



MLN Connects®

National Provider Call Transcript



**Centers for Medicare & Medicaid Services
ESRD QIP: Reviewing Your Facility’s PY 2017 Performance Data Call
MLN Connects National Provider Call
Moderator: Aryeh Langer
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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: Thank you, Ronni. 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 MLN Connects National Provider Call on the End-Stage Renal Disease Quality Incentive Program or ESRD QIP. MLN Connects calls are part of the Medicare Learning Network. Today's MLN Connects National Provider Call topic is ESRD QIP: Reviewing Your Facility's Payment Year 2017 Performance Data. A question-and-answer session follows today's presentation.

And now just two quick announcements. You should have received the 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. Again, that URL is www.cms.gov/npc as in National Provider Call. At the left side of the webpage, click on National Provider Calls and Events, then on the following page, select the date of today's call from the list, and the presentation can be found under the call material section.

Second, this call is being recorded and transcribed. An audio recording a written transcript will be posted to the MLN Connects Call website. Registrants will receive an email when these materials become available.

At this time, I would like to turn the call over to our first presenter. Tamyra Garcia, is the ESRD QIP Program Lead and Policy Lead and the Division of Value, Incentives, and Quality Reporting here at CMS. Tamyra?

Presentation

Tamyra Garcia: Good afternoon to everyone who's joined us and thank you for participating in today's National Provider Call on the Payment Year 2017 End-Stage Renal Disease Quality Incentive Preview Period.

Joining me today and presenting is a collaborator, the Communications Manager from the CROWNWeb Outreach, Communication, and Training Contract. His name is Oniel Delva, and he will provide us with some great information on how to access, briefly, and use the ESRD QIP 2.0 system for the purposes of the preview period.

Slide 4 provides all of the participants today with some of the goals for today's call. Today we're going to discuss the ESRD QIP preview period for payment year 2017, of course, which you know is very complex and detailed. But we'll also discuss why the preview period is important, and what steps you need to take as users to participate. Our goal is really to provide a good understanding of how facilities can participate in the preview period. And our prepared presentation will be followed, as stated previously, by a Q&A session.

In today's presentation, we are looking to emphasize a few points before starting. First, we are unable today to talk about any specifics for future years of the ESRD QIP or the proposed rule, which was published in the *Federal Register* in late June. Second, we ask that you save your ideas and questions on that topic for the call-in sessions that CMS will conduct this Thursday, August 4th, and the second on August 16th. And we ask that you please participate in the formal comment period that is currently going on associated with the proposed rule. This comment period closes on August 23rd. And we have released, and will release, additional information about those upcoming call-in sessions and events.

We also are going to touch on how to access the ESRD QIP system and how to use the system, but if any facility has specific questions today about barriers that they've encountered, we ask that you submit questions to the QualityNet Help Desk. Finally, many of you will want additional information that we won't be able to cover today. So we invite you to review the online resources that are provided at the end of the presentation, as well as submitting questions to the ESRD QIP mailbox.

ESRD QIP Overview

With that said, we are going to get into the general program information portion of the presentation today, which is covered in slides 6 through 12. And we're going to go through this pretty quickly in order to maximize the discussion associated with the questions and answers, as well as the description of how to use the ESRD QIP 2.0 system.

So, as you all well know, payment year 2017 represents the 6th payment year for the ESRD QIP. It's really a benchmark in the program and is characterized by a growth in the ESRD QIP measure set with respect to outcomes measures. The addition of the standardized readmission ratio measure is one very important aspect of payment year 2017. So, all of the work that's been done leading up to this point, the 6th payment year, really speaks to how the program fits and to CMS's overall goal of improving health.

And slide 6 summarizes one of the mechanisms that CMS uses to really promote the three-part aim of better health, better care, and smarter spending. Beneficiaries should receive cost-effective, quality care, and value-based purchasing is an avenue that CMS uses to assist us with this goal. We'd like to note, and we like to brag a bit, that the

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ESRD QIP was CMS's first pay-for-performance program, which – if it changed – it's a paradigm shift, so rather than paying dialysis facilities based on how many services they provide, Medicare now pays dialysis facilities based on how well those services help to keep patients safe.

The ESRD QIP uses the Government's purchasing power through Medicare to really incentivized improvements and treatments of patients with ESRD by penalizing patients with a 2-percent reduction -- facilities with a 2-percent reduction that do not meet certain standards. These incentives drive care throughout the health sector, not just Medicare.

Slide 7 is an illustration of the National Quality Strategy domains that are aligned with the work that we do across CMS. The ESRD QIP addresses five of the six domains: safety, patient and family engagement, treatment and prevention of chronic disease, population and community health, as well as care coordination. And we're working on that last affordability domain.

So now that we've touched on how the ESRD QIP fits into CMS's goals in general to improve quality, we're going to move on to the next few slides, which will really provide you all with an overview of the legislative aspects of the program. And again, we're going to move through this quickly to get to the meat of the presentation.

So, slide 9 really describes the legislative drivers for the End-Stage Renal Disease Quality Incentive Program. The Medicare Improvements for Patients and Providers Act, also known as MIPPA, amended the Social Security Act to mandate the creation of the ESRD QIP. So the program's intent is really to promote patient health by encouraging renal dialysis facilities to deliver high-quality patient care. And MIPPA does two important things. First, it provides the mechanism for establishing standards of care, and it also authorizes payment reductions, as stated previously, for facilities failing to meet these standards.

Slide 10 provides a list of actions that MIPPA authorizes. So, first is the selection of measures. Some of the measures in the ESRD QIP are specified by the Secretary and are statutorily required for inclusion in the program. And a few of these are listed here. MIPPA also authorizes the establishment of performance standards, and each individual measure has a performance standard linked to it.

It also allows us to specify a performance period for a given payment year to develop a methodology to assess total performance for facilities, and that is really aligned with the performance standards for the measures during a specific performance period. It allows us to apply an appropriate payment percentage reduction, and the ESRD QIP is up to a 2-percent reduction. And then, it also allows us to publicly report results. And another program that is very, very closely aligned with the ESRD QIP program is Dialysis Facility

Compare program, also known as the DFC. And this program provides information about facility performance to the public using star ratings.

And now that we've sort of discussed the structure of the program, we'll turn to how it evolves from year-to-year through the rulemaking process, and that can be found on slide 11. So Slide 11 summarizes this rulemaking process, and I'm sure many of you are familiar with. And what CMS does, is CMS issues a proposed rule and sets out the clinical and reporting measures, as well as the scoring mechanisms, it wants to include in any given payment year.

What happens after that is the public has a 60-day opportunity to comment on that proposal and suggest recommendations or different approaches that it would like to see in the program. It really gives the general public an opportunity to influence and shape the rule governing each payment year.

CMS really encourages stakeholders to participate in this comment period, which ends this year on August 23rd, to share their thoughts on how the ESRD QIP can best serve the needs of patients with end-stage renal disease. Again, we cannot stress enough that we recommend that you all are able to go to the *Federal Register* and comment on the proposed rule before the deadline, August 23rd.

Now, moving on to how we score from the legislative discussion, slide 12 summarizes how we evaluate facilities. It's really important to make sure that the public understands how CMS gathers this information and uses it to calculate performance rates and scores for the ESRD QIP measures so that you all can really sort of make informed decisions and engage us with respect to next steps. The preview period is a mechanism that folks can use to really sort of look at their estimated scores. The preview period is a 30-day period, and it allows facilities to review the calculations and submit clarification questions and formal inquiries and provide us with information to know whether or not we need to adjust scores from the CMS perspective.

After this occurs, payment reductions are submitted, and final results are released. It is a statutory requirement, so facilities will always have the opportunity to engage in the preview period process and review and formally inquire about their scores before they are finalized, payment reductions are applied, and the information is reported publicly.

Payment Year 2017 Overview

So now we will move on to our discussion about the preview period, specifically for payment year 2017, which will begin on August 15th. We'll touch base on the timeline and then really take a couple of minutes to review measures and scoring associated with the Payment Your 2017 program. We're looking to hit the highlights and really put the discussion and perspective into context so that that you understand how total performance scores are calculated and how measures are described for the payment year 2017 program.

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The timeline as seen on slide 14 really provides you all with important information regarding dates for the payment year 2017 preview period. As stated previously, we'll open on August 15th. During this time, the performance score report -- the preview performance score report -- will be made available online in the ESRD QIP system. The preview period closes at 5 pm eastern time on September 16th. All of the interactions for the preview period will take place in the ESRD QIP system.

The mechanics of the preview period will be discussed later in more detail by the collaborator, Oniel. But we really wanted to sort of ask that you all register for your EIDM access and request your role in QARM as soon as possible to avoid experiencing any delays during the preview period. And we'll sort of discuss what those things are a bit more later on in the presentation for those who are not familiar.

We are also recommending that facilities submit any clarification questions they may have by August 31st, even though the preview period doesn't close until September 16th. It's really important that you submit formal inquiries or clarification questions as soon as possible so that we have ample time to reply back and request additional information, et cetera, et cetera, before the preview period ends.

Slide 15 provides a graphical representation of the measures within the rule. There are eight clinical measures present, which make up five distinct scores. And the clinical measures comprise 75 percent of a facility's total performance score. You can see that the first two clinical measures, vascular access type for fistulas and catheters, are related. And they are sort of combined to create a vascular access type measure topic score.

Similarly, 3 through 5 are related, and these three measures are scored individually, then combined to create a Kt/V dialysis adequacy measure topic score. The three reporting measures, as seen in the beige-colored box at the bottom of the slide, make up 25-percent of a facility's total performance score. We also indicated the new measure in payment year 2017 with the star, the standardized readmissions rate ratio.

Slide 16 provides a bit more information about the measures in terms of directionality. When talking about clinical measures, it is extremely important to understand that bigger is not always better. And this is really what we mean by the directionality of a measure. It varies according to what element of care is being measured. For the measures listed at the top of the slide, Kt/V dialysis adequacy, all of the measures, as well as vascular access type for fistula, a higher rate indicates better care.

For the measures at the bottom of the slide—catheters, bloodstream infections, and hypercalcemia—a lower rate indicates better care. For example, a hypercalcemia result greater than 10.2 milligrams per deciliter can be dangerous, so this rate should be as small as possible. Likewise, catheters are not an ideal method of vascular access for

many patients. So, for eligible – for patients eligible for other modalities, this number should be small as well.

And CMS wants to reduce infections and hospital readmissions so that those rates should be as small as possible. Different directionalities may exist even within a measure topic. The preview performance score report includes definitions and descriptions of the thresholds, performance standards, and benchmarks all referenced in this image.

Slide 17 provides some additional information on how we score clinical measures, which has been in place since payment year 2014. The achievement method compares the facility's 2000 performance to the performance of all facilities during 2013. While the improvement method compares the facility's 2015 performance to its own performance during 2013.

In calculating the total performance score, CMS uses the better of the two results as the facility's score on the measure. And here, we encounter another term, the improvement threshold, which will also be defined and described in your facility's preview PSR. 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. Just to be clear, CMS favors achievement over improvement, which is why a facility can score a maximum of 10 points using achievement, but the maximum number of points a facility can receive with respect to improvement is 9 points.

So now that we've discussed the measures and the weights and the scoring, we're going to move to a slide that sort of combines these concepts, in a sense, slide 18. This graphic really summarizes how facilities will be scored, how those scores will translate into a facility's total performance score, and whether a payment reduction will be applied. It identifies the measures, vascular access type, Kt/V dialysis adequacy. It identifies the calculation methods, as well as the category weights of 75 percent, 25 percent, and the scale for payment reduction, which we see is a maximum of 2 percent. So there's a scale that initiates that half percent and goes up to a 2-percent reduction. To receive a TPS in payment year 2017, a facility must qualify for score on at least one of the measures in the clinical domain and one of the measures in the reporting domain.

Performance Score Report Overview

So with that description of the program as a whole, the payment year 2017 scoring in measures, we are going to briefly turn our attention to the performance score report document and the information that it contains. More information on the performance score report can be found in the guide to the payment year 2017 preview performance score report, which will be available for download and access ahead of the preview period.

Slide 20 is a sample of the title page of the preview performance score report. In order to ensure that you are looking at the correct report, please check the payment year and

the date of the document, which can be found in the lower right-hand corner. Here we see August 15th, 2016. The version delivered in December will be labeled final performance score report so that you are able to very quickly see the difference between your preview score report and your final score report. When you download your facility's preview performance score report in PDF format, you will receive specific performance rates, scores, weights, a total performance score, and payment reduction information for your facility, if applicable.

The performance score report provides a slew of information about the facility, its performance on each measure, as well as an explanatory text and glossary. Again, please see slide 21 to obtain information on how to access the guide, the payment year 2017 preview PSR, as well as information about accessing the QualityNet.org website and additional information on what your performance score report contains.

Preview Period

So now that we've discussed an important document associated with the preview period, we are going to talk about the preview period itself. The 30-day preview period is an extremely important element of the ESRD QIP. It provides a measure of transparency by sharing data, it allows facilities to understand and review their data and interpret the information before the scores and payment reductions are finalized and applied. Each facility has the opportunity to really understand their score with questions and potentially formally contest the results, again, before any reductions are applied.

Slide 23 provides us with a bit of information on when and how we can access the ESRD QIP system. CMS will use the ESRD QIP 2.0 system for the preview period, which is accessible through QualityNet.org. Please note, all users will need both their EIDM user ID, as stated previously, and their QARM user role in order to access the system. It's important, so we really wanted to reiterate this. But we also sort of wanted to discuss a few things with respect to the ESRD QIP system and accessing it.

We understand that users have experienced challenges during this process, and there are a few things that we've been made aware of that we'd like to communicate to you all. First, any facility that's interested in obtaining an EIDM user ID and obtaining a QARM user role needs to identify a security official. Those who have yet identify a security official, we ask that you contact the QualityNet Help Desk and inform them that you do not have a security official identified.

Second, we know that at this time, only approximately half of ESRD QIP facilities have identified a facility point of contact. It's important to know how many facilities have accessed the facility point of contact. And it's very important for your facility to identify a facility point of contact because facility points of contact are, is the only user role that can submit a formal inquiry in a clarification question. And we understand that this is a very important action for the purposes of the ESRD QIP preview period.

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We also wanted to let you all know that you can go to the link on slide 30, which will provide you with access to the EIDM QARM guide. It will provide you with a step – by-step process of how you are able to obtain an EIDM user ID, as well as a QARM user role and, most importantly, the facility point of contact role so that your facility can participate in the ESRD QIP preview period.

CMS is extremely dedicated to ensuring that facilities have ample time for onboarding. As a result, we extended the start of the preview period date. So the preview period date will formally began on August 15th, which gives us about 2 weeks, a little less than 2 weeks, for facilities to get onboarded. So we look forward to collaborating with you all and communicating in the next 2 weeks on getting folks onboarded into the system.

Lastly, we have been told that there are some delays with respect to the system. And we want to reiterate that CMS is working diligently to ensure that those delays will subside and will not continue in terms of moving forward.

So now that we've talked about accessing the system, where you can go to obtain information about onboarding into the system, we wanted to sort of go back to the important aspects of the preview period. And one of the most important aspects of the preview period is a facility's ability to submit those clarification questions, which is what the facility point of contact is able to do.

And clarification questions can address methodology, calculations, and/or process. Facilities may pose as many clarification questions as necessary to ensure that they understand how their scores were calculated. Again, we requests that you submit clarification questions by August 31st to allow sufficient time for your facility to lodge a formal inquiry, if necessary, and to allow for followup and request for additional information, if necessary.

We ask that you be sure to avoid using the clarification question option to submit which should be a formal inquiry. And we'll talk about formal inquiries in a few moments. We want to be clear that these processes have different purposes, and doing this will result in delays in terms of processing your clarification question request.

So there are actually two types of clarification questions. The clarification question that we just described is related to questions that a facility has at a facility level. Systemic clarification questions is a newer feature that we established last year, and it really provides a separate mechanism to ask CMS about potential calculation shortcomings or things that might affect a number of facilities rather than only one single facility posing a question.

So if a group of facilities come across an issue, they can submit systemic clarification questions and include all of the facilities impacted for investigation by CMS. As with the traditional clarification question, facilities can pose as many questions as they need, and

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CMS truly encourages facilities, again, to pose them by August 31st for aforementioned reasons.

So finally, we move on to the formal inquiry. As you all well know, a facility is limited to one single formal inquiry, unlike the clarification questions. This formal inquiry must be accompanied by evidence, and the facility manager must approve it before it is submitted as formal inquiries may not be recalled.

The formal inquiry is really a mechanism for facilities to provide evidence to CMS in an event that they believe that an error has been made with respect to the calculation of their preview score. If the facility does not provide evidence, they will experience delays in a response, or CMS may reclassify the formal inquiry as a clarification question. In order to view the preview performance score, facilities must be able to access the secure portion of QualityNet.org, which we will discuss next.

In looking at slide 27, there's some additional information on QualityNet.org and how you can obtain assistance if you have issues accessing QualityNet.org. Users should make sure that they are set up on the system appropriately, and we spoke to that previously and there are links to help you onboard into the system. But we wanted to also speak to other users. So the networks, for example. They can also use the system to see performance score reports for the facilities in their region, and they can also assist facilities, where appropriate. So they can serve as a vehicle for assistance as well.

For help logging into the system, you can email or call, as indicated on this slide. So we do want to be very clear that help desk assistance is only available Monday to Friday, not on the weekends. And we also wanted to let folks know that once you've accessed the system, you can really find a great deal of troubleshooting guidance on the site, which may sort of allow you to obtain information so that you don't have to make that call, or if you run into any issues on the weekends, hopefully, those troubleshooting documents will assist you there.

So with that information, I'd like to turn the presentation back over to Aryeh, for an important announcement before we continue on with the ESRD QIP 2.0 walkthrough with Oniel Delva from OCT.

Keypad Polling

Aryeh Langer: Thank you, Tamyra. At this time, we will pause a few moments from the formal presentation to complete keypad polling. Ronni, can you begin the keypad polling, please?

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

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

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. And now I'd like to turn the call back over to Aryeh Langer.

Presentation Continued

Aryeh Langer: And I'll now turn over the call to Oniel Delva, a Communications Manager from OCT.

ESRD QIP 2.0 Walk-Through

Oniel Delva: Thank you so much, Aryeh. And hello, everyone. Now before I officially get started, I just want to take this time to thank Tamyra Garcia and the ESRD QIP team for giving OCT an opportunity to present on today's call.

As mentioned, my name is Oniel Delva. I am the Communications Manager for the CROWNWeb Outreach, Communication, and Training team. Our team has been involved with CROWNWeb communications and training for many years. And we've worked with the ESRD QIP team to distribute and communicate information that is to really set up – to designed to support the program. And we are continuing our collaborative efforts by supporting training for the ESRD QIP 2.0 system. Now, today, during this presentation, I will provide an overview of the ESRD QIP 2.0 system and highlight how our team will support the community's educational needs as it relates to this application.

Now, we're going to go and continue. If you look at slide 29. A lot of you on the line may already know that CMS recently retired the Account Management System it used since 2012 to allow users to register for account access. That system was known as the QualityNet Identity Management System, so QIMS, a lot of you already know that.

As of July 2016, CMS started using two new systems to allow users to manage their access and request roles, all of which is now done electronically. The first of the two, which you can see we're calling out here, is the Enterprise Identity Management System, known as EIDM. Now, EIDM is used to allow individuals who need access to CROWNWeb, the ESRD QIP system, and any other CMS applications, to create their own user ID and password, as well as provide them with the ability to complete the identity vetting process needed to complete account registration.

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The EIDM system has been available, really, since May 2016 via portal.cms.gov. And all ESRD QIP system users are required to have an account in order to complete the necessary tasks. Now, a bit of good news for the community is that only one EIDM account is required in order to access the many CMS applications. So that has been mentioned a few times, but we just wanted to remind folks that only one account is needed.

Now, if you transition to slide 30, you'll see – here, we're going to talk about the second system that's required as part of this process. The second system required as part of the new process to gain access to the ESRD QIP and other CMS applications is known as the QualityNet Authorization and Role Management System, so QARM for short. QARM is also available now to all users and is used to allow users to really, to identify the application to which they need access, as well as the roles and scope they require within those applications.

Now, since we only have – or I only have 10 minutes as part of this presentation, I will not have enough time to provide step-by-step training on how to complete the registration process. However, you can – however, if you still need to complete the EIDM and QARM account registration process, you can go to MyCROWNWeb.org. While there, you can access training materials that include instructions on how to set up your account.

Now, if you have a copy of the slide deck, at the very – at the bottom of that slide 30, which is what we're speaking to right now, we include a link that will take you exactly to the EIDM and QARM registration, or the EIDM and QARM training page within the MyCROWNWeb.org website. There at the top, we have the quick start guide that Tamyra referenced earlier, as well as other things that can be used to support your needs as it relates to EIDM and QARM account registration.

Continuing with the next slide, though, looking at slide 31. Now, here, we're going to focus on the ESRD QIP roles. Now, there are a lot of different roles that could potentially be referenced with – if we take it back just a moment when we talk about the QARM system, there's the security official role that's very important that all facilities make sure that they have one in place.

Now, with this slide here, we're going to focus solely on the ESRD QIP system role, really the facility-level roles. As I indicated on the last slide, anyone who needs access to the ESRD QIP system must complete or create an account and needs to have established a role. So, what are the roles when talking about the ESRD QIP system?

While the implementation of the ESRD – or while the implementation, I apologize, of the EIDM and QARM systems introduce new methods users must follow to request an account, and a new version of the ESRD QIP system has been released in support of the upcoming preview period, the roles that users can request remain the same as what it

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was last year with the release of the ESRD QIP 1.0 system. And based on the purpose of – for the request, a person can serve – now, again we’re focusing just facility-level roles as either a facility point of contact or facility viewer.

Now, keep in mind that the other roles, such as dialysis org and other network level roles, those still remain – we’re not going to have enough time to speak to those roles as part of today’s discussion; that will be provided later. But focusing today on facility point of contact and facility viewers, at each facility – or each facility is allowed to have one facility point of contact.

And as you can see here, from this screen, if you have a copy of the deck with you, the facility point of contact has the ability to run reports. Now, there are four ESRD QIP systems or reports. There is the patient list report preview, patient list report final, the performance score report preview, which is what you’d download coming up, as well as there’s the performance score report final.

The facility point of contact also has the ability to draft and submit clarification questions, systemic clarification questions, as well as systemic clarification questions to CMS. Now, a facility point of contact also has the ability to communicate with CMS via the formal inquiries, which we just touched on a moment ago. Furthermore, in addition to running reports, if you are serving as a facility point of contact, you’ll have the ability to access the facility’s performance score certificate, when available.

Now, the other role that we’re going to speak to today or – is the facility viewer. And as the name indicates, this person can only view information that has been made available or provided within the system. This person can view the PSRs and PSCs, when available, as well as view the requests for additional information and/or clarification questions. More information regarding the roles will be covered as part of the ESRD QIP 2.0 system training that OCT will be providing on August 16th. And my last slide actually provides some information, including a link that will take you directly to the page to where you can go to to register to attend that training event.

Now, moving onto the next slide, slide 32 for those of you who are following along with that, if you used the ESRD QIP system last year to access information regarding your PSRs and PSCs, the rest of the information that I’m going to provide will sound a little different than what you did last year, starting with how you will access the ESRD QIP system. To access the system, users must go to Qualitynet.org, then click on the login link or login button, I should say. Now, that is the same. After doing that, they will be provided with the Choose Your Qualitynet Destination screen, as you can see here on slide 32. Users must then click End-Stage Renal Disease Quality Reporting Systems on the list of, or of part of the list of quality programs.

Continuing with slide 33. To discuss downloading a preview PSR. Now after logging in to the Qualitynet secure portal, the next steps that a user would follow would be based on

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the task or tasks that individual is attempting to complete. Here on this slide, we will focus on how users can access their PSRs during the preview period. There are many steps that one would follow to generate a report, such as step one, click run reports, step two, so on and so forth. But at a high level, here is how users can generate and download a preview PSR. In here, on this slide, you should see we include three screen captures, and I apologize if they are small and you're not able to see them that well.

But looking at the first on this slide here, users must click My Reports at the top of the screen, then select Run Reports. Keep in mind that we've already logged in. So after we've done that, that's when you'd click the My Report and then click Run Reports. Looking at the second screen capture on this slide, the system may display a page that asks users to click Run Report once more, but it should now show a screen that allows users to indicate ESRD QIP as the report program and payment year 2017 as the report category. Users would then click View Reports, which would then take them to a report parameter screen that allows them to note the dialysis organization, the ESRD network, the State, as well as indicate the report format and more. And once done with that, a confirmation page will then display.

And looking at the third screen capture on the slide here, to download the report, users would go to the Search Reports tab and click on the green downward pointing arrow in the action column, which is located to the far right of that page. Now, this would be done once the report has a green check mark next to it in the status column, which is to the far left. The green check mark indicates that the report is ready for download.

Looking at the next slide, so I'm on slide 34, going back to what I said on the previous slide, after logging in to the secure portal site, where users go next is based on the tasks they need to perform. Earlier, users needed to click My Reports, the link that's at the top of the screen. But in order for a facility point of contact to submit a clarification question, a systemic clarification question, and/or formal inquiry, that facility PoC needs to access the ESRD QIP system by this time – or this time, what they would do is click the drop-down arrow next to Quality Programs, which is at the top of the screen, and the next page that would display asks the users to note their destination, which in this case is to access the End-Stage Renal Disease Quality Reporting System.

If you have a copy of the slide deck, we've included some of the steps in order to do this. And again, training will be provided to provide more information. But they would select that. And if the facility point of contact has gone through the registration process correctly, which is available and should be completed now if you have not done so, that person should see the ESRD QIP under ESRD QIP Applications, should see a link that indicates Inquiry. Okay, after clicking the Inquiry link under that application, the facility PoC would be taken to the Inquiry dashboard, which you can see here as part of the screen capture included on slide 34, that's the Inquiry dashboard, to create a clarification question or formal inquiry. Here, we show that we are creating a clarification question.

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Now, continuing to slide 35, okay, keeping our focus on clarification questions. After clicking Create a Clarification Question, clicking that button, the facility point of contact is taken to a page that allows him or her to enter a subject line, as well as the question. And if the question pertains to all facilities, the PoC can click the systemic clarification checkbox, and that question will be applied to all.

Okay, continuing to the next slide focusing on formal inquiries. When submitting a formal inquiry, the steps a PoC would follow as it relates to accessing the necessary page really are the same as what I noted a moment ago. However, from the inquiry dashboard, this time the facility PoC would click the Create Formal Inquiry button. The next screen that displays would allow the facility PoC to indicate the facility, check off that the facility manager has approved the formal inquiry, gives this individual the ability to enter a subject line, note the form inquiry, as well as attached documents, if needed.

Now, please note that there are character limitations when submitting your questions and formal inquiries, so don't plan to – don't plan on writing a novel in the formal inquiry field, but you can write a novel, if needed, in the attachment. Also, the system knows that only one formal inquiry can be submitted per facility, per payment year. So if you have access to multiple facilities within the ESRD QIP system, the name of that facility, the one that you've just submitted, let's say the one you've just submitted a formal inquiry for, the name of that facility is no longer displayed in the facility drop-down list on the formal inquiry screen. So the system is refreshing and updates itself with that information so that you don't accidentally select that facility again.

Now looking at slide 37, this is my last slide for my section here. This was a quick crash course on how users will be able to download a preview performance score report and how facility points of contacts, PoCs, will be able to submit clarification questions and informal inquiries. Now, our team, the CROWN Outreach, Communications, and Training team, will be providing a more in-depth training on August 16th from 2 pm to 3 pm eastern. Please join us if you'd like more information regarding what I talked about today.

The registration link is available as part of the slide deck, and we'll be sending out a blast to the community regarding the availability of this training session, and a registration link will be provided or can be accessed via MyCROWN.org as well. We would love to have you on our call as part of the training session, and we hope to see you there. So thank you so much. And Tamyra, I will turn it back over to you.

Follow-Up Activities

Tamyra Garcia: Thank you so much, Oniel, that was extremely informative. So now, we are actually going to move on to sort of wrap up this presentation and really review the upcoming deadlines and the steps that facilities need to take for all aspects of the program, specifically next step that they need to take for the purposes of payment

year 2017. So, I ask that you all take a look at slide 39, our very thorough ESRD QIP critical dates and milestones slide.

As you can see, there's quite a bit of overlap with respect to payment years in terms of the rulemaking process and the scoring process for the ESRD QIP program. And there are a lot of activities that happen at the same time. So to start and guide you all through this very thorough slide, we're going to take a look at an overarching timeline of the program. And so, this graphic really illustrates a lot of what we've discussed on the call today. So right now we are in the midst payment implications from the payment year 2016 program as they will begin in calendar year 2018. The 30-day preview period for payment year 2017, which we've discussed in-depth today, will begin this month, of course, on August 15th.

Additionally, we have the performance period underway for payment year 2018, which started January 1st of 2016. And finally, we released a proposed rule for payment year 2020, and we're currently in the 60-day comment period, which started in late June and will end on August 23rd. So, in this way, the ESRD QIP can truly be seen as a series of multiyear programs that occur simultaneously. So I'm hoping that this very comprehensive slide helps folks to sort of see where we are in terms of payment years, preview periods, and comment periods.

Next, we're going to take a look at slide 40, which really summarizes the activities that we wanted to just sort of follow up with you on and ensure that you're engaged in in order to participate fully in all of these activities. So once the preview period ends at 5 pm eastern time on September 16th, CMS will complete its review of all of the clarification, questions, formal inquiries, systemic clarification questions, as submitted, and will work through providing responses and finalizing the payment year 2017 results for every eligible facility.

These results will be displayed to the facilities in a final performance score report and a performance score certificate, which should be available in or around December. In addition, CMS will publish information to the public regarding payment year 2017 performance on Dialysis Facility Compare, as well as do a data release on the CMS website.

Performance Score Certificate

So, we've had a lot of discussion about the preview performance score report and we spoke briefly about the final performance score report in a previous slide, but we also wanted to touch on the performance score certificate, which is aligned with, again, the final performance score report. MIPPA, which gives QIP the authority to establish those standards of care we talked about previously and reduce payment also requires that each and every facility displays their performance score certificate throughout the year in a prominent location at their facility.

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This important document summarizes information about the facility's performance, as associated with the ESRD QIP, and it also allows patients to sort of inquire about information on how well the facility meets the ESRD QIP standards of quality.

This document is provided in both English and Spanish, and both versions should be displayed. And we're actually going to give you a quick view of what the PSC looks like, but we do want to reiterate that this document must be displayed 15 business days after it's made available. And we really – think it important to have staff on hand who understand the document and can explain to patients if they have questions, what it includes and entails and its purpose.

So, as promised, slide 42 is a sample of what this two-page document looks like. We request that you post both pages throughout the year and make sure that staff are familiar with the document and, again, can answer questions about it. So now that we've discussed the requirement in terms of posting and the performance score certificate, we want to move on to a few more responsibilities, some that you've heard and others that we're just going to share for the purposes of ensuring that you're informed moving forward.

Responsibilities and Critical Dates

So we're asking in slide 43 that you establish your EIDM and QARM accounts by now; if not by now, as soon as possible because we know that folks are still working through that. We're asking that you all follow the preview period process and submit clarification questions and formal inquiries, if necessary. We're asking again that when the PSC is available, you download, print, and post it in a timely manner within those 15 business days, and also to remember that that certificate must be posted throughout the entire year.

Some additional key dates to remember, as seen in slide 44, is the January 1st to December 31st, which is when payment year 2016 payment reductions will be applied, as well as the performance period for payment year 2018. So, payment year 2016 or calendar year 2016, is really important for both payment year 2016 and payment year 2018. The payment year 2017 preview period, which we've shared is August 15th through September 16th, as well as the rulemaking comment period, which started June 27th and ends August 23rd.

And then lastly, with respect to those final scores post-preview period, that mid-December and/or around December date when the final scores and the performance score certificates will be available, as well as the payment year 2017 payment reductions, which will come into play as of January 1st, 2017.

So CMS really sort of appreciates you all keeping these dates in mind. We truly appreciate your cooperation and inputs all along the way, and we are dedicated to really working closely with you all to ensure you're informed and that we are working together

to make the ESRD QIP, the preview period, and the comment period a success. And in order to do that, we want to make sure that you're informed, right?

So in taking a look at slide 45, we're providing you all with links to information from CMS. Some of you are quite familiar with the cms.gov website, but we've also included information on the ESRD National Coordinating Center (the NCC), information on our close partners, Dialysis Facility Compare, and then for those who are interested in sort of the statutory authority associated with the program, who want to delve deep into the legislative piece, the link to the MIPPA, Medicare Improvements for Patients and Providers Act.

We also want to reiterate that we post measure specifications for each year on the cms.gov website. And we just recently released an ESRD measures manual, which includes information, added information, a consolidated source of information on all ESRD measures across CMS. So it's not simply limited to the ESRD QIP, but the DFC as well. And we are very excited to be able to provide that as a resource. We also have a JIRA system and a user guide associated with this up and running so that folks who have questions and want to submit non-substantive comments related to measures or recommendations about how we can improve the manual are able to do so, so that's another mechanism to sort of engage with the program.

So in conclusion, we really want to thank you for your attention. We are very happy that you joined us this afternoon and took time out of your day to learn more about the ESRD QIP payment year 2017 preview period. And now we're going to stop to invite you to ask questions. Again, we are unable to respond to questions related to the proposed rule, and we will try to assist with you all as much as possible any questions you may have related to the system and onboarding and could take some of that information back to our partners, but at this time would not be able to provide you with an expert response. So we really appreciate any inquiries that you have, any questions that you have, and are looking forward to engaging with you all. Thank you.

Question-and-Answer Session

Aryeh Langer: Thank you, Tamyra. Our subject matter experts will now take your questions. But before we begin, I would 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 to as many participants as possible, we ask that you limit your questions to just one. All right, Ronni, we are ready to take our first question please.

Operator: To ask a question, press star followed by the number one on your touchtone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking a question to assure clarity. 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. Please hold while we compile the Q&A roster. Please continue to hold for your first question. And your first question comes from the line of Gary Rose.

Gary Roe: Hello?

Aryeh Langer: Hello, go ahead.

Gary Rose: Yes. I am from DaVita, a De Novo facility, and we've been trying for the last couple of weeks to get into the QARM system and be able to make sure that our batching for pain management has come across. But we've been unable to do that. And my question is, is that with this new system in transition, will we be penalized for not being able to get the information updated?

Tamyra Garcia: Hello Gary, thank you so much for your question. So we are aware of the barriers that facilities are experiencing with respect to submitting their pain assessment data, and we are working very closely with leadership to provide you all with some additional information, which is forthcoming. So you all should have additional information within the next 24 hours. It's currently being assessed. And, I can't sort of speak to specifics at this time, but you will have, again, more information to come on that which I think will be beneficial for those who are encountering similar issues.

Gary Rose: Okay, that'd be great. Thank you.

Operator: Your next question comes from the line of Deborah Plowman.

Deborah Plowman: Yes, hello. This is Deborah Plowman calling from DaVita. I had a question. I'm in the process, I'm just waiting for approval to get my end user to be able to enter CROWNWeb. But is that exactly where I go in to designate myself as the facility point of contact?

Tamyra Garcia: Hello, Deborah. This is Tamyra Garcia. Thank you very much for your question. I unfortunately do not have the expertise and, as far as the system is concerned, to provide you with any additional information there. Have you submitted a ticket to the help desk?

Deborah Plowman: No, that was going to be my next thing. Right now, it took me quite a while to get my SO because there was no SO here. So I'm finally there. I've approved – I've been able to approve an end user, so we at least can get in to do something. I'm waiting for my end user approval to come through. And then I guess maybe when I do that, I'll just get on and ask them how I can become the facility point of contact.

Tamyra Garcia: So, as I understand it, you should see an option to choose the facility point of contact as the user role once that...

(crosstalk)

Deborah Plowman: Really? See, I didn't see that. I think maybe once I'm able to go in, but I went through that process, and when I dropped my box down, that was not one of the options.

Tamyra Garcia: Thank you so much. We – these are the kind of things we're interested in hearing. So if you submit that inquiry sort of stating all of the steps that you've taken to the help desk to let them know that you did not see that user role in the drop-down box, not only will they be able to assist you, but they'll be able to sort of engage our team so that we can provide some insight to folks who are experiencing similar issues, if any.

Deborah Plowman: Right. Yes, I know that right now they're just having some glitches, and that's understandable, so. But yes, I've had a couple of issues but they've been able to resolve it, so...they're doing a good job.

Tamyra Garcia: Thank you so much.

Deborah Plowman: You're welcome.

Operator: If you would like a question, press star one on your telephone keypad. To withdraw your question or if your question has been answered, you may remove yourself from the queue by pressing the pound key.

Your next question comes from the line of Maria Buenaventura.

Maria Buenaventura: Hi, I'm Maria from Fresenius. I would like to ask regarding the vascular access. If a patient is medically not candidate after our process has been exhausted, what is – does it have a negative impact in the reporting system?

Tamyra Garcia: Maria, thank you so much for your question. I would like to ask that you send that question to the ESRD PPS proposed rule. Are you familiar with the *Federal Register*?

Maria Buenaventura: No, I am a new clinical manager recently and I'm trying to get all this information, which is new to me. And I would like to get some information on that so I could – because I had some patient who had been really medically seen and I was just asking on how I could be at least as listed with these people who may have a negative impact in our reporting.

Tamyra Garcia: Absolutely. So, what I'd like you to do is submit a question to the ESRD QIP mailbox. I will personally take a look at your inquiry and get back to you with

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some information on the ESRD QIP measure specifications as well as the measures manual. And I'll also provide you with a link to the [regulations.gov](https://www.regulations.gov) website so that you can submit a formal comment to the ESRD QIP rule, and that we can sort of engage back and forth regarding this discussion. Does that sound good?

Maria Buenaventura: Yes. So, I have to go to the ESRD QIP mailbox, how do I go there in...?

Tamyra Garcia: Yes. The ESRD QIP mailbox is – the link for the mailbox is embedded within the presentation, I think it is on slide... I'm taking a look through the slides now. I don't see it on the resource slide, but it is ESRDQIP—E-S-R-D Q-I-P—@cms.hhs.gov.

Maria Buenaventura: Okay, so that is the site I have to go.

Tamyra Garcia: So I will look out for your inquiry in the coming days and get back to you personally.

Maria Buenaventura: Oh, alright. Because we're really trying hard where the facility has been trying so much with all the patients that I have, and we have some people who have been really been dim as a candidate, and I've been asking this and no one is able to answer me.

Tamyra Garcia: We will be as responsive as we can and also provide you with some materials to sort of help navigate the ESRD QIP measure set and understand the sort of exclusion criteria and the important information there.

Maria Buenaventura: All right, thank you.

Operator: Again, if you'd like to ask a question, press star one on your telephone keypad. To withdraw a question or if your question has been answered, you may remove yourself from the queue by pressing the pound key. And your next question comes from the line of Joan Simard.

Joan Simard: Hi, Joan Simard, I'm from Salt Lake City, Utah, Intermountain Healthcare. Besides the fact that I can't get into anything and I've been registered since June 30th, once I am able to get into the ESRD QIP, when I want to look at submitting a clarification or systemic clarification question, what will be my best resource to just make sure I'm sending in the correct information? What contact will I reach out to?

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

Tamyra Garcia: So, Joan, thank you very much for your question, and I wanted to sort of let you know that there will be additional training, in-depth training on the ESRD QIP system and using the ESRD QIP system on August 16th...

Joan Simard: I'm already signed up for it.

Tamyra Garcia: ...so that's one mechanism that you can use to learn additional information. But all of the clarification questions, systemic clarification questions and formal inquiries will be submitted within the system. They don't go to a specific individual.

And then what will occur is that the questions will be reviewed and triaged. And if there are any additional questions, if it should be a formal inquiry instead of a clarification question or if it should be systemic, you will receive an email from a responder indicating that they need additional information or that this should be considered a different type of question.

Joan Simard: Okay, great.

Tamyra Garcia: So, there will be a team in contact with you to respond to whatever you submit.

Joan Simard: Now all I have to do is have my QARM work all over again. Nothing is working for anybody in my organization, and we have seven units. It's very frustrating.

Tamyra Garcia: And so, can ask whether or not you've – and I'm sure you have – submitted help desk tickets?

Joan Simard: Oh yes, and they sent me a request – they sent me a thing saying it was resolved, and I'm like, no it's not.

Tamyra Garcia: Okay.

Joan Simard: And one of the things in the resolution was the links to sign up to the QARM again. And I'm waiting for someone to talk to me because when I go onto the site, I don't have CROWN, I don't have any sites listed, I don't have any roles, and I signed up to this all. And I've already had my network people look at this, my ESRD network. So it's a big mess.

Tamyra Garcia: So, can you send again an email to the ESRD QIP mailbox with all of the help desk ticket numbers? And what I can do, I can communicate that to the systems team.

Joan Simard: Okay, what's the email I'm going to send it to?

Tamyra Garcia: Yes, it's ESRDQIP@cms.hhs.gov.

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Joan Simard: Okay, thank you very much.

Tamyra Garcia: Thank you, Joanne, and we apologize for the barriers that you're experiencing.

Joan Simard: Yes. It's just frustrating with everything happening during this critical point in time when we have to have all these things previewed and you can't get into the system. So timeline wasn't all that great. Thank you.

Tamyra Garcia: Absolutely. Thank you.

Operator: If you would like to ask a question, press star one on your telephone keypad. To withdraw a question or if your question has been answered, you may remove yourself from the queue by pressing the pound key. Please hold for your next question. Please continue to hold for your next question. Your next question comes from the line of Joseph Rich.

Joseph Rich: Hi, Tamyra. You know, I'm the regional quality manager, and I had run into the same problem that this past lady was saying. I have also registered in June, and then I've sent emails back and forth, and I don't have any of those, either. So, I'm going to send an email as well.

Tamyra Garcia: Thank you Joseph for making us aware of your issues as well. Please send an email as well. And, again, include any helpdesk tickets that you've already submitted, and be very clear about the steps that you've already taken in the process. That would be extremely helpful to us.

Joseph Rich: Thank you. And the reason that I bring it up is just, in case, just to say that this is probably not just one person, there may be several people out there as well, so...

Tamyra Garcia: Absolutely...

Joseph Rich: ...it may be an issue with the system itself. Okay.

Tamyra Garcia: Thank you.

Operator: Your next question comes from the line Yvonne Berwick.

Yvonne Berwick: Hi. I was wondering, for the people who were unable to successfully log in, is there going to be an alternate way possibly through the network to view our reports on August 15th?

Tamyra Garcia: Thank you so much for your question, Yvonne. CMS is dedicated to ensuring that facilities have the ability to view their preview performance score report.

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So no matter what occurs, whether or not the system is available to you or you have access to it, CMS will ensure that there is a mechanism for facilities to be able to view their preview PSR.

Yvonne Berwick: Thank you so much.

Aryeh Langer: Can we take our next question please?

Operator: Yes, your next question comes from the line of Deborah Baker.

Deborah Baker: Hi, this is Deborah Baker from Fresenius clinic in Delaware. I'm trying to change my role to, or add a role of security official to my facility since we don't have one. And the only user roles that come down on the drop down box are facility viewer, editor, or administrator. It doesn't say security official. Hello?

Tamyra Garcia: Thank you so much for your question Deb. And I apologize, what organization are you affiliated with?

Deborah Baker: I'm sorry, Fresenius Medical Center...

Tamyra Garcia: So, I would ask that you contact the corporate office to see if the security officer has already been identified for your facility. And you said that you were told that one had not been identified?

Deborah Baker: Yes. Yes. And we've all been told, because our security official moved to California, so we have none at the moment. So we were told to make ourselves a security official, and we are also told that you could have more than one security official for a facility.

Tamyra Garcia: So, unfortunately, I'm not exactly sure about whether or not more than one security official can be assigned to a facility. I'm sort of, again, outside of my expertise with respect to exactly how the system functions, but would be happy to share your question with the team who focuses on this work. Would you be able to share in an email or to let us know whether or not you've submitted a helpdesk ticket in order to be able to view the security officer role?

Deborah Baker: I have, and I was told that if we didn't have a security official that I would be automatically made a security official, which I'm not. So I'm trying to do this. And other clinics have been able to do this. Can you give me the email again that...

Tamyra Garcia: Sure, sure. No problem at all. ESRDQIP@cms.hhs.gov.

Deborah Baker: Okay, thank you. I appreciate it.

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Tamyra Garcia: No problem.

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

Nicole Rowray: Hi, I just had a question if there was any resources available on how to calculate the standardized readmission ratio so that we can track our performance on a monthly basis?

Tamyra Garcia: Good afternoon, and thank you for your question Nicole. So, there is not – there is a resource, I'll start with the good news.

Nicole Rowray: Okay.

Tamyra Garcia: There is a resource with micro specification level information on how to calculate the standardized readmission ratio measure. The ability to, sort of, track it on a monthly basis is a bit more complicated in nature, and that requires having access to data that folks would need to estimate but would not provide you with exact numbers in terms of what a facility's score would be on a monthly basis.

Nicole Rowray: Okay.

Tamyra Garcia: So, that would require you to, again, have data that aren't available. But the closest thing that we do have available is our quarterly data on the Dialysis Facility Compare website. So I would say that if you are interested in learning more about the SRR, going to the CMS website and sort of perusing the measures manual, as well as looking at the dialysis facility compare quarterly data, would be sort of the closest that you could get to achieving that goal.

Nicole Rowray: Okay. So, just go to that website?

Tamyra Garcia: Yes.

Nicole Rowray: Okay.

Tamyra Garcia: Thank you.

Nicole Rowray: All right.

Operator: Your next question comes from the line of Ursula Petrik.

Aryeh Langer: Hello, your line is open.

Kim Martins: Hello? Hello?

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Aryeh Langer: Go ahead, please.

Kim Martins: Hello?

Tamyra Garcia: Hello, yes, thank you.

Aryeh Langer: Your line is open if you want to ask CMS a question.

Kim Martins: Yes, I do. Can you hear me?

Aryeh Langer: Yes.

Tamyra Garcia: Yes.

Kim Martins: Hi, this is Kim Martins from SNG Dialysis. And I wanted to ask you, I was wondering that – I'm at the corporate office, and can we have access to all the CROWNWeb, I mean, the CROWNWeb access to all of our clinics from the corporate office? Because I was told that we cannot have all of them from the corporate office. So that way we have a backup just in case somebody leaves, you know?

Tamyra Garcia: Thank you so much for your question. Unfortunately, the CROWNWeb data access is outside of the scope of this discussion. We can, sort of, point you in the direction of the appropriate team to provide you with additional information on that question. And if you send an email to the ESRD QIP mailbox at ESRDQIP@cms.hhs.gov, we can forward your question along to the appropriate team for response.

Kim Martins: Okay, okay. How about, let me ask you again, though, then, how about the QIP access, can we have that from the corporate office?

Tamyra Garcia: So, and you said you are affiliated with what organization?

Kim Martins: Yes, ma'am, SNG Dialysis.

Tamyra Garcia: So there is a dialysis organization user role that is available in the ESRD QIP, and we are looking to provide additional information on that on the August 16th call, as well as releasing some information, and this allows facilities to obtain a preview performance summary score report where they can look at a series of facilities as opposed to facilities one-by-one.

Kim Martins: Okay, great, great. So, we need to attend one on the 16th of August?

Tamyra Garcia: Yes, please. Yes.

Kim Martins: Okay, thank you so much, that's very helpful.

Tamyra Garcia: No problem.

Kim Martins: Okay.

Operator: Your next question comes from the line of Susan Senich.

Susan Senich: Hello, Susan Senich from North Central PA Dialysis. My question is about clarifying questions. I think I heard, is a requesting patient lists a clarifying question or are patient lists available as a report to run when you look at your reports?

Tamyra Garcia: Thank you so much for your question, Susan. Inpatient lists are available as a report that you can run and generate within the ESRD QIP system as the facility point of contact. So these reports can be generated within the system. There is no need to request these reports. Is that helpful?

Susan Senich: Thank you.

Tamyra Garcia: Great, thanks.

Operator: And there are no more questions at this time.

Additional Information

Aryeh Langer: So, thank you very much. 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 in the MLN Connects Provider eNews when they become available. Again, if you have any questions after the call, you can email the ESRD QIP mailbox that was given out numerous times, E-S-R-D-Q-I-P @cms.hhs.gov.

On slide 49 on the presentation, you'll find information and a URL to evaluate your experience with today's call. Evaluations are anonymous and confidential. We hope you'll take a few moments to evaluate your MLN Connects Call experience. Again, my name is Aryeh Langer, I would like to thank our presenter here at CMS, Tamyra, and also on the phone, Oniel, and thank you all on the lines for participating in today's MLN Connects Call. Have a great day everyone.

Operator: This concludes today's call.

-END-

