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National Provider Call

End-Stage Renal Disease Quality Incentive Program: Payment Year 2020 Proposed Rule

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August 4, 2016



Agenda

To provide an overview of the proposed rule for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Year (PY) 2020

This video will discuss:

- ESRD QIP legislative framework
- Proposed revisions to PY 2019
- Proposed measures, standards, scoring, and payment reduction scale for PY 2020
- Additional proposed programmatic changes
- How to review and comment on the Proposed Rule
- Available resources

Introduction

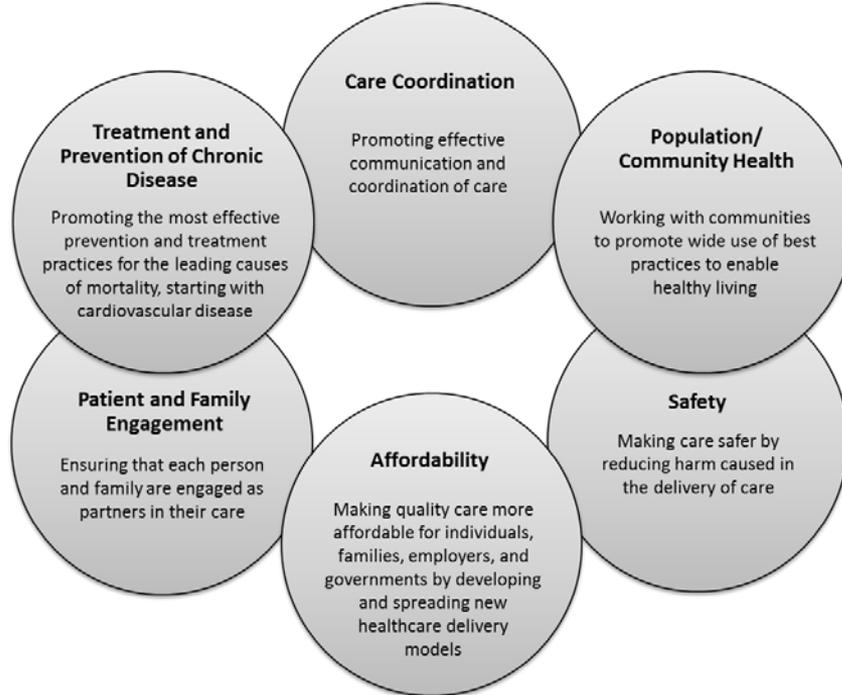
CMS Objectives for Value-Based Purchasing

- **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



ESRD QIP Overview

ESRD QIP Legislative Drivers

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)

Proposed Revisions to PY 2019

Note: The standards presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2020 will not be adopted until a final rule is issued in November 2016.

Overview of PY 2019 Proposed 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 \geq 90 days
5. Hypercalcemia

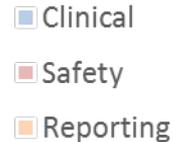
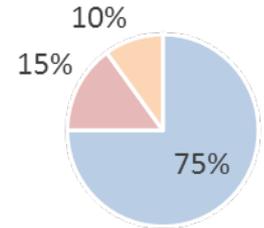
★ Safety Measure Domain – 15% of TPS

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 2014:** Facilities required to (1) enroll in the NHSN and complete training required by the CDC and (2) submit three or more consecutive months of dialysis event data to NHSN
- **PY 2015:** Expanded the reporting period to require a full 12 months of dialysis event data
- **PY 2016:** Replaced reporting measure with a clinical version
 - Score based on how many dialysis events facilities report to NHSN
 - CMS believes that the measure holds facilities accountable for monitoring and preventing infections
- **PY 2019 Proposal:** Reintroduce PY 2015 version of reporting measure to address 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 proposed 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

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 75% of the TPS
- **Weighting of Safety Measures:** Two measures combine to form an NHSN Measure Topic score weighted to comprise 15% 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 measure in the Clinical Measure Domain *and* one measure in the Reporting Measure Domain**
- **Facilities can obtain a TPS of up to 100 points**

Calculating the Clinical Measure Domain Score

Clinical Measure Domain: Facility A

Clinical Measure	Measure Score
ICH CAHPS	9
SRR	9
STrR	10
Dialysis Adequacy	10
Vascular Access Type	9
Hypercalcemia	10

$$\left(\begin{array}{l} (.26 \times [\text{ICH CAHPS}]) \\ + \\ (.16 \times [\text{SRR}]) \\ + \\ (.12 \times [\text{STrR}]) \\ + \\ (.19 \times [\text{Dialysis Adequacy}]) \\ + \\ (.19 \times [\text{Vascular Access Type}]) \\ + \\ (.08 \times [\text{Hypercalcemia}]) \end{array} \right) \times 10$$



$$\left(\begin{array}{l} (.26 \times 9) \\ + \\ (.16 \times 9) \\ + \\ (.12 \times 10) \\ + \\ (.19 \times 10) \\ + \\ (.19 \times 9) \\ + \\ (.08 \times 10) \end{array} \right) \times 10$$



Clinical Measure Scoring Domain = 93.9

Calculating the Safety Measure Domain Score

Safety Measure Domain: Facility A

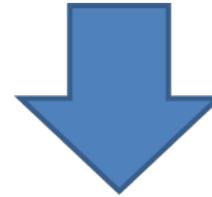
Measure

NHSN BSI Clinical Measure
NHSN Reporting Measure

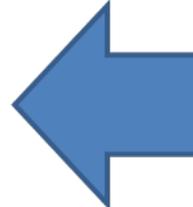
Measure Score

9
10

$$\left[\begin{array}{l} (.60 \times [\text{NHSN Clinical}]) \\ + \\ (.40 \times [\text{NHSN Reporting}]) \end{array} \right] \times 10$$



$$\left[\begin{array}{l} (.60 \times 9) \\ + \\ (.40 \times 10) \end{array} \right] \times 10$$



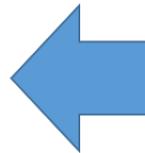
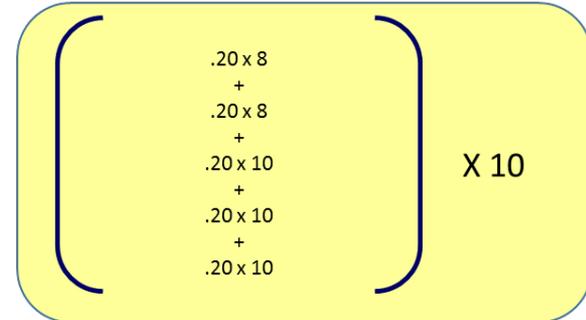
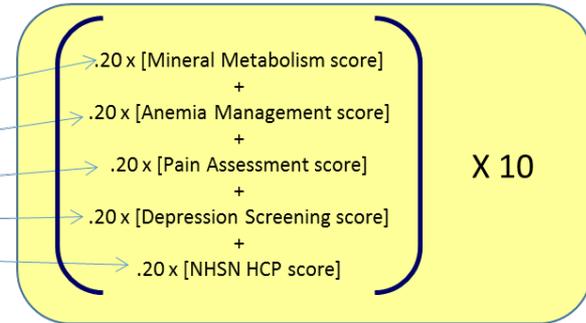
Safety Measure Scoring Domain = 94

Calculating the Reporting Measure Domain Score

Reporting Measure Domain: Facility A

Reporting Measure

	Measure Score
Mineral Metabolism	8
Anemia Management	8
Pain Assessment and Follow-Up	10
Clinical Depression Screening and Follow-Up	10
NHSN Healthcare Personnel Influenza Vaccination	10



Reporting Measure Scoring Domain = 92

Calculating the Total Performance Score

Total Performance Score: Facility A

Domain

Domain Score

Clinical Measure Domain

94

Safety Measure Domain

94

Reporting Measure Domain

92

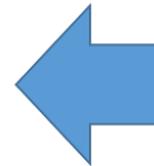
$$\left(\begin{array}{l} \rightarrow (.75 \times [\text{Clinical Domain}]) \\ + \\ \rightarrow (.15 \times [\text{Safety Domain}]) \\ + \\ \rightarrow (.10 \times [\text{Reporting Domain}]) \end{array} \right)$$



$$\left(\begin{array}{l} (.75 \times 94) \\ + \\ (.15 \times 94) \\ + \\ (.10 \times 92) \end{array} \right)$$

Total Performance Score = 93.8

(Rounds to 94)



Estimated PY 2019 Performance Values

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard (50th percentile)
VAT Measure Topic			
• AVF	53.72%	79.62%	66.04%
• Catheter *	17.06%	2.89%	9.15%
Kt/V Dialysis Adequacy	86.85%	97.19%	92.53%
Hypercalcemia*	4.21%	0.32%	1.85%
NHSN BSI*	1.812	0	0.861
SRR*	1.276	0.629	0.998
STrR*	1.470	0.431	0.923

* On this measure, a lower rate indicates better performance.

Estimated PY 2019 Performance Values (continued)

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard (50th percentile)
ICH CAHPS Survey			
• Nephrologists' Communication and Caring	56.41%	77.06%	65.89%
• Quality of Dialysis Center Care and Operations	52.88%	71.21%	60.75%
• Providing Information to Patients	72.09%	85.55%	78.59%
• Overall Rating of Nephrologists	49.33%	76.57%	62.22%
• Overall Rating of Dialysis Center Staff	48.84%	77.42%	62.26%
• Overall Rating of the Dialysis Facility	51.18%	80.58%	65.13%

PY 2019 Proposed Scoring/Payment Reduction Methodology

CLINICAL	
Subdomain	Measures
Patient and Family Engagement/ Care Coordination (42%)	ICH CAHPS Survey SRR
Clinical Care (58%)	STrR ★ Kt/V Dialysis Adequacy VAT Measure Topic { Access via AVF Access via catheter Hypercalcemia

SAFETY	
NHSN BSI Measure Topic	{ NHSN BSI Clinical ★ NHSN Dialysis Event Reporting

REPORTING
Mineral Metabolism
Anemia Management
Pain Assessment and Follow-Up
Clinical Depression Screening and Follow-Up
NHSN Healthcare Personnel Influenza Vaccination

Total Category Weight

= 75%

+

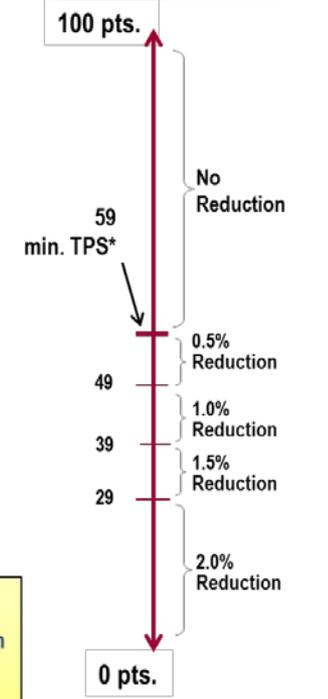
= 15%

+

= 10%

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

Payment Reduction Percentage



*estimated value

★ new measure for PY 2019

Proposed Measures for PY 2020

Note: The standards presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2020 will not be adopted until a final rule is issued in November 2016.

Overview of PY 2020 Proposed Measures

Clinical Measure Domain – 80% 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

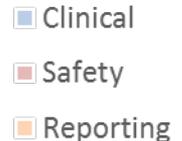
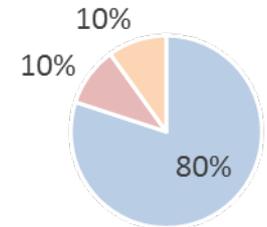
1. STrR
2. Kt/V Dialysis Adequacy (comprehensive)
3. VAT Measure Topic –AVF
4. VAT Measure Topic – Catheter \geq 90 days
5. Hypercalcemia
- ★ 6. Standardized Hospitalization Ratio (SHR)

Safety Measure Domain – 10% of TPS

1. NHSN BSI Measure Topic – NHSN Bloodstream 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

Proposed SHR Clinical Measure

- Goals:
 - Include more outcome measures in the ESRD QIP
 - Complement SRR by assessing overall hospitalization rate
- CMS proposes a modified version of 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
 - CMS has submitted the modified measure to NQF for endorsement consideration
- Measure calculation: Ratio of the number of observed hospitalizations to the number of expected hospitalizations

Clinical Measures: Key Scoring Terms

Term	Definition
Achievement Threshold	The 15th percentile of performance rates nationally during calendar year (CY) 2016
Benchmark	The 90th percentile of performance rates nationally during CY 2016
Improvement Threshold	The facility's performance rate during CY 2017
Performance Period	CY 2018*
Performance Standard (clinical measures)	The 50th percentile of performance rates nationally during CY 2016
Performance Rate	The facility's raw score, based on specifications for each individual measure

* The proposed performance period is CY 2018, with the exception of the NHSN Healthcare Personnel Influenza Vaccination reporting measure; its proposed performance period is from 10/1/2016 – 3/31/2017, covering one “flu season.”

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

PY 2020 Clinical Measures:
Achievement

All Facilities
CY 2016

Facility A
CY 2018



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

PY 2020 Clinical Measures:
Improvement

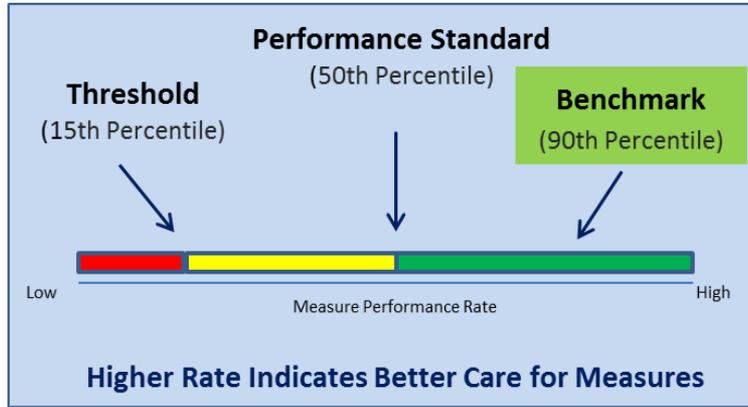
Facility A
CY 2017

Facility A
CY 2018

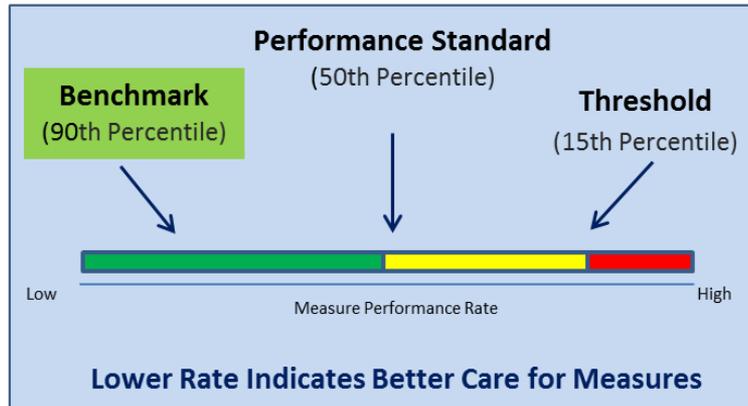


Clinical Measures: Directionality

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



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



Proposed New Reporting Measures

- **Serum Phosphorus**
 - Replaces existing Mineral Metabolism reporting measure
 - Uses CROWNWeb data instead of claims
 - 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

Proposed Scoring Methodology for PY 2020

Note: The standards presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2020 will not be adopted until a final rule is issued in November 2016.

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 80% of the TPS
- **Weighting of Safety Measures:** Two measures combine to form a NHSN Measure Topic score weighted to comprise 10% 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 measure in the Clinical Measure Domain *and* one measure in the Reporting Measure Domain**
- **Facilities can obtain a TPS of up to 100 points**

Calculating the Clinical Measure Domain Score

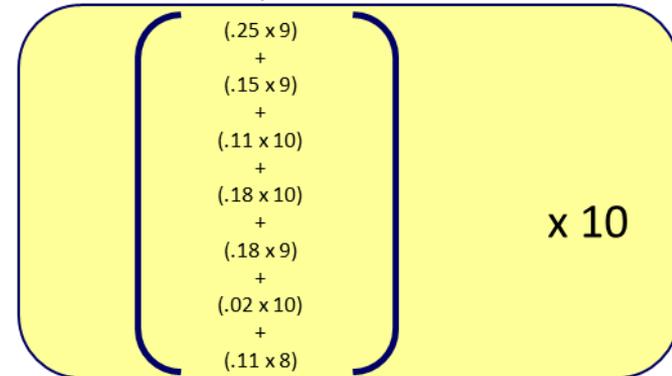
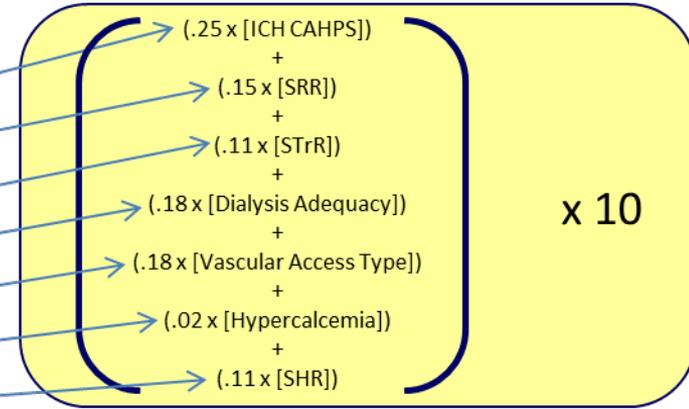
Clinical Measure Domain: Facility A

Clinical Measure

ICH CAHPS
SRR
STrR
Dialysis Adequacy
Vascular Access Type
Hypercalcemia
SHR

Measure Score

9
9
10
10
9
10
8



Clinical Measure Scoring Domain = 92

Calculating the Safety Measure Domain Score

Safety Measure Domain: Facility A

Measure

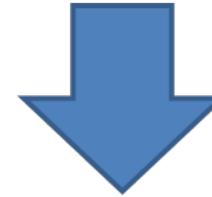
NHSN BSI Clinical Measure
NHSN Reporting Measure

Measure Score

9
10

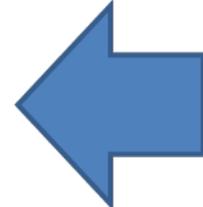
NHSN BSI Measure Topic

$$\left(\begin{array}{l} (.60 \times [\text{NHSN Clinical}]) \\ + \\ (.40 \times [\text{NHSN Reporting}]) \end{array} \right) \times 10$$



Safety Measure Domain

$$\left(\begin{array}{l} (.60 \times 9) \\ + \\ (.40 \times 10) \end{array} \right) \times 10$$



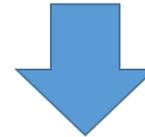
Safety Measure Scoring Domain = 94

Calculating the Reporting Measure Domain Score

Reporting Measure Domain: Facility A

Reporting Measure	Measure Score
Serum Phosphorus	8
Anemia Management	8
Pain Assessment and Follow-Up	10
Clinical Depression Screening and Follow-Up	10
NHSN Healthcare Personnel Influenza Vaccination	10
Ultrafiltration Rate	8

$$\left(\begin{array}{l} .167 \times [\text{Mineral Metabolism score}] \\ + \\ .167 \times [\text{Anemia Management score}] \\ + \\ .167 \times [\text{Pain Assessment score}] \\ + \\ .167 \times [\text{Depression Screening score}] \\ + \\ .167 \times [\text{NHSN HCP score}] \\ + \\ .167 \times [\text{UFR}] \end{array} \right) \times 10$$



$$\left(\begin{array}{l} .167 \times 8 \\ + \\ .167 \times 8 \\ + \\ .167 \times 10 \\ + \\ .167 \times 10 \\ + \\ .167 \times 10 \\ + \\ .167 \times 8 \end{array} \right) \times 10$$



Reporting Measure Scoring Domain = 90.2

Calculating the Total Performance Score

Total Performance Score: Facility A

Domain

Domain Score

Clinical Measure Domain

92

Safety Measure Domain

94

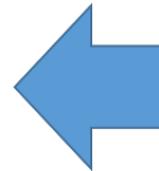
Reporting Measure Domain

90

$$\left(\begin{array}{l} (.80 \times [\text{Clinical Domain}]) \\ + \\ (.10 \times [\text{Safety Domain}]) \\ + \\ (.10 \times [\text{Reporting Domain}]) \end{array} \right)$$



$$\left(\begin{array}{l} (.80 \times 92) \\ + \\ (.10 \times 94) \\ + \\ (.10 \times 90) \end{array} \right)$$



Total Performance Score = 92

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

Facility Total Performance Score	Payment Reduction
mTPS or greater	0%
1 – 10 points below mTPS	0.5%
11 – 20 points below mTPS	1.0%
21 – 30 points below mTPS	1.5%
31 or more points below mTPS	2.0%

PY 2020 Proposed Scoring/Payment Reduction Methodology

CLINICAL	
Subdomain	Measures
Patient and Family Engagement/Care Coordination (40%)	ICH CAHPS Survey SRR
Clinical Care (60%)	STrR
	Kt/V Dialysis Adequacy
	VAT Measure Topic { Access via AVF Access via catheter
	Hypercalcemia
	★ SHR

SAFETY	
NHSN BSI Measure Topic	{ NHSN Bloodstream Clinical NHSN Reporting

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

★ new measure for PY 2020

Total Category Weight

= 80%

+

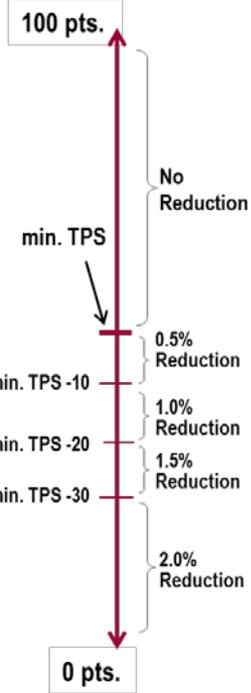
= 10%

+

= 10%

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

Payment Reduction Percentage



Proposed Programmatic Changes

Note: The standards presented in this NPC are *proposed* at this time; the ESRD QIP for PY 2020 will not be adopted until a final rule is issued in November 2016.

Modifying the Hypercalcemia Clinical Measure

For PY 2018 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 denominator and the numerator to minimize any incentive favoring non-measurement of serum calcium in the preceding three months

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” (patients who had any positive blood cultures; received any intravenous antimicrobials; had any pus, redness, or increased swelling at a vascular access site; and/or were admitted to a hospital) during the evaluation period
- Facilities will have 30 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

Participating in the Comment Period

Your Role in the Regulation Process

CMS implements the ESRD QIP through the federal regulation process, one of the basic tools of government used to implement public policy



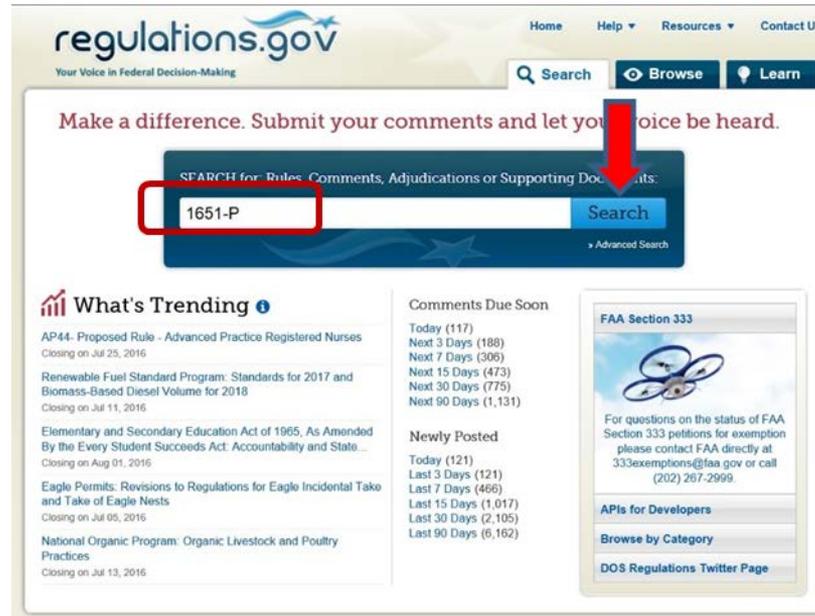
Your comments matter!

Navigating the PY 2020 Proposed Rule

For details on:	Go to:
Measure specifications (including detailed list of exclusions)	Technical specifications for each measure posted on the CMS ESRD QIP website (links provided at end of this presentation)
Minimum data thresholds for PY 2020	81 FR 42845
PY 2019 revisions	81 FR 42823 – 33
PY 2020 performance standards	Clinical and Reporting: 81 FR 42839 – 40
Use of CMS Certification Numbers (CCN) to determine eligibility for reporting measures	81 FR 42845
Scoring methodologies	PY 2019: 81 FR 42827 – 32 PY 2020: 81 FR 42842 – 45
Programmatic changes	<ul style="list-style-type: none">• Hypercalcemia clinical measure modification: 81 FR 42823• CROWNWeb data validation: 81 FR 42832 – 33• NHSN data validation: 81 FR 42832 – 33

Commenting on the Proposed Rule

- Read and comment on the proposed rule for ESRD QIP PY 2020 online at: www.regulations.gov
- Include file number CMS-1651-P on all correspondence, including comments



The screenshot shows the homepage of regulations.gov. At the top, there is a navigation bar with links for Home, Help, Resources, and Contact Us. Below this is a search bar with a magnifying glass icon and buttons for Search, Browse, and Learn. A red arrow points to the search bar, which contains the text '1651-P'. Below the search bar, there is a section titled 'Make a difference. Submit your comments and let your voice be heard.' followed by a search prompt: 'SEARCH for Rules, Comments, Adjudications or Supporting Documents:'. Below this, there are three columns of content: 'What's Trending' with a list of proposed rules, 'Comments Due Soon' with a list of upcoming comment deadlines, and 'FAA Section 333' with information about petitions for exemption.

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SEARCH for Rules, Comments, Adjudications or Supporting Documents:

1651-P Search

Advanced Search

What's Trending

- AP44- Proposed Rule - Advanced Practice Registered Nurses
Closing on Jul 25, 2016
- Renewable Fuel Standard Program: Standards for 2017 and Biomass-Based Diesel Volume for 2018
Closing on Jul 11, 2016
- Elementary and Secondary Education Act of 1965, As Amended By the Every Student Succeeds Act: Accountability and State...
Closing on Aug 01, 2016
- Eagle Permits: Revisions to Regulations for Eagle Incidental Take and Take of Eagle Nests
Closing on Jul 05, 2016
- National Organic Program: Organic Livestock and Poultry Practices
Closing on Jul 13, 2016

Comments Due Soon

- Today (117)
- Next 3 Days (188)
- Next 7 Days (306)
- Next 15 Days (473)
- Next 30 Days (775)
- Next 90 Days (1,131)

Newly Posted

- Today (121)
- Last 3 Days (121)
- Last 7 Days (466)
- Last 15 Days (1,017)
- Last 30 Days (2,105)
- Last 90 Days (6,162)

FAA Section 333

For questions on the status of FAA Section 333 petitions for exemption please contact FAA directly at 333exemptions@faa.gov or call (202) 267-2999.

APIs for Developers

Browse by Category

DOS Regulations Twitter Page



Submitting Comments on the Proposed Rule (1 of 3)

- To submit comments online:
 - Click “Comment Now” next to the regulation title
- Help Desk:
 - Select the “Feedback and Questions” tab located at the top of the page
 - Call 877-378-5457 (toll-free) or 703-412-3083, Monday – Friday (9:00 a.m. – 5:00 p.m. EDT)

The screenshot displays the regulations.gov website interface. At the top, the logo "regulations.gov" is visible with the tagline "Your Voice In Federal Decision-Making". Navigation links for Home, Help, Resources, and Contact Us are present. A search bar contains the text "1651-P". Below the search bar, it indicates "4 results for '1651-P'".

On the left side, there are filter options under "Filter Results By...":

- Comment Period**: Open (1), Closed (3)
- Document Type**: Notice, Proposed Rule, Rule, Supporting & Related Material (8), Other

The main results area shows two entries:

- Medicare Program: End-Stage Renal Disease Prospective Payment System, Coverage and Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, etc.** (Proposed Rule by CMS on 06/30/2016, ID: CMS-2016-0107-0003). A "Comment Now" button is highlighted with a red box, with a due date of "Due Aug 23, 2016 11:59 PM ET".
- CY 2017 Changes to the End-Stage Renal Disease (ESRD) Prospective Payment System, and Quality Incentive Program. CMS-1651-P** (Proposed Rule by CMS on 06/24/2016, ID: CMS-2016-0107-0001). The comment period is closed, with a due date of "Jun 24, 2016 11:59 PM ET".

Submitting Comments on the Proposed Rule (2 of 3)

Use the “Submit a Comment” function

- Option to upload files
- State, ZIP Code, Country, and Category elements are required
- Commenters must indicate if they are submitting on behalf of a third party

Comments due August 23, 2016 – 11:59 p.m. EDT

Submitting Comments on the Proposed Rule (3 of 3)

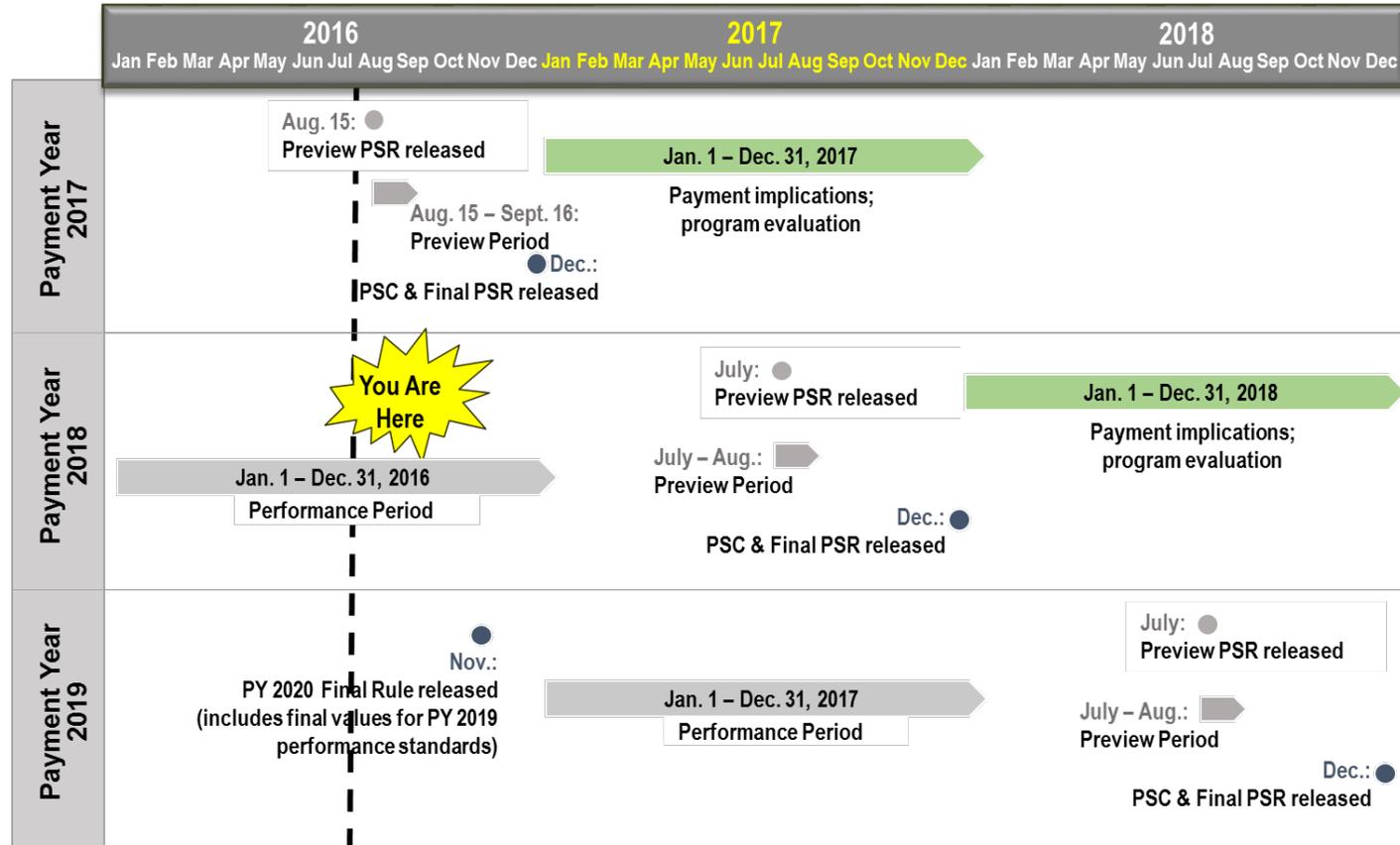
- **Alternate methods for submitting a comment:**
 - Regular US Postal Service mail (allow time for normal transit and delivery)
 - Express or overnight mail
 - Hand delivery/courier delivery (DC and Baltimore locations)
- **See the proposed rule for specifics regarding these methods, including mailing addresses**

Comments due August 23, 2016 – 11:59 p.m. EDT

PY 2020 Proposed Rule Question-and-Answer Session

- Tuesday, August 16, 2016; 2:00– 2:30 PM Eastern Daylight Time
(Register at <https://engage.vevent.com/index.jsp?eid=3536&seid=492>)
- CMS will not be able to respond to comments or critiques about the Proposed Rule during the session
 - Please use the formal comment period described in the rule

ESRD QIP Timeline



You Are Here

Resources: Websites

- **CY 2017 ESRD PPS Proposed Rule (includes ESRD QIP PY 2020 Proposed Rule):** <http://www.gpo.gov/fdsys/pkg/FR-2016-06-30/pdf/2016-15188.pdf>
- **ESRD QIP Section of CMS.gov:** www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html
- **Technical Specifications for PY 2020 ESRD QIP Proposed Measures:** www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html
- **ESRD Network Coordinating Center (NCC):** www.esrdncc.org
- **QualityNet:** www.qualitynet.org
- **Dialysis Facility Compare:** www.medicare.gov/dialysisfacilitycompare
- **MIPPA:** www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf

Next Steps

- Participate in the call-in session on August 16
- Comment on PY 2020 Proposed Rule by August 23 at 11:59 pm EDT
- Review PY 2017 Preview PSR and submit any clarification questions or a formal inquiry by September 16, 2016, at 5:00 pm EDT
- Read PY 2020 Final Rule when posted (early November)
- Review PY 2017 Final PSR when available (mid-December)
- Post PY 2017 PSCs—in both English and Spanish—when available (mid-December)

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