End-Stage Renal Disease Quality Incentive Program

Payment Year 2020 Final Rule
January 17, 2017
Disclaimer

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Presenters

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  Division of Value, Incentives, and Quality Reporting

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  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) 2020

This National Provider Call (NPC) will discuss:

• ESRD QIP legislative framework
• Finalized measures, standards, scoring, and payment reduction scales for PY 2019 and PY 2020
• Additional programmatic changes
• Available resources
Introduction

Tamyra Garcia
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

1. Make care safer by reducing harm caused in the delivery of care.
2. Strengthen person & family engagement as partners in their care.
3. Enable Local Innovations
5. Foster Learning Organizations

Eliminate Racial & Ethnic Disparities
Strengthen Infrastructure & Data Systems
Promote effective communication & coordination of care.
ESRD QIP Overview

Celeste Bostic
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 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

• Approximately 50 public comments on the PY 2020 Proposed Rule

• Changes to the proposals reflected in the PY 2020 Final Rule:
  – Substantive changes for the Hypercalcemia clinical measure finalized for PY 2019, rather than for PY 2018
  – Weighting of the scoring domains changed for PY 2020
  – 60-day response time finalized for the NHSN Bloodstream Infection (BSI) Data Validation Study
Finalized Revisions to PY 2019

Celeste Bostic
Joel Andress
Overview of PY 2019 Revisions

Clinical Measure Domain – 75% of TPS

Patient and Family Engagement/Care Coordination Subdomain – 42% of Clinical Measure Domain score
1. ICH CAHPS
2. Standardized Readmission Ratio (SRR)

Clinical Care Subdomain – 58% 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

Safety Measure Domain – 15% of TPS
1. NHSN Bloodstream Infection (BSI) Measure Topic – NHSN Bloodstream Infection Clinical
2. NHSN BSI Measure Topic – NHSN Dialysis Event Reporting

Reporting Measure Domain – 10% of TPS
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

new measure for PY 2019
Reintroducing the NHSN Dialysis Event Reporting Measure

• PY 2015 version of reporting measure addresses tradeoffs associated with incentivizing facilities to report monthly dialysis-event data and to accurately report such data

• Score based on number of months a facility reports data
  – 12 months: 10 points
  – 6 to 11 months: 2 points
  – 0 to 5 months: 0 points
Establishing the NHSN BSI Measure Topic and Safety Measure Domain

• Combines the established NHSN BSI clinical measure with the reintroduced reporting measure

• Data from the reporting measure will be used to score the clinical measure

• Combining these two measures into a single Measure Topic balances incentives for complete and accurate reporting along with effective clinical performance

• Facilities will receive a Safety Measure Domain score separate from and in addition to their Clinical Measure Domain Score and Reporting Measure Domain Score

• Safety Measure Domain measures do not impact facility eligibility for a TPS (facilities still need eligibility for one measure in each of the Clinical Measure Domain and Reporting Measure Domain)
Calculating the Total Performance Score

- **Weighting of Clinical Measures**: Each clinical measure or measure topic for which a facility receives a score weighted to comprise 75% of the TPS
- **Weighting of Safety Measures**: Two measures combine to form a score weighted to comprise 15% of the TPS (Note: scores on both measures required for domain eligibility)
- **Weighting of Reporting Measures**: Each reporting measure for which a facility receives a score is equally weighted to comprise 10% of the TPS
- If facility is not eligible for one or more measures, then CMS redistributes weights across remaining measures within the domain
- Facility must receive a score for at least one Clinical Measure Domain measure *and* at least one Reporting Measure Domain measure to be eligible for a TPS
Calculating the Clinical Measure Domain Score

Clinical Measure Domain: Facility A

<table>
<thead>
<tr>
<th>Clinical Measure</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICH CAHPS</td>
<td>9</td>
</tr>
<tr>
<td>SRR</td>
<td>9</td>
</tr>
<tr>
<td>StR</td>
<td>10</td>
</tr>
<tr>
<td>Dialysis Adequacy</td>
<td>10</td>
</tr>
<tr>
<td>Vascular Access Type</td>
<td>9</td>
</tr>
<tr>
<td>Hypercalcemia</td>
<td>10</td>
</tr>
</tbody>
</table>

\[
\text{Clinical Measure Scoring Domain} = (.26 \times \text{ICH CAHPS}) + (.16 \times \text{SRR}) + (.12 \times \text{StR}) + (.19 \times \text{Dialysis Adequacy}) + (.19 \times \text{Vascular Access Type}) + (.08 \times \text{Hypercalcemia}) \times 10
\]
Calculating the Safety Measure Domain Score

Safety Measure Domain: Facility A

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSN BSI Clinical Measure</td>
<td>9</td>
</tr>
<tr>
<td>NHSN Reporting Measure</td>
<td>10</td>
</tr>
</tbody>
</table>

NHSN BSI Measure Topic

\[
\begin{align*}
\text{NHSN BSI Measure Topic} &= (0.60 \times \text{NHSN Clinical}) + (0.40 \times \text{NHSN Reporting}) \\
&\times 10
\end{align*}
\]

Safety Measure Domain

\[
\begin{align*}
\text{Safety Measure Domain} &= (0.60 \times 9) + (0.40 \times 10) \\
&\times 10
\end{align*}
\]

Safety Measure Scoring Domain = 94
Calculating the Reporting Measure Domain Score

**Reporting Measure Domain: Facility A**

<table>
<thead>
<tr>
<th>Reporting Measure</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mineral Metabolism</td>
<td>8</td>
</tr>
<tr>
<td>Anemia Management</td>
<td>8</td>
</tr>
<tr>
<td>Pain Assessment and Follow-Up</td>
<td>10</td>
</tr>
<tr>
<td>Clinical Depression Screening and Follow-Up</td>
<td>10</td>
</tr>
<tr>
<td>NHSN Healthcare Personnel Influenza Vaccination</td>
<td>10</td>
</tr>
</tbody>
</table>

\[\text{Reporting Measure Scoring Domain} = 92\]
Calculating the Total Performance Score (continued)

Total Performance Score: Facility A

<table>
<thead>
<tr>
<th>Domain</th>
<th>Domain Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Measure Domain</td>
<td>94</td>
</tr>
<tr>
<td>Safety Measure Domain</td>
<td>94</td>
</tr>
<tr>
<td>Reporting Measure Domain</td>
<td>92</td>
</tr>
</tbody>
</table>

\[
\text{Total Performance Score} = 0.75 \times \text{Clinical Domain} + 0.15 \times \text{Safety Domain} + 0.10 \times \text{Reporting Domain}
\]

Total Performance Score = 93.8
(Rounds to 94)
# Finalized PY 2019 Performance Values

<table>
<thead>
<tr>
<th>Measure</th>
<th>Achievement Threshold (15th percentile)</th>
<th>Benchmark (90th percentile)</th>
<th>Performance Standard (50th percentile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT Measure Topic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• AVF</td>
<td>53.66%</td>
<td>79.62%</td>
<td>65.93%</td>
</tr>
<tr>
<td>• Catheter *</td>
<td>17.20%</td>
<td>2.95%</td>
<td>9.19%</td>
</tr>
<tr>
<td>Kt/V Dialysis Adequacy</td>
<td>86.99%</td>
<td>97.74%</td>
<td>93.08%</td>
</tr>
<tr>
<td>Hypercalcemia*</td>
<td>4.24%</td>
<td>0.32%</td>
<td>1.85%</td>
</tr>
<tr>
<td>NHSN BSI*</td>
<td>1.738</td>
<td>0</td>
<td>0.797</td>
</tr>
<tr>
<td>SRR*</td>
<td>1.289</td>
<td>0.624</td>
<td>0.998</td>
</tr>
<tr>
<td>STrR*</td>
<td>1.488</td>
<td>0.421</td>
<td>0.901</td>
</tr>
</tbody>
</table>

* On this measure, a lower rate indicates better performance.
## Finalized PY 2019 Performance Values (continued)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Achievement Threshold (15th percentile)</th>
<th>Benchmark (90th percentile)</th>
<th>Performance Standard (50th percentile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICH CAHPS Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nephrologists’ Communication and Caring</td>
<td>56.41%</td>
<td>77.06%</td>
<td>65.89%</td>
</tr>
<tr>
<td>• Quality of Dialysis Center Care and Operations</td>
<td>52.88%</td>
<td>71.21%</td>
<td>60.75%</td>
</tr>
<tr>
<td>• Providing Information to Patients</td>
<td>72.09%</td>
<td>85.55%</td>
<td>78.59%</td>
</tr>
<tr>
<td>• Overall Rating of Nephrologists</td>
<td>49.33%</td>
<td>76.57%</td>
<td>62.22%</td>
</tr>
<tr>
<td>• Overall Rating of Dialysis Center Staff</td>
<td>48.84%</td>
<td>77.42%</td>
<td>62.26%</td>
</tr>
<tr>
<td>• Overall Rating of the Dialysis Facility</td>
<td>51.18%</td>
<td>80.58%</td>
<td>65.13%</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>Patient and Family Engagement/</td>
<td>ICH CAHPS Survey</td>
</tr>
<tr>
<td>Care Coordination (42%)</td>
<td>SRR</td>
</tr>
<tr>
<td>CLINICAL</td>
<td>STrr</td>
</tr>
<tr>
<td></td>
<td>Kt/V Dialysis Adequacy</td>
</tr>
<tr>
<td></td>
<td>VAT Measure Topic Access via AVF</td>
</tr>
<tr>
<td></td>
<td>Hypercalcemia</td>
</tr>
<tr>
<td>Clinical Care (58%)</td>
<td></td>
</tr>
</tbody>
</table>

**SAFETY**

<table>
<thead>
<tr>
<th>Measure Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSN BSI</td>
</tr>
<tr>
<td>NHSN BSI Clinical</td>
</tr>
<tr>
<td>NHSN Dialysis Event Reporting</td>
</tr>
</tbody>
</table>

**REPORTING**

<table>
<thead>
<tr>
<th>Measure Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mineral Metabolism</td>
</tr>
<tr>
<td>Anemia Management</td>
</tr>
<tr>
<td>Pain Assessment and Follow-Up</td>
</tr>
<tr>
<td>Clinical Depression Screening and Follow-Up</td>
</tr>
<tr>
<td>NHSN Healthcare Personnel Influenza Vaccination</td>
</tr>
</tbody>
</table>

New measure for PY 2019

\[
\text{Payment Reduction Percentage} = \frac{\text{Total Category Weight}}{100} \times 100\\
\text{Total Category Weight} = 75\% + 15\% + 10\%
\]

Total Performance Score (TPS) is the sum of the weighted totals from the three measure categories.
Finalized Measures for PY 2020

Celeste Bostic
Joel Andress
Overview of PY 2020 Measures

Clinical Measure Domain – 75% of TPS

Patient and Family Engagement/Care Coordination Subdomain – 40% of Clinical Measure Domain score
1. ICH CAHPS
2. SRR

Clinical Care Subdomain – 60% of Clinical Measure Domain score
1. STrR
2. Kt/V Dialysis Adequacy (comprehensive)
3. VAT Measure Topic – AVF
4. VAT Measure Topic – Catheter ≥ 90 days
5. Hypercalcemia
6. Standardized Hospitalization Ratio (SHR)

Safety Measure Domain – 15% of TPS
1. NHSN BSI Measure Topic – NHSN Bloodstream Infection Clinical
2. NHSN BSI Measure Topic – NHSN Reporting

Reporting Measure Domain – 10% of TPS
1. Serum Phosphorus
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination
6. Ultrafiltration Rate

new measure for PY 2020
SHR Clinical Measure

• Goals:
  – Include more outcome measures in the ESRD QIP
  – Complement SRR by assessing overall hospitalization

• CMS modified the SHR measure currently endorsed by the National Quality Forum (NQF) (#1463)
  – Modification includes risk adjustment using Medicare claims for 210 prevalent comorbidities, in addition to incident comorbidities captured on Form 2728
  – Was under consideration for NQF endorsement when final rule was published

• Measure calculation:
  – Ratio of the number of observed hospitalizations to the number of expected hospitalizations
# Scoring Clinical Measures: Key Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement Threshold</td>
<td>The 15th percentile of performance rates nationally during calendar year (CY) 2016</td>
</tr>
<tr>
<td>Benchmark</td>
<td>The 90th percentile of performance rates nationally during CY 2016</td>
</tr>
<tr>
<td>Improvement Threshold</td>
<td>The facility’s performance rate during CY 2017</td>
</tr>
<tr>
<td>Performance Period</td>
<td>CY 2018</td>
</tr>
<tr>
<td>Performance Rate</td>
<td>The facility’s raw score, based on specifications for each individual measure</td>
</tr>
</tbody>
</table>
Achievement and Improvement Scoring Methods

**Achievement Score:** Points awarded by comparing the facility’s rate during the performance period (CY 2018) with the performance of all facilities nationally during the comparison period (CY 2016)

- 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 2018) with its previous performance during the comparison period (CY 2017)

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

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

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

**Performance Standard**
- **Threshold** (15th Percentile)
- **Benchmark** (90th Percentile)

**Higher Rate Indicates Better Care for Measures**

**Performance Standard**
- **Benchmark** (50th Percentile)
- **Threshold** (15th Percentile)

**Lower Rate Indicates Better Care for Measures**
New Reporting Measures

• Serum Phosphorus
  – Replaces the Mineral Metabolism reporting measure, previously included in the ESRD QIP
  – This measure is NQF #0255, which evaluates the extent to which facilities monitor and report patient phosphorus levels

• Ultrafiltration Rate
  – Collects data to assess the rapidity with which fluid (ml) is removed per unit of body weight (kg) in unit (hour) time
  – Based on NQF #2701, which assesses the percentage of patient-months with a rate ≥ 13 ml/kg/hr
Calculating the Minimum TPS

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

- Each clinical measure at the national performance standard for 2016
- Each reporting measure equal to the mean of the median scores achieved by all facilities on the PY 2018 reporting measures

Data for calculating the PY 2020 mTPS not yet available

Finalized mTPS will be published in the CY 2018 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 2020 Scoring and Payment Reduction Methodology

**Clinical Measures**
- ICH CAHPS Survey
- SRR
- STrR
- Kt/V Dialysis Adequacy
- VAT Measure Topic: Access via AVF, Access via catheter
- SHR

**Safety**
- NHSN BSI Measure Topic
- NHSN Bloodstream Clinical Reporting

**Reporting**
- Serum Phosphorus
- Anemia Management
- Pain Assessment and Follow-Up
- Clinical Depression Screening and Follow-Up
- NHSN Healthcare Personnel Influenza Vaccination
- Ultrafiltration Rate

**Total Category Weight**
- ICH CAHPS Survey: 75%
- NHSN BSI Measure Topic: 15%
- Serum Phosphorus: 10%

**Payment Reduction Percentage**
- Total Performance Score (TPS) is the sum of the weighted totals from the three measure categories.

New measure for PY 2020
Programmatic Changes

Celeste Bostic
Joel Andress
Modifying the Hypercalcemia Clinical Measure

Initially proposed for PY 2018 but finalized for PY 2019 and beyond: Update measure to ensure that it remains in alignment with specifications endorsed by NQF and requirements of the Protecting Access to Medicare Act of 2014 (PAMA)

• Includes plasma as an acceptable substrate along with serum calcium
• Patient-months with missing values in the reporting month and the two months prior are included in the measure calculation to minimize any incentive favoring non-measurement of serum calcium in the three-month study period
Validating CROWNWeb Data

- **For PY 2019**: Continue the pilot program for validating a national sample of facilities’ records reported to CROWNWeb
  - Sample approximately 10 medical records each from 300 facilities during CY 2017
  - Facilities will have 60 calendar days to provide CMS with the requested records
  - Deduct 10 points from the TPS of facilities that do not comply

- Upon adopting a methodology for validating the CROWNWeb data, CMS plans to consider whether payment reductions should be based in part on whether a facility has met data-validation standards
Validating NHSN Data

For PY 2019: Increase the size of the NHSN Data Validation Study

- Sample 10 patient records each from 35 randomly selected facilities covering two quarters of data reported in CY 2017
- Request medical records for all patients with “Candidate Events” during the evaluation period, including those who:
  - Had any positive blood cultures
  - Received any intravenous antimicrobials
  - Had any pus, redness, or increased swelling at a vascular access site
  - Were admitted to a hospital
- Facilities will have 60 calendar days to provide requested records
- If additional records are needed to reach the 10-record threshold, CMS will request additional, randomly selected patient records from the facility
  - Facilities will have an additional 30 days to respond to these requests
- Deduct 10 points from the TPS of facilities that do not comply
Next Steps and Resources

Celeste Bostic
ESRD QIP Timeline

- **2017**
  - Jan – Dec: Preview PSR released
  - July: Preview PSR released
  - July – Aug: Preview Period
  - Dec: PSC & Final PSR released

- **2018**
  - Jan – Dec: Payment implications; program evaluation
  - July: Preview PSR released
  - July – Aug: Preview Period
  - Dec: PSC & Final PSR released

- **2019**
  - Jan – Dec: Payment implications; program evaluation
  - July: Preview PSR released
  - July – Aug: Preview Period
  - Dec: PSC & Final PSR released

- **Payment Year 2020**
  - Nov: PY 2021 Final Rule released (includes final values for PY 2020 performance standards)
  - Jan – Dec: Performance Period
  - July: Preview PSR released
  - July – Aug: Preview Period
  - Dec: PSC & Final PSR released
Next Steps

• Make sure your facility has posted its PY 2017 PSCs in English and Spanish

• Read and comment on PY 2021 Proposed Rule when posted (early July)

• Review PY 2018 Preview PSR when available (mid-July) and submit any clarification questions or a formal inquiry

• Join us for NPCs discussing the PY 2021 Proposed Rule and PY 2018 Preview Period when scheduled (summer)
Resources


• ESRD QIP Section of CMS.gov: www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html


• ESRD Network Coordinating Center (NCC): www.esrdncc.org

• QualityNet: www.qualitynet.org

• Dialysis Facility Compare: www.medicare.gov/dialysisfacilitycompare

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>BSI</td>
<td>bloodstream infection</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>
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<td>MIPPA</td>
<td>Medicare Improvements for Patients and Providers Act of 2008</td>
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<tr>
<td>mTPS</td>
<td>Minimum Total Performance Score</td>
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<tr>
<td>NCC</td>
<td>National Coordinating Center</td>
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<tr>
<td>NHSN</td>
<td>National Healthcare Safety Network</td>
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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>NPC</td>
<td>National Provider Call</td>
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<tr>
<td>NPRM</td>
<td>Notice of Proposed Rulemaking</td>
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<tr>
<td>NQF</td>
<td>National Quality Forum</td>
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<td>OGC</td>
<td>Office of General Counsel</td>
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<td>PAMA</td>
<td>Protecting Access to Medicare Act of 2014</td>
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<td>PPS</td>
<td>Prospective Payment System</td>
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<td>PSC</td>
<td>Performance Score Certificate</td>
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<td>PSR</td>
<td>Performance Score Report</td>
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<td>PY</td>
<td>Payment Year</td>
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<td>QIP</td>
<td>Quality Incentive Program</td>
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<td>SHR</td>
<td>Standardized Hospitalization Ratio</td>
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<td>SRR</td>
<td>Standardized Readmission Ratio</td>
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<td>STrr</td>
<td>Standardized Transfusion Ratio</td>
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<td>TPS</td>
<td>Total Performance Score</td>
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<td>VAT</td>
<td>Vascular Access Type</td>
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• To complete the evaluation, visit http://npc.blhtech.com and select the title for today’s call.
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