End-Stage Renal Disease Quality Incentive Program

Payment Year 2019 Final Rule
January 19, 2016
Disclaimer

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

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

• **Jim Poyer**, MS, MBA
  Director
  Division of Value, Incentives, and Quality Reporting

• **Tamyra Garcia**, MPH
  ESRD QIP Program Lead and Policy Lead
  Division of Value, Incentives, and Quality Reporting

• **Joel Andress**, PhD
  Measure Development Lead for ESRD
  Division of Quality Measurement
Agenda

To provide an overview of the final rule for the Centers for Medicare & Medicaid Services’ (CMS) End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Year (PY) 2019

This National Provider Call (NPC) will discuss:

• ESRD QIP Legislative Framework
• Finalized Measures, Standards, Scoring, and Payment Reduction Scale for PY 2019
• Available Resources
Introduction

Jim Poyer
CMS Objectives for Value-Based Purchasing

• **Identify and require reporting** of evidence-based measures that promote the adoption of best practice clinical care

• **Advance transparency of performance** across all sites of care to drive improvement and facilitate patient decision-making around quality

• **Implement and continually refine payment models** that drive high standards of achievement and improvement in the quality of healthcare provision

• **Stimulate the meaningful use of information technology** to improve care coordination, decision support, and availability of quality improvement data

• **Refine measurements and incentives** to achieve healthcare equity, to eliminate healthcare disparities, and to address/reduce unintended consequences

• **Paying for quality healthcare is no longer the payment system of the future; it’s the payment system of today.**

• **The ESRD QIP is the leading edge of payment reform and can serve as an example to the healthcare system.**
Six Domains of Quality Measurement Based on the National Quality Strategy

- **Care Coordination**: Promoting effective communication and coordination of care
- **Population/Community Health**: Working with communities to promote wide use of best practices to enable healthy living
- **Treatment and Prevention of Chronic Disease**: Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- **Patient and Family Engagement**: Ensuring that each person and family are engaged as partners in their care
- **Safety**: Making care safer by reducing harm caused in the delivery of care
- **Affordability**: Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models
ESRD QIP Overview

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

- **Program intent**: Promote patient health by providing a financial incentive for renal dialysis facilities (i.e., those submitting 72x claim forms for reimbursement) to deliver high-quality patient care

- **Section 1881(h)**:
  - Authorizes payment reductions if a facility does not meet or exceed the minimum Total Performance Score (TPS) as set forth by CMS
  - Allows payment reductions of up to 2%
Overview of MIPPA Section 153(c)

MIPPA requires the Secretary of the Department of Health and Human Services (HHS) to create an ESRD QIP that will:

• **Select measures**
  – Anemia management, reflecting Food and Drug Administration (FDA) labeling
  – Dialysis adequacy
  – Patient satisfaction, as specified by the HHS Secretary
  – Iron management, bone mineral metabolism, and vascular access, as specified by the HHS Secretary

• **Establish performance standards** that apply to individual measures

• **Specify the performance period** for a given PY

• **Develop a methodology** for assessing total performance of each facility based on performance standards for measures during a performance period

• **Apply an appropriate payment percentage reduction** to facilities that do not meet or exceed established total performance scores

• **Publicly report results** through websites and facility posting of performance score certificates (PSC)
Program Policy: ESRD QIP Development from Legislation to Rulemaking

- **MIPPA** outlines general requirements for ESRD QIP (applied on a PY basis)
- **HHS components review proposals**, including the Office of the General Counsel (OGC) and the Centers for Disease Control and Prevention (CDC)
- **CMS publishes proposed rule** via Notice of Proposed Rulemaking (NPRM) in the *Federal Register*
- Public afforded 60-day period to comment on proposed rule
- **CMS drafts final rule** (addressing public comments), which passes through HHS internal clearance process
- **CMS publishes final rule** in the *Federal Register*
Scoring Facility Performance

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

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

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

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

Release final results in a Final PSR for facilities and PSCs for patients (posted in English and Spanish in a prominent patient area in each facility)
Impact of the Comment Period

• CMS received 37 public comments about elements in the proposed rule

• Changes to the PY 2019 rule:
  – Did not finalize proposed Ultrafiltration Rate or Full-Season Influenza Vaccination reporting measures
  – Revised technical specification for the Standardized Readmission Ratio (SRR) clinical measure to exclude readmissions that occur within the first three days of initial discharge
  – Finalized alternative Small-Facility Adjuster (effective for PY 2017) so that facility performance not meeting the benchmark for a measure will receive an adjustment (using calculation provided in the final rule)
PY 2019 Final Measures and Scoring

Joel Andress
PY 2019 Final Measures: Overview

**New measure for PY 2019**

**Safety Subdomain – 20% of Clinical Measure Domain score**
1. NHSN Bloodstream Infection

**Patient and Family Engagement/Care Coordination Subdomain – 30% of Clinical Measure Domain score**
1. ICH CAHPS
2. Standardized Readmission Ratio (SRR)

**Clinical Care Subdomain – 50% of Clinical Measure Domain score**
1. Standardized Transfusion Ratio (STRR)
2. Kt/V Dialysis Adequacy (comprehensive)
3. Vascular Access Type (VAT) Measure Topic – Arteriovenous Fistula (AVF)
4. VAT Measure Topic – Catheter ≥ 90 days
5. Hypercalcemia

**Reporting Measures**
1. Mineral Metabolism
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination
Kt/V Dialysis Adequacy
Comprehensive Measure

• Four currently established Kt/V Dialysis Adequacy measures replaced by a single, comprehensive clinical measure

• Allows patient minimums to be determined from the entire patient population of a facility, rather than determining them as individual populations

• Results in ESRD QIP including more patients and reducing the number of facilities not meeting minimum requirements for pediatric and peritoneal dialysis adequacy measures
### Clinical Measures: Key Scoring Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Achievement Threshold</strong></td>
<td>The 15th percentile of performance rates nationally during calendar year (CY) 2015</td>
</tr>
<tr>
<td><strong>Benchmark</strong></td>
<td>The 90th percentile of performance rates nationally during CY 2015</td>
</tr>
<tr>
<td><strong>Improvement Threshold</strong></td>
<td>The facility’s performance rate during CY 2016</td>
</tr>
<tr>
<td><strong>Performance Period</strong></td>
<td>CY 2017*</td>
</tr>
<tr>
<td><strong>Performance Standard</strong></td>
<td>The 50th percentile of performance rates nationally during CY 2015</td>
</tr>
<tr>
<td><strong>Performance Rate</strong></td>
<td>The facility’s raw score, based on specifications for each individual measure</td>
</tr>
</tbody>
</table>

* The performance period for all clinical and reporting measures is CY 2017 except for the NHSN Healthcare Personnel (HCP) Influenza Vaccination reporting measure, which has a performance period of 10/1/2016 – 3/31/2017, reflecting one “full” influenza season.
Clinical Measures: Directionality

- Kt/V Dialysis Adequacy (comprehensive)
- VAT – AVF
- ICH CAHPS

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

Performance Standard (50th Percentile)
Threshold (15th Percentile)
Benchmark (90th Percentile)

Measure Performance Rate
Low
High

Higher Rate Indicates Better Care for Measures

Performance Standard (50th Percentile)
Benchmark (90th Percentile)
Threshold (15th Percentile)

Measure Performance Rate
Low
High

Lower Rate Indicates Better Care for Measures
Achievement and Improvement Scoring Methods

**Achievement Score:** Points awarded by comparing the facility’s rate during the performance period (CY 2017) with the performance of all facilities nationally during the comparison period (CY 2015)

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

**Improvement Score:** Points awarded by comparing the facility’s rate during the performance period (CY 2017) with its previous performance during the comparison period (CY 2016)

- Rate better than or equal to benchmark: 10 points (per achievement score)
- Rate at or worse than improvement threshold: 0 points
- Rate between the two: 0 – 9 points
PY 2019 Methods for Calculating the TPS and Payment Reductions

Tamyra Garcia
Calculating the Total Performance Score

• **Weighting of Clinical Measures:**
  – Each clinical measure or measure topic for which a facility receives a score weighted according to subdomain to comprise 90% of the TPS

• **Weighting of Reporting Measures:**
  – Each reporting measure for which a facility receives a score is equally weighted to comprise 10% of the TPS

• Facilities will receive a TPS as long as they receive a score for at least one clinical measure *and* one reporting measure

• Facilities can obtain a TPS of up to 100 points
Calculating the Clinical Measure Domain Score (1 of 3)

Scoring Example: Facility A

<table>
<thead>
<tr>
<th>Clinical Measure</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSN Bloodstream Infection (BSI)</td>
<td>8</td>
</tr>
<tr>
<td>ICH CAHPS</td>
<td>9</td>
</tr>
<tr>
<td>SRR</td>
<td>9</td>
</tr>
<tr>
<td>STrR</td>
<td>10</td>
</tr>
<tr>
<td>Dialysis Adequacy</td>
<td>10</td>
</tr>
<tr>
<td>Vascular Access measure topic</td>
<td>9</td>
</tr>
<tr>
<td>Hypercalcemia</td>
<td>10</td>
</tr>
</tbody>
</table>

Safety Subdomain formula

\[(\text{NHSN BSI}) \times 10\]

Patient and Family Engagement/Care Coordination Subdomain formula

\[\left(\frac{.666 \times [\text{ICH CAHPS}]}{\text{NHSN BSI}} + \frac{.334 \times [SRR]}{\text{NHSN BSI}}\right) \times 10\]

Clinical Care Subdomain formula

\[\left(\frac{.14 \times [STrR]}{\text{NHSN BSI}} + \frac{.36 \times [\text{Dialysis Adequacy}]}{\text{NHSN BSI}} + \frac{.36 \times [\text{Vascular Access measure topic score}]}{\text{NHSN BSI}} + \frac{.14 \times [\text{Hypercalcemia}]}{\text{NHSN BSI}}\right) \times 10\]
Calculating the Clinical Measure Domain Score (2 of 3)

Safety Subdomain formula

\[ 8 \times 10 = 80 \]

Patient and Family Engagement/Care Coordination Subdomain formula

\[ \left( \frac{.666 \times 9}{.334 \times 9} \right) \times 10 = 90 \]

Clinical Care Subdomain formula

\[ \left( \frac{.14 \times 10}{.36 \times 10 + .36 \times 9 + .14 \times 10} \right) \times 10 = 96.4 \]
Calculating the Clinical Measure Domain Score (3 of 3)

**Clinical Measure Domain Score formula**

\[
\begin{align*}
\text{Clinical Measure Domain Score} &= \left(0.2 \times \text{[Safety Subdomain score]}\right) + \\
&\quad \left(0.3 \times \text{[Patient and Family Engagement/Care Coordination Subdomain score]}\right) + \\
&\quad \left(0.5 \times \text{[Clinical Care Subdomain score]}\right)
\end{align*}
\]

**Scoring Example: Facility A**

<table>
<thead>
<tr>
<th>Subdomain</th>
<th>Subdomain Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>80</td>
</tr>
<tr>
<td>Patient and Family Engagement/Care Coordination</td>
<td>90</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>96.4</td>
</tr>
</tbody>
</table>

**Clinical Measure Domain Score example for Facility A**

\[
16 + 27 + 48.2 = 91.2
\]
Calculating the Minimum TPS

The minimum Total Performance Score (mTPS) will be calculated by scoring:

- Each clinical measure at the national performance standard for 2015
- Each reporting measure equal to the mean of the median scores achieved by all facilities on the five PY 2017 reporting measures

Data for calculating the PY 2019 mTPS not yet available

Finalized mTPS will be published in the CY 2017 ESRD Prospective Payment System (PPS) final rule
## Payment Reduction Scale

<table>
<thead>
<tr>
<th>Facility Total Performance Score</th>
<th>Payment Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>mTPS or greater</td>
<td>0%</td>
</tr>
<tr>
<td>1 – 10 points below mTPS</td>
<td>0.5%</td>
</tr>
<tr>
<td>11 – 20 points below mTPS</td>
<td>1.0%</td>
</tr>
<tr>
<td>21 – 30 points below mTPS</td>
<td>1.5%</td>
</tr>
<tr>
<td>31 or more points below mTPS</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
PY 2019 Scoring and Payment Reduction Methodology

**Clinical**

<table>
<thead>
<tr>
<th>Subdomain</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety (20%)</td>
<td>NHSN Bloodstream Infection</td>
</tr>
<tr>
<td>Patient and Family Engagement/ Care Coordination (30%)</td>
<td>ICH CAHPS Survey</td>
</tr>
<tr>
<td></td>
<td>SRR</td>
</tr>
<tr>
<td>Clinical Care (50%)</td>
<td>STrR</td>
</tr>
<tr>
<td></td>
<td>KT/V Dialysis Adequacy</td>
</tr>
<tr>
<td></td>
<td>VAT Measure Topic</td>
</tr>
<tr>
<td></td>
<td>Access via AVF</td>
</tr>
<tr>
<td></td>
<td>Access via catheter</td>
</tr>
</tbody>
</table>

**Reporting**

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

**New measure for PY 2019**

**Total Category Weight**

\[ \text{Total Category Weight} = 90\% + 10\% = 100\% \]

**Payment Reduction Percentage**

- 0 pts.
- min. TPS
- 0.5% Reduction
- min. TPS -10
- 1.0% Reduction
- min. TPS -20
- 1.5% Reduction
- min. TPS -30
- 2.0% Reduction

**Total Performance Score (TPS)** is the sum of the weighted totals from both measure categories.
PY 2018 Provisions

Tamyra Garcia
Scoring the Pain Assessment and Follow-Up Reporting Measure

• **Issue:** If a facility does not treat an eligible patient in one six-month period, then the facility might be unduly penalized in the current calculation.

• **Solution:** A facility that does not treat an eligible patient in one six-month period will be scored *only* on the other six-month period.
## PY 2018 Achievement Thresholds, Benchmarks, and Performance Standards

<table>
<thead>
<tr>
<th>Measure Topic</th>
<th>Achievement Threshold (15th percentile)</th>
<th>Benchmark (90th percentile)</th>
<th>Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VAT Measure Topic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• AVF</td>
<td>53.51%</td>
<td>79.60%</td>
<td>65.94%</td>
</tr>
<tr>
<td>• Catheter *</td>
<td>16.79%</td>
<td>2.59%</td>
<td>8.80%</td>
</tr>
<tr>
<td><strong>Kt/V Dialysis Adequacy Measure Topic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adult Hemodialysis</td>
<td>92.88%</td>
<td>99.43%</td>
<td>97.24%</td>
</tr>
<tr>
<td>• Adult Peritoneal Dialysis</td>
<td>75.42%</td>
<td>97.06%</td>
<td>89.47%</td>
</tr>
<tr>
<td>• Pediatric Hemodialysis</td>
<td>81.25%</td>
<td>96.88%</td>
<td>93.94%</td>
</tr>
<tr>
<td>• Pediatric Peritoneal Dialysis</td>
<td>43.22%</td>
<td>88.39%</td>
<td>72.60%</td>
</tr>
</tbody>
</table>

* On this measure, a lower rate indicates better performance.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Achievement Threshold (15th percentile)</th>
<th>Benchmark (90th percentile)</th>
<th>Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypercalcemia *</td>
<td>3.92%</td>
<td>0.00%</td>
<td>1.19%</td>
</tr>
<tr>
<td>NHSN Bloodstream Infection *</td>
<td>1.812</td>
<td>0</td>
<td>0.861</td>
</tr>
<tr>
<td>Standardized Readmission Ratio *</td>
<td>1.297</td>
<td>0.588</td>
<td>0.998</td>
</tr>
<tr>
<td>Standardized Transfusion Ratio *</td>
<td>1.470</td>
<td>0.431</td>
<td>0.923</td>
</tr>
<tr>
<td>ICH CAHPS †</td>
<td>15th percentile</td>
<td>90th percentile</td>
<td>50th percentile</td>
</tr>
</tbody>
</table>

* On these measures, a lower rate indicates better performance.

† The achievement threshold, benchmark, and performance standard for the ICH CAHPS measure will be set at the 15th, 90th, and 50th percentile, respectively, of eligible facilities’ performance in CY 2015.
Calculating the mTPS

• CMS will apply the calculation method used in recent PYs

• Under new calculation, finalized mTPS for PY 2018 is 49

• Payment reduction ranges:

<table>
<thead>
<tr>
<th>Total Performance Score</th>
<th>Payment Reduction Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 – 49</td>
<td>0%</td>
</tr>
<tr>
<td>48 – 39</td>
<td>0.5%</td>
</tr>
<tr>
<td>38 – 29</td>
<td>1.0%</td>
</tr>
<tr>
<td>28 – 19</td>
<td>1.5%</td>
</tr>
<tr>
<td>19 – 0</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
PY 2018 Scoring Methodology

**Clinical**

<table>
<thead>
<tr>
<th>Subdomain</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety (20%)</td>
<td>NHSN Bloodstream Infection</td>
</tr>
<tr>
<td>Patient and Family Engagement/Care Coordination (30%)</td>
<td>ICH CAHPS Survey SRR</td>
</tr>
<tr>
<td></td>
<td>STrR</td>
</tr>
<tr>
<td></td>
<td>Kt/V Dialysis Adequacy Measure Topic</td>
</tr>
<tr>
<td></td>
<td>VAT Measure Topic</td>
</tr>
<tr>
<td></td>
<td>Hypercalcemia</td>
</tr>
<tr>
<td>Clinical Care (50%)</td>
<td></td>
</tr>
</tbody>
</table>

**Reporting**

- New measure for PY 2018
- Mineral Metabolism
- Anemia Management
- Pain Assessment and Follow-Up
- Clinical Depression Screening and Follow-Up
- NHSN HCP

**Total Category Weight**

- 90%

**Payment Reduction Percentage**

- 100 pts.
- 49 (min. TPS)
- 39
- 29
- 19
- 0 pts.

- 0.5% Reduction
- 1.0% Reduction
- 1.5% Reduction
- 2.0% Reduction

Total Performance Score (TPS) is the sum of the weighted totals from both measure categories.
Programmatic Changes

Tamyra Garcia
Clarifying CCN Open Date

• **Issue**: Community confusion about CMS Certification Number (CCN) “Open Date”

• **Solution**: Use date on which the facility’s Medicare CCN becomes effective and facility is eligible for Medicare reimbursement for services
Addressing PAMA’s Impact

• **Issue:** Under the Protecting Access to Medicare Act of 2014 (PAMA), ESRD QIP must include measures specific to the conditions treated with oral-only drugs
  – ESRD QIP must propose/finalize a measure that fulfills this requirement in the current rulemaking cycle

• **Solution:** Hypercalcemia clinical measure fulfills this requirement
  – Condition is commonly treated with an oral-only drug
  – Clinical measure is currently endorsed by the National Quality Forum (NQF)
Modifying the Small-Facility Adjuster

• **Issue:** Under current calculation, facilities do not have access to data needed to predict amount of adjustment that may apply to them

• **Solution:** Revise calculation starting with PY 2017 to use benchmark (based on publicly reported data) as the basis for adjusting each measure

• **Anticipated benefits:**
  – Facilities will be able to perform the calculation on their own to better predict the adjuster’s impact
  – Qualifying facilities may also get a larger adjustment

• **Use benchmark as performance point below which the small-facility adjuster applies**
CMS initiated a two-prong process for making non-substantive changes to the ESRD QIP measure set

• Develop an *ESRD Measures Manual*
  – Annual revisions and periodic technical updates
  – CMS anticipates releasing the *Manual* early in 2016

• Establish inclusive process for considering recommendations via [jira.oncprojecttracking.org](http://jira.oncprojecttracking.org)

• More information on feedback process forthcoming
Data Validation Activities

• CROWNWeb Data Validation Pilot Study
  – Random sampling of 300 facilities (~10 records from each)
  – Penalty for failing to provide data within 60 days: 10-point TPS deduction

• NHSN Bloodstream Infection Data Validation Feasibility Study
  – Similar to Hospital Inpatient Quality Reporting Program
  – Random sampling of nine facilities for quarterly lists of candidate dialysis events (and potentially additional information)
  – Penalty for failing to provide data within 60 days: 10-point TPS deduction
Monitoring Access to Care in Dialysis Facilities

- ESRD PPS CY 2015 final rule mandated that ESRD QIP conduct a study on access to care as part of assessing the impact of the SRR clinical measure.

- CMS intends to publish the study methodology as soon as it is available.
Resources and Next Steps

Tamyra Garcia
ESRD QIP Timeline

Payment Year 2017

- July 15: Preview PSR released
- July 15 – Aug. 17: Preview Period
- Dec.: PSC & Final PSR released

Payment Year 2018

- July: Preview PSR released
- July – Aug.: Preview Period
- Dec.: PSC & Final PSR released

You Are Here: Jan. 1 – Dec. 31, 2016

Performance Period

Payment Year 2019

- Nov.: PY 2020 Final Rule released (includes final PY 2019 measure values)

Payment Year 2018

- July: Preview PSR released
- July – Aug.: Preview Period
- Dec.: PSC & Final PSR released

Jan. 1 – Dec. 31, 2017

Payment implications; program evaluation

Jan. 1 – Dec. 31, 2018

Payment implications; program evaluation

Jan. 1 – Dec. 31, 2019

Payment implications; program evaluation
Resources: Websites

- ESRD Network Coordinating Center (NCC): www.esrdncc.org
- QualityNet: www.qualitynet.org
- Dialysis Facility Compare: www.medicare.gov/dialysisfacilitycompare
Next Steps

• Make sure your facility has posted its PY 2016 PSCs in English and Spanish
  – Due to system-based barriers to access, CMS has reset the compliance deadline for posting PY 2016 PSCs to **February 1, 2016**

• Read and comment on PY 2020 Proposed Rule when posted (early July)

• Review PY 2017 Preview PSR when available (mid-July) and submit any clarification questions or a formal inquiry

• Join us for National Provider Calls discussing the PY 2020 Proposed Rule and PY 2017 Preview Period when scheduled (summer)

• Review PY 2017 Final PSR when available (mid-December)

• Post PY 2017 PSCs—in both English and Spanish—when available (mid-December)
Question & Answer Session

ESRDQIP@cms.hhs.gov
## Acronyms in this Presentation

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVF</td>
<td>arteriovenous fistula</td>
</tr>
<tr>
<td>CCN</td>
<td>CMS Certification Number</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CM</td>
<td>Center for Medicare</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CY</td>
<td>Calendar Year</td>
</tr>
<tr>
<td>ESRD</td>
<td>End-Stage Renal Disease</td>
</tr>
<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
</tr>
<tr>
<td>HCP</td>
<td>healthcare personnel</td>
</tr>
<tr>
<td>HHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>ICH CAHPS</td>
<td>In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems</td>
</tr>
<tr>
<td>MIPPA</td>
<td>Medicare Improvements for Patients and Providers Act of 2008</td>
</tr>
<tr>
<td>mTPS</td>
<td>Minimum Total Performance Score</td>
</tr>
<tr>
<td>NCC</td>
<td>National Coordinating Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSN</td>
<td>National Healthcare Safety Network</td>
</tr>
<tr>
<td>NPC</td>
<td>National Provider Call</td>
</tr>
<tr>
<td>NPRM</td>
<td>Notice of Proposed Rulemaking</td>
</tr>
<tr>
<td>NQF</td>
<td>National Quality Forum</td>
</tr>
<tr>
<td>OGC</td>
<td>Office of General Counsel</td>
</tr>
<tr>
<td>PAMA</td>
<td>Protecting Access to Medicare Act of 2014</td>
</tr>
<tr>
<td>PPS</td>
<td>Prospective Payment System</td>
</tr>
<tr>
<td>PSC</td>
<td>Performance Score Certificate</td>
</tr>
<tr>
<td>PSR</td>
<td>Performance Score Report</td>
</tr>
<tr>
<td>PY</td>
<td>Payment Year</td>
</tr>
<tr>
<td>QIP</td>
<td>Quality Incentive Program</td>
</tr>
<tr>
<td>SRR</td>
<td>Standardized Readmission Ratio</td>
</tr>
<tr>
<td>STrR</td>
<td>Standardized Transfusion Ratio</td>
</tr>
<tr>
<td>TPS</td>
<td>Total Performance Score</td>
</tr>
<tr>
<td>VAT</td>
<td>Vascular Access Type</td>
</tr>
</tbody>
</table>
Evaluate Your Experience

• Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today’s call.

• To complete the evaluation, visit http://npc.blhtech.com and select the title for today’s call.
Thank You


The Medicare Learning Network® and MLN Connects® are registered trademarks of the U.S. Department of Health and Human Services (HHS).