Centers for Medicare & Medicaid Services
End-Stage Renal Disease Quality Incentive Program Payment Year 2016 Final Rule
MLN Connects National Provider Call
Moderator: Charlie Eleftheriou
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Contents

Operator: At this time, I would like to welcome everyone to today's MLN Connects National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session.

This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I will now turn the call over to Charlie Eleftheriou. Thank you. You may begin.

Announcements and Introduction

Charlie Eleftheriou: This is Charlie Eleftheriou from the Provider Communications Group here at CMS, and I'll be serving as your moderator today in place of Aryeh Langer, who is not able to attend.

I'd like welcome everyone to this MLN Connects National Provider Call on the End-Stage Renal Disease Quality Incentive Program Payment Year 2016 Final Rule. MLN Connects Calls are part of the Medicare Learning Network.

The ESRD QIP is a pay-per-performance quality program that ties a facility's performance to payment reduction over the course of a payment year. This MLN Connects call focuses on the final rule for operationalizing the ESRD QIP in Payment Year 2013. The performance period for PY 2016 began on January 1st, 2014. Facilities and other stakeholders should take steps to understand the contours of the program. A question-and-answer session will follow this presentation.

Before we get started, there are a few items I'd like to quickly cover.

You should have received a link to the slide presentation for this call in an email today. If you have not seen the email, you can find today's presentation on the Call Details page at cms.gov/npc, as in National Provider Call. Again, that is cms.gov/npc. On the left side of that page, visit the National Provider Calls and Events link, and then select today's call by date from the list to access the Call Details webpage. The slide presentation is located there in the Call Materials section.

Second, please note, this call is being recorded and transcribed, and an audio recording and written transcript will be posted to the Call Details page when available. An announcement will also be placed in the MLN Connects Provider eNews newsletter.

And finally, registrants were given the opportunity to submit questions in advance of today's call. We thank those of you who took the time to do so, and while we may not be able to address every question, they will be used to inform future presentations and to develop frequently asked questions and other educational resources.

With that said, I'll now turn the call over to Jean Moody-Williams, Director of the Quality Improvement Group in the CMS Center for Clinical Standards and Quality.

Presentation

Jean Moody-Williams: Thank you. And thanks to all of you who have joined us on this call. I always look forward to this opportunity where we have the ability to talk about the new things that are happening with our programs and that, most importantly, to get your feedback and your questions and – as we move forward, to try and seek clarity so that we can make sure that the programs are implemented in the manner in which it's intended.

Today, as was mentioned, we are going to discuss a number of items that are resulting from the final rule for Payment Year 2016 for the ESRD QIP. We recognize that this is a very comprehensive program. It's a bit complex. But, certainly, it's important for patients and families, and as we continue on in one of the agency's first value-based purchasing programs.

So we're going to be presenting a great deal of information over the next 90 minutes. And I think that at the end, we – I believe we will meet the objective of providing a good understanding of the features of the program that are significant to patients and families and the providers that are so important to delivering the care to our beneficiaries. And I always like to take the opportunity to thank all of you for what you do on a day-to-day basis to ensure that patients and families receive high-quality care.

We're going to go over our prepared presentations with you, and then we will open it up for questions. And many of you will want, again, to get some additional information. We're always available for that, and we have set up a link that will be presented at the end of the call, the esrdqip@cms.hhs.gov. We'll say that several times so that we're sure that you have what you need to be able to get your comments and questions in.

Joining me today and presenting the information are – would be Jim Poyer, and many of you know Jim. He is the Director of our Value, Incentives and Quality Reporting Division for the agency. Also, we're going to have speaking Elena Balovlenkov, who is with our ESRD Quality Measures Development, and Anita Segar, who is the ESRD QIP Program Lead and our policy lead. So she'll be able to give you a great deal of information on the program.

Also, would like to thank Brenda Gentles for her work as our ESRD QIP Communications Lead and our Monitoring and Evaluation Lead. And I'll take this opportunity to publicly thank all those people I just named for the daily work that they do to make this program a success.

And with that, I'm happy to turn the presentation over to Jim Poyer, who will begin our discussion.

Introduction

Jim Poyer: Thanks, Jean.

Payment Year 2016 represents the fifth payment year of the ESRD Quality Incentive Program, or QIP. It represents the increased reach and corresponding complexity of the

program and our – with the variety of strategies that we want to take in improving the lives of patients with end-stage renal disease. But how does the program fit into CMS's overall goal of improving quality?

The Value-Based Purchasing, or VBP, Programs incentivize better care through – across care settings. And patients expect cost-effective care and quality care. VBP is an avenue to assist us in achieving this goal. And VBP promotes CMS's three-part aim: better health care for individuals, better care for populations and communities, and lower cost through improvement.

And rather than paying dialysis facilities on how many patients they treat, Medicare can now pay dialysis facilities based on how well those services help keep patients safe and healthy. And the ESRD QIP uses the Government's purchasing power through Medicare to incentivize improvements in the treatment of patients with ESRD. And these incentives drive care throughout the health care sector, not just the Medicare patients.

And in slide 8, the ESRD QIP for Payment Year 2016 addresses three of the six Department of Health and Human Services, or HHS, National Quality Strategy Domains. And those three are safety, patient and family experience, and treatment and prevention of chronic diseases.

And the next few slides will provide an overview of the legislative aspects of the program. And for that, I will turn the presentation over to Anita Segar. Anita?

ESRID QIP Overview

Anita Segar: Thank you, Jim.

In this section, as Jim just referenced, we'll go over some information about the legislative drivers of the ESRD QIP generally, before reviewing some of the specifics of the Payment Year 2016 program itself.

I'm on slide 10. MIPPA amended the Social Security Act to mandate the creation of the ESRD QIP. And the ESRD QIP, as you know, is intended to promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care. And MIPPA provides that mechanism for establishing standards of care and authorizes payment reductions for facilities failing to meet those established standards.

Next slide.

MIPPA also gives CMS the authority to establish standards by which ESRD facilities will be evaluated. This includes selecting quality measures for use in the program. The ESRD QIP also sets down the way these individual measures are used to create an overall score.

CMS will impose a payment reduction of up to 2 percent if the facility's score does not meet a minimum total performance score. For Payment Year 2016, the minimum total performance score is set at 54 points.

Public reporting of the results is a key component because it allows consumers to select facilities based on care, and it provides a mechanism by which facilities may judge their performance compared to the performance of others. Information about the facilities' performance in the ESRD QIP is contained in the Performance Score Report, or the PSR, and it is made available to each facility under the QIP.

Now, the Performance Score Certificate is also used to communicate the facility's performance under the ESRD QIP to its patients. And this certificate is expected to be publicly posted at the facility. Dialysis Facility Compare, or DFC, also provides information about facility performance to the public. CMS also releases detailed facility performance information in a large spreadsheet as well and posts it on the web.

So, with the structure of the program in mind, and a brief overview of the legislative authority and some other program specifics, we'll turn now to how the QIP evolves from year to year through rulemaking.

Slide 12.

So, thus far, CMS outlines payment year programs by creating rules on an annual basis. Every year to date, CMS proposes a rule that specifies selected measures, scoring and weighting methodologies, and the corresponding payment reduction. This is what constitutes the proposed rule.

A public comment period then follows, and CMS considers all these comments in preparing the final rule for publication and finalizing policy. As the program evolves, CMS will continue to assess for gaps in quality, and establish measures that reflect the standards of quality in the care of patients with ESRD.

Next slide.

Let's take a look at how the comment period played out for the Payment Year 2016 and how it influenced the shape of the final rule.

The comment period ran from July through the end of August last year, during which time CMS received about 54 comprehensive comments addressing the ESRD QIP section of the proposed rule. And those comments did result in some changes from our original proposal. This was reflected in the final rule for Payment Year 2016. So let's briefly go over some of the changes we saw as a result of public comments.

First of all, based on the comments, we did not finalize the Patient-Informed Consent for Anemia Treatment clinical measure. We agreed with the public that getting informed consent for anemia treatment is already a standard of care that is at least partially

regulated through the CMS conditions for coverage, and we did not want to add recordkeeping burdens in a situation where a standard already exists.

Likewise, we did not finalize two reporting measures. We determined that the Pediatric Iron Therapy measure would only apply to a very small percentage of patients and would not allow us to compile reliable baseline data for a future clinical measure. So we chose not to proceed with it. But we will continue to look for ways to include more measures that apply to the treatment of patients with ESRD – of pediatric patients with ESRD.

We also did not finalize the Comorbidity Reporting measure, though we remain committed to addressing hospitalization and mortality rates in our evaluation of facility performance.

Finally, we adjusted the weight of the Hypercalcemia clinical measure when calculating the facility total performance score. I think hypercalcemia is an important indicator of patient health, but we agreed with commenters that it should not have the same emphasis as Hemoglobin Greater than 12, or the two measure topic scores, which themselves are made up of multiple measures.

Therefore, in the final rule, Hypercalcemia has only two-thirds the weight of the other clinical measures. We think this approach makes the measure worth approximately 10 percent of the facility's total performance score, which seems to be in balance with its overall importance as a clinical score among the other measures.

In the final rule for Payment Year 2016 that was published late last year, CMS finalized a total of eight clinical measures and three reporting measures. So with that context in mind, I hand over this presentation to Elena, who will open up our discussion of the rules with a review of the clinical measures.

Elena?

PY 2016 Clinical Measures

Elena Balovlenkov: Thank you very much, Anita.

So what I'd like to start with is we are going to look at the old and the new measures for Payment Year 2016. And what we're going to be doing is looking at the clinical portion of what exists in Payment Year 2016 QIP.

Next slide, please.

As you can see, on this slide we have a graphic representation of the rule and its measures. We've identified the eight clinical measures that will make the five distinct scores that will compromise 75 percent of a facility's total performance score.

As you can see, there are two new measures, which are indicated by the gold star. And that icon will appear, in turn, when we talk about them. Please notice also that we have the three reporting measures that will take up 25 percent of the total performance score.

Next slide, please.

Now, in order to facilitate understanding of the clinical measures, we wanted to talk about the issue of directionality to help people understand the differences in the measures. So when we're talking about clinical measures, it's important to remember that bigger isn't always better. This is what we mean when we talk about the directionality of a measure. This directionality varies depending upon what element of care is being measured.

For the measures listed at the top of the slide, a higher rate indicates better care. A higher dialysis adequacy rate, for example, is a great outcome for patients. Additionally, the use of fistulas for dialysis tend to reduce infections. So having a larger patient population with AVF is also – is also a positive measure.

Now, looking at the bottom of the slide, for measures there, a lower rate indicates better care. Again—and I'll repeat—at the bottom of the slide, a lower rate indicates better care. For example, a hemoglobin result greater than 12 grams per deciliter can be dangerous, so this rate should be as small as possible. Likewise the use of catheters for dialysis is not ideal for most patients, so this number should be small as well. The same holds true for reducing infections and preventing hypercalcemia. These rates also should be as small as possible.

So please be aware, different directionalities may exist even within a topic measure, as we just stated relative to vascular access types. And different directionalities are easier to understand if you visualize this in your head when you're looking at your numbers.

So with the VAT type, an 80-percent rate on the Fistula measure is favorable. An 80-percent rate on the Catheter measure is quite unfavorable.

Next slide.

Now, if we look at the Anemia measure, Anemia measure has been a part of the ESRD QIP since the beginning of the program. Anemia management is incredibly important to clinical care. As mentioned earlier by Anita, we did not finalize the Patient-Informed Consent for Anemia Treatment clinical measure. So the Hemoglobin Greater than 12 will continue as a standalone measure.

For details on this measure and all measures covered within this presentation, we include links to the technical specifications, and they're found at the end of this presentation.

Next slide, please.

Looking at the clinical measures for adequacy, these measures are also unchanged from Payment Year 2015. These three measures are calculated individually: Adult Hemodialysis, Adult Peritoneal Dialysis, and Pediatric Dialysis. They are then combined to form one unified score for the topic measure, and we'll illustrate that a little bit later in some examples that we are going to provide during the presentation.

Next slide, please.

Clinical measure Vascular Access Type: The Vascular Access Type measure is also unchanged from last year. In this category, you have two measures combining to give a single score on Vascular Access.

Next slide, please.

Now, as we mentioned on the previous slide, the gold star identified the new measures. NHSN Bloodstream Infection in Outpatient Hemodialysis is considered a new measure. In previous years, NHSN was a reporting measure. For Payment Year 2016, it has been converted into a clinical measure.

Facilities' scores on this particular measure depend upon how much data is reported to the NHSN system. If a facility does not properly report for all 12 months, then it will be rewarded no points. Again, I'd like to repeat: If an eligible facility does not properly report all data for 12 months, then it will be awarded no points. It's important to note that the CDC is the steward for the NHSN measure. So CMS and CDC work together to set the measure specifications for the ESRD QIP.

Next slide, please.

We are on slide number 20 that I just finished talking about, and one other thing that I wanted to mention when we're talking about the NHSN, please remember and look at bullet number 3, that facilities with a CNN number – CCN number, pardon me – certification date after January 1, 2014, will be excluded from this measure. It's very important and I wanted to make sure that I pointed that out to everyone. Those facilities with a CCN date after January 1, 2014, will be excluded from this measure.

OK. Let's move to slide 21. Again, this is one of the starred new measures, Hypercalcemia. This new measure also stems from a reporting measure, and the data was captured as part of the Mineral Metabolism measure in the previous years. And this data was used to set baseline values for the Payment Year 2016 program.

As Anita mentioned, it will have a – two-thirds of the weight of each of the other clinical measures when used to calculate the total performance score for each facility. Please remember, as we stated earlier, that we have included links to the technical specifications for each final measure, including definitions and exceptions at the end of the presentation.

Next slide, please.

Now that we've taken a brief look at the Payment Year 2016 clinical measure, let's talk about how they are scored.

Overall, the ESRD QIP continues to use the methodologies that were established in earlier payment years, including the concept of applying the low-volume facility adjuster that debuted in Payment Year 2015.

Next slide, please, slide 23. In order to help understand the QIP, one of the things we thought was important was to go over some definitions with everyone. So we're on the slide that says "Clinical Measures: Key Scoring Terms." This section provides terms with specific definitions in the scoring context. So we wanted to provide them to you in the beginning of the slide so that you would have this for your reference as we continue on. These are general definitions. The exceptions that are applied are listed on slide 25. We are now on slide 23.

Note that the performance standard is not used in scoring any individual measure. But the performance standard is critical in determining whether a facility will be subject to a payment reduction, because it is used to calculate the minimum total performance score. And I think that's worth repeating. So please remember that the performance standard is not used in scoring any individual measure, but it is critical in determining whether a facility will be subject to a payment reduction because it is used to calculate the minimum TPS.

Next slide, please.

Now, when we talk about achievement and improvement scoring methods, this slide represents the general approach for scoring clinical measures. This same method has been in place since Payment Year 2014.

CMS uses the better of the two results as the facility score on the measure. Remember, CMS favors achievement over improvement. This is why a facility can score a higher number of points, a maximum of 10 points, using this first method. The maximum number of points using the improvement method is limited to nine points—again, because CMS favors achievement over improvement.

Next slide, please.

Now, there are some clinical measure scoring exceptions. The two new clinical measures in Payment Year 2016, the NHSN Bloodstream Infections and Hypercalcemia, scoring differs from those mentioned in the previous slide. NHSN Bloodstream Infection only uses achievement methodology, and the comparison period is the same as the performance period. Hypercalcemia has a slightly different comparison period owing to the fact that it is – the data is delivered in 3-month increments.

The next six slides that we'll go over will demonstrate how an individual clinical performance may be scored using a hypothetical example of a facility, Facility A, and their performance on the – that measure, the Fistula measure.

Next slide, please, number 26. Looking at the achievement score example, first we look at the achievement method. This method compares facility performance to national averages. The estimated achievement threshold and benchmark values are published in the final rule. We'll go over them again in an upcoming slide.

The other values used in these slides are purely hypothetical and are used only to illustrate the calculations. For simplicity's sake, the achievement threshold has been rounded to the nearest whole percentage point. The achievement threshold, or the 15th percentile of national facility performance, has a value of 50 percent. The benchmark, or 90th percentile of national facility performance, has a value of 77 percent.

The achievement rate runs from the achievement threshold to the benchmark. Remember, when we talked about directionality, AVF has a higher and better directionality. The orientation flips when the directionality is opposite. For example, if we were using catheter rates as a scoring example, the benchmark would have a lower rate than the achievement threshold. The scoring range would have increased as it moves from right to left.

Remember, the formulas represented work exactly the same regardless of the directionality of the result. Again, the formulas presented work exactly the same.

Next slide, please.

Here we're going to add the hypothetical value of 54 percent as the facility performance rate. As you can see, we've provided the formula that we use to calculate the score. And, again, this formula is unchanged from previous years.

Next slide, please, slide 28. Again, here we've entered the hypothetical values. We've plugged them into the formula, and we've calculated the achievement score for you. The facility's performance resulted in an achievement score of 2.

Next slide, please.

Now, we can follow the same process for computing the improvement score for this fictitious facility, which compares the facility's performance rate to its own past performance. And this is important. We're comparing it to itself.

In this example, the facility had a range of 26 percent in 2013. And that serves as the threshold for the improvement range. The upper end of the range, again, is established by the benchmark of 77 percent.

Next slide, please, slide 30. Here again, we show you the formula we use to calculate the improvement score. Once again, the formula has not changed. It's the same formula that we've used in previous years.

Next slide, please.

Just as we earlier calculated the achievement score, here we can plug in the values and calculate an improvement score. As you look at the formula, it results in a score of 5, which would be used to calculate the overall Vascular Access Type measure score as the better result of the two methods. Again, we're looking at the achievement score method and the improvement score method.

Next slide, please, slide 32. We're looking at performance at or above the benchmark. Let's look at a different facility. Again, please remember, these numbers are hypothetical and the facilities are hypothetical. As we look at a different facility, their performance rate was significantly higher than the benchmark.

There is no need to calculate the outcome of either method here. Don't worry about the improvement score if the performance is higher than the benchmark, because having a rate above the established point of the benchmark for Facility B automatically earns the full 10 points for the measure. Again, I want to repeat that: that if you are higher than the benchmark, there is no need to calculate the outcome of either method here. By having a rate above the established benchmark, you automatically earn the full 10 points for the measure.

Next slide, please, slide 33. When we talk about above the threshold now, we have to also talk about performance below the threshold. Here we're looking at the other side of the coin. In this example, again, the fictitious facility with fictitious values, Facility C, has the same 2013 performance rate as hypothetical Facility A. The difference here is that of instead of increasing its rate in calendar year 2014 like Facility A did, Facility C's performance actually decreased to 26 percent. Based on this outcome, the facility automatically received zero points – again, I repeat: zero points for the measure without calculating either scoring method.

It's important to remember that it is possible to fall below the achievement threshold but not the improvement threshold. If the facility had a performance rate of 40 percent, which is worse than the achievement threshold, it still would earn some points based on its year-over-year improvement. Again, if the facility had a performance rate of 40 percent, which is worse than the achievement threshold, it would still earn some points based on its year-over-year improvement.

The opposite is also true. A facility's improvement threshold may be a greater value than the national achievement threshold. In this case, it's possible the performance rate to be less than its own improvement threshold yet greater than the achievement threshold. So a facility can receive zero points on one method but score higher than zero using the other method.

Next slide, please.

Combining individual measures into a single topic score: Here we're going to demonstrate how you can create a score for multiple topics by proportionally weighting the score of each component measure, as we spoke about earlier, with Adult Hemodialysis, Adult Peritoneal Dialysis, and Pediatric Hemodialysis as an example. And again, these are hypothetical numbers.

It is basically the same calculation as used in previous years. This example uses Kt/V adequacy, the three component measures I just mentioned, to illustrate the calculation. Again, I want to stress the numbers are hypothetical.

In this example, the facility treats 100 eligible patients with ESRD each month. Each measure is independent and calculated individually. The reason they get combined into a composite score is to calculate the facility's total performance score. So, again, they are calculated individually, then combined into a composite score to calculate the facility's total performance score.

Next slide, please, slide 35. So what this slide shows you is Payment Year 2016 achievement thresholds, benchmarks, and performance standards. The values in these slides are finalized based on the complete set of performance data by all dialysis facilities in the Nation during 2012.

Facility-level data is used to calculate the benchmarks, performance standards, and achievement thresholds published in the final rule, and it is available on the Public Reporting Certificate page of the ESRD QIP section of the website cms.gov. Again, a link to that section is listed at the end of this presentation, along with other useful online resources. This data on the slide was also used to calculate the minimum TPS, which will be discussed later.

Now that we've reviewed the makeup and the calculation of the clinical measures, I'd like to turn the presentation over Charlie for an important announcement. Charlie?

Keypad Polling

Charlie Eleftheriou: At this time, we'll pause for a moment to compile – I'm sorry, to complete keypad polling so that CMS has an accurate count of the number of participants on the line with us today. Please note, there will be a moment of silence on the line while we tabulate the results. And we're now ready to start polling.

Operator: CMS appreciates that you minimize the Government's teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in.

If you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9.

Again, if you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9.

Please hold while we complete the polling.

Thank you. I would now like to turn the call back over to Mr. Eleftheriou.

Charlie Eleftheriou: Thank you very much. And now we can continue with the rest of the presentation.

Presentation (continued)

PY 2016 Reporting Measures

Anita Segar: Thanks, Charlie.

In this section, we'll examine the three reporting measures for Payment Year 2016. We will consider the measure requirements as well as the way they are scored.

Slide 37. We've used the ICH CAHPS Survey as a reporting measure for the last couple of payment years. But that only involves an attestation from the facility that they conducted the survey. For Payment Year 2016, that will change. Facilities will contract by July this year with a CMS-approved vendor to conduct the survey as they have in the past. What's changed is that the vendor must submit the survey results by January 28th next year, according to the instructions on the ICH CAHPS website.

This new information may be used to develop a clinical ICH CAHPS measure in the future which would directly evaluate patient experience in receiving treatment from their dialysis facilities. It's also important to note that facilities receiving a CMS certification number, or CCN, on or after January 1st this year are not scored on the CAHPS measure.

Slide 38. Mineral Metabolism is revised somewhat in that it includes home peritoneal dialysis patients for the first time. It also removes serum calcium as part of the measure, owing to the new Hypercalcemia clinical measure. So this reporting measure retains just the phosphorus component.

The formula for calculating the score is the same as was used in Payment Year 2015. Again, the score here is based on the number of months a facility submits data.

Slide 39. As in the case of the Mineral Metabolism reporting measure, Anemia Management reporting measure also includes home peritoneal dialysis patients for the first time. And, again, the formula for calculating the score is, again, the same that was used in Payment Year 2015, which is that the scoring is based on the number of months of data submission.

Just a couple important points to note here before we move on to the next section: Facilities receiving a CCN on or after July 1st this year are not scored on the reporting measures, which means they will not get a total performance score.

Calculating the TPS and Determining Payment Reductions

Anita Segar: Moving on to the next section, slide 40. Now that we've discussed how clinical and reporting measures will be scored, we'll talk about the methods used to create the TPS and the structure by which any payment reductions will be applied. We'll also take a moment here to identify some additional issues that are addressed in the final rule. But first, let's just take a moment to recap the similarities and differences between Payment Year 2016 and the preceding payment year.

Slide 41. As you can see here, Payment Year 2016 covers much of the same ground as Payment Year 2015 but in a more revised or expanded manner. Two of the Payment Year 2015 reporting measures became new clinical measures for Payment Year 2016. That is the NHSN Dialysis Event and the Mineral Metabolism—a portion of it became the Hypercalcemia measure.

Let's also look at the reporting measure section of the Payment Year 2016 finalized measures. You will see three measures there. The Mineral Metabolism and the Anemia Management reporting measures were revised to include a new set of patients. And, as I mentioned earlier, those were the home peritoneal dialysis patients. And the ICH CAHPS Patient Satisfaction Survey—that measure was expanded to require the delivery of survey results to CMS instead of simply attesting that the survey was performed.

Slide 42. The process of calculating the TPS is similar to that used in previous payment years. The TPS will range from 0 to 100 points. In Payment Year 2016, clinical measures will account for 75 percent, and reporting measures will count for 25 percent of the total weight.

As mentioned earlier, we finalized that the Hypercalcemia clinical measure will be weighted at two-thirds the weight of the remaining clinical measures. Also, for Payment Year 2016 we require that a facility have a score on at least one clinical measure and at least one reporting measure, just like we did in Payment Year 2015.

Slide 43. This slide describes how the minimum TPS was calculated at 54 points. We calculated the minimum TPS by scoring a hypothetical facility as if it earned zero points for NHSN Bloodstream Infections clinical measure, reached the performance standard (which is the 50th percentile nationally) for each clinical measure, and earned half of the available points on each eligible reporting measure.

Slide 44. Here is a chart demonstrating the ranges for payment reductions based on a facility's TPS. This is a sliding scale with a 0.5-percentage point – a 0.5-percentage payment reduction for every drop of 10 points in the total performance score.

Moving on to slide 45. This graphic summarizes how facilities will be scored, how those scores will translate into its TPS, and whether a payment reduction will be applied. You'll see that we've identified the clinical and the reporting sections – measure sections, the calculation method, the category weights, and the scale for payment reduction, if applicable.

The clinical measures account for 75 percent. The reporting measures account for 25 percent. And then all the way to the right of the slide, you'll see that the minimum TPS is set at 54 points. So facilities obtaining a TPS greater than 54 do not receive a payment reduction. And for those receiving a TPS below 54, reductions are applied, again, as outlined in the sliding scale on the previous slide.

Additional Rules

Slide 46. The scope of the final rule also includes a handful of programmatic changes. There's a – there's a few points here that I want to make. One is that it includes a modification of CMS's Data Validation Program, where we've reduced the number of facilities asked to participate, as well as addressing possible additional efforts in the near future.

We also included a modification to the requirements for posting the Performance Score Certificates. So facilities will now have 15 business days to post their PSCs once CMS releases them. The other change is that we've included the dialysis facilities located in the Pacific Rim as part of ESRD QIP starting in Payment Year 2014.

And, with that, I'd like to turn this presentation over to Brenda Gentles for some final points. Brenda?

Resources and Next Steps

Brenda Gentles: Great. Thank you, Anita. In this section, we will identify some resources available to the public, as well as the next steps for your facility to take. But first we begin with an overview of the program from a timeline perspective.

On slide 48, it illustrates what's going on with the program as we speak. The ESRD QIP can be seen as a series of multiple-year programs. At any given time, multiple payment years are in motion.

Next slide, please.

Here on slide number 49, we list useful content about the program that's available online, including the MIPPA, CMS's ESRD QIP website, the NCC Center, Dialysis Facility Compare, Dialysis Facility Reports, and finally, the final rule itself. So please take time to visit those resources on the web.

As promised, we have provided the URL for the technical measure specifications for the clinical and reporting measures here on slides 50 and 51. So, again, please hold on to those slides for your future reference.

And, finally, here are a few actions that we recommend that you take in the coming year. We want to make sure that your facility has posted its Payment Year 2014 Performance Score Certificate in English and in Spanish. You want to review your Payment Year 2015 Preview Performance Score Report when available—and we're anticipating mid-July—and submit any clarification questions or formal inquiries.

Certainly comment on the payment year 2017 proposed rule when posted in early July. Review the Payment Year 2015 final PSR when available—again, anticipating mid-December. Post Payment Year 2015 PSCs in English and Spanish when available in mid-December. CMS appreciates your cooperation and your input and your recommendations.

And finally, here on slide number 53, we want to thank you for your attention. Noted here on slide number – on slide number 53, you do see the ESRD QIP mailbox. Again, if you have any questions, if you have any comments that you would like to make, please submit your questions there.

We are going to move into our question-and-answer portion of the presentation. So at this time, I would like to turn the presentation back over to Charlie.

Question-and-Answer Session

Charlie Eleftheriou: Thank you. Our subject-matter experts will now take callers' questions. I'd like to remind everyone that this call is being recorded and transcribed. So before asking your question, please state the name of your organization and your name.

And also, in an effort to get to as many of your questions as possible, just – we ask that you limit your questions to one at a time. If you have more than one question, please press star 1 after your first question is answered to get back into the queue. We'll address question – additional questions as time permits.

And now we're ready to take our first caller.

Operator: To ask a question, press star, followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity.

Please note, your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard into the conference.

Please hold while we compile the Q&A roster.

Your first question comes from Lori Swasey.

Lori Swasey: Yes. Hi. Thank you for taking my question. Lori Swasey from Maine Medical Center.

We have an inpatient dialysis unit, and I am very curious to know how these standards and measurements are applicable to our inpatient service.

Charlie Eleftheriou: Give us one quick second to confer, please.

Lori Swasey: Yes.

Anita Segar: Hi, Lori. This is Anita Segar. Thank you for your question. Can you confirm for me or clarify for me if this is an – a dialysis center that's affiliated with a hospital as an outpatient center, or is it actually inpatient within the hospital?

Lori Swasey: It is actually inpatient within the hospital.

Anita Segar: OK. So, that – in that case, if it's not covered under the Medicare Reimbursement Prospective Payment System, it would not be eligible for the QIP.

Lori Swasey: OK. Thank you so much for clarifying my question. I appreciate that.

Anita Segar: You're welcome.

Charlie Eleftheriou: We'll take the next question.

Operator: Your next question comes from the line of Adrienne Adkins.

Adrienne Adkins: Hi. This is Adrienne Adkins. I'm from Fresenius Medical Care. I was wondering how is the days present in the facility calculated for the Hypercalcemia measure, and which elements are used from CROWNWeb data, or is this achieved from claims data?

Charlie Eleftheriou: Give us one second, please.

Anita Segar: Hi, Adrienne. This is Anita Segar. Thank you for your question. With the Hypercalcemia measure, the serum calcium values are reported in CROWNWeb, and we get the admit/discharge dates from CROWNWeb as well. Does that answer your question?

Adrienne Adkins: So you're obtaining the days present in the facility from the discharge date ...

Anita Segar: Well, we do look at the …

Adrienne Adkins: … for the patient?

Anita Segar: Yes. We look at the discharge dates in CROWNWeb. That's right.

Adrienne Adkins: In CROWNWeb?

Anita Segar: That's right.

Adrienne Adkins: And the serum calcium will be looked at in CROWNWeb as well.

Anita Segar: That is correct.

Adrienne Adkins: OK. Thank you.

Anita Segar: You're welcome.

Charlie Eleftheriou: Thank you. We'll take the next question.

Operator: Your next question comes from the line of Patrick Ayers.

Patrick Ayers: Hello. I'm Patrick Ayers with DaVita. I noticed – can you guys hear me, by the way?

Charlie Eleftheriou: Yes, we can.

Patrick Ayers: OK. Great.

I noticed that in the final rule there was a section about how to handle acquired facilities, and there wasn't any comments based on that. I didn't see anything about handling acquired facilities in the proposed rule, and I'm wondering if there will be an opportunity to bring up how the CMS can handle facilities that have gone through an acquisition during the QIP performance year sometime in the future.

Charlie Eleftheriou: Let us – let us confer for one quick second, please.

Patrick Ayers: OK.

Anita Segar: Hi, Patrick. Thank – this is Anita Segar. Thank you for your question.

You are right. In the proposed rule, we talked about scoring facilities whose ownership had changed. We did not receive any comments on that proposal. So we finalized as proposed. And, just for your information, that had not changed from Payment Year 2015. So basically, I think, what we did is that if a facility received a new CCN as a result of change in ownership, of being acquired, then we treated that facility as a new facility for purposes of the ESRD QIP, based on that facility's new CCN open date. Does that …

Patrick Ayers: Right. And I was curious because I might have overlooked that while reading the proposed rules, so I didn't have a chance with my company to form a comment on it. So I was curious if there would be an opportunity to comment on it in the future.

Anita Segar: Yes. I mean, you always have an opportunity to comment on proposals in the future. So we look forward to receiving those.

Patrick Ayers: OK. Thank you.

Anita Segar: Thank you.

Operator: Your next question comes from the line of Joan Simard.

Joan Simard: Yes. This is Joan Simard. I'm from Intermountain Healthcare in Salt Lake City. I have a question. Can you clarify what you discussed on slide 43, scoring each clinical measure at the national performance for the zero points for the NHSN? I'm not clear what you were implying by that.

Charlie Eleftheriou: One second, please. We'll be right back on the line.

Joan Simard: Thank you.

Charlie Eleftheriou: Just one more second for us. We're sorry for the delay.

Joan Simard: That's OK.

Anita Segar: Hi, Joan. This is Anita Segar. Thank you for your question.

I'm just going to go ahead and explain a few points. And, hopefully, this will meet – you know, give you the response you are seeking.

So, basically, when we calculated the minimum TPS, we simulated certain scenarios. And on slide 43, you see those three scenarios that we looked at, where we say earned zero points on the NHSN Bloodstream Infections, and then you have number 2 and 3.

I'm not sure that your specific – I think your question is about how that zero points sort of features in there. We made that exception for NHSN because up until Payment Year 2015, the NHSN was a reporting measure, and so we did not have enough baseline data to calculate a performance standard. And so we basically simulated that the facility earned zero points on that measure.

Joan Simard: OK. All right. Because I believe, in the past, for the NHSN's monthly submissions, we were doing those whenever there was any IV antibiotics. And I thought the upcoming rule was going to be reporting of positive blood cultures. Is there a very – is there a difference, or is this a variation or is this a continuation of what we've been doing with NHSN?

Anita Segar: So, for Payment Year 2016 – let's see. For 2015, it was just reporting dialysis events data.

Joan Simard: Yes.

Anita Segar: For 2016, you are reporting the number of hemodialysis outpatients with positive blood cultures for those 100 hemodialysis patient months. But you're also completing the enrollment and training requirements and the dialysis event modules.

Joan Simard: OK.

Anita Segar: So, I would explain it as an – as an expansion of Payment Year 2015 to include positive blood cultures.

Joan Simard: And then you – it also stated that you had to have 12 months, because I have some facilities that have 20 patients, and they don't always – they'll go 3 or 4 months without any events. In one year, I had – last year, I had to have specific comments and investigation to get my points, because they were looking at it as being missed data because there were no events those months, and it was reported as no events.

So, this is an adventure that we are all going down the same river with. Thank you very much for your answer.

Anita Segar: You're welcome. And just to piggyback on what I said earlier, the NHSN module itself has exceptions, or I believe I will call those options, for if you didn't have patients and didn't have anything to report. So I would just say that I think the NHSN module covers those categories of issues that come up.

Joan Simard: Yes.

Anita Segar: Thank you.

Joan Simard: Thank you.

Operator: Your next question comes from the line of Atlantis Healthcare Group.

Male: Yes. My name is (inaudible) from Atlantis Healthcare Group in Puerto Rico. What I would like to ask about hypercalcemia—if the patient has a high serum calcium without vitamin D analogs or calcium binders, it counts as hypercalcemia, or not?

Charlie Eleftheriou: Give us one quick second, please. We'll be right back with you.

Anita Segar: Hi. Thank you for that question. This is Anita Segar.

Just to clarify, the Hypercalcemia clinical measure really just measures the rolling average of uncorrected serum calcium. So it has nothing to do with analog treatments or how the patient was treatment – treated. This is really just reporting of the lab value of calcium. Does that answer your question?

Male: Yes. That's right. Thank you.

Anita Segar: OK. Thank you.

Charlie Eleftheriou: We'll take the next question, please.

Operator: Your next question comes from the line of Mahesh Krishnan.

Mahesh Krishnan: Hi, guys. It's Mahesh from DaVita. I had a question on the NHSN measure as well. We haven't actually seen any distributions from NHSN. Will CMS or CDC be releasing any national benchmark data from their previous data collections? I'm just saying that because it seems, based on the schedule and the slides, we won't have any opportunity to see what the benchmark data looks like until the – until calendar year 2015 because we're using 2014 as a – as the measure.

Charlie Eleftheriou: Give us one quick second. We'll be right back with you.

Anita Segar: Hi, Mahesh. This is Anita. Thank you for your question.

Yes, that is correct. I think in this particular scenario with the NHSN clinical measure, the lack of baseline data sort of forced us into a position where we have to use the performance period – I mean, the same year that we're using for the performance period as the comparison period as well. And so what happens is that we don't have that benchmark data right now.

I would have to defer on some of the plans for making that data available. It's going to probably feature in our next set of plans for this measure itself. So if we have any future updates that would answer your question, we'll be happy to let you know.

Mahesh Krishnan: Sure. I guess my problem is without having any benchmark, we're not going to know whether we should target improvement or non-improvement. And so, to the extent that the data collected for calendar year 2013 could be released, even in means or medians, that would be helpful to understand which facilities are helpful. If not, it's not really a payment for performance. It's just a payment for reporting metric because we won't know what to do with it for this entire year.

Anita Segar: Absolutely. Yes. I agree with you. I acknowledge that concern and that – I think, the request that you have. We will take that into consideration and see what we can do in terms of, as you mentioned, maybe certain portions of the data or in certain months of data. We'll take that back and work with the CDC on that. But I appreciate you bringing this up. Thank you.

Mahesh Krishnan: Perfect. Thank you. Thank you.

Charlie Eleftheriou: Thank you. We'll take the next question.

Operator: Your next question comes from the line of Blankschaen.

Sue Blankschaen: Hi. Yes. I'm Sue Blankschaen from University Hospitals of Cleveland. The question I had was, is will you be factoring in – currently, in CROWNWeb, since the comorbids are not listed, so some of the elements on the claim where we indicate the six conditions that – that – for additional payment, such as – I'm thinking in particular, related to anemia or related to hypercalcemia—will those be factored into any of this?

Anita Segar: Sue, this is Anita Segar. Thank you for that question.

Can you clarify for me if you're asking – or, let me state my understanding of your question. Are you asking if the comorbid conditions that are reported on claims will be factored into the QIP?

Sue Blankschaen: Yes, since those are considered exceptional circumstances. So I'm thinking, for example, of multiple myeloma and the other lymphomas as related to both hypercalcemia and anemia in terms of those, or GI blood loss associated with a GI bleed. Since we're reporting those factors, are any of the comorbids that are factored in—since they're not reported in CROWNWeb, only on the claims data—are those factored in, then, to the patient's outcome data for that month?

Anita Segar: Right. Yes. Thank you for that clarification. I think what you may be referring to are some of these comorbid conditions that are included in the outlier – the outcome – the payments that pertain to the bundled payment system …

Sue Blankschaen: Yes.

Anita Segar: … not necessarily the QIP. So, it's just probably out of the scope of this discussion and my expertise. But, I would suggest …

Sue Blankschaen: I just – thank you.

Anita Segar: … that you get in touch with CM, and they might be able to give you additional information.

Sue Blankschaen: OK. Thank you.

Charlie Eleftheriou: We'll take the next call.

Operator: Your next question comes from the line of Sumi Sun.

Sumi Sun: Hi. This is Sumi Sun from Satellite Healthcare. I'm still a little unclear about the BSI measure. It says it's standardized, but I'm unclear about what factors are going to be considered in – it sounds like an adjustment of that rate.

Charlie Eleftheriou: Please hold for one second while we discuss.

Anita Segar: Hi, Sumi. This is Anita Segar. Thank you for your question. That's a great question.

More information – I believe you were asking for more information about how the standardized NHSN infection rates are risk-adjusted. I think that, in order to provide you with a comprehensive response to that question, it'd probably be best to write to the NHSN mailbox or even to the ESRD QIP mailbox, and I'd be happy to forward that question to the CDC and get you the information you need.

Sumi Sun: That would be great. Thank you.

Anita Segar: Thank you.

Charlie Eleftheriou: We'll take the next call.

Operator: As a reminder, if you would like to ask a question, press star 1.

Your next question is from Twyla Wolters.

Twyla Wolters: Hi. Twyla Wolters with CentraCare Kidney Program. I have a question just about the adequacy measures. In the technical specifications, it refers to that the data sources is the Medicare claims – CROWNWeb. I'm wondering if you can confer actually where the Kt/V comes from. Is it CROWNWeb, or is it based on what is on the Medicare claim?

Anita Segar: Hi, Twyla. This is Anita Segar. Thank you for your question. The Kt/V for that measure comes from claims.

Twyla Wolters: All right. Thank you.

Anita Segar: You're welcome.

Charlie Eleftheriou: And the next question, please.

Operator: Your next question comes from the line of Chris Lovell.

Chris Lovell: Hi. This is Chris Lovell from DCI. I have a question about the bloodstream infection rate. It's easier to get a score by not being diligent and reporting your blood cultures than it is reporting them. What are you going to do to ensure that people aren't getting a high score because they're not being diligent?

Charlie Eleftheriou: Give us one quick second to discuss, please.

If you wouldn't mind holding one more second. We're researching that.

Anita Segar: Hi, Chris. This is Anita Segar. Thank you for your question. I think this is a very important question. I'm glad you asked.

The – and as I mentioned earlier in response to a previous question, one of the reasons why we computed this particular measure scoring this way was because we did not have enough baseline data to set a performance standard and to go fully with it as a clinical measure. Now, that does not really mean that facilities can take a step back and say, "Well, we're not going to be reporting dialysis event data or infection rates." You know as well as I do that infections in – bloodstream infections in ESRD patients can be extremely debilitative and damaging.

So I think it's incumbent upon the facility within their standard of care and the way they treat patients to be diligent with – and that's our expectation as well, that facilities would report that data. And then in future years, we'll be able to use that data to set performance standards and move forward. This is definitely not designed to be a path for facilities to not report.

Chris Lovell: OK. I have another question that probably can be handled offline. I have a clinic that's only open one week during the whole year because it's a camp. And they got all penalties. How do I go about trying to figure out a way that this doesn't happen again or evaluating – removing the penalty?

Anita Segar: So I have a couple of different responses to that question. And I know exactly what you're talking about because we've looked at this issue. We're aware of this issue. And I would just say that in terms of removing the penalty, I'm afraid there's really not much we can do at this point in time.

But I do see your concern. And I want to assure you that in the upcoming rulemaking cycle, we'll – we will attempt and put in our best efforts to put in some exclusions and some exemptions for facilities or camps or, you know, the charity sort of thing that you were talking about, to make exemptions for those kinds of cases. We're definitely aware of this, and it's on our radar to follow up and to change things on that. So, thank you.

Chris Lovell: Thank you so much.

Operator: Your next question comes from the line of Seema Jose.

Seema Jose: Hi. I work for Direct Dialysis. Our current census is like 86, and 63 patients of mine come from a long-term care facility. Of course, these patients are admitted in the long-term care facility with multiple wounds, infections, or already multiple access failure before coming to the nursing facility. And here I am, trying to get an access in them, and already more than 30 of my patients are not even a candidate for permanent access. And some of these patients, once they come, they become a long-term care patient at the facility, and they become my patients.

So I am struggling with my catheter rate. And the other thing is also, of course, infections. Most of these patients are really sick, have declines in some of the lines, or tech tubes, or wounds. So that's another thing—you know, the bloodstream infection rate. I try my level best. I have very educated staff members. Everybody is certified. Only two patients per technician, only five to six patients for – per nurse. I don't know how I'm going to get into this QIP program. And I can see like this time I already failed on my vascular access rate.

So what do you think that I could – I could do for this?

Charlie Eleftheriou: If you wouldn't mind giving us one more quick second to discuss. We'll be right back with you.

Seema Jose: Yes. Thank you.

Anita Segar: Hi, Seema. This is Anita Segar. Thank you for your question.

If we – if I understood right, I believe you asked a couple of questions here. The first one was about vascular access. And you're mentioning that some of your patients probably – I mean, I'm understanding the scenario to be that your patients probably are in that middle ground, where they're not eligible or good candidates for the fistula. And so there's this whole issue of having a measure for patients with grafts that comes in here. I want to assure you that we are looking at developing measures to handle those kinds of specific scenarios, especially with grafts.

In response to what I think was your second question, regarding bloodstream infections in these patients, I again want to assure you that the CDC's risk adjustment methodology for the standardized infection rate takes into account some of these types of patients and situations.

Seema Jose: OK.

Anita Segar: So, it's definitely that – I think the risk adjustment there is going to take care of some of your issues. But, overall, I do want to say generally that, for the QIP, we do receive questions often about acuity and (inaudible), some of those outliers. And we are aware of that and taking those into consideration when we develop new policy.

Seema Jose: OK. Thank you very much.

Operator: Your next question – your next question comes from the line of Kristen Thompson.

Kristen Thompson: Yes. I was wondering when the specification manual was going to come out from NHSN on the bloodstream infections. And I just wanted to verify that this new NHSN Bloodstream Infections measure is replacing the Event measure that has been done in the past, or is it in addition to that? Thank you.

Charlie Eleftheriou: Just hold one second while we discuss that.

Anita Segar: Hi, Kristen. This is Anita Segar. Thank you for your question.

I would – a couple of things. So, to answer your second question first: The Payment Year 2016 NHSN clinical measure replaces the Payment Year 2015 reporting measure. As for the technical specifications and any additional information regarding the risk adjustment or the standardized rate, anything to do with that, I would suggest that you write to the NHSN mailbox or write to the QIP mailbox, and I'd be happy to forward your enquiry to CDC.

Kristen Thompson: Thank you.

Charlie Eleftheriou: You're welcome. And we'll move to the next question.

Operator: Your next question comes from the line of Richard Dominguez.

Richard Dominguez: Yes. I was – I was just kind of confused. I know that, specifically under the NHSN reporting for dialysis events, there is box that's normally checked for positive blood culture. So if there's a bloodstream infection, that would be reflected there as a standard when there's a suspected infection of any kind.

So, again, if you're indicating that the dialysis event goes away, and the bloodstream infection reporting replaces it, obviously, is – I don't know if there's going to be a new interface to select these particular items or what have you, because clearly if there was a bloodstream infection prior, it would have been reflected in that checked box. So if you're indicating it's being – the dialysis event is being replaced by bloodstream infection reporting process, then there're clearly are going to be new guidelines, I would assume, or another type of interface that avails us the opportunity to select something to report. Is that correct?

Anita Segar: Hi, Richard. This is Anita Segar. Thank you for your question.

Richard Dominguez: Yes.

Anita Segar: I – so let me – let me clarify this. And I know we've had a few questions here about this particular topic. The Payment Year 2016 NHSN clinical measure – now that is – again, as you know with the measure description, we – you check the number of hemodialysis outpatients with positive blood cultures.

Richard Dominguez: Yes.

Anita Segar: It does not do away with the dialysis event reporting.

Richard Dominguez: OK.

Anita Segar: Facilities are already doing that up until Payment Year 2015, and so they would need to continue to – in order to meet the requirements of this measure, they would need to continue to report data as specified within that NHSN dialysis event protocol. Does that answer your question?

Richard Dominguez: Yes. That's perfect. Thank you.

Anita Segar: Thank you.

Operator: Your next question comes from the line of Ann Marie Faucher.

Ann Marie Faucher: Hi. This is getting back to the calcium – the hypercalcemia section. We have always drawn calciums, but we drew them as ionized calciums up until July of 2013. I had repeatedly asked the CROWNWeb people for some guidance on what we could enter. But since we couldn't enter an ionized calcium, we could not enter any calcium level. We have since gone to straightforward calciums after July, but I wondered—are we going to be – you know, have a problem as far as our reporting and not having a baseline data for 6 months of – in 2013 – of calcium levels?

Charlie Eleftheriou: Please hold for one second while we discuss.

Anita Segar: Hi, Ann Marie. This is Anita Segar. Thank you for your question.

We've been discussing this a little bit here in the room, and I think there are several different components involved in providing a response—specifically, the standard of care out in the community as it pertains to collecting calcium and evaluating patient based – assessing patients based on that.

Again, there is another part where – you know, what does CROWNWeb allow and not allow on their screens. And then, of course, you have the measure specifications for hypercalcemia that say total uncorrected serum calcium.

So I would recommend that you send in your question to the ESRD QIP mailbox, and I'd be happy to take a look and have my team take a look and provide you with a response.

Ann Marie Faucher: Thank you very much.

Charlie Eleftheriou: We'll take the next question.

Operator: Your next question comes from the line of Nicole Berry.

Nicole Berry: Hi. My question is related to the Hypercalcemia measure. I'm wondering how the data is going to be compiled. Is it going to be compiled based on each individual patient, taking their average calcium for 3 months and then averaging for the clinic? Or is it going to be averaged by clinic per month?

Charlie Eleftheriou: One second, please.

Anita Segar: Hi, Nicole. This is Anita. Thank you for that question.

I believe we may have to go back and look at the flowchart to see how this algorithm was laid out. And I'd like to give you correct information on this. So, again, if you can send this question in to the ESRD QIP mailbox, I'd be happy to provide you with a specific response.

Nicole Berry: OK. Thank you.

Operator: Your next question comes from the line of Dr. Lacson.

Charlie Eleftheriou: Hello?

J. R. Lacson: Oh, hello. Hi, this is Dr. J. R. Lacson. Sorry. I may not have heard my name. I just wanted to ask, in terms of the reporting measures such as for phosphorus or hemoglobin, unlike in the clinical measures, where you have identified specific – value ranges like, you know, hemoglobin between 5 and 20—for the reporting measures, there were no specifications. How do you deal with numbers that are – that may not – you know, like 1 or 25, for QIP purposes in the reporting?

Charlie Eleftheriou: Please hold for one moment.

Anita Segar: Hi, J. R. This is Anita. Thank you for your question.

I – I – if I'm understanding correctly, I believe you're asking how data for reporting measures are meaningfully used if you have – are using outlier numbers or data or …?

J. R. Lacson: Yes. If there's no specs, do you accept – are they just accepted?

Anita Segar: Right. OK. Let me – let me just for a minute just check in with Claudia from Arbor Research Collaborative for Health, and see if Claudia is on the line, and if – Claudia, you might possibly have an answer to this?

Claudia Dahlerus: Yes. Hi. Hi, Anita. Yes. I believe we do. I'm going to rely on our technical lead here. Alissa, do you want to briefly confirm?

Alissa Kapke: We believe, for the Anemia Management reporting measure, we only check to see if a value is reported for hemoglobin. We do not require it to be within a certain range. Does that answer your question?

J. R. Lacson: OK. And so I assume that applies to the phosphorus. And now, the hard part, though, is in the calcium, and including last year, where you're going to use baseline data. Did – was it possible that there could have been outlier measures there?

Claudia Dahlerus: So – this is Claudia again. I think we will need to follow up with CMS and make sure that we can put together a concise response to your latter question, J. R.

J. R. Lacson: OK. Thank you. Can I have one last followup, this one specific to the Anemia reporting measure? Based on the technical summary, it says that you can use one time 99.99 for a patient in his or her first month in the facility. Is this 99.99 valid for – both incident and prevalent patients? So, like if a patient is transferred to your unit, then it's his or her first month, and it's 99.99, then that facility will not be penalized for that score, or for that hemoglobin?

Claudia Dahlerus: Anita, we can confirm this. Is that all right?

Anita Segar: Yes, yes. Absolutely. Go ahead, Claudia.

Alissa Kapke: It applies to both incident and prevalent patients. We check the – which month the patient was admitted to the facility. Does that answer your question?

J. R. Lacson: I'm sorry. Please repeat. So it's valid for incident and/or prevalent patients?

Alissa Kapke: That's correct.

J. R. Lacson: Oh. Great. Thank you very much. I appreciate the answering questions.

Charlie Eleftheriou: You're welcome. Thank you. We'll take the next question, please.

Operator: Your next question – you have a followup from Adrienne Adkins.

Adrienne Adkins: Hello?

Charlie Eleftheriou: Yes. Hi.

Adrienne Adkins: We wanted to know whether for the small facility adjuster – prior proposals had 25 as the upper limit. But in the example in the final rule on page 236, the value of C equals 25 was used in the calculation. We would like to verify that this is correct and not a typographical error.

Charlie Eleftheriou: Give us one quick second. We'll be right back with you.

Anita Segar: Hi, Adrienne. It's Anita. Thank you for this followup question.

Let me make sure that I know exactly what you're referring to here. Are you referring to the example where it says "Facility B Percentage for AV Fistula" and – that particular example?

Adrienne Adkins: No. This was an example that was found not in your slide presentation, but in the final rule for the – in the Facility Adjustment column. It was – it stated that the

upper limit was 25, and the example had – upper limit was 26. And we thought maybe that was a – error – a typographical error that really should read "25."

Anita Segar: OK. So, yes, the low-volume facility score adjustment for 2016 is applied to clinical measures with 11 to 25 cases, but I'm going to have to go back and look specifically at what you are referring to. But let me check in real quick with Claudia and see if Claudia might have a response. Or we can get back to you if you want to send this to the QIP mailbox. But hold on. Let's check with Claudia real quick.

Adrienne Adkins: OK. Thank you.

Claudia Dahlerus: I'm sorry. Yes. This is – we will need to follow up offline with this. So we just want to investigate this further. And then we will follow up with you.

Adrienne Adkins: So I just send this – send to you guys in the mailbox?

Anita Segar: Yes. That would be great. Thank you very much. Thanks, Claudia and Adrienne.

Additional Information

Charlie Eleftheriou: OK. And unfortunately, I think we've reached our time limit for the day, so we won't be able to take any more questions at this time, but if you have another question or a followup, please reference the ESRD QIP mailbox on slide 53.

On slide 55 of today's presentation you'll find information in the website to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary, and we hope you take a few moments to evaluate your experience today.

Again, my name is Charlie Eleftheriou, and I'd like to thank all of our subject-matter experts and all participants who joined us for today's MLN Connects Call. Have a great day.

Operator: This concludes today's call.

-END-