



MLN ConnectsTM

National Provider Call

End-Stage Renal Disease Quality Incentive Program

Payment Year 2016 Proposed Rule

August 14, 2013

3:00 – 4:30 p.m. EDT



Medicare Learning Network®

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Presentation Purpose

To provide an overview of the proposed rule for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Year (PY) 2016

This National Provider Call (NPC) will discuss:

- ESRD QIP Legislative Framework
- Proposed Measures, Standards, Scoring, and Payment Reduction Scale for PY 2016
- How to Review and Comment on the Proposed Rule
- Summary Comparison of Proposed PY 2016 to PY 2015
- Available Resources

CMS Presenters

- **Jim Poyer**, MS, MBA
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Division of Value, Incentives, and Quality Reporting
- **Anita Segar**, MBA, MSHCA, MA
ESRD QIP Program/Policy Lead
Division of Value, Incentives, and Quality Reporting
- **Joel Andress**, PhD
Measure Development Lead for ESRD
Division of Chronic and Post-Acute Care
- **Brenda Gentles**, RN, BS, MS
ESRD QIP Communications and Monitoring & Evaluation Lead
Division of ESRD, Population, and Community Health

Introduction

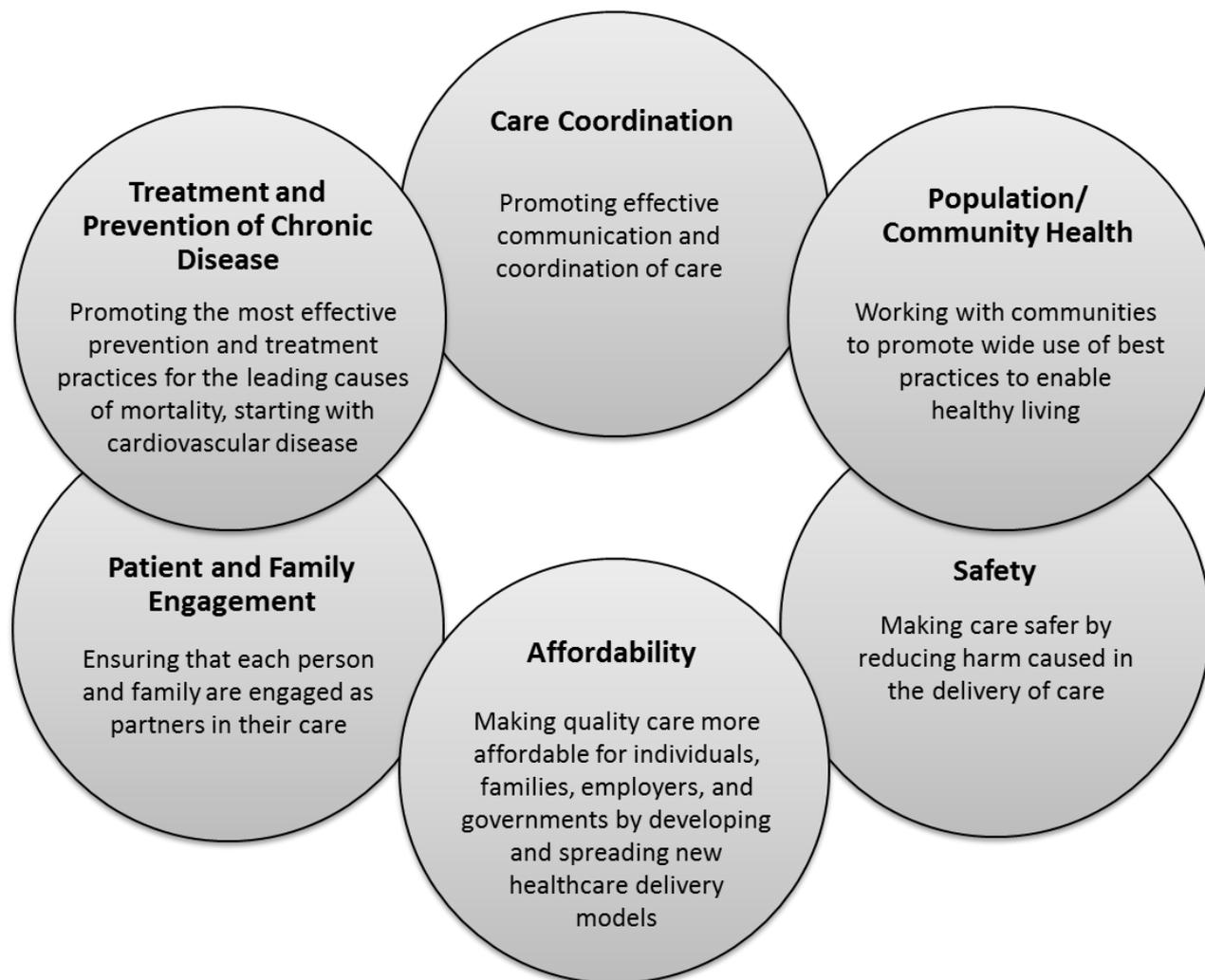
Presenter:
Jim Poyer

CMS Objectives for Value-Based Purchasing

- **Identify and require reporting** of evidence-based measures that promote the adoption of best practice clinical care
 - **Advance transparency of performance** across all sites of care to drive improvement and facilitate patient decision-making around quality
 - **Implement and continually refine payment models** that drive high standards of achievement and improvement in the quality of healthcare provision
 - **Stimulate the meaningful use of information technology** to improve care coordination, decision support, and availability of quality improvement data
 - **Refine measurements and incentives** to achieve healthcare equity, to eliminate healthcare disparities, and to address/reduce unintended consequences
- 
- **Paying for quality healthcare is no longer the payment system of the future; it's the payment system of today.**
 - **The ESRD QIP is the leading edge of payment reform and can serve as an example to the healthcare system.**

Six Domains of Quality Measurement

Based on the National Quality Strategy



Presenter:
Anita Segar

ESRD QIP Legislative Drivers

The ESRD QIP is described in Section 1881(h) of the Social Security Act, as added by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

- **Program intent:** Promote patient health by encouraging renal dialysis facilities to deliver high-quality patient care
- **Section 1881(h):**
 - Authorizes payment reductions if a facility does not meet or exceed the minimum Total Performance Score (TPS) as set forth by CMS
 - Allows payment reductions of up to 2%

Overview of MIPPA Section 153(c)

MIPPA requires the Secretary of the Department of Health and Human Services to create an ESRD QIP that will:

- **Select measures**
 - Anemia management, reflecting Food and Drug Administration (FDA) labeling
 - Dialysis adequacy
 - Patient satisfaction, as specified by the HHS Secretary
 - Iron management, bone mineral metabolism, and vascular access, as specified by the HHS Secretary
- **Establish performance standards** that apply to individual measures
- **Specify the performance period** for a given PY
- **Develop a methodology** for assessing total performance of each facility based on performance standards for measures during a performance period
- **Apply an appropriate payment percentage reduction** to facilities that do not meet or exceed established total performance scores
- **Publicly report results** through websites and facility posting of performance score certificates (PSC)

Program Policy: ESRD QIP Development

from Legislation to Rulemaking

- MIPPA outlines the general requirements for measure selection, weighting, scoring, and payment reduction, which are considered every year
- A rule is an official agency interpretation of legislation that has the full force of law
- Proposed Rule via Notice of Proposed Rulemaking (NPRM)
 - Reflects various what-if analyses to determine financial impacts on facilities
 - Measure selections are ideally evidence-based and promote the adoption of best practice clinical care
 - CMS clearance and legal review by the Office of the General Counsel (OGC)
 - Office of Management and Budget (OMB) review for financial impacts
 - 60-day period for public comment
- Final Rule passes through the same clearance process
- Both are published in the *Federal Register*

PY 2016 Proposed Clinical Measures

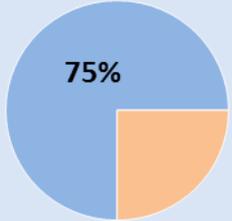
Presenter:
Joel Andress

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2016 will not be adopted until a final rule is issued in November 2013.

PY 2016 Proposed Measures: Overview

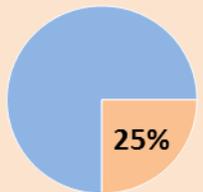
Clinical Measures – 75% of Total Performance Score (TPS)

- 1. Anemia Management Measure Topic – Hgb > 12 g/dL
- ★ 2. Anemia Management Measure Topic – Patient-Informed Consent for Anemia Treatment
- 3. Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis
- 4. Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis
- 5. Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
- 6. Vascular Access Type Measure Topic – Arteriovenous Fistula (AVF)
- 7. Vascular Access Type Measure Topic – Catheter ≥ 90 days
- ★ 8. National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Outpatients
- ★ 9. Hypercalcemia



Reporting Measures – 25% of TPS

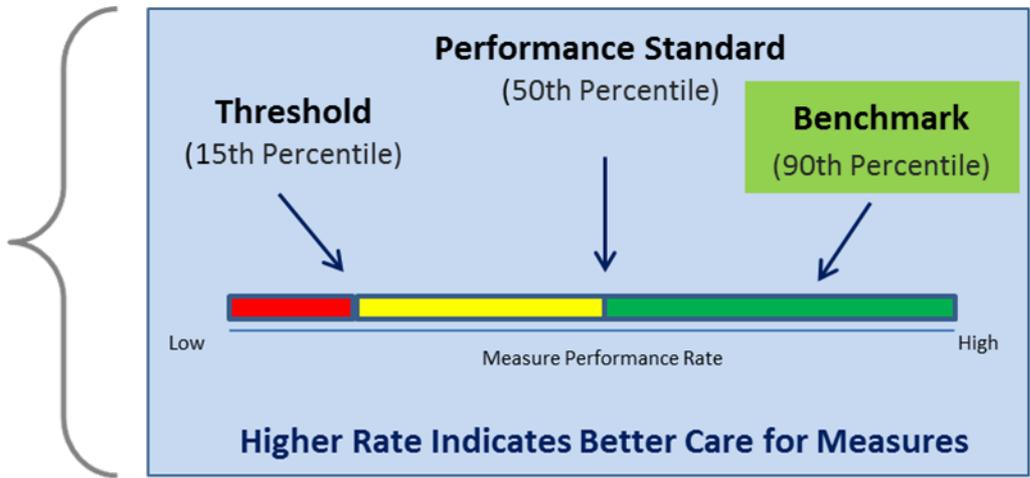
- 1. ICH CAHPS Patient Satisfaction Survey (expanded)
- 2. Mineral Metabolism – Serum Phosphorus
- 3. Anemia Management
- ★ 4. Pediatric Iron Therapy
- ★ 5. Comorbidity



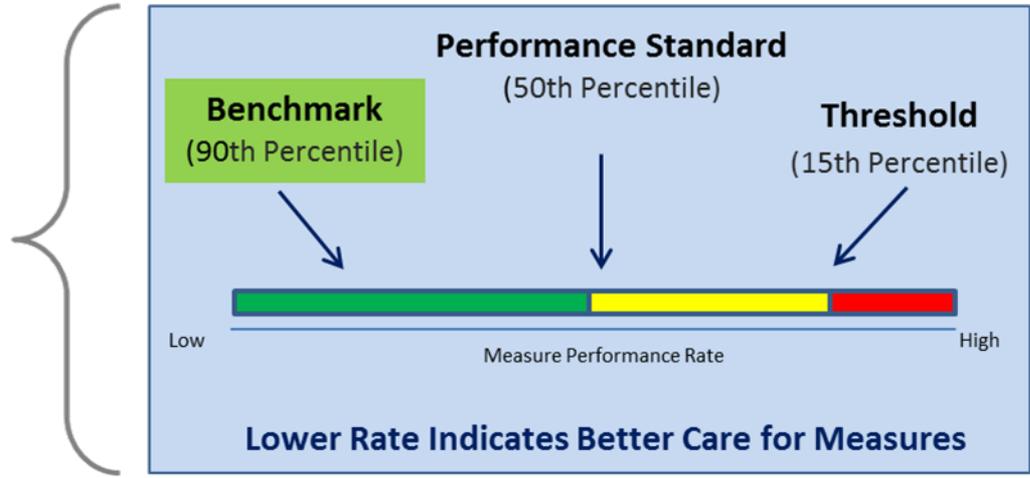
★ New measure for PY 2016

Clinical Measures: Directionality

Anemia Management –
Informed Consent;
Kt/V Dialysis Adequacy (all);
VAT – Fistula



Anemia Management –
Hemoglobin;
VAT – Catheter;
NHSN Bloodstream Infections;
Hypercalcemia



Clinical Measures:

Anemia Management Measure Topic

- **Hgb > 12** (unchanged from PY 2015): Percentage of qualifying Medicare patients with a mean hemoglobin value greater than 12 g/dL
- ★ • **Patient-Informed Consent for Anemia Treatment** (new): Percentage of facility's qualifying patients who were provided information regarding risks, potential benefits, and alternate treatment options for anemia and consented to the anemia treatment provided by the facility

Clinical Measures:

Kt/V Dialysis Adequacy Measure Topic

All measures unchanged from PY 2015:

- **Adult Hemodialysis:** Percent of qualifying hemodialysis patient-months with $spKt/V \geq 1.2$
- **Adult Peritoneal Dialysis:** Percent of qualifying peritoneal dialysis patient-months with $Kt/V \geq 1.7$ (dialytic + residual) during the four-month study period
- **Pediatric Hemodialysis:** Percent of qualifying pediatric in-center hemodialysis patient-months with $spKt/V \geq 1.2$

Clinical Measures:

Vascular Access Type Measure Topic

All measures unchanged from PY 2015

- **Arteriovenous (AV) Fistula:** Percentage of qualifying patient-months for patients on hemodialysis during the last hemodialysis treatment of the month using an autogenous AV fistula with two needles
- **Catheter \geq 90 Days:** Percentage of qualifying patient-months for patients on hemodialysis during the last hemodialysis treatment of the month with a catheter continuously for 90 days or longer prior to the last hemodialysis session

Clinical Measures: NHSN Bloodstream Infection in Hemodialysis Outpatients

- ★ • Number of qualifying hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months
- Facilities submit “accurately reported dialysis event data” to the Centers for Disease Control and Prevention (CDC) according to:
 - CDC enrollment and training guidelines
 - Reporting requirements specified within the NHSN Dialysis Event Protocol
- Facilities with a CMS Certification Number (CCN) open date after January 1, 2014 will be excluded from this measure
- If a facility does not report 12 months of data in accordance with all requirements and deadlines, then it will receive 0 points for this measure

Clinical Measures: Hypercalcemia

- ★ • Proportion of qualifying patient-months with three-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL

Scoring PY 2016 Proposed Clinical Measures

Presenter:
Joel Andress

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2016 will not be adopted until a final rule is issued in November 2013.

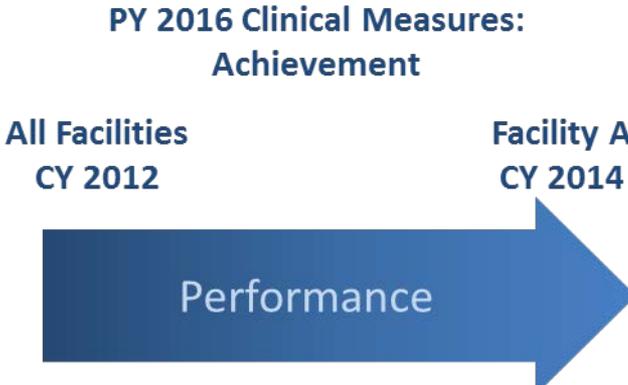
Clinical Measures: Key Scoring Terms

Term	Definition
Achievement Threshold	The 15 th percentile of performance rates nationally during calendar year (CY) 2012
Benchmark	The 90 th percentile of performance rates nationally during CY 2012
Improvement Threshold	The facility's performance rate during CY 2013
Performance Period	CY 2014
Performance Standard (clinical measures)	The 50 th percentile of performance rates nationally during CY 2012
Performance Rate	The facility's raw score, based on specifications for each individual measure

Achievement and Improvement Scoring Methods

Achievement Score: Points awarded by comparing the facility's performance rate during the performance period (CY 2014) with the performance of **all facilities nationally** during the comparison period (CY 2012)

- Rate better than or equal to benchmark: 10 points
- Rate worse than achievement threshold: 0 points
- Rate between the two: 1 – 9 points



Improvement Score: Points awarded by comparing the facility's performance rate during the performance period (CY 2014) with **its own previous performance** during the comparison period (CY 2013)

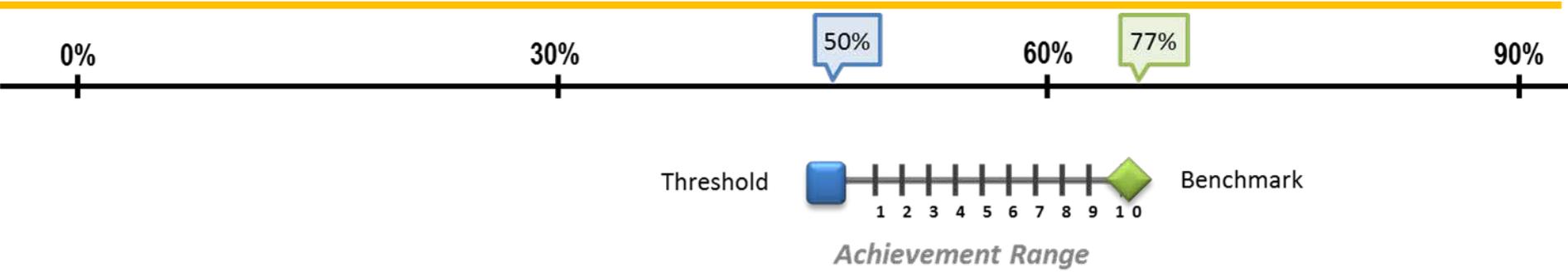
- Rate better than or equal to benchmark: 10 points (per achievement score)
- Rate at or worse than improvement threshold: 0 points
- Rate between the two: 0 – 9 points



Clinical Measure Scoring Exceptions

- **Patient-Informed Consent for Anemia Treatment:**
 - Scored via achievement methodology only
 - Achievement values based on clinical standards, not baseline data
 - Improvement scoring does not apply
- **NHSN Bloodstream Infections:**
 - Scored via achievement methodology only
 - Uses CY 2014 as the comparison period
 - Improvement scoring does not apply
 - Facilities with CCN open dates after January 1, 2014 are excluded
- **Hypercalcemia:**
 - Achievement comparison period: May – November 2012
 - Improvement methodology applies

Achievement Score Example: VAT – Fistula (1 of 3)



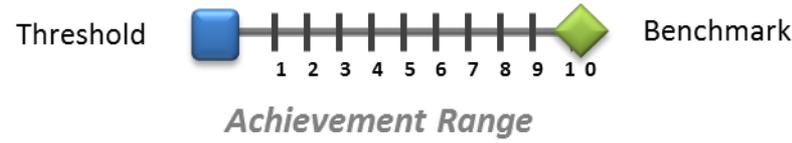
Achievement Points are awarded to facilities by comparing an individual facility's rates during 2014 against the nationally derived benchmark and threshold in 2012.

-  = Achievement Threshold (15th percentile)
-  = Benchmark (90th percentile)

Achievement Score Example: VAT – Fistula (2 of 3)



Facility A CY 2014 Performance Rate **54%**

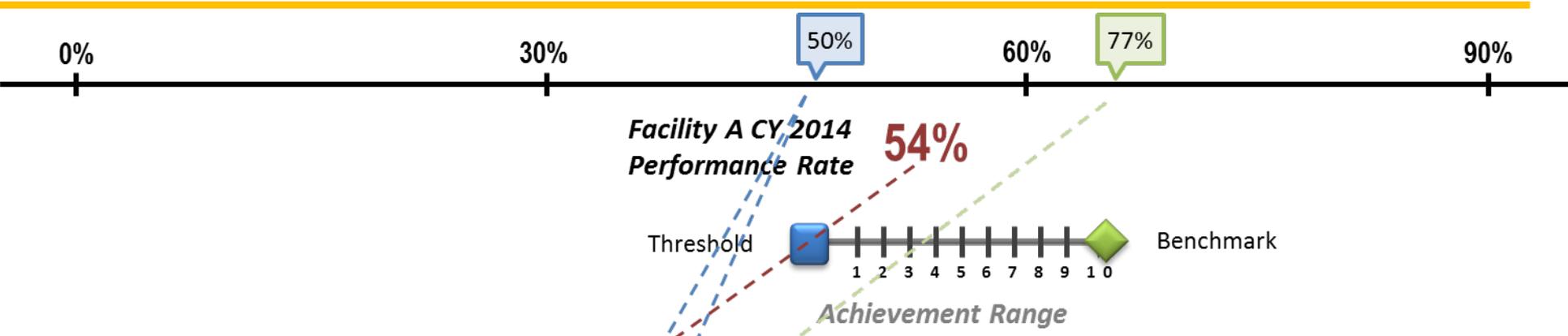


Achievement Score Formula

$$9 \times \left(\frac{\text{Facility's Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5$$

- = Achievement Threshold (15th percentile)
- = Benchmark (90th percentile)

Achievement Score Example: VAT – Fistula (3 of 3)

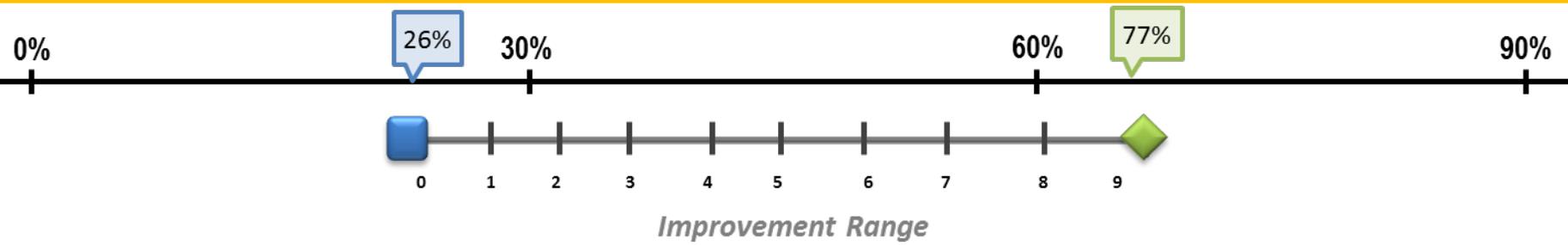


$$9 \times \left(\frac{54 - 50}{77 - 50} \right) + 0.5$$

= 1.83, rounded to **2**

-  = Achievement Threshold (15th percentile)
-  = Benchmark (90th percentile)

Improvement Score Example: VAT – Fistula (1 of 3)

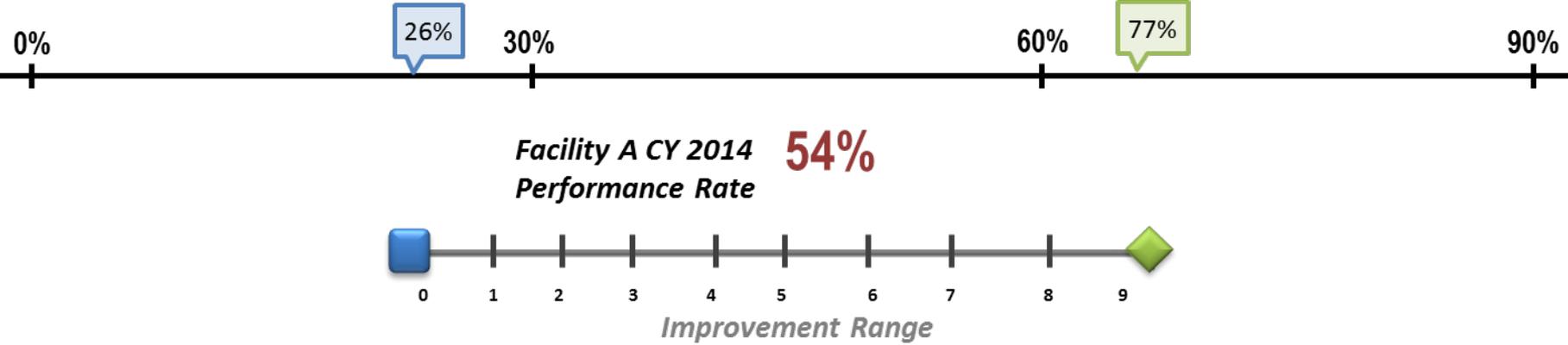


Facility A CY 2013 Performance Rate **26%**

Improvement Points are awarded to facilities by comparing an individual facility's rates during 2014 against the facility's own performance in 2013.

-  = Improvement Threshold (2013 performance rate)
-  = Benchmark (90th percentile)

Improvement Score Example: VAT – Fistula (2 of 3)

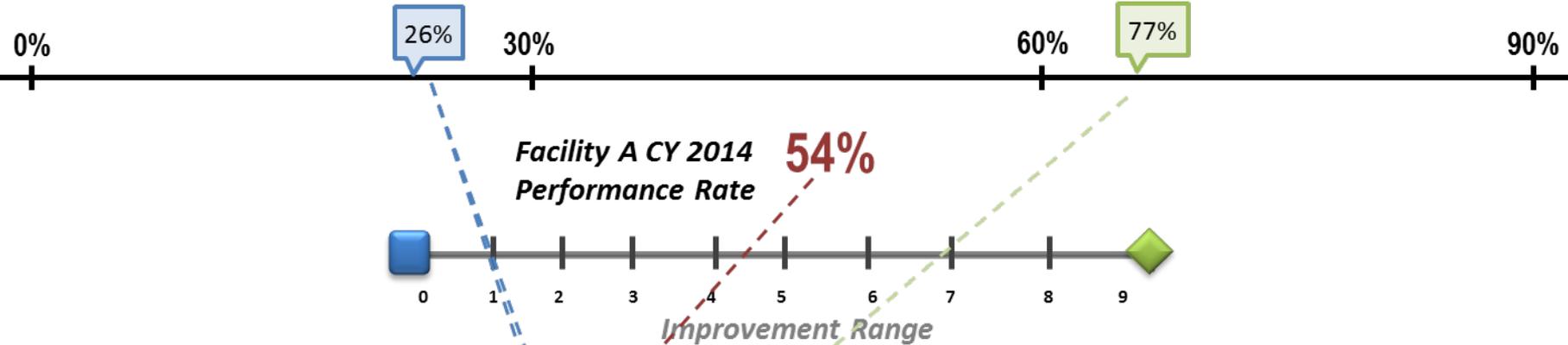


Improvement Score Formula

$$10 \times \left(\frac{\text{Facility's Performance Period Rate} - \text{Improvement Threshold}}{\text{Benchmark} - \text{Improvement Threshold}} \right) - 0.5$$

-  = Improvement Threshold (2013 performance rate)
-  = Benchmark (90th percentile)

Improvement Score Example: VAT – Fistula (3 of 3)



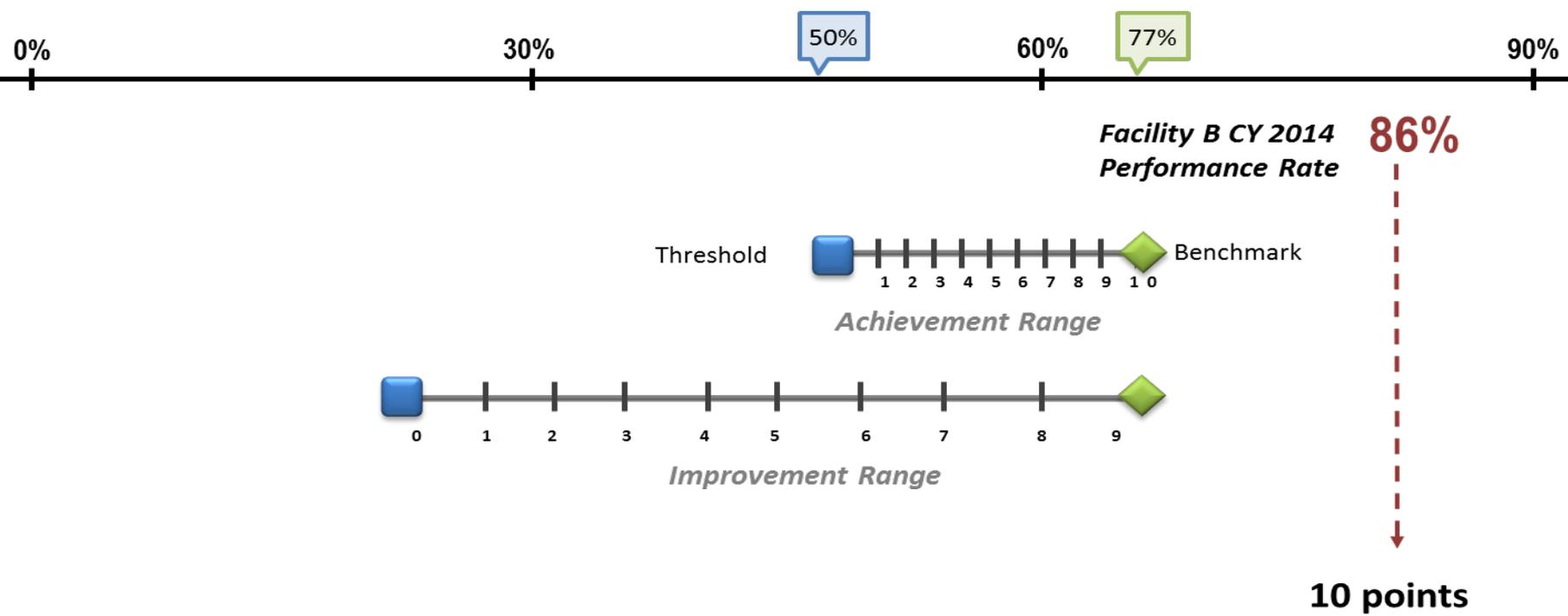
$$10 \times \left(\frac{54 - 26}{77 - 26} \right) - 0.5 = 4.99, \text{ rounded to } \mathbf{5}$$

-  = Improvement Threshold (2013 performance rate)
-  = Benchmark (90th percentile)

This facility will earn a VAT – Fistula measure score of 5, based on improvement, as the higher score derived from the two scoring methods.

Score Example:

Performance At or Above the Benchmark

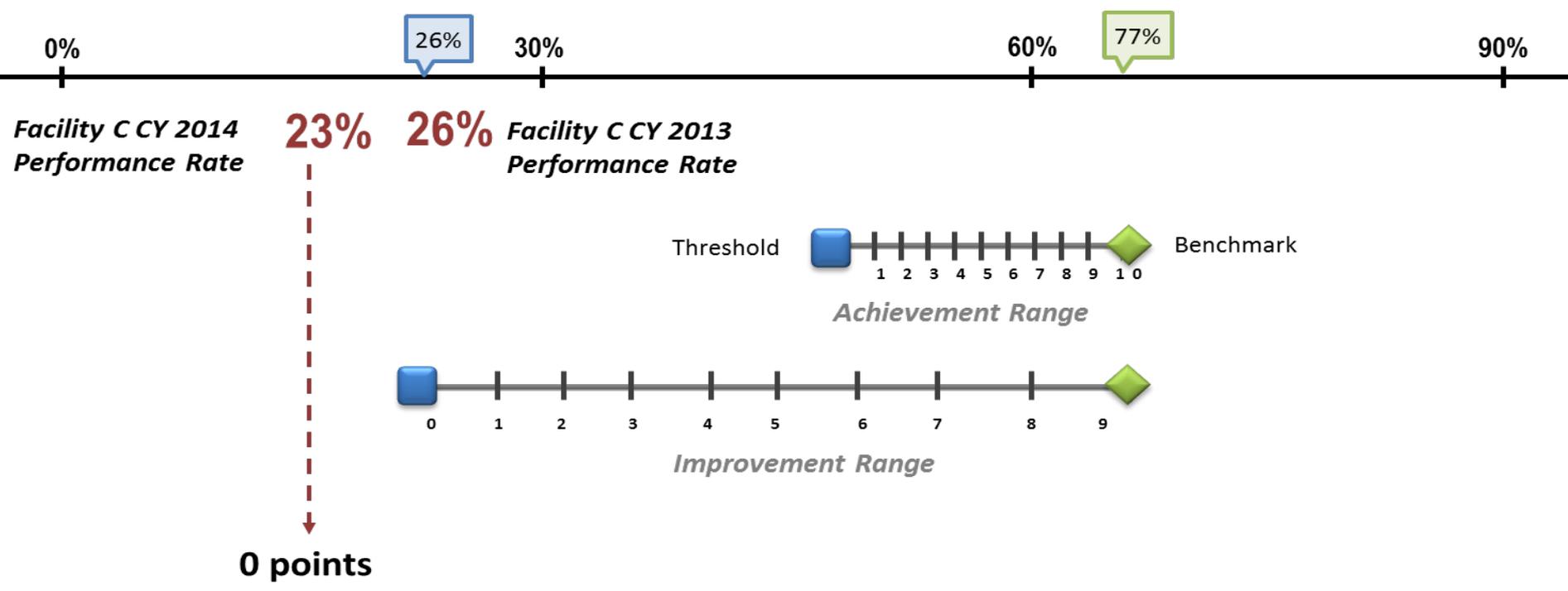


 = Thresholds

 = Benchmark (90th percentile)

Score Example:

Performance Below Both Thresholds



[Blue Square] = Thresholds

[Green Diamond] = Benchmark (90th percentile)

Combining Individual Measures into a Single Measure Topic Score

Example: Kt/V Dialysis Adequacy

Adult Hemodialysis
60 patients
Measure score: 7

Adult Peritoneal Dialysis
20 patients
Measure score: 8

Pediatric Hemodialysis
20 patients
Measure score: 5

Calculation to Weight Each Measure:

$$\frac{(\text{score}) \times (\# \text{ of patients in measure})}{(\text{total \# of patients in measure topic})}$$

$$[7 \times (60/100)] + [8 \times (20/100)] + [5 \times (20/100)]$$
$$4.2 + 1.6 + 1$$

Measure Topic Score = 6.8, rounded to 7

Note: Individual Kt/V measure score calculations use patient-months, not number of patients

Estimated PY 2016 Achievement Thresholds, Benchmarks, and Performance Standards

Measure	Achievement Threshold (15 th percentile)	Benchmark (90 th percentile)	Performance Standard
Anemia Management Measure Topic			
• Hgb > 12	1.2%	0%	0%
• Informed Consent for ESA Treatment*	92%	96%	94%
Kt/V Dialysis Adequacy Measure Topic			
• Hemodialysis	85.9%	97.5%	93.6%
• Peritoneal Dialysis	66.7%	94.8%	85.4%
• Pediatric Hemodialysis	83.3%	98.8%	92.5%
Vascular Access Type Measure Topic			
• AVF	49.8%	77.1%	62.4%
• Catheter	19.6%	3.0%	10.5%
NHSN Bloodstream Infections[‡]	See note	See note	See note
Hypercalcemia	6.1%	0.2%	2.3%

* The values for the ESA Treatment measure are based on clinical standards, not baseline or performance data collected through the ESRD QIP.

‡ The achievement threshold, benchmark, and performance standard for the NHSN Bloodstream Infections measure will be set at the 15th, 90th, and 50th percentile, respectively, of eligible facilities' performance in CY 2014.

PY 2016 Proposed Reporting Measures

Presenter:
Anita Segar

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2016 will not be adopted until a final rule is issued in November 2013.

Reporting Measures: ICH CAHPS Survey

- **Expanded measure** consisting of three requirements:
 - Facilities must arrange by July 2014 for a CMS-approved third-party vendor to conduct the survey
 - Facilities register on CMS website (<https://ichcahps.org>) to allow its vendor to submit data on facility's behalf
 - Facilities ensure that their vendor submits results by January 28, 2015
- 10 points for satisfying performance requirements

Reporting Requirements: Mineral Metabolism

- Revised from PY 2015
 - Includes home peritoneal dialysis patients
 - Serum calcium no longer included
(now captured in Hypercalcemia clinical measure)
- Submit serum phosphorus data for each qualifying Medicare patient on CROWNWeb
- Facility score based on the number of months it submits this data
- Formula for calculating the score:

$$\left[\frac{(\# \text{ months successfully reporting data})}{(\# \text{ of eligible months})} \times 12 \right] - 2$$

Reporting Measures: Anemia Management

- Revised from PY 2015
 - Includes home peritoneal dialysis patients
- Submit ESA dosage (as applicable) and hemoglobin/hematocrit for each qualifying Medicare patient via claim
- Facility score based on the number of months it submits this data
- Formula for calculating the score:

$$\left[\frac{(\# \text{ months successfully reporting data})}{(\# \text{ of eligible months})} \times 12 \right] - 2$$

Reporting Measures: Pediatric Iron Therapy



- Submit data to CROWNWeb for seven elements for each eligible patient:
 - Patient admit/discharge date
 - Hgb levels
 - Serum ferritin levels
 - TSAT percentages
 - Dates on which lab measurements were taken
 - IV/oral iron prescribed (if applicable)
 - Date of prescription (where applicable)
- Facility score based on the number of quarters it successfully submits this data
- Formula for calculating the score:

$$\left[\frac{(\# \text{ quarters successfully reporting data})}{(\# \text{ of eligible quarters})} \right] \times 10$$

Reporting Measures: Comorbidity

- ★ • Comorbidities for this measure are those listed on Form 2728
- Submit data to CROWNWeb on up to 24 comorbidities (or indicate “none of the above”) for each qualifying patient
- 10 points for satisfying performance requirements by January 31, 2015 or first business day thereafter

Proposed Methods for Calculating the TPS and Determining Payment Reductions

Presenter:
Anita Segar

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2016 will not be adopted until a final rule is issued in November 2013.

Calculating the Facility Total Performance Score

- **Methodology similar to that used in PY 2015**
- **Weighting of Clinical Measures:**
 - Each clinical measure or measure topic for which a facility receives a score is equally weighted to comprise 75% of the TPS
- **Weighting of Reporting Measures:**
 - Each reporting measure for which a facility receives a score is equally weighted to comprise 25% of the TPS
- Facilities will receive a TPS as long as they receive a score for at least one clinical measure *and* one reporting measure
- Facilities can obtain a TPS of up to 100 points

Calculating the Minimum TPS

- **Score each clinical measure at either:**
 - National performance standard for 2012 **or**
 - Zero points for each clinical measure that does not have an associated baseline value published in the PY 2016 Final Rule
- **Score each reporting measure at half the total possible points**
- ***Estimated* Minimum TPS is 46**
(subject to recalculation once 2012 data are finalized)
- Facility score must be equal to or better than the finalized Minimum TPS to avoid a payment reduction

Proposed Payment Reduction Scale

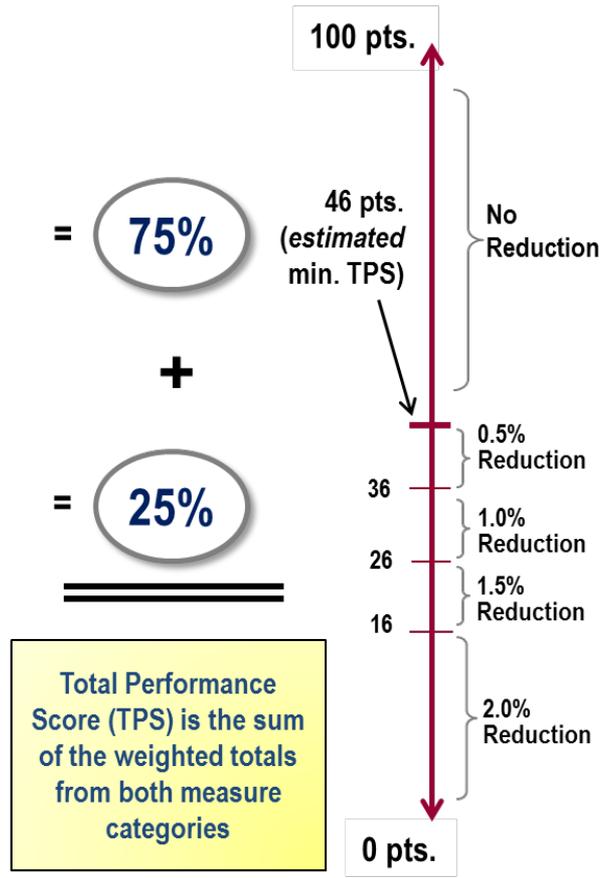
Facility Total Performance Score	Payment Reduction
Minimum TPS or greater	0%
1 – 10 points below Minimum TPS	0.5%
11 – 20 points below Minimum TPS	1.0%
21 – 30 points below Minimum TPS	1.5%
More than 30 points below Minimum TPS	2.0%

Proposed PY 2016 Scoring and Payment Reduction Methodology

	Measure Topic?	Individual Measure Scores	Measure Calculations
CLINICAL	Anemia Management	Hemoglobin > 12 Informed Consent	Generally, each clinical measure scored by either achievement or improvement (whichever results in the higher score for facility); see three exceptions
	Kt/V Dialysis Adequacy		
	Vascular Access Type	Hemodialysis Peritoneal Dialysis Pediatric Dialysis	
		Access via AVF Access via catheter	
		NHSN Bloodstream Infections Hypercalcemia	

	Individual Measure Scores	Measure Calculations
REPORTING	ICH CAHPS Survey Mineral Metabolism Anemia Management Pediatric Iron Therapy Comorbidity	Each reporting measure scored by satisfying requirements according to points system

Total Category Weight	Payment Reduction Percentage
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Also Included in the Proposed Rule . . .

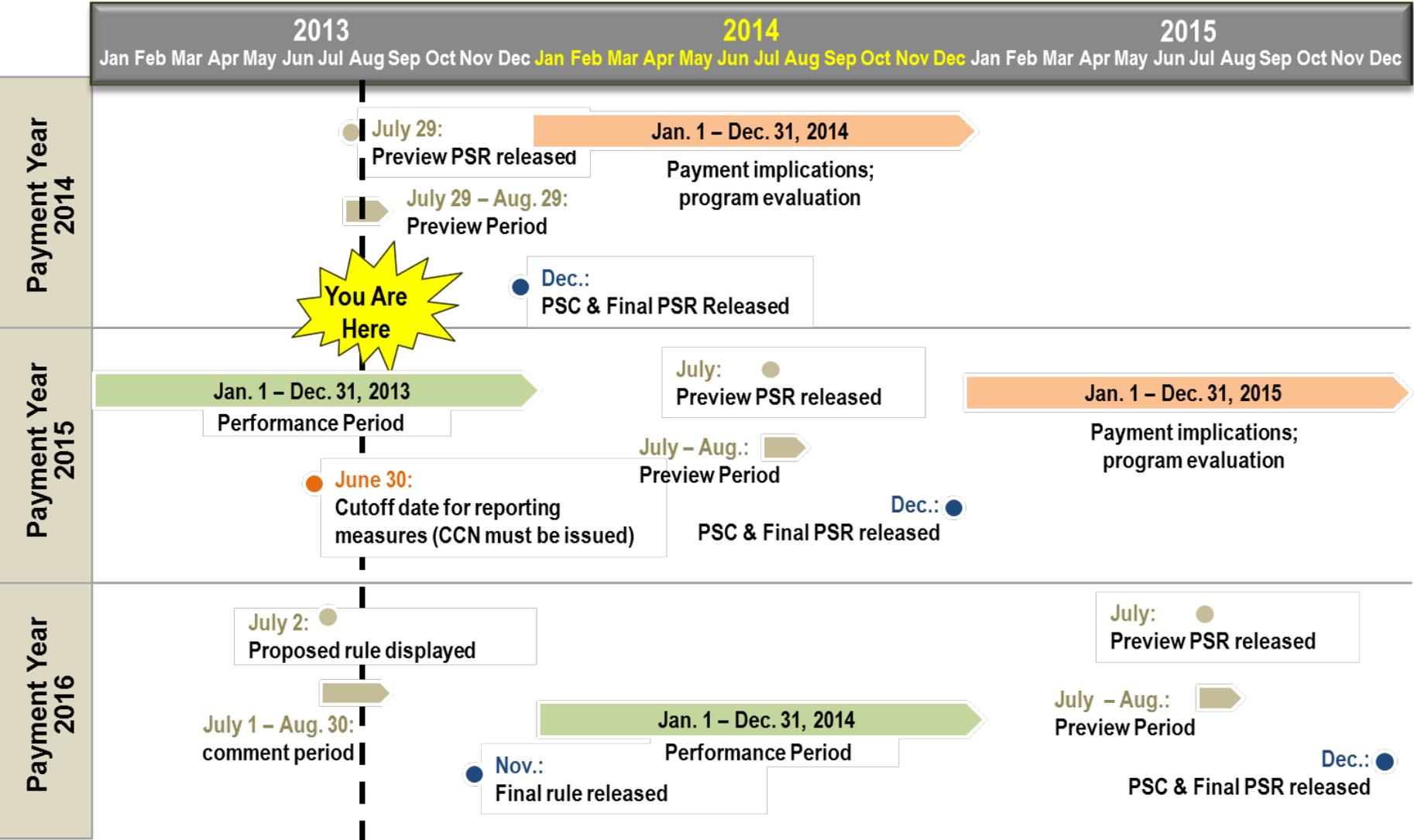
- **Continuing Data Validation Pilot Program**
 - 10 sample records will be taken from each of 300 facilities— a decrease from 750; no penalty will be imposed if data is found to be invalid
 - CMS is developing a validation methodology (and will present it for public comment)
 - CMS is considering a voluntary program to validate NHSN data
- **Changing Public Reporting Requirements**
 - Facilities will have 15 business days to post their Performance Score Certificates once CMS releases them
- **Adding Pacific Rim Facilities**
 - ESRD QIP will apply starting in PY 2014; facilities will receive scores if standard eligibility criteria are met

Participating in the Comment Period

Presenter:

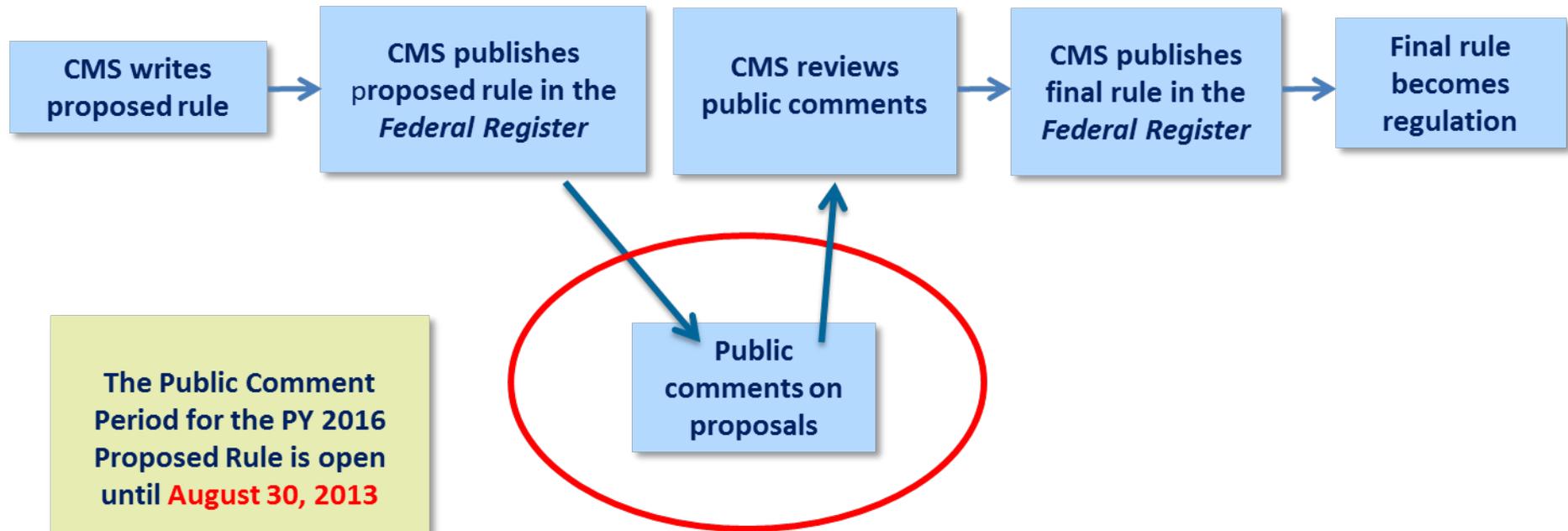
Brenda Gentles

ESRD QIP Timeline



Your Role in the Regulation Process

We are implementing the ESRD QIP through the federal regulation process, one of the basic tools of government used to implement public policy



Your comments matter!

Navigating the PY 2016 Proposed Rule

For details on:	Go to:
Measure specifics (including detailed list of exclusions)	Technical specifications for each measure posted on www.DialysisReports.org (links provided at end of this presentation)
Patient minimums	III.C.10 [78 Fed. Reg. 40,870 – 71]
Performance standards	Clinical: III.C.7.a [78 Fed. Reg. 40,863 – 64] Reporting: III.C.7.c [78 Fed. Reg. 40,864]
Use of CCNs to determine eligibility for reporting measures	III.C.10 [78 Fed. Reg. 40,870 – 71]
Baseline periods for clinical measures	III.C.8 [78 Fed. Reg. 40,864 – 66]
Scoring methodologies	Clinical: III.C.8.a – b [78 Fed. Reg. 40,866] Reporting: III.C.8.c [78 Fed. Reg. 40,866]
“Touch” rules for Anemia Management and Mineral Metabolism reporting measures	III.C.2.b – c [78 Fed. Reg. 40,858]

Commenting on the PY 2016 Proposed Rule

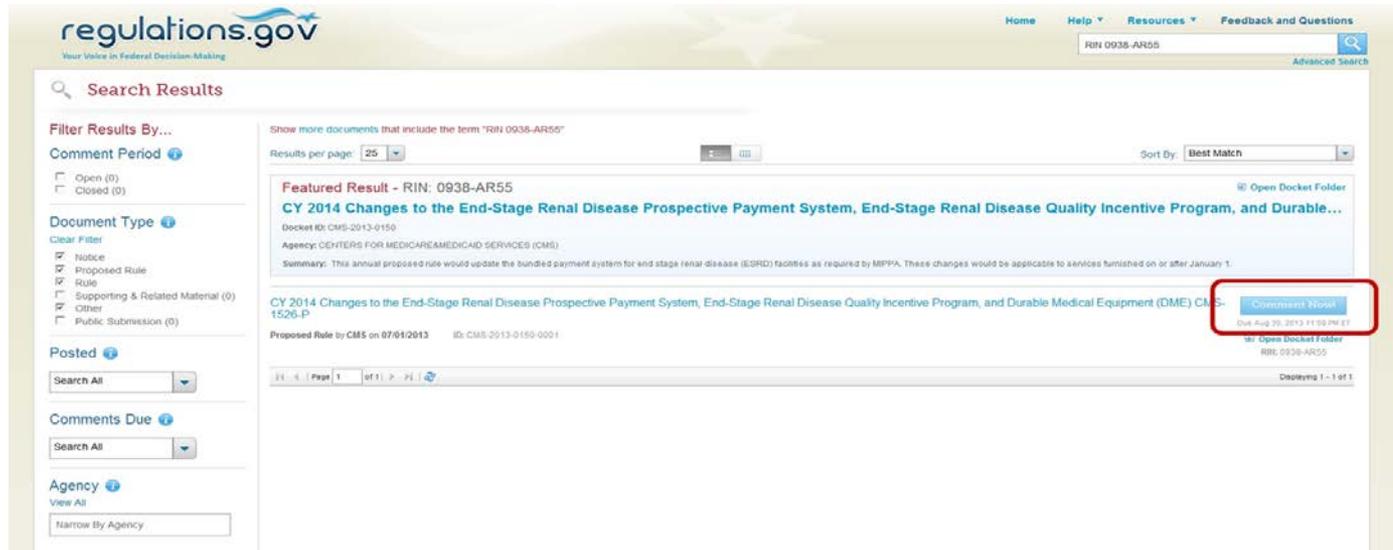
Read and comment on the proposed rule for ESRD QIP PY 2016 online at: www.regulations.gov

- Include file number CMS-1526-P on all correspondence, including comments

The screenshot shows the homepage of regulations.gov. At the top, there is a navigation bar with links for Home, Help, Resources, and Feedback and Questions. Below this is a search bar with a magnifying glass icon and the text 'Search'. To the right of the search bar are buttons for 'Browse' and 'Learn'. The main content area features a 'Participate Today!' section with instructions on how to submit comments. Below this is a search bar with the text 'SEARCH for: Rules, Comments, Adjudications or Supporting Documents:' and a search button. The search bar contains the text 'RIN 0938-AR55' and is highlighted with a red box. A red arrow points to the search button. To the right of the search bar is a 'Comments Due Soon' section with a list of comments due in the next 90 days. Below this is a 'Newly Posted' section with a list of newly posted comments. On the right side of the page, there is a sidebar with sections for 'Are you new to the site?', 'Site Enhancements', 'Developers', and 'A Commenter's Checklist'. The footer of the page contains links for Home, About Us, Resources, Help, and Connect With, along with social media icons for RSS, Facebook, Twitter, and YouTube.

Submitting Comments on the Proposed Rule (1 of 3)

- **To submit comments online:**
 - Click “Comment Now” next to the regulation title
- **Help Desk:**
 - Select the “Feedback and Questions” tab located at the top of the page
 - Call 877-378-5457 (toll-free) or 703-412-3083, Monday – Friday (9:00 a.m. – 5:00 p.m. EDT)



The screenshot shows the regulations.gov website interface. At the top, there are navigation links for Home, Help, Resources, and Feedback and Questions. A search bar contains the text 'RIN 0938-AR55'. Below the search bar, the page displays 'Search Results' for the term 'RIN 0938-AR55'. On the left side, there are filters for 'Filter Results By...', 'Comment Period', 'Document Type', 'Posted', 'Comments Due', and 'Agency'. The main content area shows a 'Featured Result - RIN: 0938-AR55' for 'CY 2014 Changes to the End-Stage Renal Disease Prospective Payment System, End-Stage Renal Disease Quality Incentive Program, and Durable...'. A red box highlights the 'Comment Now' button next to the result title. The button also indicates the deadline: 'Due Aug 30, 2013 11:59 PM EDT'.

Comments due Friday, August 30, 2013 – 11:59 p.m. EDT

Submitting Comments on the Proposed Rule (2 of 3)

- Use the “Submit a Comment” function:
 - Option to upload files
 - State, ZIP Code, Country, and Category elements are required
 - Commenters must indicate if they are submitting on behalf of a third party

The screenshot shows the 'regulations.gov' website interface for submitting a comment. The page title is 'You are commenting on:'. Below this, it identifies the rule: 'The Centers for Medicare Medicaid Services (CMS) Proposed Rule: Medicare Program: End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies'. A search bar at the top right shows 'RIN 0938-ar55'. The form is divided into sections: 'Your Information' (with a red box around the '1' icon and a note that information is visible), 'Comment (Required)' (a large text area with a 5000 character limit), 'Upload files (Optional)' (with a 'Choose file' button), 'First Name' and 'Last Name' fields, 'Contact Information' (including 'City', 'State or Province (Required)' with a dropdown menu, 'ZIP/Postal Code (Required)', 'Country (Required)' with a dropdown menu set to 'United States', and 'Email Address'), and a checkbox for 'I am submitting on behalf of a third party' (with a red box around it). Below this is a 'Category (Required)' dropdown menu. A red arrow points to the 'Continue' button at the bottom right.

Comments due Friday, August 30, 2013 – 11:59 p.m. EDT

Submitting Comments on the Proposed Rule (3 of 3)

- **Alternate methods for submitting a comment:**
 - Regular US Postal Service mail
(allow time for normal transit and delivery)
 - Express or overnight mail
 - Hand delivery/courier delivery (DC and Baltimore locations)
- **See the proposed rule for specifics regarding these methods, including addresses**

Resources and Next Steps

Presenter:
Brenda Gentles

Resources: Websites

- **CMS ESRD QIP**
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html>
- **ESRD Network Coordinating Center (NCC)**
 - <http://www.esrdncc.org/>
- **Dialysis Facility Reports**
 - <http://www.DialysisReports.org>
- **Dialysis Facility Compare**
 - <http://www.medicare.gov/dialysisfacilitycompare>
- **Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)**
 - www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf
- **2014 ESRD PPS Proposed Rule (includes ESRD QIP PY 2016 Proposed Rule)**
 - <http://www.gpo.gov/fdsys/pkg/FR-2013-07-08/pdf/2013-16107.pdf>

Resources: Clinical Measure Technical Specifications

- **Anemia Management – Hgb > 12:** www.dialysisreports.org/pdf/esrd/public-measures/AnemiaManagement-HGB-2016NPRM.pdf
- **Anemia Management: Patient Informed Consent:** www.dialysisreports.org/pdf/esrd/public-measures/AnemiaManagement-InformedConsent-2016NPRM.pdf
- **Hemodialysis Adequacy:** www.dialysisreports.org/pdf/esrd/public-measures/HemodialysisAdequacy-ktv-2016NPRM.pdf
- **Peritoneal Dialysis Adequacy:** www.dialysisreports.org/pdf/esrd/public-measures/PeritonealDialysisAdequacy-ktv-2016NPRM.pdf
- **Pediatric Hemodialysis Adequacy:** www.dialysisreports.org/pdf/esrd/public-measures/PediatricHemodialysisAdequacy-ktv-2016NPRM.pdf
- **Vascular Access Type – AVF:** www.dialysisreports.org/pdf/esrd/public-measures/VascularAccess-Fistula-2016NPRM.pdf
- **Vascular Access Type – Catheter:** www.dialysisreports.org/pdf/esrd/public-measures/VascularAccess-Catheter-2016NPRM.pdf
- **NHSN Bloodstream Infection Monitoring:** www.dialysisreports.org/pdf/esrd/public-measures/NHSNBloodstreamInfection-2016NPRM.pdf
- **Hypercalcemia:** www.dialysisreports.org/pdf/esrd/public-measures/MineralMetabolism-Hypercalcemia-2016NPRM.pdf

Resources: Reporting Measure Technical Specifications

- **ICH CAHPS Administration:** www.dialysisreports.org/pdf/esrd/public-measures/ICHCAHPS-2016NPRM.pdf
- **Mineral Metabolism:** www.dialysisreports.org/pdf/esrd/public-measures/MineralMetabolism-Reporting-2016NPRM.pdf
- **Anemia Management:** www.dialysisreports.org/pdf/esrd/public-measures/AnemiaManagement-Reporting-2016NPRM.pdf
- **Pediatric Iron Therapy:** www.dialysisreports.org/pdf/esrd/public-measures/AnemiaManagement-PediatricIronTherapyReporting-2016NPRM.pdf
- **Comorbidity:** www.dialysisreports.org/pdf/esrd/public-measures/ComorbidityReporting-2016NPRM.pdf

Next Steps

- Comment on PY 2016 Proposed Rule
- Review PY 2014 Preview Performance Score Report (PSR) and submit any clarification questions or a formal inquiry
- Read PY 2016 Final Rule when posted (early November)
- Review PY 2014 Final PSR when available (mid-December)
- Post PY 2014 PSCs—in both English and Spanish—when available (mid-December)

Question and Answer Session

ESRDQIP@cms.hhs.gov

A Message from the CMS

Provider Communications Group

Presenter:

Aryeh Langer

Coming in Late Summer 2013 –

The Medicare Administrative Contractor Satisfaction Indicator (MSI)

Attention: Medicare-Enrolled Providers and Suppliers

- Give CMS feedback about your experience with your Medicare Administrative Contractor (MAC), the contractor that processes your Medicare claims
- Your feedback will help CMS monitor performance trends, improve oversight, and increase efficiency of the Medicare program
- Only providers and suppliers who register for the MSI will be included in the random sample to rate their MAC
- For more information and to register today for the 2013 MSI, go to <http://www.cms.gov/Medicare/Medicare-Contracting/MSI/>

Evaluate Your Experience

- Please help us continue to improve the MLN Connects National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call.
- Evaluations are anonymous, confidential, and voluntary.
- All registrants will receive a reminder email about the evaluation for this call. Please disregard the email if you have already completed the evaluation.
- We appreciate your feedback.

Thank You

- For more information about the MLN Connects National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>
- For more information about the Medicare Learning Network (MLN), please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>