

# CY 2025 ESRD QIP Final Rule Webinar-20241203\_193934-Meeting Recording

December 3, 2024, 7:01PM

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**AK** **Alissa Kapke** 0:06

Hello everyone. Welcome to our webinar on the calendar year 2025 ESRD Prospective Payment System final rule. As it relates to the end stage renal disease quality incentive program, otherwise known as the ESRD QIP. My name is Alissa Kapke, and I will be your host for today's webinar. Today we have Dr. Delia Houseal who will review some of the highlights of the calendar year 2025 ESRD PPS Final Rule as it relates to the QIP. Dr. Houseal is the program lead for the ESRD Equality Incentive program.

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Before we get started, on this slide we are displaying some of the acronyms that will be used throughout the presentation. Many of these have been in the program for several years, but we do have a few newer acronyms, including HCP, which refers to healthcare personnel and SDOH, which refers to social drivers of health.

Next slide please.

For today's presentation, I will first cover some of our housekeeping items, including how to submit or ask questions and then I will cover the objectives of today's presentation. Next, I will hand things over to Delia, who will cover the program's statutory foundations and legislative drivers, the finalized proposals for the calendar year 2025 ESRD QIP, which corresponds to payment year 2027. Delia will then cover the payment year 2027 performance standards and payment reduction scale and present the estimated distribution of the payment reductions, which were also presented in the final rule. We will close things out with providing you all with some additional resources and then take live questions and answers.

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If you have a question during the presentation, you may enter it using this Q&A box, which you will see at the top of your screen. Once you select that, click on "ask a question" and then type in your question. If possible, we will respond to your question during the presentation, but please note some questions may require additional research. In that case, you may submit any unanswered questions to the QualityNet question and answer tool, and we will include a link to that in the chat box.

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At the end of the presentation, we will have another Q&A session. At that time, we will enable your microphone. So if you wish to ask a question verbally, you can click on the raise hand icon at the top of your screen during that Q&A session.

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For today's webinar, the objectives include defining the statutory and legislative components for the ESRD QIP. We will also provide a summary of the finalized proposals in the calendar year 2025 ESRD PPS final rule for the ESRD QIP and also provide a rationale for each of these finalized policies. Then we will cover how to access resources to support your success in the ESRD QPS program.

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Just as a note, the content covered on today's webinar should not be considered official guidance. This webinar is only intended to provide information regarding the ESRD QIP program requirements. You may refer to the final rule that's located in the Federal Register to clarify and provide a more complete understanding of the modifications and proposals for the program in the PDF version of the final rule.

The policies pertaining to the ESRD QIP begin in Section 4 on page 90.

And now I will hand the presentation over to Doctor Delia Houseal.

### **HD Houseal, Delia (CMS/CCSQ) 4:28**

Awesome. Thank you, Alissa, and welcome, everyone. As Alissa mentioned, my name is Dr. Delia Houseal and I'm the ESRD QIP program lead.

Can we go to the next slide, please.

So I'll start off by providing an overview of some our legislative drivers. The ESRD QIP is the Center for Medicare and Medicaid Service's first value-based purchasing program. It was established under the Medicare improvements for Patients and Providers Act of 2008, also known as MIPPA, and began in payment year 2012.


The purpose of the program is to incentivize high quality care in dialysis facilities by selecting a meaningful set of quality measures that in turn are used to assess facility performance. Facilities that fail to meet performance standards receive a payment reduction of up to 2%.

The ESRD QIP was supplemented by language included in the Protecting Access to Medicare Act of 2014 also known as PAMA, which stipulates that ESRD QIP must include measures specific to the conditions treated with oral only drugs.

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These measures are required to be outcome based to the extent feasible.

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Under MIPPA, ESRD QIP is responsible for selecting measures that will address a number of topics. We have our first topic area anemia management. The second topic area is dialysis adequacy. We also have patient satisfaction and iron  management, bone mineral metabolism and vascular access. All are required as specified by the Health and Human Services Secretary.

CMS is also required to establish performance standards that apply to individual measures, specify the performance period for a given payment year and develop a methodology for assessing total performance of each facility based on performance standards for measures during a performance period. In addition, with the statute mandates, we apply an appropriate payment percentage reduction to facilities that do not meet or exceed the established total performance score.

Lastly, CMS is required to publicly report the results through various websites and facilities are also required to post their Performance Score Certificates within 15 days of their availability. Performance Score Certificates have been disseminated and hopefully they are posted throughout various facilities now.

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So before we discuss this year's finalized proposals, I would first like to share our policy goals and drivers that serve as the premise for the calendar year 2025 final rule proposals and finalize policies. CMS serves the public as a trusted partner and steward dedicated to advancing health equity, expanding coverage, and improving health outcomes. CMS works to improve people's lives through advancing public policy to ensure the US healthcare system works better for everyone. In 2022, we announced the CMS Strategic vision and six strategic pillars, which are shown here on the slide. The pillars are to advance health equity, expand access, engage partners, drive innovation, protect programs and foster excellence. CMS remains committed to collaborating across its centers and offices to establish shared strategic objectives, to find success measures, and holistically look across the agency to identify policy levers and opportunities to advance these priorities. And as you'll see throughout this presentation, our goal was to align our finalized policies with these priority areas and strategic pillars.

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All right, so now dive into our finalized proposals for calendar year 2025.

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So first we will discuss the removal of the National Healthcare Safety Network dialysis event reporting measure.

Next slide.

Then we will discuss the replacement of one measure, the comprehensive Kt/V clinical measure with the Kt/V dialysis adequacy measure.

Alright, so we can move along to the next slide.

I'll start off by sharing an overview of the rationale for our finalized policy to remove the NHSN dialysis event reporting measure. When we first added the NHSN Dialysis event reporting measure to the ESRD QIP measure set, we believed that the documentation of dialysis events would contribute to the quality of the patient's ESRD treatment.

In recent years we found that reporting rates have been so consistently high that the measure is not likely to drive improvement in care. Measure rate performance in the 5th percentile through the 100th percentile on the measure was 100% of months reported on the NHSN dialysis event reporting measure during payment years 2022 through payment year 2024. So we believe that removing this measure is 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.

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After the careful consideration of public comments, we finalized our proposal to remove this measure from the ESRD QIP set under measure removal factor one. As a reminder, measure removal factor one is when a measure's performance among the majority of ESRD facilities is so high that meaningful distinctions in improvements or performance can no longer be made. This measure will be removed from the ESRD QIP beginning with the payment year 2027 or calendar year 2025.

Can move along to our next slide.

So our next finalized proposal is a replacement of the comprehensive Kt/V clinical measure with the Kt/V dialysis adequacy measure topic and this is slated to begin with payment year 2027, also known as calendar year 2025.

All right, we go to the next slide.

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So this is just a little bit of background on rationale for our conversion or replacement of our current measure. The ESRD QIP must evaluate facilities based on measures of dialysis adequacy. By replacing the current KT/V dialysis adequacy comprehensive clinical measure with four separate measures, we would be able to assess KT/V performance more accurately based on whether the patient is an adult or child and on what type of dialysis the patient is receiving. The scoring for the four measures as a Kt/V Dialysis Adequacy Measure Topic, maintaining the same 11% weight of the total performance score as the previous Comprehensive Kt/V measure, would continue to maintain Kt/V measurement as an important part of the quality of care assessed by the ESRD QIP. Facilities are eligible to receive an individual KT/V measure if they treat at least 11 eligible patients using the modality addressed by that particular measure. Facilities do not need to be eligible for scoring on all four individual measures to receive a measure topic score the KT/V dialysis adequacy measure topic scoring which considers both a facilities individual ESRD patient population and the treatment modalities it offers and then weights its performance on the topic proportionately to its overall ESRD patient population.

As a result, we believe that a facilities measure topic score will be more reflective of its actual performance among its patients population and offered modalities than its current KT/V dialysis adequacy. Comprehensive clinical measure score, which as a reminder, is a composite assessment that blends the KT/V measured data of all patients treated at that facility.

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And so after considering public comments received on this proposal, we finalized our proposal to remove the comprehensive KT/V clinical measure from the ESRD QIP measure set beginning with payment year 2027, which coincides with calendar year 2025. And we remove this measure under measure removal factor 5, which is when a measure that is more strongly associated with the desired patient outcomes for the particular topic becomes available.

We also finalized our proposal to replace the comprehensive KT/V clinical measure with the KT/V dialysis adequacy measure topic, which consists of four individual KT/V measures; the adult hemodialysis KT/V, adult peritoneal dialysis KT/V, pediatric hemodialysis KT/V, and pediatric dialysis KT/V, and as I mentioned earlier, this finalized policy will go into effect beginning with payment year 2027, which coincides

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with calendar year 2025.

Alright, go to our next slide.

And so now that we have discussed the adoptions, removals and modifications to the ESRD QIP measure set for payment year 2027, let's take a look at the impact to measure domains and to measure weights used to calculate a facility's total performance score.

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I know this is a little bit busy, so please let us know if you have any questions. So the previously finalized and newly proposed measures that are in each domain, along with the new measure weights for payment year 2027, are depicted in the table beginning with payment year 2027. The comprehensive KT/V clinical measure will be converted to the KT/V topic clinical measure and will remain in the clinical care measure domain. The NHSN dialysis event reported measure will be removed from the reporting domain. The screening for social drivers of health reporting measurement measure and the screen positive rate for social drivers of health reporting measures will be added to the reporting domain. To accommodate the new numbers of measures in the reporting domain, the individual measure weights in each of these domains will be updated. We believe that these updates to the individual measure weights will help to ensure that a facility's individual measure performance has an appropriately proportionate impact on a facility's total performance score, while also further incentivizing improvement on clinical measures.

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Under our current policy, a facility does not receive a payment reduction for a payment year in connection with their performance under the ESRD QIP if it achieves a total performance score that is at or above the minimum total performance score that is established for the payment year. Pay reductions are implemented on a sliding scale using ranges that reflect payment reduction differentials of 0.5% for each point that the facility's total performance score falls below the minimum total performance score, and so it starts at 0.5% and it goes all the way to 2%. So let's take a look at the finalized payment reduction scale for payment year 2027.

Next slide please.

In the calendar year 2023 ESRD PPS final rule, we set the performance period for the

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payment year 2027 ESRD QIP as calendar year 2025 and the baseline period as calendar year 2023. The performance standards for all measures using calendar year 2023 data are in the table on this slide and so you'll see that for each measure you have your achievement threshold, which is the 15th percentile. The median, which is the 50th percentile and your benchmark, which is the 90th percentile.

Next slide please.

The minimum total performance score for payment year 2027 will be 51 and the finalized payment reduction scale is shown in the table on this slide. We note that the minimum total performance score is based on the data from the calendar year 2023 and those performance standards that we just covered in the previous slide. And so you'll see from this table if a facilities performance score is 51 to 100, then they will not be subject to a payment reduction. And you'll see the scale goes from .05% all the way up to 2% depending on the facility's total performance score.

Next slide please.

On this slide, you'll see our estimated payment reductions. And so, for payment year 2027, we estimate that 2750 facilities are expected to receive a payment reduction which represents approximately \$17.9 million, an average of about \$6500 per facility.

And so that takes us to the end of our presentation for this year's finalized proposals. We would like to now open the lines for discussion and any questions that folks may have, I'll pause to see if we have any questions in the Q&A or if folks would like to take themselves off of mute to ask any questions.

**AK** Alissa Kapke 20:15

If we go to the next slide, you'll see we show the raise hand option there if you want to verbally ask a question, you can go ahead and use that functionality. Delia, we did have one question about not a new measure for payment year, well, it is a new measure for 2027. It wasn't in the final rule and these are the screening for social drivers of health measures. The question was what screening tool should we use? We did provide a response that CMS does not require a specific screening tool, and we provided the link for the SIREN website which does provide some screening tools there. I'll also note that on December 17th, 2 weeks from today, the QPS team will be presenting on these two measures, the SDOH and the Facility Commitment to Health

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Equity measure. We will present how the measures are scored for QIP as well as how to enter the data in EQRS.

**HD** Houseal, Delia (CMS/CCSQ) 21:36

So thank you, Alissa, for providing that response.

**AK** Alissa Kapke 21:42

I'm not sure if you can answer this one. Are binders going to be included in the bundle effective in January. Does this change reimbursement? That looks like a question that doesn't impact QIP.

**HD** Houseal, Delia (CMS/CCSQ) 21:56

Yeah, I'd rather not take on that question. But I think if we can drop the e-mail to PPS colleagues, I think that would be a question most appropriate for them to respond to. Let's see if we can get that e-mail in the chat box.

**AK** Alissa Kapke 22:12

Okay. Then there's another question on the ETA for the release of the final QIP technical specifications. Those will be published soon. They're just going through clearance. But the proposed rule tech specs are posted, and there really won't be any changes since nothing changed from the proposed to final rule.

**HD** Houseal, Delia (CMS/CCSQ) 22:47

Awesome. I see another question. I'm not sure if this one has been tackled, but the question is do we have to report in NHSN at all? And the answer is absolutely yes. Please, please, please, please report your data. If you do not report the data then you will not be able to get credit. The measure that we removed earlier does not provide a score for reporting. As we mentioned earlier, nearly every facility is consistently reporting that data and that's, you know, partly because I know we want to be good stewards of our data and report, but also because if you do not report then the CDC will not be able to generate a score for you, which would equate to a zero on that (NHSN BSI) measure. So I'm going to be extremely clear when I note that NHSN reporting is still required. It is still required. Thank you. That was a great question.



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**AK** Alissa Kapke 23:55

There's a question about specific changes seen on MyCrownWeb when entering monthly clinical data in 2025. I don't think many things are changing, but we are presenting every month at the QPS webinars. Whenever there is a change, that will be covered in a presentation or in a newsflash or memo that is sent out and also on Mycrownweb.org. If you have a specific question on how to enter something, please submit a question. I did include the Q&A link above and we can answer that question for you.

OK. We do have KT/V question. How is the KT/V scoring weighted if you do not have pediatric patients? Do you want to take that Delia, or would you like us to?

**HD** Houseal, Delia (CMS/CCSQ) 24:59

Yes, you can go ahead and take that one, Alissa.

**AK** Alissa Kapke 25:01

OK, so the measure, if you do not have pediatric patients, then you just won't be scored on that specific component. The measured topic combines each individual measure, so say you only have in-center, adult, in-center hemodialysis patients, then the score for that individual measure is going to be your Kt/V topic score. We do provide some scoring examples in the measures manual if you want to see the numbers there.

Question. Has the invite for the previously mentioned SDOH measure call gone out? I do not believe that has been sent out yet, but it will be soon.

Another question about the HRSN tool. How many times does that have to be done for each eligible patient? That's just once per year each calendar year you need to screen your patients for the different SDOH factors.

Let me check the chat box. Will there be a change in entering KT/V in MyCrownWeb in 2025? No, that is remaining the same.

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Delia, there's another question about entering NHSN data. What all needs to be reported in NHSN? As of now, we report COVID and flu.

**HD Houseal, Delia (CMS/CCSQ) 26:59**

Awesome. In addition to reporting for your healthcare personnel, COVID-19 vaccination data, you will also need to report any dialysis events that occur within your facility.

There are details around it, but there's a protocol on the CDC's website that we like to refer people to. It tells you what are those reportable events. Some of them are things like a positive blood culture, IV antimicrobial starts if there is a patient experiences plus redness or, you know, swelling all of those things are what would need to be reported as a part of the NHSN dialysis event surveillance protocol. And we'll see if we can get the link to that protocol and drop that in the chat box for you.

**AK Alissa Kapke 28:10**

Okay, this is a good question. We have one hemodialysis patient. Are we penalized for not doing ICH CAHPS? We did provide a response that you have to have at least 30 eligible in-center adult patients during the year in order to be eligible, but you do have to attest in EQRS if you do not treat 30 patients, you do not wish to be scored. You need to go into EQRS and attest.

**HD Houseal, Delia (CMS/CCSQ) 29:08**

Awesome. Any. Any more questions, comments.  
Alissa, is there anything else in the Q&A?

**AK Alissa Kapke 29:20**

So there is a question about we only have five to six year-round patients, but we might have over 11 unique for the calendar year.  
So how do we handle reporting for those months that the census is under 11?  
Would you like me to take that Delia?

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**HD Houseal, Delia (CMS/CCSQ) 29:41**  
Yeah, you could go ahead and take it.

**AK Alissa Kapke 29:44**  
So for most measures, whether or not you're eligible is based on how many patients or cases you've treated throughout the year. So in this scenario, you mentioned here where you might have over 11 throughout the year, you're likely going to be eligible for several measures. So you should be reporting for these patients year round. Even if you think you might not be eligible you should report data for them.

OK. Another question about vaccination, what about COVID-19 and flu vaccinations for patients? Are those required to be reported in addition to reporting for healthcare providers?

**HD Houseal, Delia (CMS/CCSQ) 30:35**  
So I could add that there may be other reporting requirements not for ESRD QIP. For QIP, the answer is no, but that does not mean that that information is not required to meet other program requirements. For example, it could be part of the ESRD network's requirements or any state-based requirements. But the short answer is for ESRD QIP, they are not required, but we do ask that you check in with other programs and or requirements that you may be responsible for adhering to.

**AK Alissa Kapke 31:18**  
OK. Delia, we have a question: If a facility has a reduction because they did not meet the minimum score, does CMS ever provide how much money was reduced? Does CMS ever provide information on how much--how much I think in dollars was reduced.

**HD Houseal, Delia (CMS/CCSQ) 33:32**  
No, we don't publicly. We don't present that or publicly report that information anywhere. We do, however, report the list of facilities that are scheduled to get a payment reduction. That information can be found on our cms.gov website, and I'm

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also adding the e-mail to the payment team for folks who had a question about that e-mail address.

**AK** **Alissa Kapke** 34:04

And I see Rita's question: do they screen all patients once a year for SDOH as of 2024 or 2025 that begins January 1 of 2025. You currently aren't able to enter that data in EQRS. So effective January 1st, you have the whole year to submit your attestations for your SDOH results for all of your patients.

I'm scanning here. I don't see anything else related to payment year 2025. Just a couple questions about technical specifications, which we will be posting soon. But again, you can refer to the proposed rule specifications since nothing changed.

**Houseal, Delia (CMS/CCSQ)** 35:25

**HD** Also, is there anything in the chat box?

**Alissa Kapke** 35:38

**AK** So there's questions about when the slides and recording will be posted. I think we provided that information above, but they will be on the cms.gov website. Thank you. Naveen just provided that.

There's a question about any change in the number of survey patient responses required. I'm not sure if that's related to ICH CAHPS. If it is, that's the same. It's always 30. You have to have at least 30 return surveys in order to receive a score for ICH CAHPS, and if you didn't treat at least 30 eligible patients and you don't want to receive a score, you go ahead and submit that attestation in EQRS.

Great. I'm not seeing anything else coming in.

**HD** **Houseal, Delia (CMS/CCSQ)** 37:02

Alright. Well, thank you all again so much for joining our call. Again, as Alissa mentioned, this slide deck and the recording and transcript will be posted on our website and so team, can we drop that actual link in the chat box for folks so that they can have that readily available? So please, if you joined late or if you just want to go back over material, we encourage you to pull down those slides or listen to the

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recording again, I want to thank everyone. Many of you, who I'm sure probably submitted questions and comments during the rulemaking process. We take those comments very seriously in our decision making process. So please continue to let us know if you have any questions or concerns about the program and as I mentioned during our rule making cycle, we encourage you to pull down those proposed rules and submit comments as well.

But with that, again, I hope everyone have a wonderful holiday season and thank you all again for joining.

