1 TECHNICAL EXPERT PANEL (TEP) CHARTER

Project Title: ***End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) Scoring Methodology Technical Expert Panel (TEP)***

TEP EXPECTED TIME COMMITMENT AND DATES

We anticipate the TEP will consist of 2-3 meetings all held via a secure video conferencing platform (e.g. Microsoft Teams). The duration of each meeting will be from 1 to 4 hours. Meetings are tentatively scheduled to begin August 2024 with subsequent meetings occurring in September and October 2024, if required.

1.1 PROJECT OVERVIEW:

The Centers for Medicare & Medicaid Services (CMS) contracted *Arbor Research Collaborative for Health* (hereafter referred to as *Arbor Research*) to provide technical support in the implementation of the End-Stage Renal Disease Quality Incentive Program (ESRD QIP) and the ESRD Quality Reporting System (EQRS). The contract name is ***Measure & Instrument Development and Support (MIDS) End-Stage Renal Disease (ESRD) Quality Programs Support (QPS)***. The *contract* number is #:75FCMC18D0016 Task *Order #:*75FCMC24F0050. As part of this contract, Arbor Research convenes technical expert panels (TEPs) to obtain input on the ESRD QIP scoring methodology. Input from the TEP will inform potential modifications involving the TPS scoring methods, potential health equity adjustments, and data validation adjustments. We seek nominations from individuals with relevant clinical and methodological experience, expertise, and perspectives, including ESRD patients with dialysis experience to serve on this TEP.

The ESRD QPS contract falls under the **CMS *Measure & Instrument Development and Support (MIDS*) umbrella contract** and is named ***End-Stage Renal Disease (ESRD) Quality Programs Support***. Under this contract, Arbor Research will provide CMS with the necessary services to assist in the establishment and maintenance of a meaningful measure set, validate performance score results, manage the ESRD QIP Preview Period process, support publication of publicly reported data, provide ongoing and continuous data analyses to support policy development and continuous improvement to program implementation, and provide timely communication and technical assistance to stakeholders.

Since 2012, the ESRD QIP has reduced Medicare fee-for-service payments to facilities that do not meet or exceed established performance standards for applicable quality measures. The ESRD QIP measures facility performance using data submitted from Medicare claims, In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Surveys, the ESRD Quality Reporting System (EQRS), and the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) system. Each measure is assigned to an ESRD QIP measure domain (14 measures, assigned to one of five domains for PY 2026) and assigned an individual measure weight that contributes to the facility score; the resulting measure scores are combined to establish the facility's total performance score (TPS).

The TPS is a single number from zero to 100 that represents how well a facility performed in the ESRD QIP and determines a facility's payment reduction, which can be up to 2 percent for an entire year. Each facility earns points for its performance based on one of two factors: how close the facility's performance is to the national median during the baseline period (achievement scoring) and how much

the facility improved relative to its performance in the year prior to the performance period (improvement scoring). To receive a TPS, a facility must be eligible to receive a score on at least one measure in any two domains. Each measure is either classified as a *clinical measure* or a *reporting measure.*

Clinical measures evaluate the quality of services provided to patients by how well facilities meet clinical performance goals during the performance period. CMS awards points for clinical measures based on the outcomes of reported data. CMS applies two scoring methods to calculate individual clinical measure scores: the achievement and improvement scoring methods. Facilities are awarded achievement and improvement points for each measure based on their position within the achievement and improvement ranges. The final measure score will be determined by the higher of the achievement or improvement score.

- **Achievement scoring** compares facility performance to a set of values derived from all facilities nationally. Facilities receive achievement points on a measure based on the position within the achievement range. The achievement range begins at the achievement threshold, defined as the 15th percentile of facilities during the baseline period (calendar year (CY) 2022 for payment year (PY) 2026). It ends at the benchmark, which is defined as the 90th percentile of facilities during the baseline period. A facility will receive an achievement score of 0 points if its performance on that measure falls below the achievement threshold, 1–9 points if the facility's performance falls within this range, and 10 points if it is at or above the benchmark.
- **Improvement scoring** compares facility performance to the facility's individual performance during the prior year and compares the facility's measure rates during the performance period with its previous performance during the baseline period. The improvement range begins at the facility's prior performance rate on the measure during the improvement period (CY 2023 for PY 2026) and ends at the benchmark (90th percentile of performance rates nationally in 2022). A facility will receive an improvement score of 0 points if its performance falls below the facility's comparison rate and 1–9 points if its performance falls within this range.

Reporting measures evaluate the completeness of required data reported to CMS for the specified performance period. CMS awards points for reporting measures based on the rate of reported data. CMS will calculate points for individual reporting measures based on whether a facility reported required data in EQRS or the NHSN system, in accordance with the requirements for the specific measure. Reporting requirements vary across measures and facilities can earn partial points for satisfying some of the reporting requirements. Additional information on ESRD QIP scoring, including ESRD QIP clinical measure scoring and TPS calculation examples, is available on the Participation page on End Stage Renal Disease Facility Quality Incentive Program (ESRD QIP) Overview (cms.gov).

1.2 Project Objectives:

As part of the policy development support that Arbor Research provides to CMS regarding the ESRD QIP, Arbor Research will convene a technical expert panel (TEP) to obtain input on the ESRD QIP scoring methodology. Input from the TEP will inform potential modifications involving the TPS scoring methods, potential health equity adjustments, and data validation adjustments.

1.3 Technical Expert Panel (TEP) Objectives:

The 2024 ESRD QIP TEP will provide input on the following focus areas:

- Refinements to the ESRD QIP scoring methodology such as establishing a health equity adjustment to reduce health disparities among ESRD patients. Examples of possible approaches include:
    1. Adoption of a health equity incentive for select ESRD QIP measures that allows facilities that demonstrate significant improvement among beneficiaries who are dually eligible for Medicare and Medicaid or Part D Low-Income Subsidy (LIS) recipients to earn additional improvement points; and
    2. Stratification of measure achievement benchmarks by the proportion of beneficiaries who are dually eligible for Medicare and Medicaid or are Part D LIS recipients.
- Modification to current methodology that deducts TPS points based on the data validation results.
- Consider opportunities (if applicable) to improve alignment of ESRD QIP scoring methodology with other CMS VBP programs.

1.4 TEP REQUIREMENTS:

A TEP of approximately 10-15 individuals will meet to discuss and provide recommendations on the above topics to Arbor Research. The TEP will be composed of individuals with differing areas of expertise and perspectives, including:

- Individuals with clinical subject matter expertise, e.g., nephrology or other clinician-scientists, clinicians and nurses, dialysis facility quality improvement experts, and dialysis facility administrators;
- Individuals with methodological and/or health care disparities expertise, e.g., statisticians/biostatisticians and health services researchers with expertise and experience in VBP programs, score or scale development, and/or assessment of health care disparities; and
- Individuals with ESRD and care partners of individuals with ESRD.

1.5 SCOPE OF RESPONSIBILITIES:

Arbor Research is seeking balanced representation of dialysis stakeholders and clinical experts, including dialysis providers, clinical, statistical, and public health experts as well as patients and patient advocates to provide input on the topics described above. The TEP will be led by one or two Chairpersons, whose responsibility is to lead the discussion and attempt to develop consensus opinions from TEP membership regarding discussion topics. The role of the TEP is to provide input and advice to Arbor Research, as Arbor Research continues to assist CMS with potential updates to the ESRD QIP scoring methodology.

Role of Arbor Research: As the subject matter experts in ESRD QIP scoring, the Arbor Research facilitators will work with the TEP chair(s) to ensure the panel discussions focus on the objectives of TEP charter. During discussions, Arbor Research moderators may advise the TEP and chair(s) on the needs and requirements of the CMS contract and may provide specific guidance and criteria that must be met with respect to CMS policy. Following the conclusion of the TEP proceedings, Arbor Research will prepare a summary report that will reflect the TEP discussion and recommendations. Although the TEP

is advisory only, it is important that CMS is informed of the TEP's recommendations in an objective fashion.

Role of TEP chair(s): Prior to the TEP meetings, one or two TEP members are designated as the chair(s) by Arbor Research and CMS. The TEP chair(s) are responsible, in partnership with the moderator, for directing the TEP to meet the expectations for TEP members, including provision of advice to the contractor regarding methodological issues.

Duties and Role of TEP members: According to the CMS Measure Management System Blueprint, TEPs are advisory to Arbor Research. TEP members are expected to attend conference calls in 2024 and be available for additional follow-up teleconferences and correspondence as needed. The TEP will review, edit (if necessary), and adopt a final charter at the first teleconference. A discussion of the overall tasks of the TEP and the goals/objectives of the project will be described. The key deliverable of the TEP meetings includes a summary report documenting the discussions and proposed recommendations that are made during the TEP meetings.

GUIDING PRINCIPLES:

Participation as a TEP member is voluntary and Arbor Research will record the participant's input in the meeting minutes and summarize in a report that they may disclose to the public. If a participant has chosen to disclose private, personal data, then related material and communications are not covered by patient-provider confidentiality. Patient/caregiver participants may elect to keep their names confidential in public documents. TEP organizers will answer any questions about confidentiality.

The TEP may use both verbal consensus and formal voting by secret ballot for decision-making, depending on the context of the decision. For administrative and other decisions about agenda, direction of discussion, and other minor operational decisions, informal verbal consensus directed by the TEP chair(s) will be utilized. In order to objectively record TEP recommendations about the ESRD QIP scoring methodology and any recommended changes, formal votes will utilize secret ballots.

All potential TEP members must disclose any significant financial interest or other relationships that may influence their perceptions or judgment. It is unethical to conceal (or fail to disclose) conflicts of interest. However, there is no intent for the disclosure requirement to prevent individuals with particular perspectives or strong points of view from serving on the TEP. The intent of full disclosure is to inform Arbor Research, other TEP members, and CMS about the source of TEP members' perspectives and how that might affect discussions or recommendations.

1.6 ESTIMATED NUMBER AND FREQUENCY OF MEETINGS:

Two to three meetings all held via a secure video conferencing platform (e.g., Microsoft Teams or Zoom). The duration of each meeting will be from 1 to 4 hours. Meetings are tentatively scheduled to begin August 2024 with subsequent meetings occurring between September and October 2024.

DATE APPROVED BY TEP

TBD

1.7 TEP MEMBERSHIP

TBD