



# **MLN Connects<sup>®</sup>**

*National Provider Call*

## **End-Stage Renal Disease Quality Incentive Program**

Previewing Your Facility's  
Payment Year 2016 Performance Data

July 9, 2015



# Disclaimer

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This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

# Presenters

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Division of Value, Incentives, and Quality Reporting

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Edaptive Systems, LLC

# Agenda

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**To provide an overview of the Payment Year (PY) 2016 End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) and describe what to expect during the Preview Period**

**This National Provider Call (NPC) will discuss:**

- General program information
- Details about PY 2016 measures and scoring
- Understanding your Performance Score Report (PSR)
- How to submit formal inquiries and clarification questions
- Activities following the Preview Period
- Where to go for more help and information

# Introduction

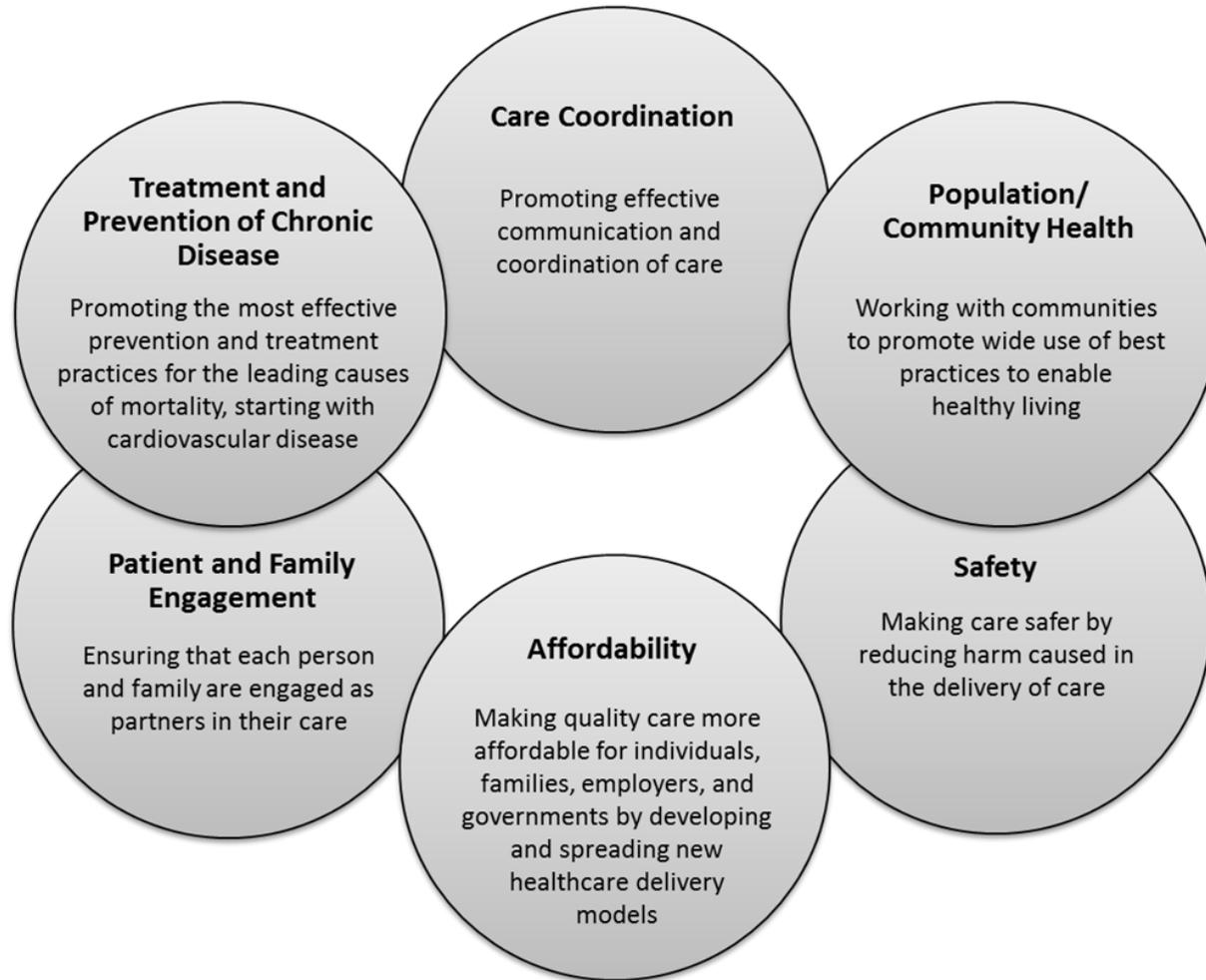
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Jim Poyer

# 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



# ESRD QIP Overview

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Tamyra Garcia

# 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 providing a financial incentive for 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 (HHS) 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 payment year (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 general requirements for ESRD QIP (applied on a PY basis)

**HHS components review proposals**, including the Office of the General Counsel (OGC) and the Centers for Disease Control and Prevention (CDC)

**CMS publishes proposed rule** via Notice of Proposed Rulemaking (NPRM) in the *Federal Register*

**Public afforded 60-day period** to comment on proposed rule

**CMS drafts final rule** (addressing public comments), which passes through HHS internal clearance process

**CMS publishes final rule** in the *Federal Register*

# Scoring Facility Performance

**Collect data** from Medicare reimbursement claims, National Healthcare Safety Network (NHSN), CROWNWeb, and vendors who report data for the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS)

**Release estimated scores** and payment reduction in a Preview Performance Score Report (PSR) to facilities

**Conduct 30-day Preview Period** for facility review of calculations and inquiries

**Adjust scores where required**; submit payment reductions to Center for Medicare (CM)

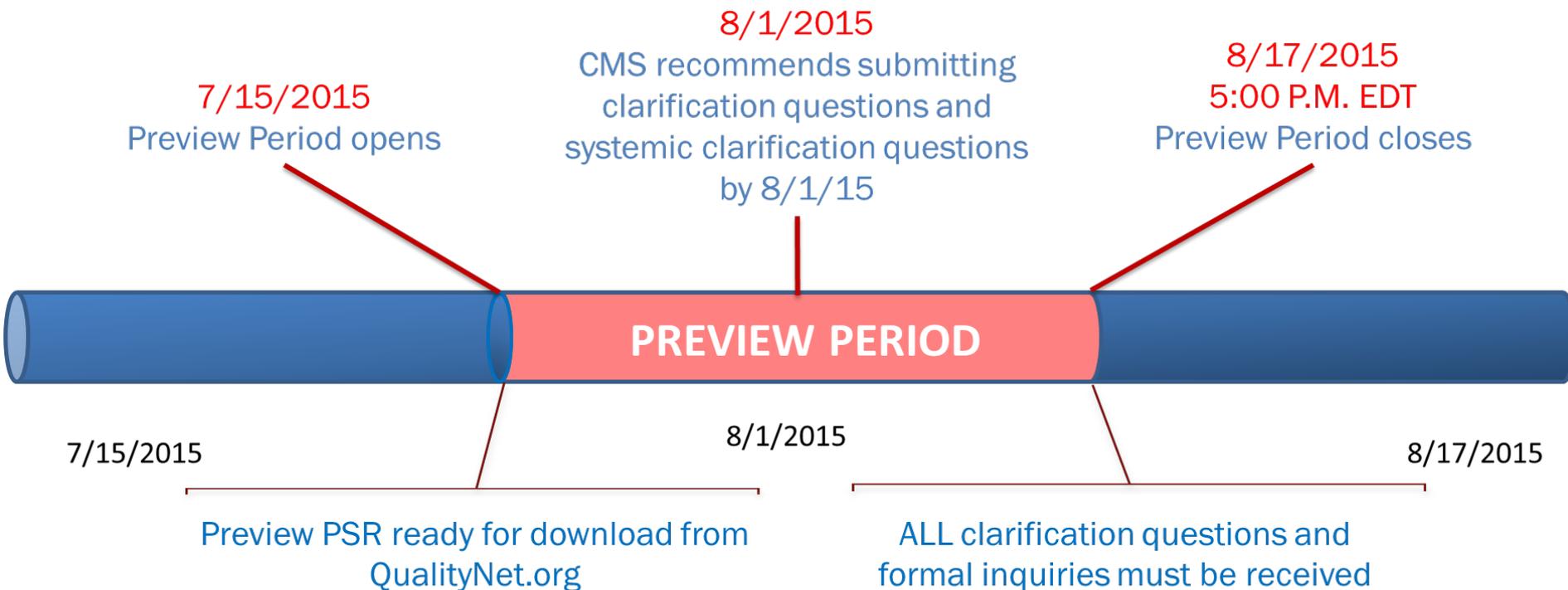
**Release final results** in a Final PSR for facilities and PSCs for patients (posted in English and Spanish in a prominent patient area in each facility)

# PY 2016 Overview

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Tamyra Garcia

# PY 2016 Preview Period Timeline

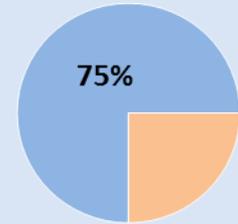


**CMS will respond to questions and inquiries received before the deadline; responses to formal inquiries may be delivered after the Preview Period has elapsed**

# PY 2016: Measures Overview

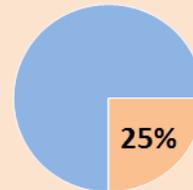
## Clinical Measures – 75% of Total Performance Score (TPS)

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



## Reporting Measures – 25% of TPS

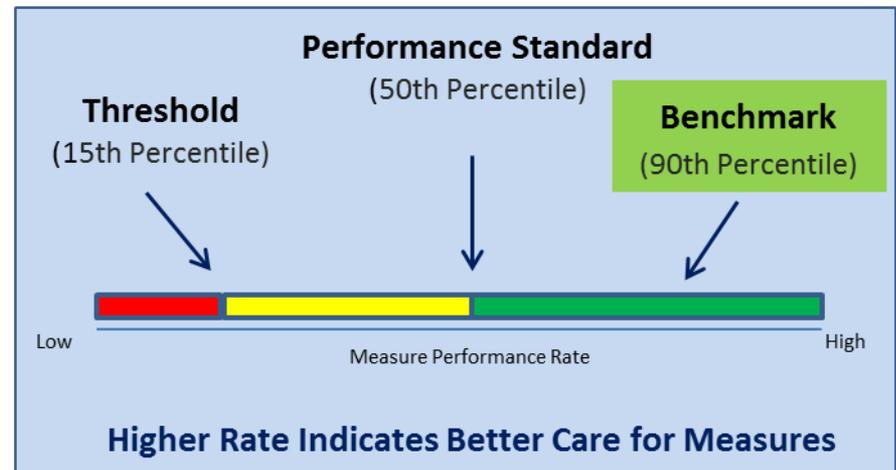
1. In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Patient Satisfaction Survey (expanded)
2. Mineral Metabolism – Serum Phosphorus
3. Anemia Management



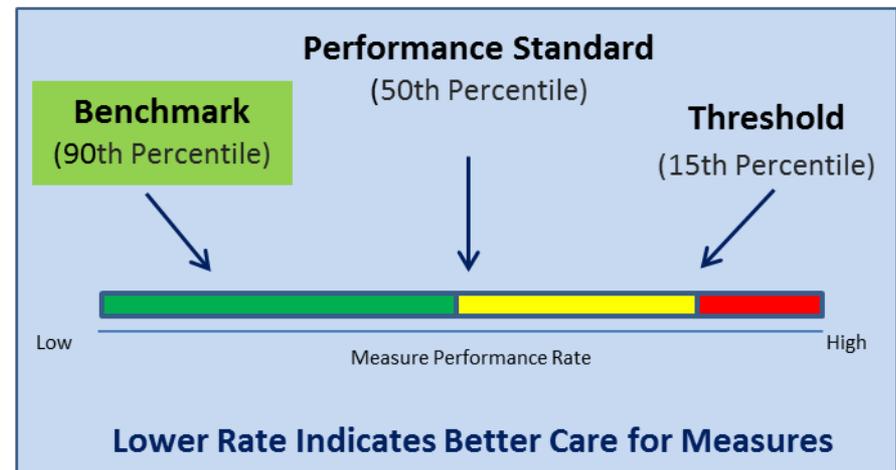
New measure for PY 2016

# PY 2016 Clinical Measures: Directionality

- Kt/V Dialysis Adequacy (all)
- VAT – Fistula



- Anemia Management
- VAT – Catheter
- NHSN Bloodstream Infections
- Hypercalcemia



# PY 2016: Achievement and Improvement Scoring Methods

Facility gets the **BETTER** score from the two methods

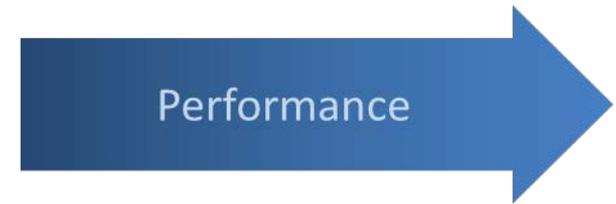
**Achievement Score:** Points awarded by comparing the facility's performance rate during the performance period (CY 2014) with the performance of **all facilities nationally** during the comparison period (CY 2012)

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

PY 2016 Clinical Measures:  
Achievement

All Facilities  
CY 2012

Facility A  
CY 2014



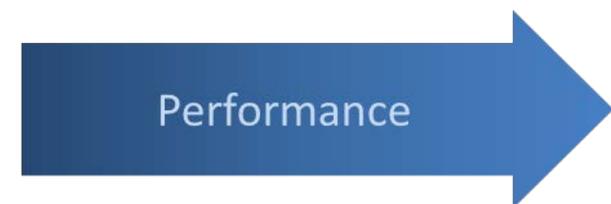
**Improvement Score:** Points awarded by comparing the facility's performance rate during the performance period (CY 2014) with **its own previous performance** during the comparison period (CY 2013)

- 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

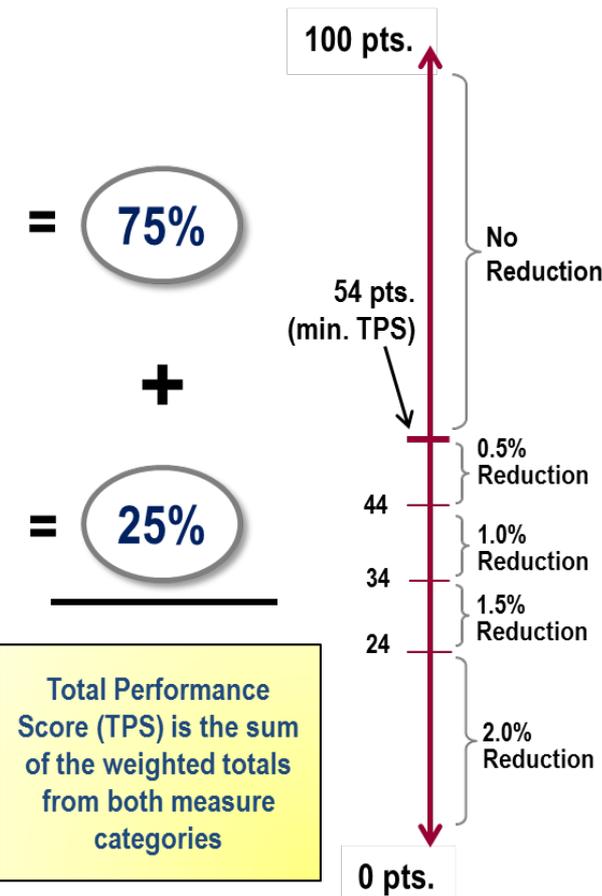
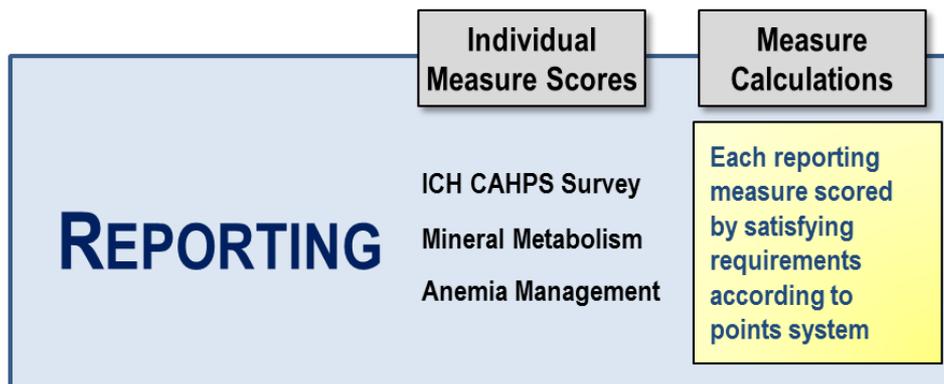
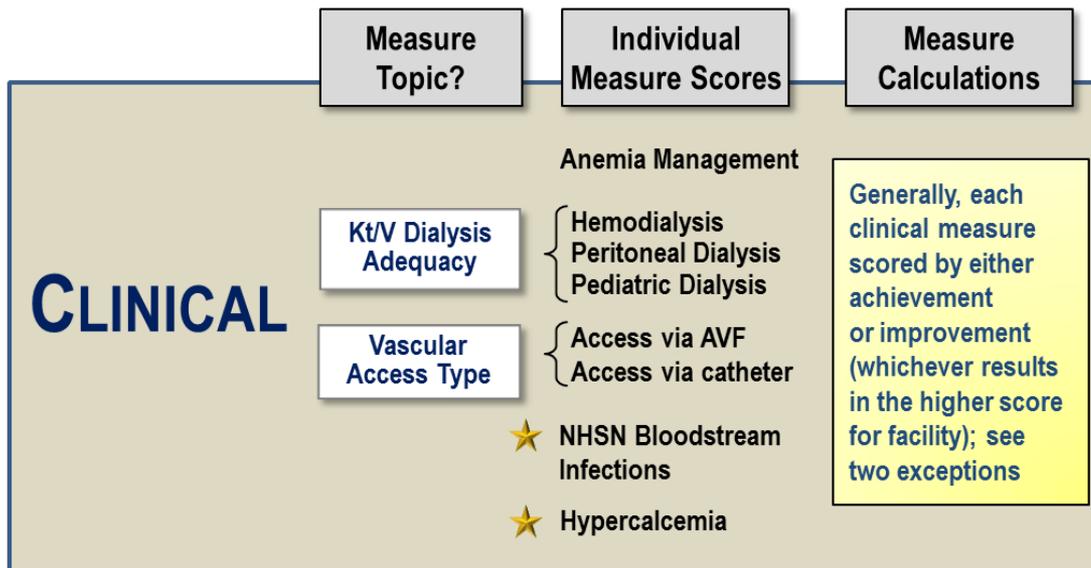
PY 2016 Clinical Measures:  
Improvement

Facility A  
CY 2013

Facility A  
CY 2014



# PY 2016 Scoring and Payment Reduction Methodology



# Performance Score Report Overview

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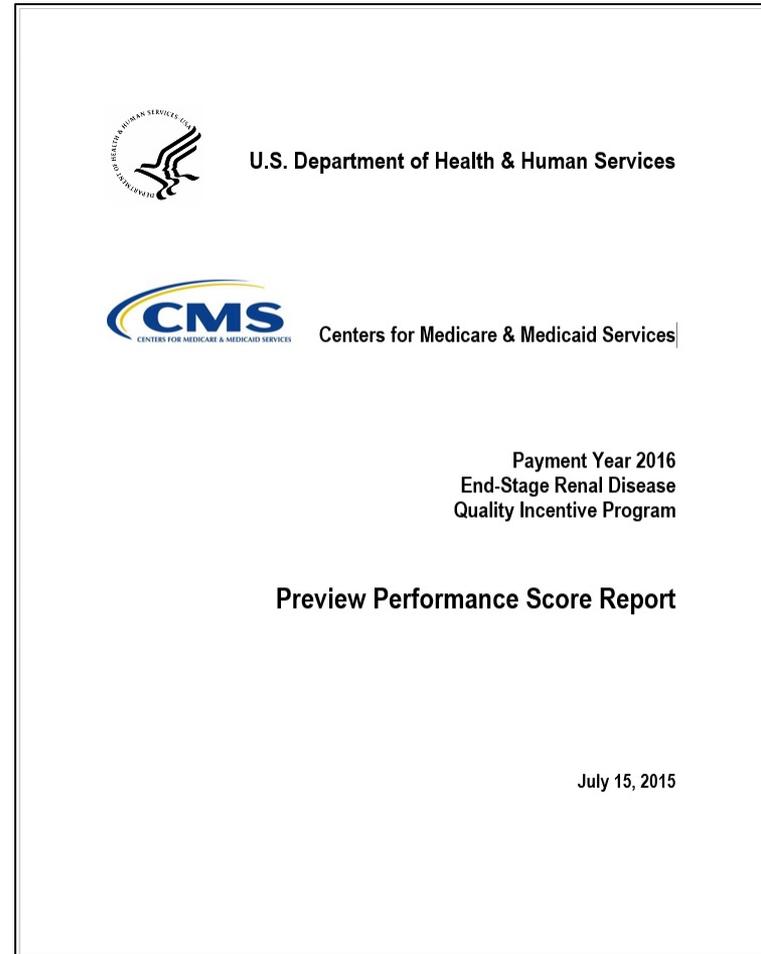
Tamyra Garcia

# Performance Score Report Contents

- **Your PSR contains the following information:**
  - Your **performance rate in 2014** on each PY 2016 clinical measure
  - An explanation of how this rate is translated into **your score on both achievement and improvement** for each clinical measure
  - A record of attestations and data your facility recorded for the three reporting measures
  - An explanation of how **your measure scores** are weighted and translated into your TPS
  - Information regarding if and/or how Medicare payments to your facility will be affected as a result of your TPS
- **Detailed information about how the performance rates were calculated is available in the *Guide to the PY 2016 Performance Score Report*, which will be available on [QualityNet.org](http://QualityNet.org)**

# Preview Performance Score Report

Your facility's performance scores will be detailed in the Preview PSR using tables and explanatory text



# Score Summary and Payment Reduction Percentage

**Table 1. Performance Score Overview**

PROJECTED* PAYMENT REDUCTION PERCENTAGE:	NO REDUCTION	
Performance Measures and Definitions	Measure Score	Measure Weight
<b>Clinical Measures</b>		<b>Total of 75%</b>
<b>Hemoglobin &gt; 12g/dL</b> Percent of patients with mean hemoglobin greater than 12 g/dL	10	16.07%
<b>Kt/V Dialysis Adequacy measure topic</b> Three measures for separate populations	8	16.07%
Percentage of adult hemodialysis patient-months with <u>spKt/V</u> greater than or equal to 1.2	8	
Percentage of adult peritoneal dialysis patient-months with <u>Kt/V</u> greater than or equal to 1.7	N/A	
Percentage of pediatric in-center hemodialysis patient-months with <u>spKt/V</u> greater than or equal to 1.2	N/A	
<b>Vascular Access Type (VAT) measure topic</b> Two measures for different access types	10	16.07%
Percent of hemodialysis patient-months using arteriovenous (AV) fistula with two needles during last treatment of the month	10	
Percent of hemodialysis patient-months with catheter in use for 90 days or longer prior to last hemodialysis session	10	
<b>NHSN Bloodstream Infection in Hemodialysis Outpatients</b> Standardized number of qualifying hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months	8	16.07%
<b>Hypercalcemia</b> Proportion of qualifying patient-months with three-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL	7	10.71%
<b>Reporting Measures</b>		<b>Total of 25%</b>
<b>Anemia Management Reporting</b> Number of months for which facility reports hemoglobin/hematocrit values and ESA dosage, if applicable, on Medicare claims	10	8.33%
<b>Patient Experience of Care Survey Attestation</b> Successful administration of In-Center Hemodialysis Consumer Assessment of Health Providers and Systems (ICH CAHPS) survey and delivery of results	10	8.33%
<b>Mineral Metabolism Reporting</b> Number of months for which facility reports serum phosphorus levels for each Medicare patient to <u>CROWNWeb</u>	6	8.33%
<b>Total Performance Score<sup>†</sup></b>	<b>87</b>	

# Preview Period Details

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Tamyra Garcia

# Accessing the ESRD QIP System

- CMS will release ESRD QIP 1.0.0 prior to the start of the Preview Period
- From [www.qualitynet.org](http://www.qualitynet.org), select “Log in to QualityNet Secure Portal”



- Approved users will access the site with their ESRD QIP QualityNet Identity Management System (QIMS) ID and password, along with two-factor authentication, to access the Preview PSR

# Clarification Questions

- Purpose: Ensure that facilities completely understand how their measure scores were calculated
- Only the Facility Point of Contact (POC) may submit clarification questions on the facility's behalf
  - Note: A facility can have only one POC, but a user may be the POC for multiple facilities
- Facilities are not limited in the number of clarification questions they may pose

# Systemic Clarification Questions

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- Purpose: Indicate that a systemic error occurred in the way that measure scores were calculated that may impact multiple facilities
- Only Facility POCs may submit systemic clarification questions
- Facilities are not limited in the number of systemic clarification questions they may pose

# Formal Inquiry

- **Purpose: Provide CMS with an explanation of why the facility believes an error in calculation has occurred**
  - This typically occurs after submitting a clarification question and/or requesting a patient list
- **Each facility may submit only ONE formal inquiry at [QualityNet.org](http://QualityNet.org)**
- **Formal inquiries must be submitted before 5:00 p.m. (EDT) on August 17, 2015**
- Only the Facility POC may submit the formal inquiry on behalf of the facility
- The Facility POC must indicate approval of the Facility Manager when submitting the formal inquiry
- Once a formal inquiry has been submitted, the facility cannot recall it

# QualityNet.org System Assistance

- Review the *QIMS Quick Start Guide* and *QIMS User Manual* available on the ESRD Facilities page of [www.qualitynet.org](http://www.qualitynet.org)
- QualityNet Help Desk options:
  - Phone: (866) 288-8912  
7:00 a.m. – 7:00 p.m. (CDT), Monday – Friday
  - Email: [qnetsupport-esrd@hcqis.org](mailto:qnetsupport-esrd@hcqis.org)
  - Mail:  
QualityNet Help Desk  
1401 50th Street, Suite 200  
West Des Moines, IA 50266

# ESRD QIP 1.0.0 Walk-Through

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Bill Lakenan

# Visit QualityNet to Access Secure Portal

- Use a browser to access <https://www.qualitynet.org/>
- Click on the Login link to access the QualityNet Secure Portal

The screenshot displays the QualityNet website interface. At the top left is the QualityNet logo. To its right, the text reads "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button. A search bar is located on the right side of the header. Below the header is a navigation menu with tabs for "Home", "My QualityNet", and "Help". Underneath this are several category links: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area features a yellow warning box stating: "Secure Portal may be intermittently unavailable June 18-20". The text below the warning explains that the portal will be unavailable from 12 p.m. EDT on Thursday, June 18, through 12 p.m. EDT on Saturday, June 20, for system upgrades. A "Login" link is circled in red within this section.

To the left of the warning box is a "QualityNet Registration" section with a list of links: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "ASCs", "Cancer Hospitals", "ESRD Facilities", and "Inpatient Psychiatric Facilities".

To the right of the warning box is a "Log in to QualityNet Secure Portal" section with a "Login" link (circled in red) and two bullet points: "Download Symantec ID (required for login)" and "Portal Resources".

At the bottom of the page, there is a "QualityNet News" section with a "More News >" link and a headline: "Hospital VBP and Hospital IOR Program MSPB Measure HSR Review and Corrections".

# Log into QualityNet Secure Portal

- Click End Stage Renal Disease Quality Incentive Program:



The screenshot shows the CMS.gov QualityNet portal. At the top left, the CMS.gov logo is displayed with the text "Centers for Medicare & Medicaid Services" below it. To the right of the logo is the "QualityNet" logo. The main content area is titled "Choose Your QualityNet Destination" and includes the instruction: "Please select your primary quality program to reach the right log in screen for your QualityNet portal." Below this, there is a section for "Secure File Transfer" and a prompt: "Select your primary quality program:". A red rectangular box highlights the option "End-Stage Renal Disease Quality Incentive Program". Other options listed include "Ambulatory Surgical Center Quality Reporting Program", "PPS-Exempt Cancer Hospital Quality Reporting Program", "Inpatient Hospital Quality Reporting Program", "Inpatient Psychiatric Quality Reporting Program", "Outpatient Hospital Quality Reporting Program", "Physicians Quality Reporting System / eRx", and "Quality Improvement Organizations". At the bottom of the selection area is a "CANCEL" button.

For log in assistance, see QIMS documentation on <https://www.qualitynet.org/>

## QIMS Registration (for CROWNWeb)

- Register for a QIMS account
- Manage QIMS account
- QIMS User Manual, PDF
- QIMS Quick Start Guide, PDF

# Log into QSP/QIMS

## QIMS Login Page



### QIMS Login

User Name:

Password:

[Forgot Password](#)

[Register for a QIMS Account](#)

\*\*\*\*\*SECTION 504 REHABILITATION ACT OF 1973\*\*\*\*\*

For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

\*\*\*\*\*UNAUTHORIZED ACCESS\*\*\*\*\*WARNING\*\*\*\*\*

Unauthorized access to this United States Government Computer System and software is prohibited by Title 18 United States Code, Section 1030, fraud and related activity with computers.

\*\*\*\*\*COMPUTER USAGE\*\*\*\*\*WARNING\*\*\*\*\*

The Standards of Ethical Conduct for the Employees of the Executive Branch (5 CFR 2635.704) do not permit the use of government property, including computers for other than authorized purposes.

\*\*\*\*\*SENSITIVE INFORMATION\*\*\*\*\*REMINDER\*\*\*\*\*

Do not file sensitive information (e.g. information concerning an individual) in electronics files in a way that allows unauthorized persons to access the information.

\*\*\*\*\*RETENTION OF RECORDS\*\*\*\*\*REMINDER\*\*\*\*\*

Documents that you create electronically, including electronic mail, may be governed by the Federal Records Act (Title 44 United States Code 3314) just as hard-copy records can be. Do not destroy electronic records that are subject to the Act except pursuant to an approved records disposition schedule.

\*\*\*\*\*PRIVACY\*\*\*\*\*WARNING\*\*\*\*\*

You have accessed a U.S. Government information system. There is no right of privacy on this system. All data contained within this system is owned by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services. For the purpose of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulation, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner. Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspection or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system. Unauthorized access is prohibited by Title 18 of the United States Code, Section 1030. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action. System personnel may give any potential evidence of crime found on Department computer systems to law enforcement officials. System users are required to adhere to all applicable statutes, regulations, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, "CMS Information Security Policies, Standards and Procedures".

[QualityNet Help Desk](#) | [Accessibility Statement](#) | [Privacy Policy](#) | [Terms of Use](#)

# Log into QSP/QIMS

- Click **I Accept** for privacy disclaimer

\*\*\*\*WARNING\*\*WARNING\*\*WARNING\*\*\*\*

You have accessed a U.S. Government information system. There is no right of privacy on this system.

All data contained within this system is owned by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services. For the purpose of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner.

Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system.

Unauthorized access is prohibited by Title 18 of the United States Code, Section 1030. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action. System personnel may give any potential evidence of crime found on Department computer systems to law enforcement officials.

System users are required to adhere to all applicable statutes, regulations, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, "CMS Information Security Policies, Standards and Procedures."

\*\*\*\*WARNING\*\*WARNING\*\*WARNING\*\*\*\*

I Accept

I Deny

# Download a PSR

## 1. Click **My Reports** drop-down

The screenshot shows the CMS.gov QualityNet interface. The top navigation bar includes links for Home, Quality Programs, My Data, My Scores, My Reports, My Tools, and Help. The 'My Reports' link is highlighted with a red box. Below the navigation bar, the breadcrumb 'My Reports > Run Reports' is visible. The main content area has tabs for Start, Run Report(s), Search Report(s), and Favorites. The 'Start Reports' section contains a text box explaining the reporting portlet. The 'I'd Like To...' section lists three options: Run Report(s), Search Report(s), and View Favorite Reports. The 'Run Report(s)' option is highlighted with a red box.

## 2. Click **Run Reports**

The screenshot shows the 'My Reports' drop-down menu. The menu items are Run Reports, Search Reports, and Analytics Report. The 'Run Reports' option is highlighted with a red box.

# Download a PSR

1. Select Report Program
2. Select Report Category
3. Click View Reports

**Report Program**  
ESRD QIP

**Report Category**  
Scores/PSR and PSC

**VIEW REPORTS**

4. Click Report Name

Search Report

REPORT NAME	REPORT DESCRIPTION
Patient List Report - Final	The Patient List Report lists all patients w associated with these patients. The repor the facility and separates those for which performance period calculations.
Patient List Report - Preview	The Patient List Report lists all patients w associated with these patients. The repor the facility and separates those for which performance period calculations.
Performance Score Report - Preview	The Performance Score Report (PSR) ind scores for each clinical measure, earned j rates or ratios for clinical measures, perfc payment reduction percentage, and text.

# Download a PSR

- Choose Report Parameters

Start **Run Report(s)** Search Report(s) Favorites

✔ Select Program, Category and Report **Report Parameters** Confirmation

### Report Parameters

Select the parameters that define the report you will run, then click RUN REPORT.

\* Indicates required fields.

\* Facility:  
012505 - PCD MONTGOMERY

\* Payment Year:  
2016

\* Report Format:  
PDF

**Required Parameters:**

- Dialysis Organization
- Network
- State
- Facility Name
- Payment Year
- Report Format

- Click Run Report

CANCEL RESET **RUN REPORT**

# Download a PSR

- View report **Confirmation**
- Click **Search Reports**

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

### Report Submitted

Thank you. Your report request has been submitted for processing.  
Processing time may vary due to the number of current requested reports.  
To run the same report with different parameters, click RUN SAME REPORT.  
To run a new report, click RUN NEW REPORT.  
To search and view submitted reports, click SEARCH REPORTS.  
To make this report a Favorite, click SEARCH REPORTS.  
To manage your Favorites, click the Favorites tab.

CANCEL RUN SAME REPORT RUN NEW REPORT SEARCH REPORTS

# Download a PSR

On the Search Reports screen

- Click the **Download Icon** 



The screenshot shows the 'Search Reports' interface. At the top, there are tabs for 'Start', 'Run Report(s)', 'Search Report(s)', and 'Favorites'. Below the tabs, there is a search area with fields for 'Search Report Name', 'Requested Date' (with a calendar icon), and 'Show Reports' (with a dropdown menu). There are also buttons for 'RESET', 'SEARCH', and 'REFRESH REPORT STATUS'. Below the search area is a table with the following columns: 'STATUS', 'DATE REQUESTED', 'REPORT NAME', 'LAST DOWNLOADED', 'SIZE (MB)', and 'ACTION'. The table contains one row with a green checkmark in the 'STATUS' column, '06/18/2015 10:34:22' in the 'DATE REQUESTED' column, 'Performance Score Report - Preview' in the 'REPORT NAME' column, and '0.2947' in the 'SIZE (MB)' column. The 'ACTION' column for this row contains several icons, including a download icon (a green arrow pointing down) which is highlighted with a red box and a red arrow pointing to it from the right.

STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (MB)	ACTION
✓	06/18/2015 10:34:22	Performance Score Report - Preview		0.2947	

- Choose **Open** or **Save** the report



The screenshot shows a file download dialog box. The dialog box is yellow and contains the text: 'Do you want to open or save Performance Score Report - Preview.PDF from ts3cportal.qualitynet.org?'. There are three buttons: 'Open', 'Save', and 'Cancel'. The 'Open' and 'Save' buttons are highlighted with a red box and a red arrow pointing to them from the left. The background shows the CMS.gov logo and the text 'QualityNet'.

# Submit an Inquiry

## For the Facility Point of Contact:

- Click the **Quality Programs** drop-down
- Choose **End Stage Renal Disease Quality Incentive Program**



- Click **Analysis** to display the **Inquiry Dashboard**

## Quality Reporting System: My Tasks



# Submit an Inquiry

On the Inquiry Dashboard, click **Create Formal Inquiry**

## Inquiry Dashboard

### Countdown

**59** Days Remaining for Formal Inquiries      **59** Days Remaining for Clarifications      **59** Days Remaining in the Preview Period

Preview Period Start: **May 15, 2015 12:00 AM EDT**

Preview Period End: **August 15, 2015 05:00 PM EDT**

### Filters

Facility CCN

Facility Name

Dialysis Org

Date Range (Inquiry Submitted)

From:

To:

Inquiry Status

Inquiry ID

Inquiry Subject

Apply Filters

Reset all Filters

Create Formal Inquiry

Search:

### Formal Inquiries

ID	Facility	CCN	Subject	Date	Status
212038121	TUCKER DIALYSIS	112816	Smoke test subject	06/11/2015	Open

Show  entries      Showing 1 to 1 of 1 entries      Previous  Next

Create Clarification Question

Search:

### Clarification Questions

ID	Facility	CCN	Subject	Date	Status	Inquiry Type
7204801355	TUCKER DIALYSIS	112816	Test	06/17/2015	Open	Systemic Clarification Question

# Submit a Formal Inquiry

- Click **Create Formal Inquiry**
- Choose Facility
- Click box for manager approval
- Enter Subject
- Enter text of inquiry

### Formal Inquiry

\* Facility:  
022503 - FMC WASILLA

\* My Facility Manager has approved this Formal Inquiry

\* Subject:  
0 / 140

\* Formal Inquiry:  
0 / 4000

Attachments

Add Attachment

Submit Save as Draft Cancel

# Submit a Formal Inquiry

- Click **Add Attachment** (optional)
- Click **Submit**

### Formal Inquiry

\* Facility:  
022503 - FMC WASILLA

\* My Facility Manager has approved this Formal Inquiry

\* Subject:  
Formal Inquiry  
14 / 140 

\* Formal Inquiry:  
We would like to understand how the following.....  
51 / 4000 

Attachments

**Add Attachment**

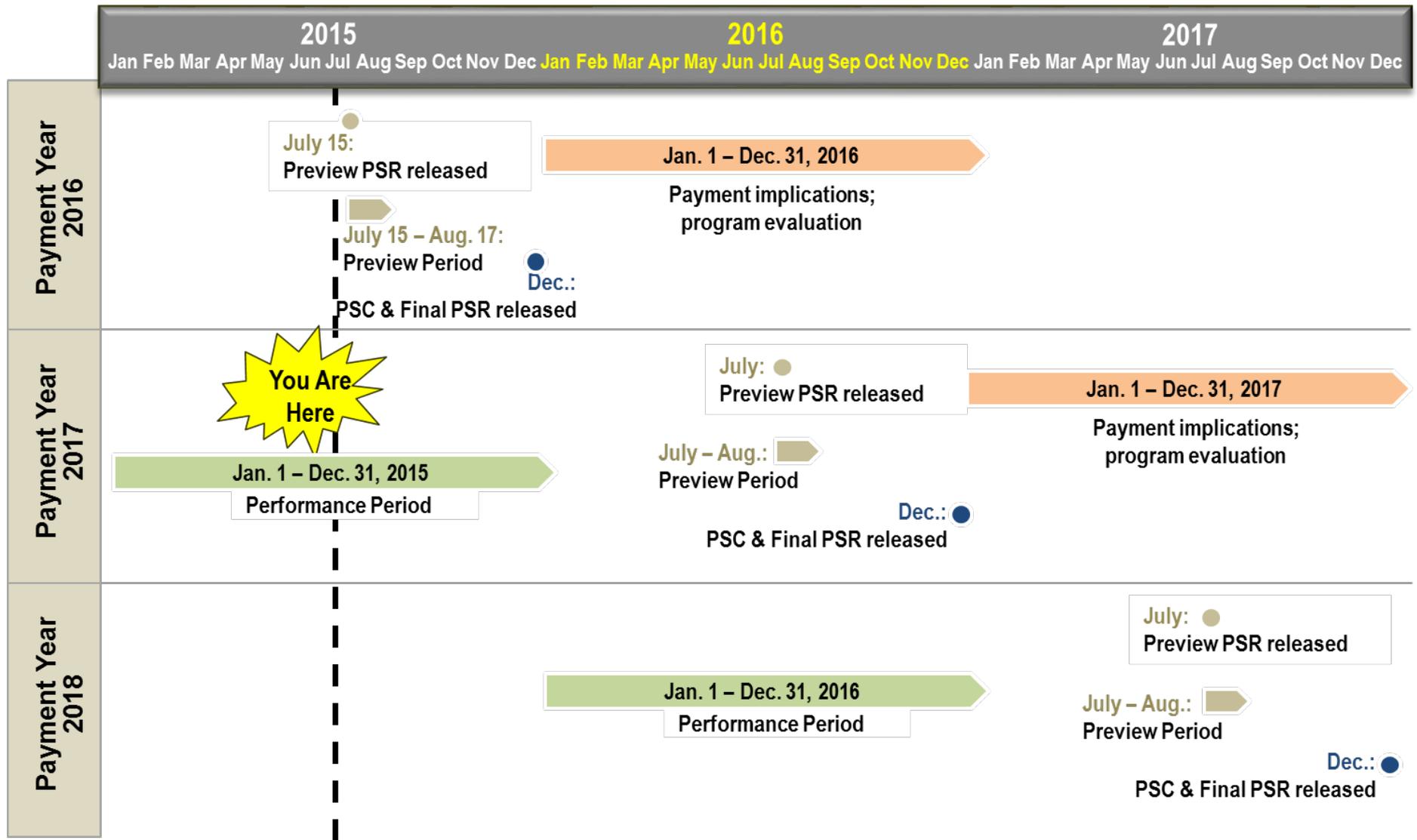
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# Follow-Up Activities and Responsibilities

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Tamyra Garcia

# ESRD QIP Critical Dates and Milestones



# Activities Following the Preview Period

- **CMS will review any outstanding inquiries, then finalize facility TPS and payment reduction percentages**
  - Once scores are finalized, a final PSR will be posted for download on the ESRD QIP system that will outline your facility's information
  - Once issued as final, a PSR cannot be changed
- **In December 2015, each facility's Performance Score Certificate (PSC) will be posted for download on the ESRD QIP system**
- **By the end of January 2016, performance score data will be made available to the public on <http://www.medicare.gov/Dialysis>**
- **Payment reductions (if applicable) are applied to dialysis services beginning January 1, 2016, and will remain in place for the duration of the year**

# Performance Score Certificate

- **It is your facility's responsibility to print your PSCs in mid-December**
  - The certificate must be posted within 15 business days of their availability via the ESRD QIP system and remain posted throughout the year
  - The certificate must be **prominently displayed in a patient area**
  - **English and Spanish** versions must be posted
- **The certificate contains:**
  - Your TPS and score on each measure
    - ❖ It does not contain detailed information about how the scores were calculated
  - National average scores for comparison
- **Your patients may have questions about the certificate**
  - CMS recommends that you educate your staff on the performance scores so that they can answer patient questions

# Sample Performance Score Certificate

## (English version)

U.S. DEPARTMENT of HEALTH & HUMAN SERVICES  
CENTERS for MEDICARE & MEDICAID SERVICES

**End-Stage Renal Disease Quality Incentive Program**  
2016 Certificate of Dialysis Facility Performance – Part 1

 Facility CMS Certification Number: 999999

\*\* To obtain scores and rates, CMS compares data from 2012 and 2013 to data from 2014. \*\*

A Sample Facility, City, State

**TOTAL PERFORMANCE SCORE: 87 out of 100**  
National Average: 73 out of 100

Clinical Measures of Quality	Facility Percent in 2014	National Median in 2012	Facility Percent in 2013	Facility Score
<b>Hemoglobin &gt; 12g/dL</b> <i>(Shows how well a facility keeps red blood cell counts at an acceptable level – lower score desirable)</i>	0%	0%	0%	<b>10 of 10</b>
<b>KtV Dialysis Adequacy – Hemodialysis</b> <i>(Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)</i>	96%	93.4%	93%	<b>8 of 10</b>
<b>KtV Dialysis Adequacy – Peritoneal Dialysis</b> <i>(Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)</i>	N/A	85.7%	N/A	<b>N/A</b>
<b>KtV Dialysis Adequacy – Pediatric Hemodialysis</b> <i>(Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)</i>	N/A	93%	N/A	<b>N/A</b>
<b>Vascular Access Type – Fistula</b> <i>(Compares access to a patient's bloodstream via fistula – higher score desirable)</i>	88%	62.3%	86%	<b>10 of 10</b>
<b>Vascular Access Type – Catheter</b> <i>(Compares access to a patient's bloodstream via catheter – lower score desirable)</i>	1%	10.6%	2%	<b>10 of 10</b>
<b>NHSN Bloodstream Infection in Hemodialysis Outpatients</b> <i>(Shows how well a facility prevented patient infections during treatment – lower score desirable)</i>	0.296	0.861	N/A	<b>8 of 10</b>
<b>Hypercalcemia</b> <i>(Shows how well a facility managed patient metabolism of calcium – lower score desirable)</i>	4%	1.7%	14%	<b>7 of 10</b>

Quality Reporting Measures	Facility Performance in 2014	Facility Score
Did the facility report anemia management information?	Yes	10 of 10
Did the facility report patient phosphorus levels?	Yes	6 of 10
Was the patient experience of care survey administered and delivered?	Yes	10 of 10

A Sample Facility  
Street Address  
City, State ZIP

\_\_\_\_\_  
Facility Medical Director

\_\_\_\_\_  
/s/ Patrick Conway  
CMS Chief Medical Officer  
Deputy Administrator for Innovation and Quality

U.S. DEPARTMENT of HEALTH & HUMAN SERVICES  
CENTERS for MEDICARE & MEDICAID SERVICES

**End-Stage Renal Disease Quality Incentive Program**  
2016 Certificate of Dialysis Facility Performance – Part 2

 Facility CMS Certification Number: XXXXXX

**What is the purpose of the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)?**

The ESRD QIP links a dialysis facility's payment to performance on measures of its quality of care. When a facility doesn't meet established ESRD QIP performance standards, CMS will lower that facility's payments by up to two percent for an entire year.

**How are facilities scored?**

The Total Performance Score is a single number that tells how a facility performed overall. The highest possible Total Performance Score is 100 points.

Each facility earns points for its clinical performance in 2014 based on two factors:

- How close its rate in 2014 (Facility Percent) comes to the national rate in 2012 (National Median)
- Its improvement relative to previous performance in 2013

Even if a facility's performance rate on a clinical measure of quality does not meet the National Median, a facility can still receive a high score if its performance rate from this year is considerably better than its previous performance rate. For example, two facilities with similar performance rates on a measure might receive different scores based on differences in their prior performance. Therefore, *Total Performance Scores should not be used to compare different facilities.* Please see the Dialysis Facility Compare website for more information about comparing facilities in your area.

Quality reporting points are earned if the facility reported required information. Points are earned for reporting anemia information, reporting infection information to the Centers for Disease Control and Prevention, confirming that patient surveys were administered, and reporting calcium and phosphorus levels of patients.

**Note:** Individual measure scores might not add up to the Total Performance Score. Measures are assigned different levels of importance that determine their contribution to the Total Performance Score.

**NOTE:** Dialysis facilities are required to post both parts of this Certificate prominently in a patient area.

**How are facilities scored? (continued)**

Some facilities may not have enough data to calculate a specific measure score or Total Performance Score, or some measures will not apply to every facility. This does not reflect the quality of care provided in those facilities.

Low-volume facilities treating between 11 and 25 eligible cases may be eligible for an adjustment to their scores.

**Which facilities will receive an ESRD QIP Certificate?**

Only facilities that were active during calendar year 2014 will receive a Total Performance Score and a Performance Score Certificate (PSC) in December 2015.

Facilities that began to care for Medicare patients after June 30, 2014, won't receive a Total Performance Score.

**How can I get more information?**

To learn more about the ESRD QIP and other CMS quality initiatives, please do one of the following:

- Visit the ESRD Network Coordinating Center (NCC) website at: <http://www.esrdncc.org/>
- Visit the Dialysis Facility Compare website at: <http://www.medicare.gov/DialysisFacilityCompare>
- Visit the ESRD QIP section of the CMS gov website at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html>

This Certificate expires December 31, 2016.

# Recap: Facility Responsibilities

- Establish your QIMS account to access [QualityNet.org](https://QualityNet.org) and ESRD QIP 1.0.0
- Facilities and Networks can access their Preview PSRs beginning July 15
  - Recommendation: Submit clarification questions by August 1 to receive a prompt response and to have enough time to submit a formal inquiry if necessary
- If you believe there is an error in your score, submit a single formal inquiry
  - If you are contacted for follow-up information, respond in a timely manner so that your inquiry can be given due consideration
- Preview Period ends August 17 at 5:00 p.m. (EDT)
- Download, print, and post your English and Spanish PSCs within 15 business days of their availability via the ESRD QIP system
- Educate your staff about the ESRD QIP so they can answer patient questions about the publicly posted certificate

# Key ESRD QIP Dates to Remember

- **PY 2015 payment reductions applied** (January 1 – December 31, 2015)
- **PY 2016 Preview Period** (July 15 – August 17, 2015)
- **PY 2017 Performance Period** (January 1 – December 31, 2015)
- **PY 2019 Rulemaking**
  - Proposed rule published (displayed June 26, 2015)
  - 60-day comment period (ends August 25, 2015)
  - Final rule published (November 2015)
- **PY 2016 PSC** available for download mid-December 2015;  
post within 15 business days

**PY 2016 payment reductions are effective January 1, 2016**

# ESRD QIP Resources

- **ESRD QIP Section of CMS.gov:** [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html)
  - **Technical Specifications for ESRD QIP Measures:**  
[www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061\\_TechnicalSpecifications.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html)
- **ESRD National Coordinating Center (NCC):** [esrdncc.org](http://esrdncc.org)
- **Dialysis Facility Compare:** [www.medicare.gov/dialysisfacilitycompare](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](http://www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf)

# Question & Answer Session

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# Acronyms in this Presentation

Acronym	Definition
AVF	arteriovenous fistula
CDC	Centers for Disease Control and Prevention
CDT	Central Daylight Time
CM	Center for Medicare
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
EDT	Eastern Daylight Time
ESRD	End-Stage Renal Disease
FDA	Food and Drug Administration
HHS	Department of Health and Human Services
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems
MIPPA	Medicare Improvements for Patients and Providers Act of 2008

Acronym	Definition
NCC	National Coordinating Center
NHSN	National Healthcare Safety Network
NPC	National Provider Call
NPRM	Notice of Proposed Rulemaking
OGC	Office of General Counsel
POC	point of contact
PSC	Performance Score Certificate
PSR	Performance Score Report
PY	Payment Year
QIMS	QualityNet Identity Management System
QIP	Quality Incentive Program
TPS	Total Performance Score
VAT	Vascular Access Type

# A Message from the CMS Provider Communications Group

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Aryeh Langer

# Evaluate Your Experience

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- Please help us continue to improve the MLN Connects<sup>®</sup> 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.

# Thank You

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

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