking process.
First, CMS writes and then publishes the Proposed Rule in the Federal Register.
So as I mentioned, that was published on July 5th and then once the rule is published, the comment period is open for this rule.
The comment period ends August 26th and after the period closes, CMS reviews all comments and addresses them as appropriate.
The responses to comments and any changes deemed necessary after review of comments will be published in the final rule and then, once this final rule is displayed in the Federal Register, it becomes regulation.
So as I mentioned, comments must be received by August 26th, which is 13 days from today.
CMS encourages you to submit electronic comments using the link provided in these slides or in the Federal Register, but you may also submit comments by regular mail express mail or overnight mail using the address designated in the rule and as I mentioned, the responses to all comments will be published in the Final Rule.
So here we're showing a screenshot of what you will see when you navigate to the Proposed Rule in the Federal Register.
From here you can Scroll down the page to review the rule, or you can select the PDF option and download the rule.
To submit an electronic comment, click on the green box that says submit a formal comment.
And then to enter your comment, you would type your comment in this white comment field box and you have the ability to add an attachment by selecting this add a file option which is the green box on the bottom of the screen.
So once you have entered all of your information, select the I read and understand

the statement above box and then select the Green submit comment button on the bottom of your screen.
OK.
With that, I will stop here and see if there's any questions we should cover now, Steve.

Steve Hines 22:24
It does not look like there are any questions in the Q&A at this point, but as a reminder, you can open the Q&A box by clicking at the top of your team screen.
The Q&A icon and Type a question in there.
If you have any questions, as Alyssa has said.
We don't accept comments on the Rule of those need to be submitted formally, but if there are questions that you have about the process for submitting them or the process for calculating the proposed changes, other material that Alissa has covered by all means enter that into the Q&A and we'll be happy to respond.

Alissa Kapke 23:07
I do see one question that others may be interested in as as well.
The question I assume is about the Kt/V review measure.
"Would the eligible patients be at any time in the year or 11 eligible patients in each month of the year?"
And that's a great question because it is a monthly measure.
However, we do count up all of the eligible patients across the year.
So you just need 11 eligible patients during the performance year or as is this response says in the chat during the calendar year of assessment.
So we do have an improvement period, which is a year prior and then the performance year each individual year you must have 11 eligible patients.
And yes, the slides will be available will be posting them on mycrownweb.org after the presentation.

Steve Hines 24:04
And Alissa, there's a question or a comment about the changes to the catheter measure.
Looking at that, there's comment about the how the current performance standards

are too stringent.
Are these the kinds of comments that should be submitted through the formal process so that the government can take them into account as they finalize the rule?

Alissa Kapke 24:26
Yes, yes, that is right, Steve, please submit that as a as a comment to the rule.

Steve Hines 24:34
And in the in the chat comments there's a.
Some input related to the scoring methodology and concerns about flaws that is in that, and I believe that that would be another excellent comment to make.
Using the processes that Alissa has described.

Alissa Kapke 24:54
That's right.
Yeah.
And he any comments or feedback regarding scoring, we would love to hear those.
So we encourage you to submit a comment and CMS will review.

Steve Hines 25:12
All right.
Are there other additional questions that you'd like to submit to us to clarify processes?

Alissa Kapke 25:34
I'm not seeing anything else, Steve.
So it's like we can wrap it up.

Steve Hines 25:39
Yep.
And as a reminder, when's the last day that people can submit their questions or comments?

Alissa Kapke 25:45
Yes, that is August 26th so you have 13 days.

So and I see we're also displaying some resources that may help you with umm so many comments.
We have general ESRD information links here.
The links to the technical specifications.
And the link to the Proposed Rule.
And then if you have any questions after you, you realize you forgot to ask a question or you're reviewing the slides and you have additional questions.
We do provide the link to the QualityNet question and answer tool.
You can submit your question there and we will respond.
Well, thank you everyone for taking the time to listen to the presentation and we look forward to reviewing your comments.