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National Provider Call

End-Stage Renal Disease Quality Incentive Program

Payment Year 2017 and Payment Year 2018 Proposed Rule

July 23, 2014

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Presenters

- **Jim Poyer**, MS, MBA
  Director
  Division of Value, Incentives, and Quality Reporting
- **Anita Segar,** MBA, MSHCA, MA
  ESRD QIP Program Lead and Policy Lead
  Division of Value, Incentives, and Quality Reporting
- **Joel Andress**, PhD
  Measure Development Lead for ESRD
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- **Brenda Gentles**, RN, BS, MS
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  Division of ESRD Population and Community Health

Agenda

To provide an overview of the proposed rule for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Year (PY) 2017 and PY 2018

This National Provider Call (NPC) will discuss:

- ESRD QIP Legislative Framework
- Proposed Measures, Standards, Scoring, and Payment Reduction Scale for PY 2017 and PY 2018
- How to Review and Comment on the Proposed Rule
- Available Resources

Introduction

Presenter:

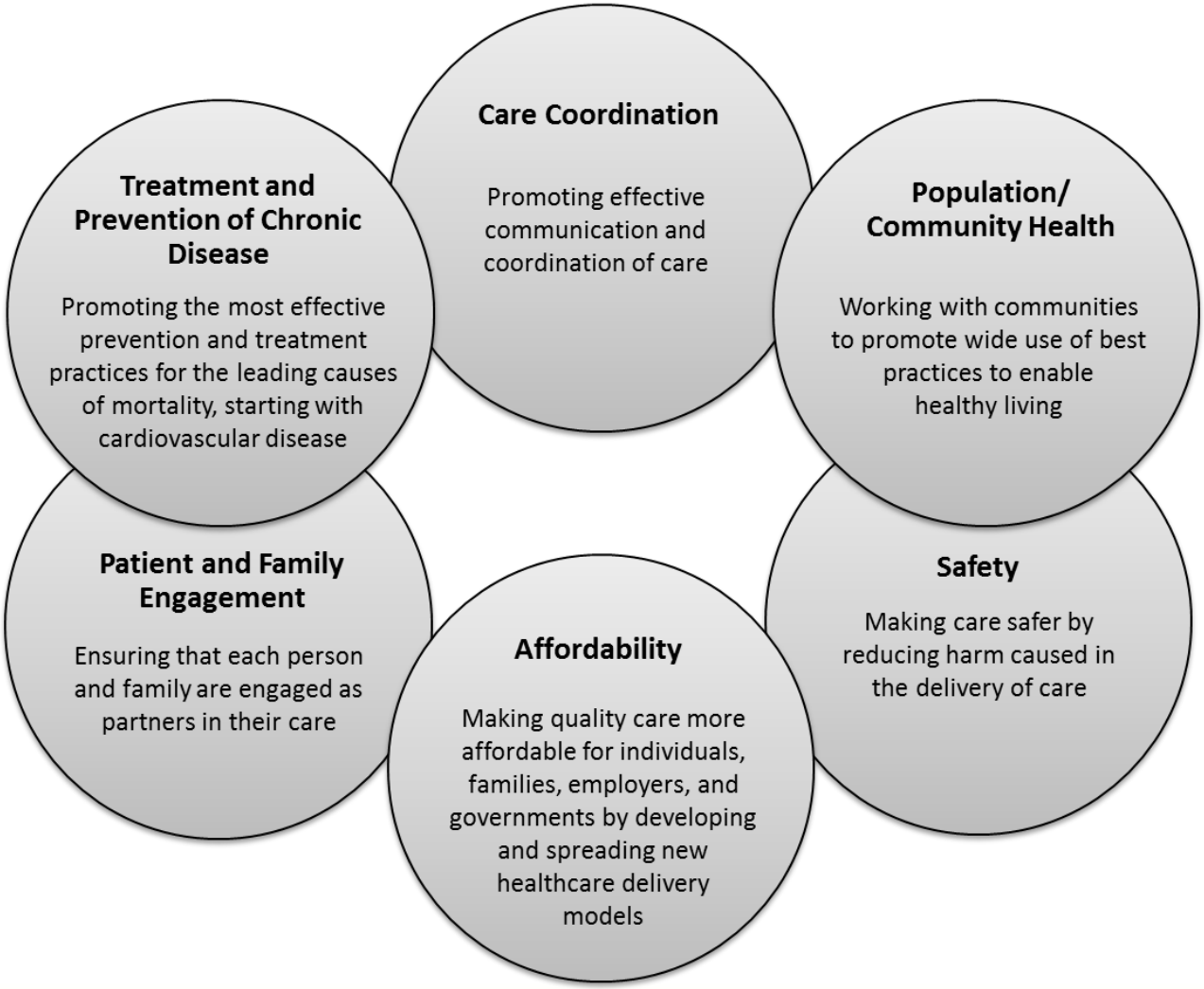
Jim Poyer

CMS Objectives for Value-Based Purchasing

- **Identify and require reporting** of evidence-based measures that promote the adoption of best practice clinical care
- **Advance transparency of performance** across all sites of care to drive improvement and facilitate patient decision-making around quality
- **Implement and continually refine payment models** that drive high standards of achievement and improvement in the quality of healthcare provided
- **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

Presenter:

Anita Segar

ESRD QIP Legislative Drivers

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

- **Program intent**: Promote patient health by 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 PY
- **Develop a methodology** for assessing total performance of each facility based on performance standards for measures during a performance period
- **Apply an appropriate payment percentage reduction** to facilities that do not meet or exceed established total performance scores
- **Publicly report results** through websites and facility posting of performance score certificates (PSC)

Program Policy: ESRD QIP Development from Legislation to Rulemaking

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

PY 2017 Proposed Clinical Measures and Scoring

Presenter:

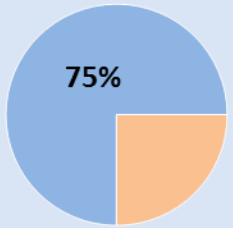
Joel Andress

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.

PY 2017 Proposed Measures: Overview

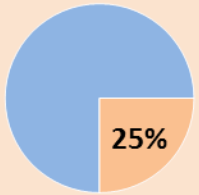
Clinical Measures – 75% of Total Performance Score (TPS)

1. Vascular Access Type Measure Topic – Arteriovenous Fistula
2. Vascular Access Type Measure Topic – Catheter ≥ 90 days
3. Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis
4. Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis
5. Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
6. Hypercalcemia
7. NHSN Bloodstream Infection
8. ★ Standardized Readmission Ratio



Reporting Measures – 25% of TPS

1. ICH CAHPS Patient Satisfaction Survey
2. Mineral Metabolism
3. Anemia Management



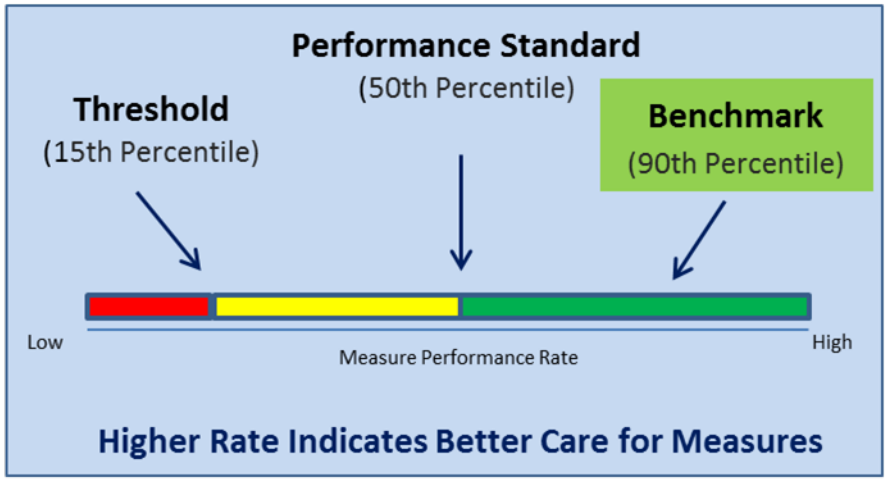
★ **Proposed new measure for PY 2017**

Clinical Measures in Relation to PY 2016

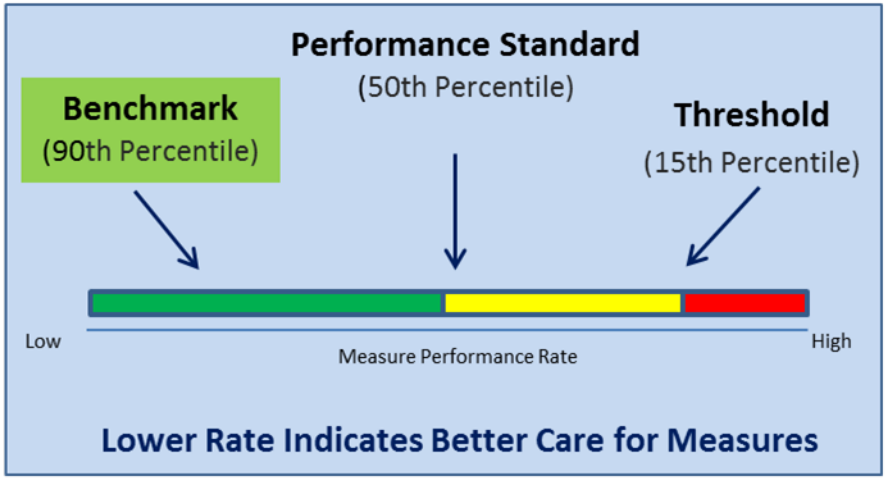
- Proposed Measures Unchanged from PY 2016 Final Rule
  - All three measures of Kt/V Dialysis Adequacy measure topic
  - Both measures of Vascular Access Type (VAT) measure topic
  - Hypercalcemia
- Proposed Removal of Hemoglobin > 12 g/dL as a "topped-out" measure
- Proposed New Standardized Readmission Ratio (SRR) measure: Risk-adjusted standardized hospital readmission ratio of the number of observed unplanned readmissions to the number of expected unplanned readmissions

Clinical Measures: Directionality

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



- VAT – Catheter
- NHSN Bloodstream Infection
- Hypercalcemia
- SRR



Clinical Measures: Key Scoring Terms

Term	Definition
Achievement Threshold	The 15th percentile of performance rates nationally during calendar year (CY) 2013
Benchmark	The 90th percentile of performance rates nationally during CY 2013
Improvement Threshold	The facility's performance rate during CY 2014
Performance Period	CY 2015
Performance Standard (clinical measures)	The 50th percentile of performance rates nationally during CY 2013
Performance Rate	The facility's raw score, based on specifications for each individual measure

Achievement and Improvement Scoring Methods

Achievement Score: Points awarded by comparing the facility's rate during the performance period (CY 2015) with the performance of **all facilities nationally** during the comparison period (**CY 2013**)

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

Improvement Score: Points awarded by comparing the facility's rate during the performance period (CY 2015) with **its previous performance** during the comparison period (**CY 2014**)

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

Clinical Measure Scoring Exception

National Healthcare Safety Network (NHSN) Bloodstream Infection

- Uses CY 2014 as the comparison period for achievement and improvement scoring alike
- Facilities with CMS Certification Number (CCN) open dates after January 1, 2015, are excluded

Estimated PY 2017 Achievement Thresholds, Benchmarks, and Performance Standards

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard
Vascular Access Type Measure Topic			
• Arteriovenous Fistula (AVF)	52.43%	78.64%	64.49%
• Catheter	18.36%	3.21%	9.90%
Kt/V Dialysis Adequacy Measure Topic			
• Adult Hemodialysis	86.97%	97.55%	93.65%
• Adult Peritoneal Dialysis	70.42%	95.74%	87.50%
• Pediatric Hemodialysis	79.55%	97.98%	92.48%
Hypercalcemia	4.78%	0%	1.32%
NHSN Bloodstream Infection*	15th percentile	90th percentile	50th percentile
Standardized Readmission Ratio	1.242	0.658	0.996

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

PY 2017 Proposed Reporting Measures and Scoring

Presenter:

Anita Segar

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.

Reporting Measures in Relation to PY 2016

- **Proposed Modification for All Reporting Measures:** Remove attestation option regarding ineligibility due to number of patients treated

- **Proposed Eligibility Modification for In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey**
  - At least 30 patients treated during the year prior to the performance period; and
  - Obtain at least 30 completed surveys during the performance period

Reporting Measure Scoring

- Mineral Metabolism and Anemia Management
  - Formula for calculating the score:

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

- ICH CAHPS Survey
  - 10 points for satisfying performance requirements

PY 2017 Proposed Methods for Calculating the TPS and Determining Payment Reductions

Presenter:

Anita Segar

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.

Calculating the Facility Total Performance Score

Methodology similar to that used in PY 2016

- **Weighting of Clinical Measures**:
  - Each clinical measure or measure topic for which a facility receives a score is equally weighted to comprise 75% of the TPS
  - Exception: Hypercalcemia has two-thirds of the weight of the remaining clinical measures
- **Weighting of Reporting Measures**:
  - Each reporting measure for which a facility receives a score is equally weighted to comprise 25% of the TPS
- **Facilities will receive a TPS as long as they receive a score for at least one clinical measure *and* one reporting measure**
- **Facilities can obtain a TPS of up to 100 points**

Calculating the Minimum TPS

The minimum TPS will be calculated by scoring:

- Each clinical measure at either
  - The national performance standard for 2013 or
  - Zero for each measure that does not have an associated numerical value for the performance standard published before the beginning of the PY 2017 performance period (January 1, 2015); and
- Each reporting measure at 10 points (the 50th percentile of facility performance on the PY 2015 reporting measures)

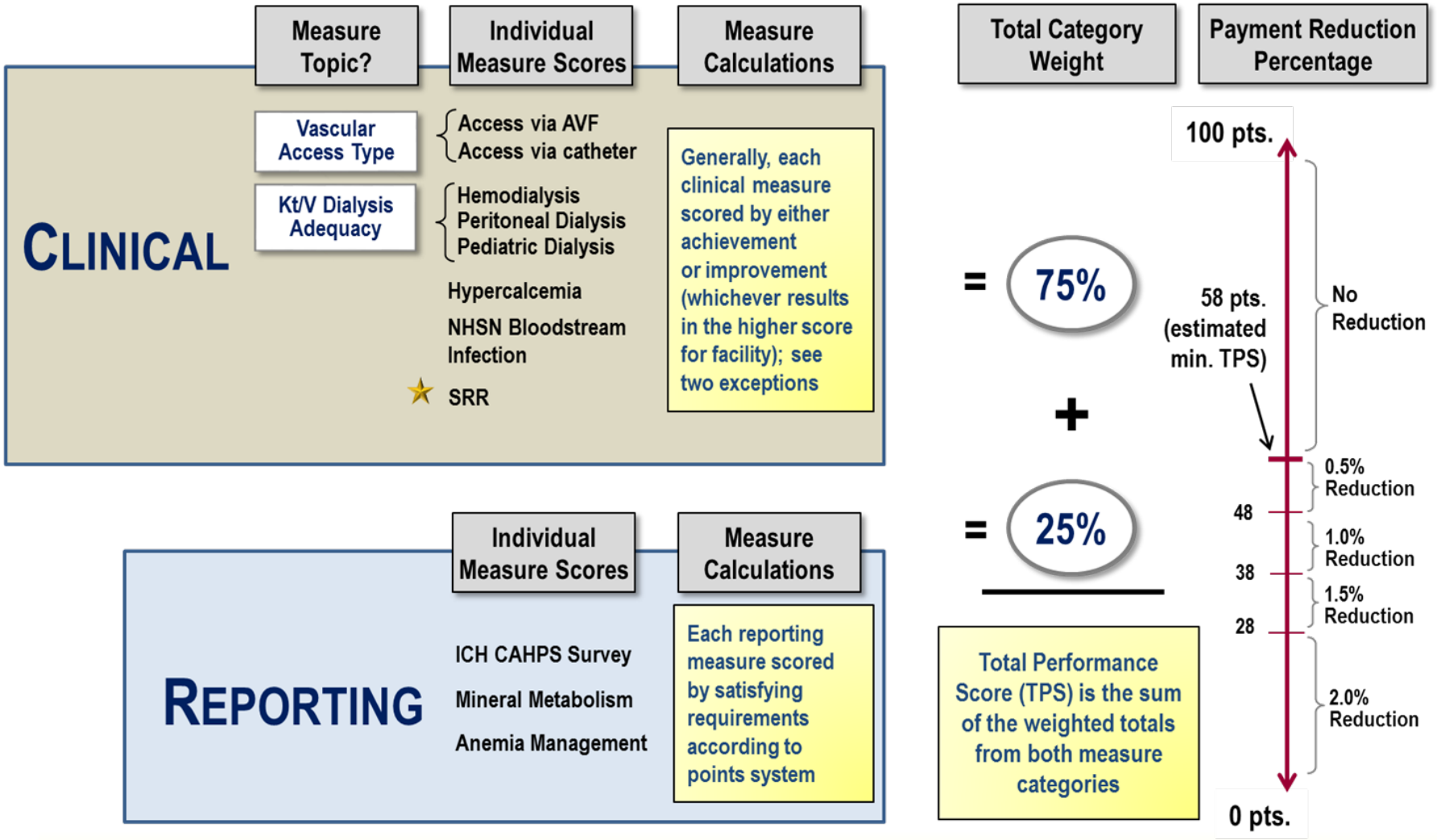
The *estimated* minimum TPS for PY 2017 is 58 points

The finalized minimum TPS will be published in the CY 2015 ESRD PPS final rule in November

Proposed Payment Reduction Scale

Facility Total Performance Score	Payment Reduction
100 – 58 points	0%
57 – 48 points	0.5%
47 – 38 points	1.0%
37 – 28 points	1.5%
27 – 0 points	2.0%

Proposed PY 2017 Scoring and Payment Reduction Methodology



PY 2018 Proposed Clinical Measures and Scoring

Presenter:

Joel Andress

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.

PY 2018 Proposed Measures: Overview

★ Proposed new measure for PY 2018

Safety Subdomain – 20% of Clinical Measure Domain score

1. NHSN Bloodstream Infection

Patient and Family Engagement/Care Coordination Subdomain – 30% of Clinical Measure Domain score

★ 1. ICH CAHPS
2. Standardized Readmission Ratio

Clinical Care Subdomain – 50% of Clinical Measure Domain score

★ 1. Standardized Transfusion Ratio
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. Kt/V Dialysis Adequacy Measure Topic – Pediatric Peritoneal Dialysis
6. Vascular Access Type Measure Topic – AVF
7. Vascular Access Type Measure Topic – Catheter ≥ 90 days
8. Hypercalcemia

Reporting Measures

1. Mineral Metabolism
2. Anemia Management
★ 3. Pain Assessment and Follow-Up
★ 4. Clinical Depression Screening and Follow-Up
★ 5. NHSN Healthcare Personnel Influenza Vaccination

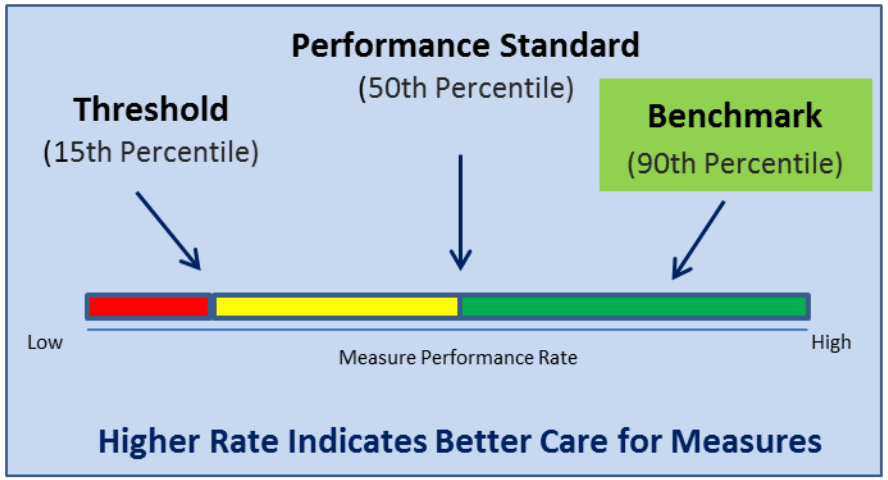
Clinical Measures in Relation to Proposed PY 2017

- **Proposed Measures Unchanged from PY 2017 Proposed Rule**
  - NHSN Bloodstream Infection
  - Three measures of Kt/V Dialysis Adequacy measure topic
  - Both measures of VAT measure topic
  - SRR
  - Hypercalcemia

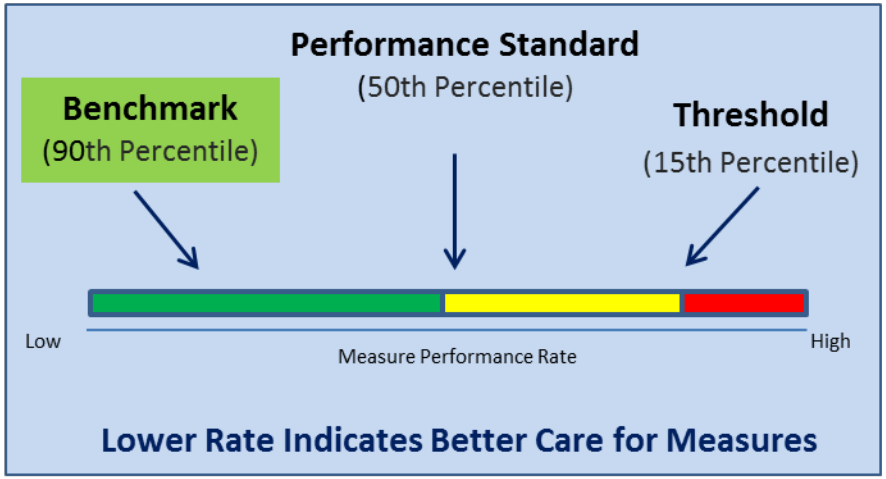
- **Proposed New Measures**
  - **ICH CAHPS Survey** (using the same survey administration and reporting requirements as the reporting measure proposed in PY 2017)**:** Percentage of patient responses to multiple testing tools
  - **Standardized Transfusion Ratio (STrR):** Ratio of the number of observed eligible red blood cell transfusion events occurring in patients dialyzing at a facility to the number of eligible transfusions that would be expected from a predictive model that accounts for patient characteristics within each facility
  - **Pediatric Peritoneal Dialysis** (part of the Kt/V Dialysis Adequacy measure topic)**:** Percent of pediatric peritoneal dialysis patient-months with Kt/V greater than or equal to 1.8 (dialytic + residual) during the performance period

Clinical Measures: Directionality

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



- VAT – Catheter
- NHSN Bloodstream Infection
- Hypercalcemia
- SRR
- STrR



Clinical Measures: Key Scoring Terms

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Performance Standard (clinical measures)	The 50th percentile of performance rates nationally during CY 2014
Performance Rate	The facility's raw score, based on specifications for each individual measure

Achievement and Improvement Scoring Methods

Achievement Score: Points awarded by comparing the facility's rate during the performance period (CY 2016) with the performance of **all facilities nationally** during the comparison period (**CY 2014**)

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

Improvement Score: Points awarded by comparing the facility's rate during the performance period (CY 2016) with **its previous performance** during the comparison period (**CY 2015**)

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

Clinical Measure Scoring Exception

ICH CAHPS Survey

- Uses CY 2015 as the comparison period for achievement and improvement scoring alike
- Scored on the basis of three composite measures and three global ratings
  - Composite measures:
    (1) Nephrologists' Communication and Caring;
    (2) Quality of Dialysis Center Care and Operations;
    (3) Providing Information to Patients
  - Global ratings:
    (1) Overall rating of the nephrologists;
    (2) Overall rating of the dialysis center staff;
    (3) Overall rating of the dialysis facility
- Each composite measure/global rating scored via achievement and improvement methods, with facilities receiving the better result
- Scores on the six components will be averaged to form the measure score

PY 2018 Proposed Reporting Measures and Scoring

Presenter:

Anita Segar

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.

Reporting Measures in Relation to Proposed PY 2017

- **Proposed Measure Unchanged from PY 2017 Proposed Rule**
  - Anemia Management
- **Proposed Measure Modified from PY 2017 Proposed Rule**
  - **Mineral Metabolism**: Facilities may report either serum phosphorus or plasma phosphorus to comply with this measure
- **Proposed New Measures**
  - **Pain Assessment and Follow-Up:** Report in CROWNWeb one of six conditions for each qualifying patient once before August 1, 2016, and once before February 1, 2017
  - **Clinical Depression Screening and Follow-Up:** Report in CROWNWeb one of six conditions for each qualifying patient once before February 1, 2017
  - **NHSN Healthcare Personnel (HCP) Influenza Vaccination:** Submit Healthcare Personnel Influenza Vaccination Summary Report to NHSN (according to the specifications of the Healthcare Personnel Safety Component Protocol) by May 15, 2016; performance period October 1, 2015 – March 31, 2016

Reporting Measure Scoring

- Mineral Metabolism and Anemia Management
  - Formula for calculating the score:

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

- Pain Assessment and Follow-Up, Clinical Depression Screening and Follow-Up, and NHSN Healthcare Personnel Influenza Vaccination
  - 10 points for satisfying performance requirements

PY 2018 Proposed Methods for Calculating the TPS and Determining Payment Reductions

Presenter:

Anita Segar

Note: The clinical and reporting measures, scoring methodologies, and TPS calculation details presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2017 and PY 2018 will not be adopted until a final rule is issued in November 2014.

A New Approach for Calculating the TPS

- Calculate clinical and reporting measures in independent "domains"
  - Clinical Measure Domain made up of three separate subdomains
- Use performance on reporting measures to calculate a Reporting Measure Adjuster (RMA) that adjusts the Clinical Measure Domain score
- Result is the facility's Total Performance Score

TPS = (Clinical Measure Domain Score) — (Reporting Measure Adjuster)

Calculating the Clinical Measure Domain Score (1 of 3)

Scoring Example: Facility A

Clinical Measure	Measure Score
NHSN Bloodstream Infection (BSI)	8
ICH CAHPS	9
SRR	9
STrR	10
Dialysis Adequacy measure topic	10
Vascular Access measure topic	9
Hypercalcemia	10

Reporting Measure	Measure Score
Mineral Metabolism	8
Anemia Management	8
Pain Assessment and Follow-Up	10
Clinical Depression Screening and Follow-Up	10
NHSN HCP	10

Safety Subdomain formula

(NHSN BSI) x 10

Patient and Family Engagement/ Care Coordination Subdomain formula

[(.666 x [ICH CAHPS]) + (.334 x [SRR])] x 10

Clinical Care Subdomain formula

[(.14 x [STrR]) + (.36 x [Dialysis Adequacy measure topic score]) + (.36 x [Vascular Access measure topic score]) + (.14 x [Hypercalcemia])] x 10

Calculating the Clinical Measure Domain Score (2 of 3)

Safety Subdomain formula

$$8 \times 10 = 80$$

Patient and Family Engagement/ Care Coordination Subdomain formula

$$\left(.666 \times 9 + .334 \times 9\right) \times 10 = 90$$

Clinical Care Subdomain formula

$$\left(.14 \times 10 + .36 \times 10 + .36 \times 9 + .14 \times 10\right) \times 10 = 96.4$$

Calculating the Clinical Measure Domain Score (3 of 3)

Clinical Measure Domain Score formula

(.2 x [Safety Subdomain score])
+
(.3 x [Patient and Family Engagement/ Care Coordination Subdomain score])
+
(.5 x [Clinical Care Subdomain score])

Scoring Example: Facility A

Subdomain	Subdomain Score
Safety	80
Patient and Family Engagement/Care Coordination	90
Clinical Care	96.4

Clinical Measure Domain Score example for Facility A

16 + 27 + 48.2 = 91.2

The Reporting Measure Adjuster

- Calculates difference between maximum reporting measure points and actual results
- The coefficient multiplier translates the reporting measure points into TPS points in a proportional manner
  - For PY 2018, the proposed coefficient of 5/6 references the value of a reporting-measure point in the PY 2016 TPS calculations
- Better reporting measure scores result in smaller RMA and smaller reduction to the Clinical Measure Domain Score
- Lower reporting measure scores result in larger RMA and larger reduction to Clinical Measure Domain Score

$$\text{RMA} = \left[\begin{array}{c}\text{(available Reporting Measure points)} — \\ \text{(Reporting Measure Domain score)}\end{array}\right] \times \text{(coefficient)}$$

PY 2018 proposed formula:

$$\text{RMA} = \left[\text{50 - (Reporting Measure Domain score)}\right] \times 5/6$$

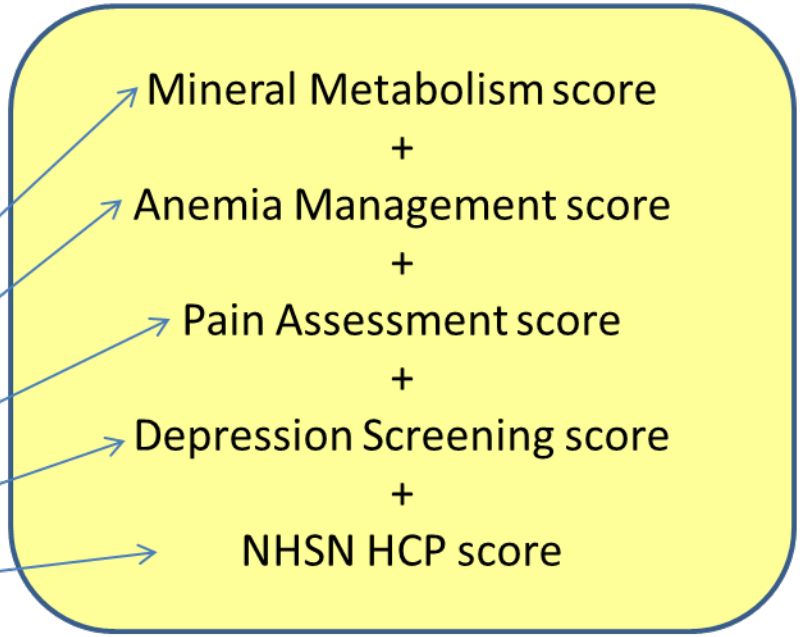
Calculating the Reporting Measure Domain Score

Scoring Example: Facility A

Clinical Measure	Measure Score
NHSN BSI	8
ICH CAHPS	9
SRR	9
STrR	10
Dialysis Adequacy measure topic	10
Vascular Access measure topic	9
Hypercalcemia	10

Reporting Measure	Measure Score
Mineral Metabolism	8
Anemia Management	8
Pain Assessment and Follow-Up	10
Clinical Depression Screening and Follow-Up	10
NHSN HCP	10

Reporting Measure Domain Score formula



Reporting Measure Domain Score example for Facility A

8 + 8 + 10 + 10 + 10 = **46**

Calculating the Reporting Measure Adjuster

Proposed Reporting Measure Adjuster formula:

$$\left[\begin{array}{c}\text{(available Reporting Measure points)} — \\ \text{(Reporting Measure Domain score)}\end{array}\right] \times \text{(coefficient)}$$

Proposed Reporting Measure Adjuster formula for PY 2018:

[50 – (Reporting Measure Domain score)] x (5/6)

Reporting Measure Adjuster example for Facility A

(50 – 46) x (5/6) = **3.3**

Calculating the Facility Total Performance Score

Proposed TPS formula

(Clinical Measure Domain Score) — (Reporting Measure Adjuster)

TPS example for Facility A

91.2 – 3.3 = 87.9,
rounded to **88**

Calculating the Minimum TPS

The minimum TPS will be calculated by scoring:

- Each clinical measure at either
  - The national performance standard for 2014 or
  - Zero for each measure that does not have an associated numerical value for the performance standard published before the beginning of the PY 2018 performance period (January 1, 2016); and
- Each reporting measure at the 50th percentile of facility performance on the PY 2016 reporting measures

Data for calculating the minimum TPS not yet available

The finalized minimum TPS will be published in the CY 2016 ESRD PPS final rule

Proposed Payment Reduction Scale

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

Proposed PY 2018 Scoring and Payment Reduction Methodology

CLINICAL

Subdomain	Measures
Safety	NHSN Bloodstream Infection
Patient and Family Engagement/ Care Coordination	★ ICH CAHPS Survey SRR
Clinical Care	★ STrR Kt/V Dialysis Adequacy Measure Topic: Hemodialysis, Peritoneal Dialysis, Pediatric Dialysis, ★ Pediatric Peritoneal Dialysis VAT Measure Topic: Access via AVF, Access via catheter Hypercalcemia

REPORTING

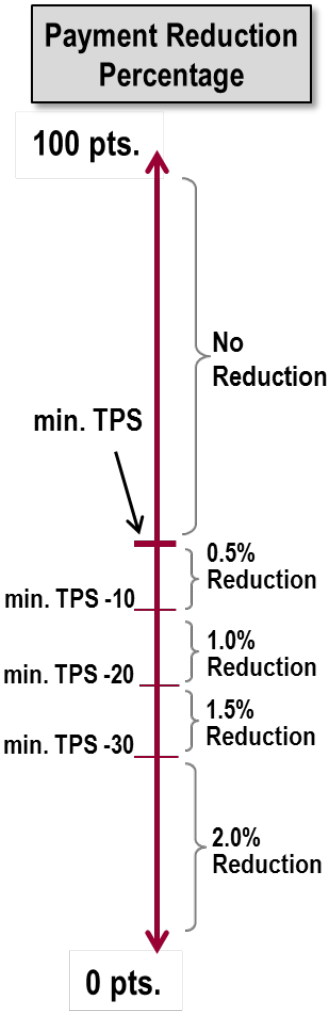
Measures
Mineral Metabolism
Anemia Management
★ Pain Assessment and Follow-Up
★ Clinical Depression Screening and Follow-Up
★ NHSN HCP

Reporting Measure Adjuster:
50 – (sum of reporting measures) x (5/6)

Clinical Measure Domain Score – sum of:
.2 x (Safety subdomain)
.3 x (Patient and Family Engagement/Care Coordination subdomain)
.5 x (Clinical Care subdomain)

★ **Proposed new measure for PY 2018**

Facility's Total Performance Score (TPS):
(Clinical Measure Domain Score) – (Reporting Measure Adjuster)



Also Included in the Proposed Rule . . .

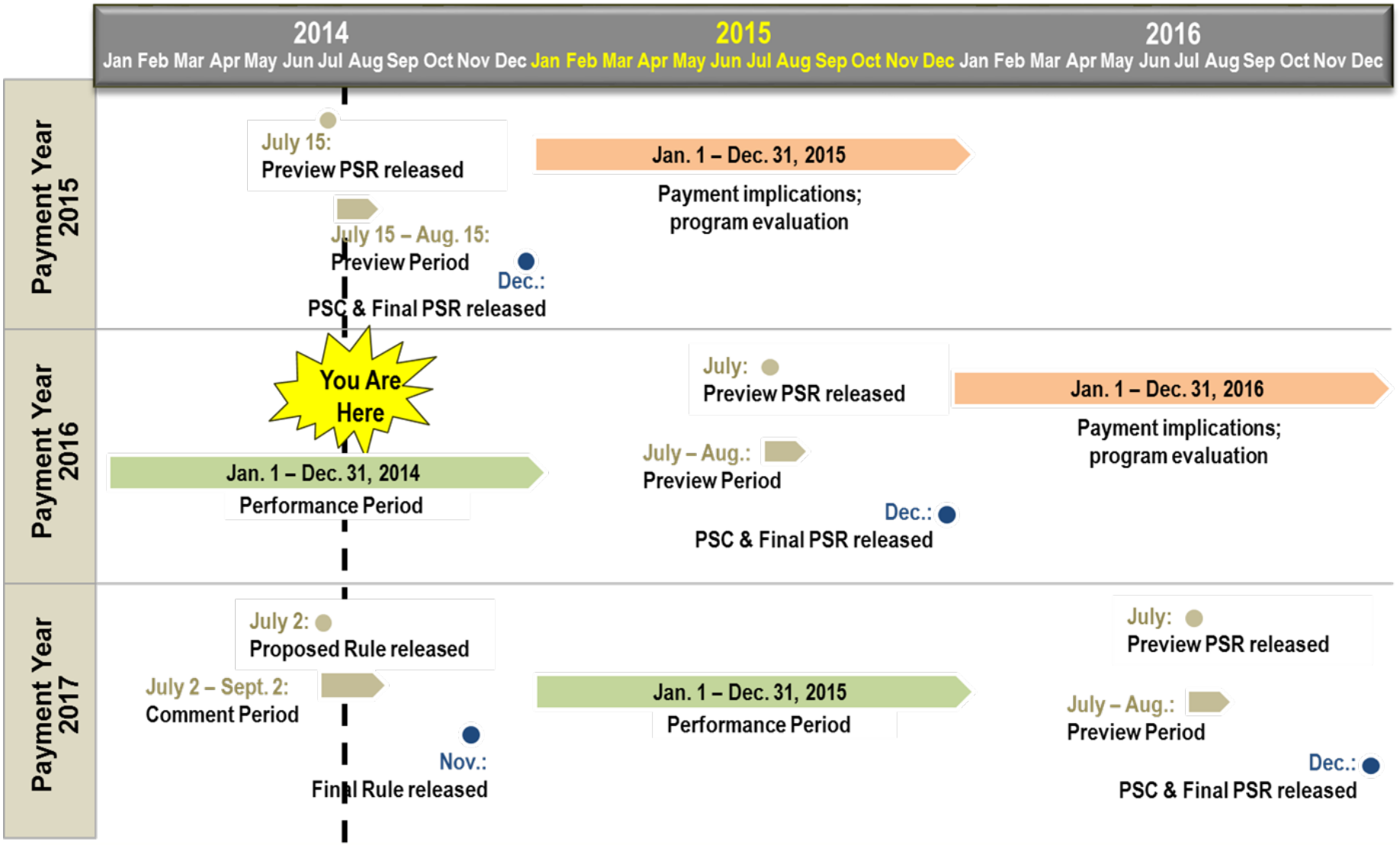
- NHSN Bloodstream Infection Measure Modified from PY 2016 Final Rule
  - Scoring methodology revised to use the Adjusted Ranking Metric (ARM), which accounts for volume of exposure and unmeasured variation across facilities
  - Effective for measuring CY 2014 performance for PY 2016
- Topped-Out measures
  - Proposed criteria for removing/replacing a topped-out measure to align with Hospital Value-Based Purchasing program
    - 75th and 90th percentiles of facility performance are statistically indistinguishable
    - Truncated coefficient of variation is ≤ 0.1
  - A topped-out measure will be retained if its inclusion continues to set a high standard of care
- Data Validation
  - Continuing pilot data-validation program
  - Proposed NHSN validation study
- Monitoring Access to Dialysis Facilities
- Extraordinary Circumstances exception

Participating in the Comment Period

Presenter:

Brenda Gentles

ESRD QIP Timeline



Your Role in the Regulation Process

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

Your comments matter!

Navigating the PY 2017 – PY 2018 Proposed Rule

For details on PY 2017:	Go to:
Measure specifications (including detailed list of exclusions)	Technical specifications for each measure posted on the CMS ESRD QIP website (links provided at end of this presentation)
Minimum data thresholds	III.F.7 [79 Fed. Reg. 40,252 – 53]
Performance standards	*Clinical*: III.F.4.a [79 Fed. Reg. 40,251] *Reporting*: III.F.4.c [79 Fed. Reg. 40,251]
Use of CCNs to determine eligibility for reporting measures	III.F.7 [79 Fed. Reg. 40,252 – 53]
Baseline periods for clinical measures	III.F.4.a [79 Fed. Reg. 40,251]
Scoring methodologies	III.F.5 [79 Fed. Reg. 40,251]
Extraordinary Circumstances exception	III.F.11 [79 Fed. Reg. 40,254 – 55]

Navigating the PY 2017 – PY 2018 Proposed Rule (continued)

For details on PY 2018:	Go to:
Measure specifications (including detailed list of exclusions)	Technical specifications for each measure posted on the CMS ESRD QIP website (links provided at end of this presentation)
Minimum data thresholds	III.G.5 [79 Fed. Reg. 40,265 – 66]
Performance standards	*Clinical*: III.G.3.a – b [79 Fed. Reg. 40,263 – 64] *Reporting*: III.G.3.c [79 Fed. Reg. 40,264]
Use of CCNs to determine eligibility for reporting measures	III.G.5 [79 Fed. Reg. 40,265 – 66]
Baseline periods for clinical measures	III.G.3.a [79 Fed. Reg. 40,263 – 64]
Clinical Measure Domain scoring proposal	III.G.6 [79 Fed. Reg. 40,267 – 68]
Reporting Measure Domain scoring proposal and Reporting Measure Adjuster	III.G.7 [79 Fed. Reg. 40,268 – 70]

Commenting on the Proposed Rule

Read and comment on the proposed rule for ESRD QIP PY 2017 – PY 2018 online at: www.regulations.gov

- Include file number CMS-1614-P on all correspondence, including your comments

Submitting Comments on the Proposed Rule (1 of 3)

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

Comments due Tuesday, September 2, 2014 – 11:59 p.m. EDT

Submitting Comments on the Proposed Rule (2 of 3)

Use the "Submit a Comment" function

- **Option to upload files**
- **State, ZIP Code, Country, and Category elements are required**
- **Commenters must indicate if they are submitting on behalf of a third party**

Comments due Tuesday, September 2, 2014 – 11:59 p.m. EDT

Submitting Comments on the Proposed Rule (3 of 3)

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

Comments due Tuesday, September 2, 2014 – 11:59 p.m. EDT

Resources and Next Steps

Presenter:

Brenda Gentles

Resources: Websites

- **CY 2015 ESRD PPS Proposed Rule (includes ESRD QIP PY 2017 – PY 2018 Proposed Rule)**
  - www.gpo.gov/fdsys/pkg/FR-2014-07-11/pdf/2014-15840.pdf
- **CMS ESRD QIP**
  - www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html
- **Technical Specifications for PY 2017 and PY 2018 ESRD QIP Proposed Measures**
  - www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html
- **ESRD Network Coordinating Center (NCC)**
  - www.esrdncc.org
- **Dialysis Facility Reports**
  - www.DialysisReports.org
- **Dialysis Facility Compare**
  - 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

Next Steps

- Comment on PY 2017 – PY 2018 Proposed Rule
- Review PY 2015 Preview Performance Score Report (PSR) and submit any clarification questions or a formal inquiry
- Read PY 2017 – PY 2018 Final Rule when posted (early November)
- Review PY 2015 Final PSR when available (mid-December)
- Post PY 2015 PSCs—in both English and Spanish—when available (mid-December)

Question & Answer Session

ESRDQIP@cms.hhs.gov

A Message from the CMS Provider Communications Group

Presenter:

Aryeh Langer

Evaluate Your Experience

- Please help us continue to improve the MLN Connects™ National Provider Call Program by providing your feedback about today's call.

- To complete the evaluation, visit http://npc.blhtech.com/ and select the title for today's call.

Thank You

- For more information about the MLN Connects™ National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html

- For more information about the Medicare Learning Network® (MLN), please visit http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html