



MLN Connects™

National Provider Call - Transcript

Centers for Medicare & Medicaid Services
ESRD Quality Incentive Program: Reviewing Your Facility's Payment Year 2014
Performance Data
MLN Connects National Provider Call
Moderator: Leah Nguyen
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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 would now turn the call over to Ms. Leah Nguyen. Thank you. You may begin.

Announcements and Introduction

Leah Nguyen: This is Leah Nguyen from the Provider Communications Group here at CMS, and I am your moderator today. I would like to welcome you to this MLN Connects National Provider Call on the ESRD Quality Incentive Program: Reviewing Your Facility's Payment Year 2014 Performance Data. MLN Connects Calls are part of the Medicare Learning Network.

During this call, CMS subject-matter experts will discuss the steps dialysis facilities need to take to review the data CMS will use to evaluate performance as part of the payment year 2014 program. The ESRD Quality Incentive Program is a pay-for-performance initiative that ties a facility's quality scores to a payment percentage reduction over the course of the payment year. A question-and-answer session will follow the presentation.

Before we get started, I have a couple of announcements. You should have received a link to the slide presentation for today's call in previous registration emails. If you have not already done so, please download the presentation from the following URL: www.cms.gov/npc. Again, that URL is www.cms.gov/npc. At the left side of the web page, select "National Provider Calls and Events," then select the date of today's call from the list.

Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to the MLN Connects Call website. An announcement will be placed in the MLN Connects Provider e-News when these are available.

And third, registrants were given the opportunity to submit questions in advance of today's call. We thank those of you who took the time to do so. While they may not be addressed today, they will be used for future presentations, frequently asked questions, or other educational materials.

At this time, I would like to turn the call over to Jim Poyer, director of the Division of Value, Incentives, and Quality Reporting in the Center for Clinical Standards and Quality here at CMS.

Presentation

Jim Poyer: Thank you. I want to thank everyone for participating in today's call. Joining me today and presenting information are Anita Segar, the End-Stage Renal Disease Quality Incentive Program, or ESRD QIP, program policy lead; Claudia Dahlerus, the project manager for Arbor Research Collaborative for Health; and Brenda Gentles, the ESRD QIP communications and monitoring and evaluation lead.

Next slide. The purpose: today we are going to discuss the preview period for the payment year 2014 ESRD QIP, which as you know is very detailed. We're going to discuss why the preview period is important to you and what steps you need to take to participate. We'll be presenting a great deal of information over the next 60 minutes, and I think we'll be able to provide you with a good understanding of how facilities will participate in the preview period.

We'll go over our presentation with you and then open up the discussion for questions. But first, we need to emphasize a few points, though.

We can't public – or we can't talk about any specifics about future years of the ESRD QIP. As many of you know, we – about a month ago, we posted a proposed rule discussing payment year 2016 proposed measures and policy. And that was published in the *Federal Register* about a month ago. Please save your ideas and questions on that topic for another National Provider Call, which we'll hold next week. And please participate; we welcome you to participate in that formal comment period. And that's the way we can officially respond to your comments that's now ongoing. And please refer to the *Federal Register* in terms of how to be able to submit comments.

Many of you will want additional information that we won't be able to cover in today's call. And I invite you to review the online resources listed in the slide deck. Questions that remain can always be sent to our mailbox. That's esrdqip@cms.hhs.gov.

And then to slide 6, the introduction.

Introduction

Payment year 2014 represents the third payment year for the ESRD QIP. It is a benchmark in the development of the program and is built upon the payment year 2013 measures by adding a combined clinical measure for Vascular Access Type, and it incorporated reporting measures for the first time. But how does the program fit into CMS's overall goal of improving quality? And I refer you to the next slide, CMS's Objectives for Value-Based Purchasing.

The value-based purchasing, or VBP, programs incentivize better care across care settings. And beneficiaries expect cost-effective, quality care. And VBP is an avenue to assist us in achieving this goal. VBP promotes CMS's three-part aim and goals. Those three goals are better health care for individuals, better care for populations and communities, and lower cost through improvement.

And just to remind folks, the ESRD QIP was the first Federal pay-for-performance program incentivizing performance on quality measures to payment in a CMS payment system. Rather than paying dialysis facilities on how many services they provide patients, Medicare can now pay dialysis facilities based on how well those services help to keep patients safe and healthy.

And the ESRD QIP uses the Government's purchasing power through Medicare to incentivize improvements in the treatment of patients with ESRD. These incentives drive care throughout the health care sector, not just to Medicare patients.

And to the next slide, the Six Domains of Quality Measurement Based on the National Quality Strategy. The ESRD QIP for payment year 2015 addresses three of the National Quality six – three of the six HHS, Department of Health and Human Services, National Quality Strategy domains: patient – or, safety, patient and caregiver experience, and clinical quality of care.

In the next few slides, we'll provide an overview of the legislative aspects of the program. And for that, I will turn the presentation over to our program and policy lead, Anita Segar. Anita?

ESRD QIP Overview

Anita Segar: Thank you, Jim.

In this section, as Jim referenced, we'll share some information about the legislative nature of the ESRD QIP before delving into the composition of the payment year 2014 program and the preview period itself.

Slide 10. MIPPA amended the Social Security Act to mandate the creation of ESRD QIP. The ESRD QIP is intended to promote patient health by encouraging renal dialysis facilities to deliver high-quality patient care. MIPPA provides the mechanism for establishing standards of care and authorizes payment reductions for facilities failing to meet those standards.

Slide 11. MIPPA gives CMS the authority to establish standards by which ESRD facilities will be evaluated. ESRD QIP also sets down the way individual measures are used to create an overall score. CMS will improve – impose a payment reduction of up to 2 percent if the facility's score does not meet a minimum total performance score.

Information about the facility's performance in the ESRD QIP is contained in the Performance Score Report, called a PSR. Public reporting of the results is a key component because it allows consumers to select facilities based on care, and it provides a mechanism by which facilities may judge their performance compared to the performance of others.

So the PSC, which is the Performance Score Certificate, is a prime vehicle for communicating the facility's performance under the ESRD QIP to its patients. DFC, which is Dialysis Facility Compare, also provides information about facility performance to the public.

CMS releases detailed facility performance information in a large spreadsheet, as well, and posts it on the web. With the structure of the program in mind, we turn now to how it evolves from year to year through the rulemaking process.

Moving on to slide 12. So thus far, CMS outlined payment year programs by creating rules on an annual basis. Every year to date, CMS proposes a rule that specifies measure selections, scoring and rating methodologies, and payment reduction. A public comment period follows, and CMS considers these comments in preparing the final rule for publication. As the program evolves, CMS will continue to establish measures that reflect standards of quality in the care of ESRD patients.

PY 2014 Overview

So to begin our discussion of the preview period, we'll touch base on the timeline and then just take a couple of minutes to review how the payment year 2014 program is composed. This is not going to be an in-depth review, but instead we want to hit the highlights to put our discussion of the preview period into context, especially in terms of measuring scoring and the determination of the total performance score.

Slide 14. This year, the preview period opened on July 29th, when the PSR was made available online. The period closes at 5 p.m. Eastern Daylight Time on August 29th. All of the interaction for the preview period takes place on DialysisReports.org. And the mechanics of the preview period will be discussed later in more detail.

CMS is recommending that facilities submit any clarification questions they have by August 13th, so that they can get responses in time to include that information in any formal inquiry that they might wish to make before the period ends.

Slide 15. As Jim mentioned, the payment year 2014 program is significantly more complex than the payment year 2013 program was. We have three clinical measures, one of which has two parts, and three reporting measures. A facility must achieve a TPS of 53 or better to avoid a payment reduction. For every 10 points a facility scores below the minimum TPS, that facility's payment will be reduced by half a percentage point. And of course, the maximum payment reduction is 2 percent.

Slide 16. The three clinical measures make up 90 percent of the overall score. The three reporting measures combine to make up the remaining 10 percent. We'll provide URLs for the technical specifications of each clinical measure at the end of this presentation, and the calculations are described in the PSR.

With that said, let's take a quick overview of each of the measures involved here.

Slide 17. On the ESRD QIP clinical measures, the directionality differs. A high performance rate does not reflect better care in all measures. For the measures at the top of the slide, a higher rate – so the measures on the – at the top of the slide are the dialysis adequacy and VAT: fistula. A higher rate does indeed reflect better care and thus, a higher score for the measure.

For example, vascular access via fistula is considered preferential for patients in most cases. So the greater number of patients with fistulas is better. On the other hand, for the measures at the bottom of the slide, the anemia management and the VAT: catheter, a

higher rate tends to reflect less effective performance and, thus, the lower score on the measure. For example, vascular access via catheter is considered less preferential for patients in most cases, so fewer patients with catheters is better.

Moving on to slide 18. We've used two of the clinical measures during the first 2 years of the program—hemoglobin greater than 12, and URR greater than or equal to 65 percent.

Slide 19. As noted, the VAT is a measure that is new in payment year 2014. It reflects CMS's Fistula First Initiative, which aims to improve the survival and quality of life of hemodialysis patients. It optimizes vascular access selection, which for most patients will be an AV fistula, to lower infection, hospitalization, and mortality rates while preserving vital Medicare resources.

The measure works somewhat differently than the other two. The VAT measure is made up of two different measures, which are scored independently then averaged to derive the combined score of the measure. We'll take a closer look at this when we discuss that portion of the PSR in the next section.

I'm on slide 20. Payment year 2014 also represents the first time the ESRD QIP uses the achievement and improvement scoring method, with the better score applied in calculating the TPS. One method compares the facility's 2012 performance to the performance of all facilities during the comparison period, and that's the achievement score. The other method compares facility's 2012 performance to its own performance during the comparison period, and that's improvement. 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.

With that, we move on to the reporting measures. On slide 21, here we see the first of the reporting measures, which stems from participation in the CDC's National Healthcare Safety Network. It is crucial for patient health to reduce infections during dialysis, so we created this measure as a way of beginning to incorporate infection monitoring into the ESRD QIP.

On slide 22, we have the ICH CAHPS survey. We created this measure to bring the patient's experience of care into the ESRD QIP equation. And this survey applies to in-center hemodialysis facilities only; other facilities will not be scored on it.

Moving on to slide 23, the Mineral Metabolism measure. This measure was added to collect information about serum calcium and serum phosphorous levels. The measure was modified by the payment year 2015 final rule to reflect that even the best facilities may not be able to monitor every patient every month for reasons outside of their direct control.

Moving on to slide 24. This slide provides an illustration of how each measure combines to create the TPS, and from there, to determine whether a payment reduction may apply.

If only one category of measure applies to a facility, then that category will make up 100 percent of the TPS.

For example, consider a facility that is ineligible for every clinical measure and is eligible only for the ICH CAHPS survey attestation. If the facility attested that it administered the survey, then the facility's TPS will be 100.

Performance Score Report Overview

And with that, we'll turn our attention to the PSR document itself and what information it contains. We'll look at the makeup of the document and review selected tables. We want to make sure that we have plenty of time to walk through the use of the website itself, so we'll just look at one clinical measure and one reporting measure, and let them stand in for the complete population of measures.

Slide 26. The PSR provides a lot of information about the facility and its performance on each measure. It'll also provide explanatory text and a glossary. Be sure to see the guide to the payment year 2014 PSR, as well. As this slide indicates, you'll also find it on the DialysisReports.org website.

On page 27 – slide 27, excuse me. Here's a sample of the title page, making sure – make sure you're looking at the correct report by checking the payment year and the date of the document. The version delivered in December this year will be labeled Final Performance Score Report. When you download your facility's PSR in PDF format, you'll get your facility's specific performance rates, scores, weights, TPS, and payment reduction.

Slide 28. The PSR starts with a summary chart that reflects how the facility is scored on each measure, how each measure combines to form the TPS, and whether a payment reduction is projected. It is similar to the one you received last year, and hopefully is improved in some ways based on our lessons learned.

So let's take a look at one clinical measure and one reporting measure as an example of these calculations. On slide 29, we'll use the VAT, the Vascular Access Type, as the clinical example because it's made up of two measures and we can demonstrate how they're combined. These tables provide the numbers that determine the performance rate, then compare that rate via the achievement and improvement methods to determine the result of each calculation, and that's the measure score.

So here we can see on line 6d that the facility in question had a performance rate of 78 percent, which exceeds the benchmark of 74 percent that you see on line 6i, and this gives an automatic achievement score of 10 on the measure. You'll see that on lines 6j and 6m. Line 6q shows the achievement method was used, and line 6r shows that the facility scored a 10 on the measure.

On slide 30 for Vascular Access Type: Catheter. Here we can see on line 7d that the facility in question had a performance rate of 22 percent, which resulted in an

achievement score of 1 on line 7m, and an improvement score of 1 on line 7p. Line 7q shows the achievement method was used, and line 7r shows that the facility scored a 1 on the measure.

On slide 31. In this table, the scores for the two sub-measures are pulled from the two previous tables and then combined into a single performance measure score of 6 on line 8d. Note that line 8c shows that if the facility does not have a calculated score for one of the sub-measures, then the score on the remaining sub-measure will be the score for the Vascular Access Type measure.

Moving on to slide 32. Let's take a look at a reporting measure. And Mineral Metabolism will serve as a representation of all of the reporting measures. Here, we see that the facility met the standard set in 11a, and it is not a new facility as described in 11b. So it has – it's earned the full 10 points for the measure.

On slide 33. This table determines the weight of each measure. The facility was eligible for two clinical measures, so each is worth 45 percent of the TPS. The facility was eligible for only one clinical measure, so it is worth the full 10 percent of the TPS on its own.

On slide 34. This table assembles the score for each eligible measure, applies the weight for it as determined in the previous slide, calculates the TPS, and indicates any performance – any payment reduction. For this hypothetical facility, the TPS is 51. According to the payment reduction scale that we saw on the graphic on slide 25, we see that the facility did not meet the minimum TPS of 53 and so is subject to a payment reduction of 0.5 percent for the services that it will render during 2014.

Preview Period Overview

Moving on to slide 35. Now that we've reviewed the measures and calculations involved in payment year 2014, let's talk about the preview period itself. So the 30-day preview period is an important element of the ESRD QIP. It provides a measure of transparency by sharing the data and its interpretation before the scores and the payment reductions are finalized. And each facility has an opportunity to understand the score, to raise questions, and, potentially, formally contest the results before any reductions are applied.

Slide 36. So, as mentioned earlier, the period runs from July 29 to August 29, and will be conducted through DialysisReports.org. Facilities review their preview PSR as the basis for posing clarification questions and a formal inquiry. You'll want to download your report to ensure that you have a chance to review the data, especially if your facility is projected to have a payment reduction.

CMS continues to use DialysisReports.org to provide a streamlined online process for facilities to ask their questions and submit a formal inquiry into their score if applicable. There are two categories of questions that facilities may raise, which we will discuss in the next slide. So it's really important to understand the differences between them.

On slide 37. 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. CMS recommends that clarification questions be submitted by August 13th.

Filing a clarification question by August 13th is act – very beneficial for the facility because it would allow sufficient time to lodge a formal inquiry if that would be necessary after receiving CMS’s response to the clarification question. Filing a formal inquiry as a clarification question will result in delays.

On slide 38. In comparison, a facility is limited to a single formal inquiry, and the facility medical director or facility administrator must approve it before they submit it. Please note that formal inquiries may not be recalled. The formal inquiry is really an opportunity for a facility to provide evidence to CMS in the event that it believes that an error has occurred in the calculations.

Now, CMS may reclassify a formal inquiry as a clarification question when appropriate. This allows the facility to submit a new inquiry provided that the deadline has not elapsed. In order to view the PSR, though, facilities must be able to access the secure portion of DialysisReports.org, which we will discuss next.

Slide 39. Facility personnel use their credentials and DFRs to access the preview PSR and avail themselves of the online system to submit questions and formal inquiries to CMS. Facility Master Account Holders should make sure they’re set up on the system appropriately and create the user accounts that the facility might need. Networks can also use the system to see the PSRs of the facilities in their region and to assist the facilities where appropriate.

For help – I’m on slide 40 – for help in logging in through the system, you can email or call us as indicated on this slide. Once you have accessed the system, you can find a great deal of troubleshooting-type guidance on the site itself.

So, with that, let me turn this over to Leah here, who will make some quick announcements before we continue with the presentation.

Keypad Polling

Leah Nguyen: Thank you, Anita. At this time, we will pause for a moment to complete keypad polling so CMS has an accurate count of the number of participants on the line with us today. Please note, there will be silence on the line while we tabulate the results.

Victoria, we’re ready to start polling.

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 listening in. If you’re the only person in the room, enter 1. If there are between two and eight of you

listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9.

Again, if you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. And if there are nine or more of you in the room, enter 9. Please hold while we complete the polling.

Thank you. I would now like to turn the call back over to Miss Leah Nguyen.

Special Announcement

Leah Nguyen: Thank you. Before we continue the presentation, we would like to make a special announcement. CMS will soon provide an opportunity for Medicare-enrolled providers and suppliers to give us your feedback about your experience with your Medicare Administrative Contractor, or MAC, the contractor that processes your Medicare claims.

This new assessment tool is called the Medicare Administrative Contractor Satisfaction Indicator, or MSI. Your feedback will help CMS monitor MAC performance trends, improve oversight, and increase efficiency of the Medicare program. Each year, CMS will randomly select its MSI administration sample from a list of providers who register to become participants.

If you would like to register to become an MSI participant, or for more information, please visit the website listed on slide 78. And now, I will turn the call back over to Claudia Dahlerus to continue the presentation.

Presentation Continued

Claudia Dahlerus: Thank you, Leah, and good afternoon, everyone. So this next section of the presentation will cover the instructions for logging in to the DialysisReports.org website. This will include an overview of different account and user types in viewing and commenting on reports. Many of these features, you will note, are the same as they were for last year's preview period.

DialysisReport.org Walk-Through

Next slide, please. As in previous years, the home page of the DialysisReports.org website provides an overview of the preview QIP, DFR, and DFC reports that can be obtained through this secure website. From the home page, you can also access FAQs and contact us with questions about the website, such as login and technical difficulties.

Preview reports and submitting QIP clarification questions and one formal inquiry must be done once account holders are logged in to the secure site. See the blue lock on the upper-right portion of the screen for logging in to the secure website.

Next slide. There are two types of accounts. One is for a Master Account Holder that creates and edits user accounts for a facility and assigns permissions to do things such as

view the preview PSR reports and to submit clarification questions, a formal inquiry, or comments.

The other account type is the user account, which must be assigned by the Master Account Holder at the facility. Users must be assigned permissions by the Master Account Holder in order to view reports and submit clarification questions and a formal inquiry or comments.

Slide 44. So this slide shows the login page to the secure site. If you are a facility Master Account Holder, you need to click the “Create/Edit” button to log in. If you are a user, click the “View Reports” button to log in. The next few slides will review the process for logging in, either as a Master Account Holder or as a facility user.

Slide 45. So first we will walk through the process for the Master Account Holder login. Each facility has one Master Account Holder. All Master Account Holders should have received their temporary password by their respective network in late June. So to log in, you need to enter the six-digit facility ID number in the user name field, and then enter the password for your facility that was provided by your network.

Next slide. After logging in, the Master Account Holder will be taken to this landing page, which is the Create/Edit Users tab. And so you’ll see that middle tab on the landing page. This is where the Master Account Holder can see a list of all established users, as well as their permissions.

Note that accounts were reset, so these will show as not enabled until they are re-enabled by the Master Account Holder. And the enabled status is displayed under the fifth column. This should’ve occurred prior to the start of the preview period on July 29th, as the passwords were sent out at the end of June.

Slide 47. Under this tab, the View Reports tab, Master Account Holders can also create new facility users and edit existing facility users. They can also change the contact information or log in to view reports under a separate facility user account.

Slide 48. First, to create a new user, a facility – to create a new facility user, you need to create – you need to click the “Create New User” button. The Master Account Holder will then enter their required information into the field. The check boxes below that is where the Master Account Holder will assign permissions to users to do such things as view PSR reports, submit clarification questions, or – and to submit a formal inquiry.

For facilities of dialysis organizations, this is also where Master Account Holders can add a corporate user account for their corporate office. This would be the same process that was used last year for the corporate user account. When you are finished, remember to click “Save” to add the new user.

Slide 49. To edit existing users, the Master Account Holder will follow similar steps. This will allow them to update user contact information, enable a new account or disable

an existing account, to reset user passwords, or to change user permissions to view reports and submit clarifications, questions, a formal inquiry, or comment.

For facilities of dialysis organizations, this is also where Master Account Holders can edit or update an existing corporate user account for their corporate office. And again, please remember to click “Save” in order to save the updated information.

Slide 50. Note that the name of the current Master Account Holder is always displayed in the upper-left portion of each page. And you’ll see that under – it’ll be displayed as “Currently logged in as” and then the user name.

Master Account Holders can also edit or update Master Account Holder contact information as necessary—for example, if they want to instead designate someone else at the facility to be the Master Account Holder. If new information is entered under the Master Account Holder contact information, just remember to click “Save” to update that contact information.

Slide 51. Finally, Master Account Holders can also be logged in at the same time under their individual user account without having to log out of DialysisReports.org. Note that they already need to have a separate facility user account established. So, to log in at the same time, the Master Account Holder should go to the View Reports tab and click the “Log In” button next to the corresponding facility user information. And again, this is displayed actually on slide 52.

Next, the Master Account Holder will enter their facility user name and password. If however, the Master Account Holder does not yet have a separate facility user account, they can create one using the same steps we described earlier on the previous slides for creating other facility users.

Slide 53. The next few slides will now walk through the instructions for individual facility user accounts. Remember, to log in the user must already have an account that was established and enabled by the facility Master Account Holder. So to begin, users need to click the “View Reports” button on the login page. And they need to enter their user name, which is their email address that was used to establish the account.

Slide 54. When logging in for the first time, the user must enter their temporary password that they received via an auto-generated email when their account was established and enabled by the Master Account Holder. Once logged in, the user will be prompted to change their temporary password. In order to do so, you also need to just pay attention to the password rules, which are to the right of the screen, which provide certain rules for password length and so forth.

Slide 55. Users, once logged in, will arrive at the home landing page, which displays all tabs and provides an overview of information describing the content of all the reports available on DialysisReports.org.

Slide 56. So for today's presentation, we will focus on the reports and functions related to the QIP and the current payment year 2014 QIP preview period. We will also briefly cover information about the DFR and DFC tabs again, because the website serves delivery of those reports as well.

Slide 57. So as shown here, each report-specific tab is where users can view and download reports and perform other actions available to them. So you will notice that reports are sorted by provider number. To download a report, you can click the live link under the "View Reports" column. In addition, multiple reports can be downloaded at the same time by clicking the corresponding check boxes adjacent to the "Provider Number" column.

Slide 58. So just as an example to briefly walk through, under the DFR tab users can view and download dialysis facility reports as well as DFR data for facility or for facilities which they have been authorized to view based on permissions granted to them by the Master Account Holder for that facility or set of facilities.

To download DFR data and supporting documentation, use the links as indicated in the upper-left red box. In addition, authorized users can also perform certain actions, such as submitting comments for reports; see the far-right red box. We just wanted to note that the DFR preview period this year will run August 29th through September 22nd, 2013.

Slide 59. This is just a brief overview of what you'll see under the DFC tab for the Dialysis Facility Compare report. And again, to view and download, the actions are similarly displayed here as they are under the other tabs. And with respect to preview of the Dialysis Facility Compare report, the preview period for that will run August 15th through August 29th.

Slide 60. So now we'll briefly describe the actions that are available under the QIP tab. As shown on the last two slides for DFR and DFC actions, the view report and download actions are similar under the QIP tab for the preview PSR reports and data. Specifically, facility users that are assigned PSR view permissions for their facility can download preview period PSR data, as well as download preview PSRs from this tab. Users that are authorized by multiple facilities to view reports and download data can also do so from this tab.

Slide 61. These next few slides will walk through the features and steps for submitting questions, comments – clarification questions, comments, and a formal QIP inquiry for your facility. Submitting clarification questions, comments, and a formal inquiry must have been assigned by – must have been assigned by the facility Master Account Holder to you as an individual user for your facility.

Slide 62. Here is an example about what users may or may not see as options available to them based on the permissions assigned to them. So for example, if a user does not have permission to submit clarification questions and a formal QIP inquiry, they will not see these three options in the dropdown list under this tab. And this would include submitting

clarification question or comment about their QIP score, a QIP – a formal QIP inquiry, or to request patient-level data. Please contact your Master Account Holder at your facility if you have questions about your account permissions.

Slide 63. After clicking on an available option, the facility user will have several text fields available to them. These are used to enter and submit comments, QIP clarification questions, or a QIP formal inquiry. Note that the timeout counter which is near the top, outlined in the red box, will show the countdown for time that you have left available. If you need more time, just click the “Request more time” button.

And a final reminder, please do not include any PII or PHI when submitting clarification questions, comments, or a formal inquiry.

Page 64. Excuse me, slide 64. Users that are logged in to their user account can also change the password on their account under the Change Password tab. To do this, you just enter your old password and then your new password. And again, note the password rules to the right.

Slide 65. If a facility user is also the facility Master Account Holder, they can be logged in at the same time. And to do so, they just need to click the Create and Edit Users tab, which will then ask them for their Master Account Holder user name and password. Then the user will just need to follow the same steps that we described in the earlier slide, which described logging in under the Master Account Holder account.

Slide 66. Finally, networks can also view network-specific administrative and login reports for facilities in their network. This will include DialysisReports website account updates, the PSR access report, your certificate access report, and the PSR PSC access log. This gives them valuable information about login activity by facilities within their network. Networks can also view the PSRs for facilities within their networks.

The administrative reports are generated with real-time data, which will be important for giving them up-to-date information about login activity.

So now, this concludes the walk-through of the DialysisReports.org website, and I will hand over the next section of today’s presentation to Brenda Gentles.

Followup Activities and Responsibilities

Brenda Gentles: Thank you, Claudia. That was great.

Now we turn our attention to the tasks that facilities must take care of in the next few weeks and beyond. In this section, we are going to review the upcoming deadlines and the steps facilities need to take. We will also identify the next steps in the payment year 2014 program, as well as developments in the ESRD QIP generally.

Slide 68. To start, let’s take a look at the overarching timeline of the program. In this graphic, we see that we are in the midst of payment implications for payment year 2013

program. The preview period for 2014 is ongoing, as we know, and the performance period for payment year 2015 is under way.

Slide 69. Once the preview period ends on August the 29th, CMS will complete its review and finalize the payment year 2014 results for every eligible facility. Those results will be displayed to the facilities through the final PSR and PSC posted on the DialysisReports.org website.

In addition, CMS will publish information to the public about payment year 2014 performance on the DFC, as well as through a data release. Note that this data is posted to a different website.

Slide 70. MIPPA requires each facility to display the PSC through the year in a prominent location in the facility. The PSC summarizes information about the facility's performance as part of the ESRD QIP. The PSC shares information—important information—to the facility's patients about how well the facility meets the ESRD QIP standards of quality.

Slide 71. Here is an example of what these two-page doc – what this – excuse me, here's an example of what this two-page document will look like. Be sure to post both pages throughout the year. Make sure that staff are familiar with the document and can answer questions about it. Next, we will review some of your upcoming responsibilities as a facility within the ESRD QIP.

Slide 72. Facilities should establish their DFR accounts by now. Follow the preview period process to submit clarification questions and formal inquiry if necessary. When the PSC is available, download, print, and post it in a timely manner, as we have discussed. And remember, the PSC must be posted throughout the calendar year 2014.

Slide 73. This slide captures what is going on with the program as we speak. As you can see, there are a number of payment years that are in motion at the same time. And in this way, the ESRD QIP payment years can be seen as a series of multiple-year programs. CMS appreciates your cooperation and input all along the way.

Resources

Slide 74. This slide provides links to information from CMS, including the text of the final rule from last November, the CMS website, and others.

Slide 75. The DFR posts the measure specifications for each year of the ESRD QIP. As promised earlier in the presentation, these links will direct you to the individual specifications for each payment year 2014 clinical measure.

Slide 76. Thank you for your attention and I will turn it back over to Leah.

Question-and-Answer Session

Leah Nguyen: Thank you, Brenda. Our subject-matter experts will now take your questions. I'd like to remind everyone that this call is being recorded and transcribed, so before asking your question, please state your name and the name of your organization. In an effort to get to as many of your questions as possible, we ask that you limit your question to just one.

If you would like to ask a followup question or have more than one question, you may press star 1 to get back into the queue, and we'll address additional questions as time permits. All right, Victoria, we're ready to take our first question.

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity. Please note, your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard into the conference.

Please hold while we compile the Q&A roster.

Your first question comes from the Nephron Clinic.

Lindsay: Hi. My name is Lindsay. I'm calling from Nephron Clinic and – as well as a separate organization. It's an outpatient dialysis unit for one of our local area hospitals. I was wondering, would – can nephrology groups apply for this incentive program, or is it specifically for dialysis centers alone?

Leah Nguyen: Hold on for a moment.

Lindsay: OK.

Anita Segar: Hi, Lindsay. This is Anita Segar. Thank you for your question.

Lindsay: No problem.

Anita Segar: In response to your question, I would say that the ESRD QIP applies to facilities that are paid under the PPS. And so, if your clinic is not paid under the PPS, then it would not be eligible for the ESRD Quality Incentive Program. Does that answer your question?

Lindsay: I believe so. Yes, I think that pretty much addresses that, and then I'll just get back into the queue for a followup question.

Anita Segar: OK. And please know that if you have, you know, further questions regarding your facility specifically, you can always go ahead and send us an email to the QIP mailbox, the ESRD QIP mailbox, and we'll be happy to talk to you about your particular facility.

Leah Nguyen: Thank you.

Lindsay: OK, thank you.

Operator: Your next question comes from Stephanie Thomas.

Stephanie Thomas: Yes, hi. This is Stephanie Thomas with Home Dialysis in North Atlanta. How will I get the patient-level data?

Leah Nguen: Hold on for one moment.

Anita Segar: Hi, Stephanie. This is Anita. Thank you for your question. I'm going to check in really quick with Claudia to see if she can provide an answer. Claudia?

Claudia Dahlerus: Yes, yes. Thank you, Anita, and hi, Stephanie. So, in order to request the patient-level data for your facility, you would need to have – you would need to have a user account. So, the Master Account Holder at your facility would need to designate someone at the facility as a user, who also has permission to request patient-level data.

Stephanie Thomas: So you put in a formal inquiry?

Claudia Dahlerus: No, no, no, no, no. So that is – that is a separate option under the – under that tab, which is the Comments tab. So if you – if you have a user account, all you need to do is go to the Comments tab and then select the option “Request patient-level data.”

Stephanie Thomas: OK, great. Thank you.

Claudia Dahlerus: Yes.

Leah Nguyen: Thank you.

Operator: Your next question is from Joan Camarro-Simard.

Joan Camarro-Simard: Hi, this is Joan Camarro-Simard from Salt Lake City, Utah. I had one question, but I'm going to do another one instead. I did go online and did submit comments, and I got a notice back saying that I wasn't authorized to do that and that there was someone else listed by my administrator. How do we find out who that other person is when he told me he had given me the authorization to submit the comments?

Anita Segar: Hi, Joan. It's Anita again. I'm going to see if Claudia can answer this question for you.

Claudia Dahlerus: Hi, Joan. Yes, so we actually have one of our technical leads here who's handling that. And I'm going to hand it over to Aya to respond because she's been directly involved in this.

Aya: Sure. Hi, Joan. We did see your questions regarding the QIP. I believe that you will need to contact the Master Account Holder at your facility and have them designate your user account the ability to submit QIP-related questions and comments.

Joan Camarro-Simard: Right, but won't – the message that I had gotten said that there was one person already there, and I don't – we don't know who it is.

Aya: OK. If you want

Joan Camarro-Simard: Is there a way for me to – can you have more than one person or just one person?

Aya: So, each facility can only have one designated person at the facility who can submit comments and inquiries for the QIP. If you want to follow up with our ESRD help desk for a specific facility, we can help you through that and probably get you the right information.

Joan Camarro-Simard: OK. And I can – where's the email link for that? On what slide was that listed?

Aya: I think the last slide, but our help desk email – you can email support@dialysisreports.org.

Joan Camarro-Simard: OK, thank you.

Aya: Yes.

Operator: Your next question is from Adrienne Adkins.

Adrienne Adkins: Hi, my name is Adrienne Adkins. I'm the regional quality manager for Fresenius in the Pennadel region. I just wanted to make sure that I'm clear on understanding the difference between, you know, asking specific questions versus the placement of a formal inquiry.

Anita Segar: Hi, Adrienne, this is Anita. Thank you for your question. So the fundamental difference between a clarification question and an inquiry is – the preview period opened on July 29th. And so, you're able to download your PSR, which I imagine you have. And as you look through it, you know, and you're looking at your scores and the measure rates and things of that nature, you may have certain questions that you want to clarify or get more information about.

So what we say is that when we say clarification question, you're just asking questions to understand your score better, or to understand how your – how it was calculated, how your measure scores were calculated. Now, you can ask as many clarification questions as you want, and we encourage that early on in the process.

As we mentioned in the slides, we said, if you can get your clarification questions in to us by August 13th, then you have time to receive responses from us to those clarification questions to help you understand your score better.

And then, if you continue to have questions, or you feel like there is a discrepancy in the score calculation between what you're calculating and what we have in our system, then you could submit a formal inquiry, and you can have as many questions in that, but you get one opportunity at submitting that inquiry. So the clarification question is back-and-forth sort of communication, but the formal inquiry is a one-time process.

Adrienne Adkins: OK. I think I have it. Thank you.

Anita Segar: OK. You're welcome.

Operator: Your next question is from Lena Chambers.

Lena Chambers: Hi, this is Lena in Lakeland, Florida. How are you?

Anita Segar: Good, how are you?

Lena Chambers: Good. My question is in regards to the measure. It's on slide 16 and it talks about the VAT, the Vascular Access Type. I only see two listed, so my question is for all of the patients who have grafts instead of a fistula, how are we going to list them? Under the fistula or – what are they doing with the graft patients as far as the – how do we document them?

Anita Segar: OK, this is a question that . . .

Leah Nguyen: Hold on one moment.

Anita Segar: Hi, Lena. This is Anita, and I'm going to provide a preliminary answer. I think that what we have, and what it is is that, with the Vascular Access Type catheter and fistula, I believe the grafts are excluded from the measure specifications. But let me check in real quick with Claudia and Aya and see if you agree with that or have a different answer.

Claudia Dahlerus: No, I – that is – that is correct.

Anita Segar: OK, does that answer your question, Lena?

Lena Chambers: So we, when we do our billing, there won't be – they'll be excluded totally?

Anita Segar: So, I just want to differentiate two things here. So, billing is going to be something different. We're talking here about the inclusion into – inclusion or exclusion thereof with the measure itself.

Lena Chambers: Yes.

Anita Segar: But if it is something to do with billing, then I think that would be – that sounds like an – like a PPS question overall.

Lena Chambers: OK. But when we're reporting, our access is through CROWNWeb. All of the graft patients will be like, excluded, or not counted?

Anita Segar: That's correct. They would not be counted in this measure.

Lena Chambers: Oh. OK. Thank you.

Anita Segar: You're welcome.

Leah Nguyen: Thank you. It looks like we have time for one final question.

Operator: Your final question is from Mahesh Krishnan.

Mahesh Krishnan: Hi, guys, it's Mahesh. Quick question. With regards – we're still receiving some questions regarding the calcium phosphorus attestation definitions. I don't want to – can you guys help us understand if we should just submit those as formal queries, or what – how would you like us to handle that?

Anita Segar: Hi, Mahesh. This is Anita. So, I'm assuming – and please clarify for me if you're referring to the email communication we've had regarding . . .

Mahesh Krishnan: Right.

Anita Segar: . . . the Mineral Metabolism attestation.

Mahesh Krishnan: Correct. We – there seem to be two different interpretations not clarified in a rule, and so we're getting questions back on that. I don't know how to – I'm just trying to think through how to – how we should deal with those at the unit level.

Anita Segar: Right. I think what I can do for that is – let me get back to you on that issue, because that is definitely a bit more individualized. So . . .

Mahesh Krishnan: Sure.

Anita Segar: . . . we'll be in touch by email.

Mahesh Krishnan: OK, great.

Anita Segar: OK.

Mahesh Krishnan: Thank you. And then, just a quick other question with the corporate access. Can formal queries be submitted, Claudia, with the corporate access? Or does – you mentioned only certain users had permission. You didn't say which users had permission to submit formal queries. Could you clarify that?

Claudia Dahlerus: Yes, yes, yes, Mahesh. So, the Master Account Holder at each facilities is the one that assigns the permission, so they are able to assign those permissions to any user for that facility. So that doesn't preclude them from assigning that permission to a corporate user. But it is – but those permissions are assigned on a facility-by-facility basis, so it would have to be provided by each corporate office's facility.

Mahesh Krishnan: OK, great. Yes. We just completed our annual manual process of doing that for 2000 individual clinics one by one.

Claudia Dahlerus: Great.

Additional Information

Leah Nguyen: Thank you. Unfortunately, that's all the time we have for questions today. If we did not get to your question, please send it to support@dialysisreports.org.

On slide 79 of the presentation, you will find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope that you will take a few moments to evaluate your MLN Connects Call experience.

Again, my name is Leah Nguyen, and I would like to thank our presenters and participants of today's MLN Connects Call. Have a great day, everyone.

Operator: This concludes today's call.

-END-

