ESRD Quality Incentive Program: CY 2019 ESRD PPS Final Rule Call

Moderated by: Aryeh Langer
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Announcements & Introduction

Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. 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.

Aryeh Langer: Thank you very much and as you just heard my name is Aryeh Langer from the Provider Communications Group here at CMS and I'm your moderator for today's call. I would like to welcome you to this Medicare Learning Network call on the End Stage Renal Disease Quality Incentive Program. Today's call will cover the calendar year 2019 ESRD Prospective Payment System Final Rule.

Before we get started, you'll receive the link to the presentation and your confirmation email. The presentation is available at the following URL go.cms.gov/npc. Again, that URL is go.cms.gov/npc.

Today's event is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen in but please refrain from asking questions during the question-and-answer session. If you have enquiries, contact press@cms.hhs.gov. At this time, I would like to turn the call over to Delia Houseal from CMS.

Presentation

Delia Houseal:So, thank you Aryeh and for those of you who are following the presentation, we are moving forward to slide 2. As mentioned earlier, we will provide information about the calendar year 2019 ESRD PPS Final Rule, which was published on November 14th, 2018.

Next slide please, there are 4 topics included within today's call as shown on the agenda on page 3, and if time allows this may be followed by short period for answering questions.

The first topic section is a welcome and introduction from James Poyer and unfortunately Mr. Poyer is unable to join us today, but he does send his kindest regards. And so, the second topic section is an overview of the ESRD QIP and Operationalizing Meaningful Measures, which will be presented by myself, Delia Houseal, and I am also the Program Lead for the ESRD QIP program. Then I'll continue into our third topic and lastly, I would turn it over to my colleague Julia Venanzi, the ESRD QIP Systems and Communications Lead. Julia will be presenting helpful tips and resources for callers who are interested in obtaining additional information.

Okay. Next slide, and so today's call is intended to provide an overview of the final rule calendar for calendar year 2019 End Stage Renal Disease Prospective Payment System Final Rule and the impact of this rule for the Centers for Medicare and Medicaid Services ESRD QIP, also known as the End Stage Renal Disease Quality Incentive Programs.

Our core object for this national provider call will include information and discussion about the ESRD QIP legislative framework; finalize measures, standard, scoring, and payment reduction scales beginning in the 2019 reporting period, and how this will apply to payment years starting in 2021. We will also discuss programmatic

changes and alignments to the CMS meaningful measures, and then lastly, we'll discuss resources where facilities can access additional information.

On page 5 is of the presentation here, you'll see a list of acronyms that will be used in today's discussion. The contents on this page may serve as a helpful point of reference, especially for those of you who are new to ESRD QIP. And so, as I mentioned earlier, unfortunately Mr. Poyer is unable to join us today, but he sends his kindest regards and so with that I will move right along into the presentation, and so we'll move along to page 8.

Overview of the ESRD QIP & Operationalizing Meaningful Measures

And so again here, I'm just going to provide an overview of the ESRD QIP Statutory Requirements for those of you who may not be as familiar with the program, and so as you'll see on the slide, the End Stage Renal Disease Quality Incentive Program was established in calendar year 2012 on the Medicare Improvements for Patients and Providers Act of 2008, also known as MIPPA amended section 1881 of the Social Security Act.

The overall purpose of the program is to encourage high quality care for patients receiving renal dialysis services. The act mandated that the secretary establishes a core set of quality measures for the program, develop performance standards, and establish a scoring methodology to assess facilities performance on the quality measures. It also mandated that the program authorized payment reduction for facilities that failed to meet the established performance standards and that the results are publicly reported through performance score certificate.

Each year we update the ESRD QIP during our annual rulemaking cycle. And we'll talk more about that as well on the next slide here. Okay.

And so, as we've already discussed a little bit, CMS implements the ESRD QIP through the federal rule making process, which is one of the basic tools of government that's used to help implement policy. And so, as you'll see on slide 9, here we provide an overview of the rule making process. The first step in the rule making process is that here at CMS, we begin to draft a proposal for the ESRD QIP, and those proposals are usually laid out based on a payment year basis.

The next step is our proposals are reviewed by various HHS components, and they provide feedback on our proposal. After we receive their feedback, we publish a proposed ruled —rule in the Federal Register. Once the rule is published, we allow the public the opportunity to respond and the rule usually stays open —the public is given 60 days to respond to our proposed rules. After we received comments, the team reviews those comments and begin to draft responses to all of those comments.

Our responses are then sent back through the formal HHS internal clearance process, and the next step is we published the final rule in the federal register, and then lastly the final rule becomes regulations and one key message that we'd like for you to take away from this overview is if you turn your attention to step 6 - and of the process where we actually get -- I'm sorry step 4 what we receive your comments, we really wanted to highlight the importance of your comments and you know share that your comments truly matter.

The integrity of the rule development process and the ESRD QIP are dependent upon the insights that we receive from a variety of groups and individuals and we truly appreciate the public interest in the program and recognize

the importance of the comments that you share with us. So again, we encourage your comments on all of our proposals.

Next slide here, so as you'll see on slide 10, there were approximately 530 public comments received on the proposed rules this year, of which approximately 36 of those comments pertain exclusively to the ESRD QIP. Commenters range from large dialysis organizations to rental dialysis facilities, national renal groups, nephrologist, patient organizations, patient and a wide host of other stakeholders.

Several changes in the rule this year were made as a direct result of the comments that we receive. As you'll see on the slide, we updated our proposals to finalize or we decided not to move forward with our proposals to include our SWR into the program and we also made several changes to our waiting approach based on some of the comments that we received. So again, your comments truly matter, and we encourage you to keep sending those along. If you're interested in viewing all of the comments, they are available online at regulations.gov by entering the search term CMS-1661-P.

And as we move on to page 11 of the presentation, please note that the Final Rule can be viewed in its entirety using the same website I just mentioned. To view the published version of the calendar year 2019 ESRD PPS Final Rule, go to regulations.gov and use a search bar to enter CMS-1661-F. Today, I will be covering the major themes that extended from the proposed rule of the final rule. Among those, as you'll see on the slide here, we retired 4 measures, we added 2 measures to the program beginning with payment year 2020.

We expanded our data validation study and we also delayed reporting requirements for new facilities beginning with payment year 2021. I'd also like to reflect on how the meaningful measures initiative influenced the proposals that we included in the calendar year 2019 ESRD PPS Final Rule. The ESRD QIP has long been interested in refining its measures set even before the Meaningful Measures initiative begun.

And if you move to the next page, I'll be discussing this a bit further. So again, Meaningful Measures is a relatively new CMS initiative, which identifies the highest priority for Quality Measurement and Improvement. Recognizing that the importance of measurement must be balanced with the administrative burden it can sometime cause for providers, CMS developed an approach to measurement that focuses on streamlining measures around high impact areas. Joined from the work completed by the National Quality Form, the National Academies of Medicine, and the Health Care Payment Learning and Action Network, we refer to these high impact areas as Meaningful Measures.

And as you'll see on the slide, the Meaningful Measures areas are to eliminate disparity, Track to Manageable Outcomes and Impact, Safeguard Public Health, Achieving Cost Savings, Improving Access for Rural Communities, and Reducing Burdens. And we do all of that again by Promoting Effective Communication and Coordination of Care, Promoting Effective Prevention and Treatment of Chronic Disease, Working with Communities to Promote Best Practices of Healthy Living, Making Care Affordable, Making Care Safer by Reducing Harm Caused in the Delivery of Care, and Strengthening Person and Family Engagement as Partners in their Care.

Again - And so, as you'll see here, the Meaningful Measures areas promote the least burdensome measure set that are well understood by stakeholders and most helpful in guiding CMS quality efforts. And given some of those goals, we also aim to spell out the criteria that we use to remove measures when they are no longer being

met meaningful and we'll be sharing more about that— our measure removal factors during the next section of the presentation.

And so here it is just another slide that demonstrates how the Meaningful Measures aims to put patients first and to also identify or focus in on those measures that matter. Okay. And next one.

ESRD QIP Section of the CY 2019 PPS Final Rules (CMS-1691- F)

So now I'll be transitioning and sharing more information about the specific policies contained in the final rule beginning with updates and payment year 2021.

And so, I hope you all are following along, but I am now on page 15. So, I've talked a lot about Meaningful Measures and would like to point out that they're important and relationship to the Patients over Paperwork Initiative.

In addition to adding measures that matter, CMS recognizes that there are times when a particular measure no longer feels its intended purpose. And in fact, maybe at odds with the spirit of Meaningful Measures where the cost outweighs the benefits of its continued use in the program. And so here you'll see various measure removal factors that we finalized in calendar year 2019 rule. I won't go through all of those but will dive a little bit more into those as we talk about some of the measures that we've removed. By adopting this framework we are hoping to provide transparency to all stakeholders as well as encourage ongoing discussion of the ESRD QIP measure set.

Turn on page 16 here, so beginning in payment year 2021, we retired several measures from our ESRD QIP measures set. If you look at the table here, we retired the Healthcare Personnel Influenza Vaccination Measure, Pain Assessment and Follow Up as well as Anemia Management. The rationale for the removal of these measures which was Factor one, which is where the measure performance among the majority of ESRD facilities is so high and variant that meaningful distinctions and improvement or performance could no longer be made.

And so, in short, some of those measures we believe were topped out. You'll see here we also removed our Serum Phosphorus Measure using Factor 5, which is the rationale for factor 5 is that we believe that there was another measure and in this case Hypercalcemia that was more strongly associated with the desire patient outcome. And we believe that the changes here really will be instrumental in reducing provider burden and also simplifies records and information for beneficiary.

Okay. So now we are on slide 17 here and so over the next two pages, we'll provide more details on the proposed domains starting in payment year 2021. And so again the new final rule maintains the safety – the safety- Patient Safety Domain, but we decided to remove the old reporting a Clinical Group Domain. The result is that here there will now be 4 domains for payment year 2021 as defined in the calendar year 2019 rule. These domains include the Patient and Family Engagement Domain which aligns with the Meaningful Measures focus on Strengthening Engagement. We also have a Care Coordination Domain, which aligns with the Meaningful Measure area to promote Communication and Coordination of Care.

Our third domain is the Clinical Care Domain, which aligns with the Meaningful Measure Domain related to the Treatment of Chronic Disease and as mentioned we retain the Patient's Safety Domain, which also aligns with the Meaningful Measure initiative to Promote Safer Care. Okay. All right.

So next slide continuing from the prior page here, again you'll notice the 4 domain which contribute to the TPS and so here you'll see, we also provide examples of where the specific measures are flooded within each domain, and so you'll see for our Patient and Family Engagement Domain. We have the ICH CAHPS Clinical Measure, which now represents 15% of the total TPS.

And our Safety Domain which represents 15% of the TPS, we have two measures. We have the NHSN Bloodstream Infections Measure as well as the NHSN Dialysis Event Reporting Measure. And our care Coordination Domain, which comprises 30% of our TPS, we have our Standardize Readmission Ratio, the Standardize Hospitalization Ratio, and our Clinical Depression Screening, and Follow Up Measures. And lastly during our Clinical Care Domain which is now 40% of the TPS, we have several measures there as well which include our Kt/V the dialysis adequacy measure, which is the comprehensive measure. We have our VAT measure topic, which is comprised of the standardized fistula rate and the long-term catheter rate.

We also have Hypercalcemia, the Standardized Transfusion Ratio measure and our Ultrafiltration Rate Reporting measure. Additionally, as a reminder, we finalize this year that in order for facility to be eligible for TPS, a facility must receive a score in at least one measure within two of the four domains and for further details on our new waiting structure and domains, we encourage you to visit CMS.gov or qualitynet.org. Okay. Next slide.

From slide 19, you'll see our beginning in payment year 2019, we've established a new start time for – a new start time for new facilities to begin reporting data. The rationale for this policy was really in response to many of the comments that we received from stakeholders that identified the high burden associated during an initial startup. And so the rule extends the period of time before new facilities are required to collect and report their data.

The timeline here as you'll see from the diagram is now the first day of the fourth month in which the facility CCN open date occur. And the starting point for this period of time again which we called the CCN open date began during the month that the facility is assigned a CCN regardless of the specific date. So, for example, a facility with CCN effective date of January 15th, 2019 would be required to begin collecting data for purposes of the ESRD QIP beginning with services furnished on May 1st, 2019.

On page 20, you'll see additional modifications to our data validation studies that became effective beginning with payment year 2021. Here you'll see that the CROWNWeb pilot study was converted to a permanent feature of the program, we believe that this will enhance our ability to assess the quality of the information received. The rule also expands the number of facilities and records in the national healthcare safety network validation study beginning in payment year 2021, we're expanding the number of facilities included in the study to a 150 which from our current number of 35, and also we are increasing the number of records that must be submitted by each of those facilities from 20 records currently to 40 records in payment year 2021.
In payment year 2022, we're going to expand the number of participants to 300 facilities and the total number of records will remain the same at 40 records. Again, we believe that all of these policies will allow us to have a more robust and relevant data for the program. Okay. So now we'll turn our attention to some of the finalized

policies that will begin in payment year 2022. And so, this slide provides a summary of some of those policies and we'll take a little deeper dive into many of these policies throughout the presentation.

So, as a summary, some of the high-level items that we finalized beginning with payment year 2022 is that we adopted a New Medication Reconciliation Measure. We also adopted a waitlist measure which is called the Prevalent Patients Waitlisted Measure. We revised weights for few of our measures and again as I mentioned on the previous slide, were also going - we also expanded the number of facilities that will participate in NHSN validation study.

And lastly based on your feedback as well as our desire to adopt a smaller more parsimonious measures set, we decided not to include SWR in the final rule. Next slide.

And so, as you'll see here beginning in payment year 2022, we are including a new measure into the program. The measure is the patient — what we're calling our MedRec measure and as you all are aware ESRD patients are especially vulnerable to medication related problems. We believe that this measure aligns with the meaningful measures priority area of making care safer by reducing potential harm caused by healthcare delivery. And so, medication documentation review and reconciliation to systematically identify and resolve medication related problems, we believe that it improves patient outcomes and also potentially reduces the total cost of care.

And so, if you need – if you would like additional details about this measure, we encourage you to review our measure technical specifications documents or a Payment Year 2022 Measures Manual. On the next page here we'll - On the next page here you'll see that we've also adopted a Percentage of Prevalent Patients waitlisted measure, again we believe that this measure is extremely important and that it helps support efforts—existing efforts by dialysis facilities and their evaluation of patients that might be eligible for a transplant.

The research demonstrates that there can be little doubt that a successful transplant leads to a tremendous improvement in a patient's quality of life as well as reduction in health care costs. And so again we are excited about this new measure and as you'll see here; this measure will begin - will start in the program beginning with payment year 2022. And again, if you are interested in more details about the measure specifications, we encourage you to review our technical specifications manual and/or our measure manual.

Okay. And so, on page 26, we have the newly defined measure set and domain for payment year 2022. Again, this uses the same domain which we mentioned earlier, but it just demonstrates how these new measures fit within those domains. So, as you'll see after our Percentage of Prevalent Patient's Waitlisted, it will move to the Care Coordination Domain and the domain will continue to in which represents 30% of the total performance score for facility. We also move the Medication Reconciliation measure to our Safety Domain and that domain would also continue to represent 15% of the total performance score.

And as we discussed earlier to be eligible for total performance score, a facility must receive a score in at least one measure within two of the four domains and again further details regarding these changes can be found at CMS.gov and/or QualityNet.

And so now that concludes just a high-level overview of our finalized policy. I'd now like to introduce you to our newest team member on the ESRD QIP team, Ms. Julia Venanzi. Julia is responsible for the oversight of the

technical systems as well as the communication that are needed to effectively operate the ESRD QIP. And so, without further do, I'll turn it over to you Julia.

Helpful Tips & Resources

Julia Venanzi: Thank you Delia. First, I'd like to review some important upcoming dates. At the top of the slide 25, we have a table that lists the calendar years associated with the payment years 2021 and 2022. So, for example for payment year 2021, the performance period is calendar year 2019, and achievement score comparison year is calendar year 2017, and then the improvement score comparison year is 2018.

The second table on this slide list the important milestones associated with the ESRD QIP including those associated with rulemaking, reporting measures, and payment. Next to each milestone, we've included the time frame I wanted to know some of the time frames are estimates and when that is the case, it will be noted on the slide.

Next, I wanted to highlight some resources. Here we've included a list of resources where you can find additional information on the topics we discussed today. We've included a reference and hyperlink for resources for general information on ESRD QIP for further details about measures or calculations, finding communications or instructions for your facility or to download your performance score certificate in QualityNet, billing and payment information, and other organizations to support ESRD quality care or legislative publication.

Lastly, I want to highly how you can communicate with the ESRD QIP team. For general comments and questions, please contact the ESRD QIP team through the ESRD QIP Q&A tool which can be found on the QualityNet site. The Q&A tool can also be used to search past questions for frequently asked questions. If you have facility specific questions, please contact us through our program inbox at ESRDQIP@cms.hhs.gov.

At this point in the presentation will open up the line for questions or comments.

Question & Answer

Aryeh Langer: Thank you Julia. We will now take your question. As a reminder, this call is being recorded and transcribed. In order to get to as many questions as possible, each caller is limited to one question. To allow more participants the opportunity to ask questions, please send questions specific to your organization to the resource mailbox just mentioned that is listed on slide 27, so our staff can do more research. All right, we are ready to take our first caller please.

Operator: To ask a question, press star followed by the number one on your touch tone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you're asking your question, so anything you say, or any background noise will be heard in the conference.

If you have more than one question, press star one to get back into the queue and we will address additional questions as time permits. Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster.

Your first question comes from a line of Angela Collins.

Angela Collins: Hi. I'm calling from Fresenius in Deer Park, Texas. I'm new to my role as clinical manager and the medical director when I printed off our score cards, our score was 83. And he wanted to know what was the score range?

Aryeh Langer: Can you give us one moment please?

Angela Collins: Yes, I can.

Delia Houseal: Hi. Thank you. This is Delia Houseal and welcome to the team actually. We look forward to working with you. If you can give us a few minutes just to research that, we have some number in our heads, but we want to actually pull those numbers directly from the rules and make sure that we are accurate, and so will follow up with the answer to that question as soon as we find it, but in the interim we're happy to take another call and then we'll come back out with what the minimum TPS was for that question. Thank you.

Angela Collins: Okay.

Operator: Your next question comes from a line of Maraj Patel.

Maraj Patel: While they are evaluating social security the basic model [there were….some work to do….inaudible] and social security event for the community email, we pass information.

Aryeh Langer: I am sorry. Excuse me. We're having trouble hearing you. Are you on speaker phone?

Maraj Patel: When the MCA evaluate the social security models while they refer, you know 2014 January, others Medicare implication, their also inspires the work [inaudible] who is the supervisor there, what are they doing, when do they began the basic launch team staff they are starting up, and why some process [unintelligible].

Delia Houseal:Yes, again it was very difficult to make out your question. I hate to do this, but I will probably prefer that you can put your question in writing and send it to our inbox. Unfortunately, we had some challenges with that question, and we want to make sure that we fully understand your question so that we can provide you with an adequate response. I hate to send you to the inbox, but if you can get us that question via ESRDQIP@cms.hhs.gov, we'll get you a response as soon as possible.

Operator: Your next question comes from a line of Rita Kasner.
Rita Kasner: Hello.

Aryeh Langer: Hello.

Rita Kasner: Hi, this is Rita Kasner from DaVita Dialysis in Illinois.

Aryeh Langer: Go ahead.

Rita Kasner: At the beginning of the presentation, you mentioned in the beginning payor year 2021, they're going to be 4 reporting measures removed. Does that mean that the Pain Assessment, the Anemia Management, and the Serum Phosphorus reporting into CROWNWeb will no longer be seen in CROWNWeb to report in 2019?

Delia Houseal: Yeah, I think that's a great question. Currently we're working with our systems team to determine whether or not those fields will continue to be available. Again just want to reiterate that if that still do remain available in CROWNWeb, we would not -- you know there would be no reporting required on behalf of QIP and we would not be using any of that information to calculate any type of scores and sorry I can't give you a definitive answer on that, but happy to hear you asked that question and would like to kind of hear from you in terms of if those fields were to remain in CROWNWeb, is that something that you would be interested in having, would you all utilize those fields, just want to check in with the public because as I mentioned we are currently talking with systems team about that question. Any feedback…

Rita Kasner: I would say if the field still are present, I absolutely not, which would be putting in the data. There's enough data to put in already, and there's a reason with which these reporting measures have been decided to be retired and I agree with them. I just want to make sure when someone refers to Anemia Management, what specifically is not going to need to be reported, is that all of the iron studies, is that the ESA, is that you know the drugs, the labs, and everything associated. It's not clear what exactly has been retired.

Delia Houseal: No, fair question and we and we appreciate your feedback. I think we are planning to actually issue a little bit more guidance on that and so if you're not signed up to our ESRD QIP listserv, we encourage you to sign up to our listserv. You can sign up on the QualityNet website and hopefully you know once you sign up, you'll be notified once additional guidance regarding that is published, but for now I can say that information will no longer be required for QIP purposes.

Rita Kasner: And that's effective for the January 2019 submissions correct?

Delia Houseal: Yes, that's correct. Beginning January 1st, 2019 absolutely.

Rita Kasner: Okay. All right. I appreciate that. Thank you.

Delia Houseal: I appreciate your question, it is really helpful.

Operator: Your next question comes from a line of Julie Williams.

Julie Williams: Hi, my name is Julie Williams. I'm from Branson Dialysis. My question is about, I have two questions, but they're the same basic answer, I think. The new reporting measure, the percent of prevalent patient's waitlisted, is that in NQS endorsed measure and if it's not, then why are we using measures that aren't endorsed by the NQS.

Delia Houseal: Yeah, awesome. Again, thanks for your question. I think that's a really great - great question. I would probably defer that question to our measures - measures lead who unfortunately is not here with us. We do understand that, but I would like to share that the program does have the authority to include measures in the program that may not be endorsed by NQS.

And so while we try to make sure that programs that are included in the program receive endorsement, we are not required - our measures are not required to be into the endorsed by program, and a lot of the decisions that go into that is really just you know understanding and actually I like to point you to – to- actually- to page 57006 of the final rule we actually go into a little bit more details about this particular measure here, but again you know while NQS admission is recommended, it's not required especially in those situations where we believe the benefit of a measure might outweigh you know the need to have it endorsed by NQS. And again, I hope that helps, we're happy to talk more about that and to provide more insight into that. If you need additional details than what is provided outside of the rule.

Operator: As a reminder if you would like to ask a question, please press star than the number one on your telephone keypad. Your next question comes from a line of Susan Senich.

Susan Senich: Hello Susan Senich, North Central Pennsylvania Dialysis Clinics. My question is also about the percentage of prevalent patient waitlist. And that my question is, are there exclusions on that measure, age, anything?

Delia Houseal: So again, another good question. There are some exclusions. I would like to refer you to our payment year. I think we just recently released our technical measure specifications for the payment year and so within those technical specifications you'll see - you'll find more details on the measure specifications. Just as an FYI, you can locate the technical measure specifications on CMS.gov and there's also a link to those on QualityNet. And if you have any more questions after reviewing those, please feel free to send us an email, we're happy to help provide any more clarity on that.

Operator: Your next question comes from a line of Andrew Howard.

Andrew Howard: Good afternoon. Delia hi, it's Dr. Andy Howard. Good to talk with you and everybody there. I had a real simple question, have the national penalties for payment year 2019 been posted yet on DFC. When I looked last week, I still didn't see them and I realize in mid-December the performance score certificates went out to the facilities and they should all be posted now, so each facility certainly knows what their final QIP score is and whether or not a penalty is being applied this payment year, but I haven't seen national data posted yet, and I was just wondering when that was likely to happen. I must admit I haven't looked since Friday, so it's possible that it's up now.

Delia Houseal: Awesome and thanks again for your question Dr. Howard. So, the national performance scores are not yet posted. We encourage you to check on or about January 23, so maybe within the next week or so we're hopeful that those will be posted. We also - if you're not already signed up for the ESRD QIP listserv, we encourage you to sign up for the listserv because we will be sending out a notification as soon as those documents are uploaded. Right now, we are targeting on about January 23rd, and so if you can check back around that time and/or be on the lookout for a notification from the program.

Andrew Howard: Great, thank you very much. Look forward to seeing you at the QualityNet. Thank you.

Delia Houseal: Absolutely. Likewise.

Operator: Your next question comes from a line of John Burkhardt.

John Burkhardt: Yes, hello. This is John Burkhardt. I'm a physician and CMO for a small dialysis organization and my question is related to the technical specifications for percentage of prevalent patient's waitlisted and I'm looking it up the CMS.gov page on this. My question is actually a concern. I'm told that from what I'm reading here, it appears as if the denominator is the number of patients at your unity on the first day of the month. And it does not look to me like there is any adjustment for the following two things.

One, if your unit is just an in-center hemo unit, and you don't have home unit there because there are two in the County and everybody goes to the other unit, you are let's just say falsely penalized because all the home patients who would be waitlisted at a higher percentage tend to be waitlisted are at unit A, not unit B.

And then secondly if your overall actual transplant rate is two to three times the national average, the number of patients on the waitlist will be artificially low. So, my question is why not standardize transplant rate and why no modification for your actual transplant rate at that unit or some of the differences you may have in modality use.

Delia Houseal: Yeah, awesome. Thank you again for that feedback, that was extremely helpful. This is exactly the type of feedback that we love to hear on our measures. If you can actually put those concerns in writing, I'd like to get those over to our team as well as our measures lead just for a little bit more investigation, but again we take your feedback pretty serious and will definitely look into it.

John Burkhart: Okay. In writing, I submit to where again please.

Delia Houseal: Yes, and you can submit that to ESRDQIP@cms.hhs.gov and I'd also like to share that there is a transcript of this call, and we're hopeful that you know our goal is to also include any of the Q&A in that transcript as well. So, if you get it your questions over to us via email, we'll try to definitely include that in the transcript.

John Burkhart: Wonderful, thanks for all the work and I appreciate it.

Delia Houseal: Thank you, I appreciate it.

Operator: Your next question comes from the line of Twyla Norquist.

Twyla Norquist: Hi this is Twyla calling from South Dakota, and I'm wondering about for new units that are new dialysis units that are entering CROWNWeb data, is there a minimum amount a month with that data entered that are required in order to get a QIP score.

Aryeh Langer: Can you give us one moment please?

Delia Houseal: Hi Twyla and I hope things are going well out there at South Dakota. Just the thought of it, it sounds really lovely, but again thank you for your question. There is not a minimum amount of months — there is not a minimum amount of months of data that a facility needs, I would encourage you to again point you to our measures manual where we highlight data requirements by measures, we do have requirements around the minimum number of patients that a facility has, but there isn't any requirements around at the minimum number of months other than for our NHSN BSI measure as a facility does not have 12-months' worth of data in, you would not be eligible to receive a BSI score and I think that also would carry over to the NHSN reporting measure

as well because currently for that measure the denominator is set at 12 and if you don't have 12 eligible months to report, then you would not get a score for that. So, I hope that helps to answer your question and again if you – if it doesn't, please reach out to us.

Twyla Norquist: Okay, thank you.

Operator: Your next question comes from a line of Ngozi Ofor.

Ngozi Ofor: Hi my name is Chika Ofor or Ngozi Ofor, I'm calling from an independent peritoneal dialysis center that is Medicare certified. I'm looking at all these new measures, I want to know how they apply to peritoneal dialysis only clinic. Because your VAT measure topic is for fistula rate and long-term catheter rate. They're also talking about ultrafiltration reporting measure. So there alone we're going to lose a lot because these things do not apply to us. And of course, we do not do an NHSN reporting for our PD patients, so have you guys taken those into consideration for the peritoneal dialysis clinics only.

Delia Houseal: Again, thank you so much for your question. We always welcome feedback from those smaller independent dialysis facilities, that specialize in you know highly specialized care. At this point, we have not made any special concessions for PD facilities. We're happy to talk a little bit more about how our existing measures set that might you know like which measure you may or may not be qualified based on the characteristics of your clinic.

I do believe that there are a few measure that I know you would qualify for, and so as you'll see in this year's rule, we did finalize a policy that you know that highlighted that a facility would need to receive – to receive at least in order to be eligible excuse me - in order to be eligible for a score that you would need to be able to receive at least one measure, a score on at least one measure in any 2 domain.

So, on your case, again we have to see how that might play out, but we're happy to talk further about that and again encourage you to reach out to us to see the QIP mailbox.

Ngozi Ofor: Thanks.

Operator: Your next question comes from the line of Rakita Banes.
Rakita Banes: Yes, this is Rakita. I'm calling from independent clinic in Alabama. And I was just wanting to check and see can you tell me how the PPW is actually monitored?

Aryeh Langer: Can you give us one moment please?

Delia Houseal: Awesome and thanks again, that's another great question. The answer to that question is also found in our measures manual. So, I want to point folks intention to that manual if you have it in front of you on page 24, data sources that will be used for that manual, it was primarily the Organ Procurement and Transplantat Network OPTN. We will also be using information that submitted to CROWNWeb and a few other data sets will be used to capture that information. And again, please take a look at our measures manual and tech spec documents and let us know if you have any more questions or concerns.

Operator: Your next question comes from the line of Michael Hesseling.

Michael Hesseling: Good afternoon. I was just wondering on these new measures that you're looking at here, we see that the standard readmission ratio, how are we going to know if that's directly related to dialysis, and is there going to be punitive drawl just because the patient has heart failure and has an EF of 5%, and is getting re-admitted to the hospital verses the patient being fluid overloaded and being a dialysis problem.

Secondarily when you look at the patient and family engagement domain, you say how are they engaged. Well, if the patient doesn't fill out the CAHPS or you saying that's negatively affecting the dialysis unit because they're not returning the survey or is there going to be some kind of adjustment in the actual reporting process and then a weighed measure change to make sure it's appropriate for that facility.

Delia Houseal: Yes. So again, thank you for your questions. I believe we heard about two different concerns here, it sounds like you had a question related to our standardized readmission ratio measures as well as the CAHPS measures. If you could submit both of those questions to the ESRDQIP@cms.hhs.gov mailbox, I think that would be helpful. You know your questions seem to be pretty highly technical, and we want to make sure that we're able to provide you with an appropriate response to both of those.

Operator: Your next question comes from the line of Julie Williams.

Julie Williams: Hi, it's Julie Williams again from Branson dialysis. And I just kind of want to ask one follow up question to my earlier question and that is when CMS looks at developing these measures, if they're not going to utilize the NQF measures, and they're going to utilize non-QF measures where are those proposals being originated from, I'm just curious as to why this measure - you know - were originated. I'm sorry, the transplant measure.

Delia Houseal: Yes, another great question. So we have a pretty robust measure development process that actually takes many years to kind of sort of go through, ideally before measures are introduced to NQF, we typically introduce those measures through the MAP, which is the Measures Application Partnership don't hold me to that but I believe that's the acronym for MAP, and then those measures are also added to our what we call MUC list, which are Measures Under Consideration and so again we try to make sure that we are pretty confident that all of our measures at least have an opportunity to go through a pretty rigorous review process by experts and stakeholders all across the country.
And so, you know while they may go through that process, often times when they do reach NQF, they may or may not be endorsed for whatever reason or they may be those measures maybe you know may, you know, NQF may signal that they need additional information and those sorts of things before they endorse it. So, I hope that describes the process a little bit clear for you, but again let us know if you still have questions or concerns about our measure development process.

Julie Williams: Can I ask another question?

Aryeh Langer: Please.

Julie Williams: I just hope you are hearing when I'm trying to convey and that is you know we're used to having Quality Measures and you know that were held accountable for and it kind of feel like this measure kind of you can hear by the calls coming in and this is kind of took everybody by surprise, and it's not something we've ever

been measured on before, so we're kind of scrambling but I'm hoping you're getting that message that we're, I mean if the quality forum whose designed to create quality measures for the different specialties doesn't endorse the measure, it's just curious to me as an independent provider how CMS just came up with the measure, and I don't really think this one was even endorsed but they specifically chose not to endorse this measure.

Delia Houseal: And again, thank you, we totally understand your concerns. Again, you know we try to make sure that we take into consideration all the feedback from stakeholders as well as feedback from NQF, and for this particular measure NQF, some of their primary concern we're really around some of the evidence and other issues. But we totally hear you and we take those concerns serious, but I also just want to reiterate that we do use a very rigorous measure development process and there's a lot of thought and consideration that goes into the process for selecting measures. Right now, I measure development contractor is UMTech, which is University of Michigan and they do a phenomenal job of actually you know doing an environmental assessment looking at you know being able to identify gaps in quality of care that's in dialysis facilities.

They also look at the existing literature around you know potential measures that can help us assess some of those gaps and helps drive improvements in some of those areas. So, we do use a very rigorous process and again we understand your concerns and we always try to work very closely with our partners - measure development partners as well as NQF and other entities. And we also, quite frankly, we love to actually hear back from you guys as well so we encourage you to you know although the rule cycle is over, we encourage you to let us know if you know what some of your concerns are about the measures and you know we hope that we'll be able to you know start developing more information and resources to help alleviate some of the concerns that we hear.

I know we do have a quarterly what we call out quarterly measures topic, where we take a particular measure and we take a deeper dive into describing the rationale behind a measure, and we go a little bit more into some of the measure specs and those sort of things – we'll definitely talk - I'll talk with the team and figure out, it felt like that PPW might be one of those measures that we want to bring to you all sooner rather than later. So again, we are truly appreciate your comments.

And also, I wanted to go back to one of our comments I think this comment I wanted to know what the minimum TPS was. And so, for this most recent payment year, the minimum TPS was 56.
Aryeh Langer: Thank you very much.

Delia Houseal: Thank you.

Additional Information

Aryeh Langer: And unfortunately, that's all time we have for questions today. If we do not get your question, you can email it to the address listed on slide 27 that's the mentioned numerous times during today's presentation.

We hope you will take a few moments to evaluate your experience today, see slide 29 for more information. An audio recording and transcript will be available in about 2 weeks at go.cms.gov/npc. Again, my name is Aryeh Langer. I'd like to thank our presenters here at CMS and also thank you for participating in today's Medicare Learning Network event on ESRD QIP. Have a great day everyone.

Operator: Thank you for participating in today's conference call, you may now disconnect. Presenters please hold.