Centers for Medicare & Medicaid Services
ESRD QIP: Reviewing Your Facility's PY 2016 Performance Data
MLN Connects National Provider Call
Moderator: Aryeh Langer
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Contents

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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 Aryeh
Langer.

Thank you, you may begin.

Announcements and Introduction

Aryeh Langer: I'm sorry, this is Aryeh Langer from the Provider Communications Group
here at CMS. And before we start the formal part of the presentation, I'll just — like to
welcome everybody and note that I'll be your moderator for today's call. This
MLN Connects National Provider Call is on the End-Stage Renal Disease Quality Incentive
Program, also known as the ESRD QIP. MLN Connects Calls are part of the Medicare
Learning Network®.

During today's call, CMS subject matter experts will provide information on the July 15th
date when the preliminary payment year 2016 Performance Score Report will be
available for ESRD facilities. Find out how to access, review, and submit a formal inquiry
about your report by the August 15th deadline. A question-and-answer session follows
today's presentation.

Just two quick announcements. You should have received a link to today's slide
presentation in an email earlier today. If you have not already done so, you may view or
download the presentation from the following URL, www.cms.gov/npc, as in National
Provider Call. Again, that URL is www.cms.gov/npc. At the left side of the web page,
select National Provider Calls and Events, then select the date of today's call from that
list and you'll see the presentation below. Finally, this call is been recorded and
transcribed. An audio recording and written transcript will be posted to the
MLN Connects website. Registrants will receive an email when these materials become
available, generally within 2 weeks of today's call.

At this time, I'd like to call — turn the call over to Jim Poyer, the Director of the Division
of Value, Incentives, and Quality Reporting here at CMS. Jim?

Presentation

Jim Poyer: Thank you, and I want to thank everyone for taking the time to participate in
this call, and I greatly appreciate your continued dedi — emphasis on quality of care to
your beneficiaries. And we hope that this is a beneficial call. If not, please let us know.

Payment year 2000 — I am going to refer to slide 5. Payment year 2016 represents the
fifth payment year for the End-Stage Renal Disease Quality Incentive Program, or
henceforth ESRD QIP. It's the benchmark of the development of a program. It was built

upon the payment year 2015 measures, in large part by addressing treatment-acquired infections as a clinical measure and focusing on Hypercalcemia as an important factor of mineral metabolism and overall patient health. But how does the program fit into CMS's overall goal of improving quality?

And — on slide 6, the Value-Based Purchasing, or VBP programs incentivize better care across healthcare settings. Beneficiaries expect cost-effective, quality care, and VBP is an avenue to assist us in achieving this goal. VBP promotes CMS's three-part aim of:

- Better care for individuals,
- Better care for populations and communities, and
- Lower cost through improvement.

And the ESRD QIP was CMS's first pay-for-performance program in traditional, what is known as fee-for-service Medicare. Rather than paying dialysis facilities based on how many services they provide patients, Medicare now pays dialysis facilities on how well the 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 End-Stage Renal Disease, or ESRD. These incentives drive care throughout the healthcare sector, not just to Medicare patients.

And with slide 7. The ESRD QIP for payment year 2016 addresses five of the six National Quality Strategy domains, represented in the circles on the slide — and that's safety, patient and family engagement, treatment and prevention of chronic disease, population and community health, and care coordination.

And the next two — few slides will provide an overview of the legislative aspects of the program. And for that, I will turn the presentation over to our ESRD QIP program lead, Tamyra Garcia. Tamyra?

ESRD QIP Overview

Tamyra Garcia: Thank you Jim. Good afternoon everyone and thank you for calling in. My name is Tamyra Garcia, I am the End-Stage Renal Disease Quality Incentive Program program and policy lead. So in this section, entitled ESRD QIP Overview, we will provide you all with a quick overview of the QIP, as well as some information about the legislative nature of the program before delving into the composition of payment year 2016.

Refer to slide 9 for information on the Medicare Improvements for Patients and Providers Act, also known as MIPPA. MIPPA amended the Social Security Act to mandate the creation of the ESRD QIP. The ESRD QIP is intended to promote patient health by encouraging renal dialysis facilities to deliver high-quality patient care. MIPPA provides

the mechanism for establishing standards of care, and it authorizes payment reductions for facilities failing to meet these standards.

In the next slide, it describes how MIPPA also gives CMS the authority to establish standards by which ESRD facilities will be evaluated. The ESRD QIP is required to include measures of anemia management and dialysis adequacy. Additionally, the Secretary may specify that the program measures cover important components of ESRD care, such as patient satisfaction, iron management, bone mineral metabolism, and vascular access.

The ESRD QIP also establishes the way that individual measures are used to create an overall score, known as the Total Performance Score. CMS will impose a payment reduction, up to 2 percent, if a facility's score does not meet a minimum Total Performance Score. Information about the facility's performance score in the ESRD QIP can be found in the Performance Score Report, also known as the PSR.

The public reporting of results is a key component, because it allows beneficiaries to select facilities based on the quality of care provided, and it provides a mechanism by which facilities may judge their performance compared to the performance of others. The Performance Score Certificate, or PSC, is a prime vehicle for communicating the facility's performance under the ESRD QIP to its patients. Facilities are required to display the PSC in a public place each and every year.

Dialysis Facility Compare, also known as DFC, provides important information regarding facility performance to the public as well. In addition, CMS releases detailed facility performance information in a large spreadsheet and posts it on the web for public viewing. With the structure of the program in mind, we turn now to how it evolves from year-to-year through the rulemaking process.

Slide 11 describes ESRD QIP development from legislation to rulemaking. By issuing a proposed rule, CMS sets up the clinical and reporting measures, as well as the scoring mechanisms it wants to include in any given payment year. Then the public has a 60-day opportunity to comment on the proposal and suggest approaches it would like to see in the program. In this way, facilities and the general public have an opportunity to influence the shape of the rule governing each payment year. These comments are taken very seriously by us here at CMS. Comments have led to the postponement of implementing measures, and those measures are actually stronger when implemented in former years due to those comments. So it's very important that stakeholders participate in the comment period and share their thoughts with CMS on how the ESRD QIP can best serve the needs of the patients.

On slide 12 we take a look at scoring facility performance, because it's also important to make sure the public understands how CMS gathers and uses facility information to calculate performance rates and scores for ESRD QIP measures. Many facilities and

other stakeholders often wonder what the reason is for the delay between the performance period, where you are able to view your score for the first time, and the impact on payment, when you receive information on whether or not you will receive a payment reduction. The main reason for this is the reliance on Medicare reimbursement claims for much of the data needed to calculate scores and obtain important information. As we move to other data sources, we will not be as dependent on claims data. And in the future, we hope to reduce this interim between performance and the resulting payment impact. That said, the preview period is, in fact, a statutory requirement, so facilities will always have an opportunity to review and formally inquire about their scores before they are finalized.

PY 2016 Overview

Next, we'd like to move on to the section entitled PY 2016 Overview. To begin our discussion on the preview period, we'll touch base on the timeline and then take just a couple of minutes to really review how the payment year 2016 program is composed. This will not be an in-depth review, but instead we want to hit, sort of, the highlights, the larger points, to put our discussion of the review period into context, especially in terms of measure scoring and the determination of the Total Performance Score. Please reference slide 14 to obtain more information about the preview period and the fact that it will open next Wednesday, July 15th, when the PSR will be made available online.

The period closes at 5 p.m. eastern daylight time on Monday, August 17th. All of the interactions for the preview period take place on QualityNet.org. The mechanics of the preview period will be discussed later in more detail. We're recommending that facilities submit any clarification questions they may have by August 1st so that they are able to get responses in time to include that information in any potential formal inquiries that may result. These formal inquiries, again, need to be made before the preview period ends on August 17th by 5 p.m. eastern daylight time.

Next up is slide 15, which is a graphical representation of the payment year 2016 rule and its measures. There are eight clinical measures, which make up five distinct scores that comprise 75 percent of a facility's Total Performance Score. Please note that new measures are indicated by a gold star — measures labeled seven and eight.

You may have noticed that clinical measures two through four are actually related. These measures are scored individually, then combined to create a single Kt/V Dialysis Adequacy Measure topic score. Similarly, measures five and six are scored separately, then combined to create a Vascular Access Type Measure score topic. There are three reporting measures, which make up 25 percent of the TPS for payment year 2016.

Next, on slide 16 we discuss directionality with respect to the clinical measures for payment year 2016. When discussing clinical measures, it's important to understand that bigger is not always better. For measures listed at the top of the slide, a higher rate indicates better care. A higher rate of Dialysis Adequacy is a great outcome for patients.

Similarly, the use of fistulas tend to reduce infections, so a larger patient population having that method of vascular access could potentially be positive.

For the measures at the bottom of the slide, however, a lower rate indicates better care. A hemoglobin result greater than 12 can be dangerous, so this rate would be ideally lower. Likewise, catheters are not an ideal method of vascular access for many patients, so this number would ideally be smaller as well. CMS wants to reduce infections and prevent Hypercalcemias, so those rates should be small — as small as possible.

Different directionalities may exist even within a measure topic. With regard to this Vascular Access Measure topic, an 80-percent rate on the fistula measure would be favorable, but an 80-percent rate on the catheter measure would be quite unfavorable. With that being said, the preview PSR includes many definitions and descriptions of important thresholds, performance standards, and benchmarks that are referenced in the image.

Slide 17 presents the general approach for scoring clinical measures, which has been in place since payment year 2014. CMS uses the better of the two achievement and improvement scores as the facility score for any given measure. The achievement method compares the facility's 2014 performance score to the performance of all facilities during 2012. The improvement method compares the facility's 2014 performance score to its own performance during 2013. And here we encounter another scoring term, as if we needed any additional, the improvement threshold. This improvement threshold is defined and described in your facility's preview PSR as well. In this way, a facility can increase its score if it shows an improvement over its previous performance while it strives to reach a national average of performance on a measure.

CMS favors achievement over improvement, which is why a facility score can score a maximum of 10 points using the achievement method. But the maximum number of points that can be achieved using the improvement method maxes out at nine.

Slide 18 displays the graphic that summarizes how facilities will be scored, how those scores will translate into a facility's Total Performance Score, and whether or not a payment reduction will be applied. It identifies the measures, the calculation methods, the category weights, and the scale for the payment reduction, if applicable. To receive a TPS in payment year 2016, a facility must have at least one clinical measure and at least one reporting measure — a score for each of those.

Performance Score Report Overview

So with that, we will turn our attention to the PSR document that we spoke so affectionately about during this presentation. We want to make sure that we have plenty of time to walk through the use of the website itself, which will be presented by Bill Lakenan in a few moments. So what we'll look to do here during the Performance Score Report Overview is provide a brief overview without examining each table.

In slide 20 we discuss a bit of the contents in the Performance Score Report. It provides a lot of information about the facility and its performance on each measure, but it also provides a good amount of explanatory text, as well as a glossary. Be sure to see the guide to this payment year 2016 PSR as well. You'll be able to find that on the QualityNet.org website, as indicated in the slide.

Slide 21 provides us with a sample of the title page of the PSR. Make sure you are looking at the correct report by checking the payment year and the date of the document. You may also confirm that you are looking at the correct report for your facility by referencing the header in every subsequent page of the PSR, where your facility CCN will be listed. The version delivered in late December will be labeled Final Performance Score Report. When you download your facility's PSR in PDF format, you will receive your facility's specific performance rates, scores, weights, your Total Performance Score, and information on whether or not your facility will receive a payment reduction.

On slide 22, which had to be developed by a 20-year-old, we provided a miniature version of the first page of the PSR to provide you all with a sneak peek of how the PSR is formatted. It starts with the summary chart that reflects how the facility is scored on each measure and how each measure combines to form the Total Performance Score. Additionally, it tells us whether or not a reduction is projected. It's similar to the one you received last year, and hopefully, is improved upon based on some lessons learned that we received from you all. The chart shown here is for a hypothetical facility that's earned a score of 87. It's provided only to demonstrate how the summary chart functions. If you take a look at page 2 of your own preview PSR, you'll see a larger representation of this document in this table populated with your facility's information, as well as the CCN, as mentioned previously.

So now that we've reviewed the measures and the calculations involved in payment year 2016, we'll delve into the Preview Period Details section to discuss the preview period itself. As you all well know, the 30-day preview period is an extremely important element of the ESRD QIP. It provides a measure of transparency by sharing the data and its interpretation before the scores and payment reductions are finalized and potentially applied. Each facility has an opportunity to understand the score, raise questions, and formally contest the results before any reductions are applied.

Slide 24 features a screenshot of the new ESRD QIP 1.0.0 System. For the first time, the ESRD QIP will use this new system for the preview period. It is accessible through the QualityNet.org website. In previous years, you all used the dialysisreports.org website to access this information. Please note that all users will need a QIMS, or QualityNet Identity Management System, user ID in order to access this new system.

In slide 25, we provide a quick summary on clarification questions and how they are able to address methodology, calculations, and/or processes associated with your PSR.

Facilities may pose as many clarification questions as necessary to ensure that they understand how their scores were calculated. As a reminder, CMS recommends that clarification questions be submitted by August 1st in order to allow the facilities sufficient time for a facility to lodge a formal inquiry if necessary after reviewing CMS response to your clarification question. Please be sure to avoid using the clarification question to submit what should be a formal inquiry — they're two very different things. These process have extremely different purposes, and doing this will result in delays in processing your request.

Clarification questions can be submitted for each facility, but slide 26 describes the systemic clarification question process, which is a new feature for the payment year 2016 preview period. Its purpose is to provide a separate method for asking CMS about potential calculation shortcomings that might affect a number of facilities rather than only one single facility posing a question. As with the traditional clarification question, facilities can pose as many questions as they need using the systemic clarification question process. And CMS, again, encourages you to pose those questions before August 1st.

Now on to the formal inquiry question description and summary in slide 27. As you all well know, a facility is limited to one single formal inquiry. And the facility manager must approve this inquiry before it's submitted. Formal inquiries may not be recalled. I repeat, they may not be recalled.

The formal inquiry is an opportunity for a facility to provide evidence to CMS in the event that it believes that an error in calculation has occurred. CMS may reclassify a formal inquiry as a clarification question when deemed appropriate. This allows the facility to submit a new inquiry, provided that the deadline has not elapsed. In order to view the PSR, though, facilities must be able to access the secure portion of the QualityNet.org site, which we will discuss next in this form of the ESRD QIP 1.0.0 System.

Resources

Slide 28 provides information on important resources that will be available at the start of the preview period — July 15th, next Wednesday. Facility personnel use their credentials in QualityNet to access the Preview PSR and avail themselves of the online system to submit questions and formal inquiries to CMS.

Users should make sure they set up on the system appropriately before the preview period starts. Networks can also use this system to view PSRs of the facilities in their region and to assist facilities, when appropriate. For help logging into the system, you can access the resources listed in slide 28 or you can email or call, as indicated on the slide. Please note that the help desk assistance is available Monday through Friday only and not on weekends. Once you have accessed the system, you can find a great deal of troubleshooting-type guidance on the site itself.

And with that, I would like to turn the presentation back over to Aryeh for an important announcement before we continue on with the ESRD QIP 1.0.0 walk-through with Bill Lakenan from Edaptive Systems. Aryeh?

Keypad Polling

Aryeh Langer: Thank you very much. At this time, we'll pause for a few moments to complete keypad polling. Operator, we're ready to begin the keypad polling, please.

Operator: CMS appreciates that you minimize the Government's teleconference expense by listening to these calls together by 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.

Please hold while we complete the polling. Please continue to hold while we complete the polling. Please continue to hold while we complete the polling.

Thank you for your participation. I'd now like to turn the call back over to Aryeh Langer.

Presentation Continued

Aryeh Langer: And I am going to go ahead and turn the call over to Bill Lakenan from Edaptive Systems for the next part of our presentation. Bill?

The ESRD QIP System Walkthrough

Bill Lakenan: Thank you Aryeh. Thank you everybody for joining us. I just want to take a few slides to walk through some screenshots and explanation about the ESRD QIP System that you'll be using this year to both view your PSRs, as well as log clarification questions and formal inquiries as well.

So we're looking at slide 30 right now. In order to access this system, as Tamyra mentioned, we are going to start on the QualityNet.org website and click the Login link, which is on the right-hand side, where it says "Log in to QualityNet Secure Portal."

QualityNet Secure Portal — we are moving onto slide 31 now — actually hosts the web-based applications for several quality reporting programs. So once you get to this page, you are going to want to select the QIP Program, which will be listed as End-Stage Renal Disease Quality Incentive Program. Please note in the slide, these were taken with an older system where it said "Quality Reporting Program." That error has been corrected. You will see this listed as "Quality Incentive Program" when you access the system. If you have any questions about establishing an account to access the system, you are going to want to refer to the QIMS registration links on QualityNet.org.

Once you select the link for the End-Stage Renal Disease Quality Incentive Program, you will be brought to the QIMS page, which is illustrated on slide 32. QIMS is the Quality and Identity Management System. It's the subsystem that handles all logins, user IDs, accounts — things like that. And on that page, you're going to want to enter your user ID and your password.

Once you do this, we're going to move on to slide 33, you'll be prompted to accept the privacy disclaimer. You'll then also be prompted to do something that's not illustrated on these slides, and I want to point that out. There is a second factor authentication that helps ensure that you are who you say you are when logging in, given the sensitivity of some of the data within the Quality Incentive Program System. And what will happen there is you will get an email with a seven-digit number in it, and you'll be prompted to enter that seven-digit number into a screen after you accept this privacy disclaimer.

Once you do successfully log in, now we're going to get — we are going to illustrate three tasks here in the next few slides that you'll be doing within the ESRD QIP System: One is how to request a Performance Score Report; second task we are going to walk through is how to download that report; the third task that we are going to show is how to record a formal inquiry.

So we are on slide 34 right now. And what you'll see here, across the top, this is the standard menu that will appear in all QualityNet Secure Portal applications. And the — in order to access your Performance Score Report, you are going to want to use the My Reports drop-down menu, which is there, third from the right. And select the Run Reports option on that menu. Please note that this is ever so slightly different than prior years in that you are actually going to be logging in and asking the system to create your Performance Score Report before you download it. In prior years they had preexisted and you would just be downloading it.

So if we move on to slide 35, this is where you are actually going to select which report you want to generate. So you would do that by first selecting the program, which is listed there as Report Program, that drop down. You'll see you want to select ESRD QIP, then you want to select the report category, which is listed as Scores/PSR and PSC. And below that then you'll see a list of reports that are in that report category, the most interesting and important of which for the preview period is the one listed as Performance Score Report-Preview.

When you click on that, it will take you to the Reporting Request screen, which is illustrated on slide 36. This is where you have to specify parameters for this report. The report requires six parameters, which are listed here on the slide; however, for a large number of users that are — have access to one and only one facility, all of those parameters will be defaulted to your facility. So you actually won't have to enter any information. It will default to payment year 2016. It will be a PDF format for your facility.

So really, all you will have to do on this Report Parameters page is to click the Run Report button, OK?

Once you click the Run Report button, you'll be taken to the screen which is illustrated on slide 37. And what you'll see there is just a confirmation that you've requested the report — again, this is pretty simple. In order to retrieve the report once it's done, all you need to do here is click on the Search Reports button, and you'll be taken to the next page, which is illustrated on slide 38. And what this shows you is a list of all reports that you've requested.

The screenshot here shows the results of a successful run of a single request of a PSR. You can tell that it's successful and completed by the green check that shows in the left-hand column, labeled Status. Now typically a PSR takes about 2 to 3 minutes to generate, so you don't have to wait days or even hours, but you might have to wait a couple minutes. If you — you may get to this page — the report may not be generating, they — it may not have that green check next to it, in which case, simply refresh the page. You can actually perform that search again by just hitting that Search button. And if you do that a couple of times, after a couple of minutes have elapsed, you'll see the green check. Your PSR will be done generating, and then you'll be able to download it. You download that by clicking the Download icon, which is highlighted on this slide. It's on the right-hand side under the Actions column.

And then, if you're familiar with using web-based tools, you'll then be prompted by your browser what to do with that PDF file. And you typically can choose Open or Save. The illustrations here, by the way, are typical of Internet Explorer, the Microsoft web browser. Microsoft Internet Explorer versions 9 and 10 are the sole supported platform for all applications within the QualityNet secure portal. It's very likely that other browsers and other versions might work. Those are the supported versions.

So at this point, you've been able to download your Performance Score Report and been able to peruse all of the numbers that Tamyra presented before. And at this point, you might decide to submit a formal inquiry. So we are going to move on to slide 39 to give you just a quick preview on how that might happen.

Submitting a Formal Inquiry

So during the preview period, until August 17th at 5 p.m., you can submit a formal inquiry. And you do that by following these steps. As you'll see on slide 39, we're showing that same QualityNet Secure Portal yellow menu bar. In this — we will not be going to the My Reports section. In this case, we select Quality Programs and then End-Stage Renal Disease Quality Incentive Program from that list.

You'll be presented with — most facility users will have one and only one link show up once you make that menu selection. It's called Analysis. If you select that, you'll be taken to the screen shown on slide 40. Now this is the Inquiry Dashboard screen, and it

does a few things, and we are going to go into detail about how to submit a formal inquiry, but it will allow you to search and locate any and all formal inquiry or clarification questions that you may have submitted to date. It'll also allow you to submit new ones.

And so, for example, you could create a clarification question by using the button there, in the middle of the page. We're going to follow the path in assuming that you want to create a formal inquiry, and you will do that by clicking the button that is labeled Create Formal Inquiry — easy enough — which would take you to the create, sorry, Submit a Formal Inquiry page that is shown on slide 41.

And if you've ever written an email in your life, it's fairly similar to that. The only difference is that you have to select a facility that this inquiry is being submitted on behalf of. As Tamyra mentioned, there is also a confirmation that your facility manager has, indeed, approved this formal inquiry. And it is as simple as putting in a subject of up to 140 characters and the actual body of the formal inquiry, which is limited to 4,000 characters. If you need to also submit some information with your formal inquiry, for instance, evidence, etc., you can use the Add Attachments button to attach a file.

I want to take just a brief second, add a few caveats about those attachments. You can attach most file formats that you're familiar with — all Office files, PDF, ZIP files, text files — all of those are OK. The system will not accept executables for fear of viruses and other things. So there is some limitation on file format. There is also some limitation you should be aware of on file size. There, the system will readily accept files up to 10 megabytes. And you might even have some success submitting files between 10 and 50 megabytes, but that is less reliable due to web connection constraints and so forth. Files over 50 megabytes simply will not be accepted. If you have a file over 10 megabytes and are having trouble with the attachment feature, please contact the help desk. They're ready and prepared to get that file to CMS via other means.

If we move on to slide 42, this is just an example of a very terse formal inquiry immediately before it's submitted. When you hit Submit, this formal inquiry will be routed to CMS for review and processing.

And so that concludes the system overview. I'll turn it back over to Tamyra for the followup activities and responsibilities.

Followup Activities and Responsibilities

Tamyra Garcia: Thank you Bill for your wonderful walk-through of how users can log in to the new QIP 1.0.0 System, as well as how users can download their reports and submit a formal inquiry. Now we are going to really truly get into some followup activities that we'd like you all to take care of over the next few weeks. These activities are extremely important with respect to next steps for the payment year 2016 program.

And we will also discuss some general developments that have occurred within the ESRD QIP program.

Slide 44 illustrates a few critical dates and milestones for the ESRD QIP. Given the overlap of the rulemaking process and the scoring process, it's easy to see that a lot of activity impacting multiple payment years happens at the same time. To start, let's take a look at the overarching timeline of the program. This graphic really illustrates what's going on with the program as we speak. Right now we are in the midst of payment implications from the payment year 2015 program. The 30-day preview period for payment year 2016 will begin, again, next Wednesday. Additionally, we have the performance period, which is underway for payment year 2017. And we've also just released, on June 26th, the proposed rule for payment year 2019, and the 60-day comment period has already started. In this way, the ESRD QIP can be seen as a series of multiyear programs with a lot of work that accompanies different components of the program occurring at the same time.

Slide 45 summarizes some activities following the preview period. So once this preview period ends, Monday, August 17th at 5 p.m., CMS will complete its review and finalize the payment year 2016 results for each and every eligible facility. These results will be displayed for the facilities through a final PSR and PSC and — which can be accessed using the ESRD QIP 1.0 System. Please note these items are not yet available in the system, but will be December of 2015. Additionally, CMS will publish information to the public regarding the payment year 2016 performance on DSC, as well as the data release.

In slide 46 we summarize the Performance Score Certificate. MIPPA requires that each facility display the Performance Score Certificate throughout the year in a prominent location at their facility. This document summarizes information about the facility's performance as part of the ESRD QIP. It shares important information with the facility's patients about how well the facility is doing to meet the ESRD QIP standards of quality. It is provided in both English and Spanish, and each facility is required to display both versions.

In the next slide, slide 47, we'll see what the PSC actually looks like. This is very difficult to read, but we simply wanted to give you a quick illustration of what it looks like, especially since many of you viewed something extremely similar last year. Be sure to post both pages throughout the year, and make sure that staff are familiar with the document in case any patients have questions and would like some information on what the document is and what it means.

Next up, we'll review some of your upcoming responsibilities at the facility participating in the ESRD QIP. Slide 48 is a recap of the facility's responsibilities associated with your participation in the program.

Before you can access your PSR, you must have established a QIMS account. If you have not already done so, please do as soon as possible. Following the preview period, we are asking that — we are asking that you follow this process in order to submit clarification questions and formal inquiries upon the initiation of the preview period. When your Performance Score Certificate is available, we also ask that you download, print, and post it in a timely manner, as discussed. Again, you will not see the PSC until December of this year. And remember, it must be posted in English and Spanish throughout the calendar year for 2016.

Slide 49 provides a few important dates that might help you all to understand what's going on in the program as we speak. As you can see, a number of payment years are in motion at the same time, as we saw earlier in the timeline. CMS appreciates your cooperation and inputs along the way. We are happy to work with you all and very excited about working together to make the ESRD QIP a success. Also, we're extremely excited about working to improve health outcomes in our ESRD patients.

In slide 28 we provide information on important resources that you all can tap into. Previously, we gave you a bit of information on QualityNet resources that can help you out with accessing the ESRD QIP 1.0 System and any questions or issues that you may have with respect to the system. This slide provides you with links to information from CMS. CMS posts measure specifications each year for the ESRD QIP. As promised early in the presentation, the second link on this page will direct you to the repository of ESRD QIP technical measure specifications. And you can find the payment year 2016 clinical annual reporting measures collected there in a single PDF.

With that being said, I'd like to thank you very much for your attention. Bill, I thank you so much for walking through the ESRD QIP 1.0.0 System. And now we are going to invite you for the remainder of the presentation to ask your questions. With that said, I will turn the presentation back over to Aryeh for next steps.

Question-and-Answer Session

Aryeh Langer: Thank you Tamyra and Bill. Our subject matter experts will now take your questions. But before we begin, I'd like to remind everyone that this call is being recorded and transcribed. Please state your name and the name of your organization once your line is open. In an effort to get it to as many participants as possible, we ask that you limit your question to just one. All right operator, we are ready to take our first question, please.

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 in the conference. Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster.

Your first question comes from the line of Lilly Bell.

Millie Resan: Yes, my name is Millie Resan, I am with U.S. Health Shands. And my question pertains to — we are the security administrators for the other programs, not only the ESRD programs at this website, but also the inpatient, the outpatient, the psychiatric, etc. Do we now have a role as far as security administrator that pertains to the ESRD program and can we access it?

Jim Poyer: Ma'am, this is Jim Poyer from CMS, we'll have to — let's take your name and email address, and we'll have to get back to you on that.

Millie Resan: OK, thank you.

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

Richard Dominguez: Yes, hi, this is Richard Dominguez over at the Laurel Kidney Dialysis Facility. Our clinic just recently received our approval by CMS but yet have not received our actual permanent Medicare number, and so we obviously will continue to treat patients here in the year 2015. How is that going to impact our performance score for 2017 or at least our reimbursement, based on the fact that we're this far into the year and data will just begin to be submitted?

Tamyra Garcia: Hello Richard, that sounds like it may deal with an issue related to ESRD QIP participation, which is really beyond the scope of our discussion today. So what I'd like you to do if at all possible is submit a question to the ESRD QIP mailbox.

Richard Dominguez: OK.

Tamyra Garcia: And we can really sort of help you to, sort of, potentially facilitate, you know, obtaining more information regarding you all receiving your number.

Richard Dominguez: OK, thank you so much. Thank you.

Tamyra Garcia: Thank you.

Aryeh Langer: And for the first caller as well because we got cut off there. If you could submit your question to esrdqip@cms.hhs.gov, we will be able to respond to that. Thank you.

Operator: Your next question comes from the line of Dee Tyburski.

Dee Tyburski: Hi, this is Dee Tyburski from ESRD Network 6. Can you hear me OK?

Aryeh Langer: Yes.

Dee Tyburski: OK, thank you. My question has to do with — do you know if there is a pretty quick turnaround time with staff members submitting their point of contact information using that EAS form? Is there a pretty quick turnaround time to getting their information back?

Tamyra Garcia: I am not exactly sure what the turnaround time has been, but I am very, very much aware that we are dedicated to turning these around as soon as possible, especially because we are keeping in mind that the preview period starts next week. So what may happen is we'll receive a ton of these forms in the next few days or so, so please be patient with us while we're processing everything. But we are hoping to get everyone's forms in and everyone sort of signed up as users before the Wednesday deadline.

Dee Tyburski: OK, thank you so much.

Operator: Your next question comes from the line of Vonda Lange.

Vonda Lange: Yes, can you hear me?

Tamyra Garcia: Yes, thank you.

Vonda Lange: My question, how does this affect patients in acute hospital settings receiving dialysis, or does it?

Jim Poyer: Jim Poyer again. These essentially — the performance scores and the associated measure rates reflect patients that are treated in dialysis facilities paid under the End-Stage Renal Disease Prospective Payment System. If they were treated and billed in an acute care hospital, either as an outpatient encounter or as an inpatient stay, they would be billed — essentially they would be excluded — the care that's delivered in the hospital settings. This is only for facilities that are paid under the End-Stage Renal Disease Prospective Payment System and are operating as End-Stage Renal Disease dialysis facilities.

Vonda Lange: OK, thank you.

Operator: Your next question comes from the line of Mary Mang.

Mary Mang: Yes, this is Mary Mang, and I actually wanted to coattail off of the previous question. So if you are an acute care inpatient facility and you contract with a dialysis

service to do your inpatient population for dialysis, is that my understanding — we do not qualify for the ESRD QIP program?

Tamyra Garcia: Good afternoon Mary, this is Tamyra Garcia. As we understand, that is taken on a case-by-case basis and most likely related to the CCN that any given facility has. So based on that information, you may or may not be eligible to participate in the QIP. But as Jim Poyer stated previously, the QIP is associated with dialysis facilities that are paid using the ESRD PPS.

Mary Mang: So we would just have to basically sign up for the program and they would determine if we were to participate or not?

Aryeh Langer: Can you give us one moment, please?

Tamyra Garcia: So Mary, just to let you know, there are considerable — there is a bit of information that we need to know to know whether or not any given facility is eligible to participate in the QIP. So what I would suggest you do if you want to know specifically about your facility, would be to, again, send an email to the ESRD QIP mailbox at esrdqip@cms.hhs.gov, and we can, sort of, provide you with additional information on how you can learn more about who is and is not eligible to participate in the QIP.

Mary Mang: OK, thank you.

Operator: Your next question comes from the line of Geraldine Tis.

Geraldine Tis: Hi, if you're a low-volume facility that has opted out of the HCAHPS survey, how does that reflect your score, what happens to those 10 points?

Tamyra Garcia: Hello, this is Tamyra Garcia. Thank you for your question Geraldine. So if you have opted out of participating due to low patient count, then you will receive a No Score. And you not receiving a score for that will not be weighed against you. So the total weight associated with having a CAHPS score will not be held against you for your Total Performance Score.

Geraldine Tis: OK, thank you.

Tamyra Garcia: Um-hum.

Operator: Your next question comes from the line of Mary Develler.

Mary Develler: Good afternoon. I am calling from Brockton Dialysis. I have a question on the clinical measures, for instance, the Kt/V scores. We have a nocturnal program here, and with the DFR reports last year, it only picked up a range of 1.2 to 2.2, but because of

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our nocturnal patients, they were much greater than 2.2. With your clinical measures, are you able to capture all that? Or are you still collecting within ranges?

Tamyra Garcia: Please give me a moment to consult with the measures expert. So it — I think that the best approach for you to, sort of, obtain more information on this and to really, sort of, let your concerns be heard, would be to submit a comment to the rule that's currently open for comment. And the best place to submit that comment formally and share your opinion or ask an additional question would be at www.regulations.gov.

And if you need additional information on how the Kt/V measures are specified, you can go to the cms.gov website, and it has a slew of information on the measure specifications associated with the Kt/V measures.

Mary Develler: Thank you.

Tamyra Garcia: Um-hum.

Operator: Your next question comes from the line of Steve Valderrama.

Steve Valderrama: Hi, this is Steve Valderrama with DaVita. Just a quick question with respect to facility viewers who were automatically granted — those that were CROWNWeb or are CROWNWeb security officers or end-user managers. The only steps they have to take to log in to view the reports is to go through the login process and get their passcodes and submit that passcode to their QualityNet.org website, and then they are able to view their reports? I heard some conflicting information, so I just want to confirm that is the case.

Aryeh Langer: One moment, please.

Tamyra Garcia: Good afternoon Steve, that is absolutely correct for the CROWNWeb facility viewers. Now for the Security Officer role, you are not able to just simply go into and log in with your QIMS account. So again, what you stated was absolutely correct with respect to CROWNWeb facility viewers.

Steve Valderrama: So if you don't mind me asking just a followup question. I thought that CROWNWeb security officers and end-user managers were assigned the Facility Viewer role for QIP and, therefore, would be considered a Facility Viewer for both particular roles.

Tamyra Garcia: So it is my understanding that the CROWNWeb facility viewers are the only ones that can do that. But I can consult with the experts who are working to develop the user access for the system and get back to you on that to get additional details. Now the best way to contact me would be to use the information available in the presentation or to submit an email to the ESRD QIP mailbox. That way I could ...

Steve Valderrama: That would be great.

Tamyra Garcia: …I could get back to you with a very, you know, sort of, detailed response.

Steve Valderrama: Perfect, thank you so much.

Tamyra Garcia: Thank you.

Aryeh Langer: And we have time for one final question, please.

Operator: And your final question comes from the line of Jessica Newsome.

Jessica Newsome: Hey, this is Jessica, can you hear me?

Aryeh Langer: Yes.

Jessica Newsome: OK. So I had one question, but then that question just confused me because I'm with Fresenius, and we were told that we had to go through the process of doing the application and the security training. I am already an end-user manager, so I did that. Is that going to mess anything up that I send that form in anyway?

Tamyra Garcia: Thank you for your question Jessica. It should not change anything that you've already sent forward. So you should be in good shape based on what you shared.

Jessica Newsome: OK, thank you.

Tamyra Garcia: Um-hum.

Additional Information

Aryeh Langer: Unfortunately, that's all the time we have for questions today. I'd just like to mention the email box that was mentioned a few times. If you did not get to ask your question, you can send an email to ersdqip@cms.hhs.gov.

As a reminder, an audio recording and written transcript of today's call will be posted to the MLN Connects Call website. We will release an announcement on the MLN Connects Provider eNews when the information becomes available. On slide 54 of the presentation, you will find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope you'll take a few moments to evaluate your MLN Connects experience today.

As a reminder, we have another ESRD QIP call coming up on the 29th of this month. It will be on the proposed rule for payment year 2019, and we encourage you to register for that call if you've not already.

Again, my name is Aryeh Langer. I'd like to thank our presenters here in the room and also thank you all for participating in today's MLN Connects Call. Have a great day everybody.

Operator: This concludes today's call. Presenters please hold.

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