

## 2014 ESRD FINAL RULE: KEY COMPONENTS

On Friday, November 22, 2013, the Centers for Medicare and Medicaid Services (CMS) released this year's final rule regarding the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Quality Incentive Program (QIP).

### **Final Rule Cuts Bundled Payment Amount but Phases in Reductions**

CMS finalized the 12 percent cut to the ESRD program's base rate payment that it outlined in its proposed rule. ASN conveyed its concerns that a cut of this magnitude could limit patient access to care, and negatively affect quality of care, especially in rural and inner city areas.

ASN also strongly recommended that any cuts made to the ESRD PPS program be phased in over time. Taking these concerns into account, the agency finalized a 3-4 year phase-in period for the 12 percent reduction. The base rate will remain steady for 2014 and 2015 and cuts will begin in 2016.

ASN will continue working with CMS to mitigate any negative effects to patients' access to the highest quality of care moving into 2016.

### **Positive Changes to Home Dialysis Training Add-on Payment**

Responding to calls from ASN and other stakeholders for greater use of home dialysis modalities among Medicare beneficiaries, CMS announced a 50 percent increase to the home dialysis training add-on adjustment payment amount beginning in 2014.

The training add-on adjustment payment amount for CY 2014 and future years will be \$50.16 and will be adjusted by the facility's wage index.

### **Final Rule Expands ESRD Quality Incentive Program (QIP):**

The final rule for PY 2016 expands the scope of clinical and reporting measures included in the ESRD Quality Incentive Program. CMS finalized eight clinical measures and three reporting measures encompassing anemia management, dialysis adequacy, vascular access type, patient experience of care, infections, and mineral metabolism management. Notably, CMS:

- Revised the anemia management and mineral metabolism measures to include home peritoneal dialysis patients.
- Expanded the ICH CAHPS measure so that facilities will be required to submit the results of the survey to CMS.

*continued on back*



## 2014 ESRD FINAL RULE: KEY COMPONENTS *CONTINUED*

Newly Proposed QIP Measures	ASN Recommendation to CMS	Measures Status, and CMS's Responses
<b>New Clinical Measures</b>		
Patient-Informed Consent for Anemia Treatment	ASN does not oppose the concept of patient informed consent for anemia therapy, but CMS should require only a one-time consent rather than an annual consent; note that this is often done within the context of the patient physician relationship; and observe that this is duplicative of the REMs process	<b>CMS is not finalizing this measure</b> and acknowledged many points ASN raised in its comments as valid and contributing to the decision not to finalize.
Hypercalcemia	ASN does not support the measure and suggested that CMS maintain a reporting-only hypercalcemia measure instead of transitioning it to a clinical measure	<b>CMS finalized</b> the mineral metabolism measure for serum phosphorus only, and finalizes the 3 month rolling average clinical hypercalcemia measure
National Healthcare Safety Network (NHSN) bloodstream infection in hemodialysis outpatients	ASN supports the proposed measure, and believes this measure has a strong likelihood of improving patient safety and quality of life, however, CMS should not penalize all < 50% performers AND should differentiate between dialysis and non-dialysis related infections	<b>CMS finalized the measure.</b> CMS acknowledges that this is an “atypical scoring methodology” but states that facilities meet or exceed performance standards in other measures they can achieve zero points on this measure and still earn a Total Performance Score that prevents payment reductions
<b>New Reporting Measures</b>		
Comorbidity	ASN supports a comorbidity reporting measure in the future, but CMS should assess whether the comorbidities currently listed on the 2728 are still appropriate; ASN recommends and stands ready to help update the 2728	CMS stated that a result of the significant concerns expressed about the measure, it has decided <b>not to finalize the measure</b> at this time.

### Full list ESRD QIP Measures for PY 2016

#### Clinical Measures

Hemoglobin Greater than 12 g/dL
Kt/V measure for adult hemodialysis patients
Kt/V measure for adult peritoneal dialysis patients
Kt/V measure for pediatric hemodialysis patients
Arterial venous fistula measure
Catheter measure
Hypercalcemia *
NHSN Bloodstream Infection in Hemodialysis Outpatients *

#### Reporting Measures

Anemia Management †
Mineral Metabolism †
ICH CAHPS Patient Satisfaction Survey ‡

\* Denotes that this measure is new to the ESRD QIP.

† Denotes that this measure is revised in the ESRD QIP.

‡ Denotes that this measure is expanded in the ESRD QIP.

### Scoring Structure:

Performance scores will be calculated by weighting clinical measures at 75% of the total performance score (TPS) and weighting the reporting measures at 25%.

The 2016 scoring structure is similar to that established for 2015. Each facility will receive a TPS between 0 to 100 points. CMS determined that the minimum TPS required to avoid a payment reduction for PY 2016 is 54 points.

ASN is working with CMS to advocate for higher quality care for patients with kidney disease, and will continue to update members with new information regarding the evolution of the ESRD PPS and QIP.