



MLN ConnectsTM

National Provider Call - Transcript

Centers for Medicare & Medicaid Services
ESRD Quality Incentive Program:
Reviewing Your Facility's PY 2015 Performance Data
MLN Connects National Provider Call
Moderator: Aryeh Langer
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Operator: At this time, I would like to welcome everyone to today's MLN Connects National Provider call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Aryeh Langer. Thank you, you may begin.

Announcements and Introduction

Aryeh Langer: Thank you Selema. Again, this is Aryeh Langer from the Provider Communications group here at CMS. And as today's moderator, I'd like to welcome everyone to this MLN Connects National Provider Call on ESRD QIP, the End-Stage Renal Disease Quality Incentive Program.

Today's call will focus on reviewing your facility's Payment Year 2015 performance data. MLN Connects Calls are part of the Medicare Learning Network.

Beginning yesterday, July 15th, each dialysis facility will have access to a preliminary Payment Year 2015 Performance Score Report, or PSR, that previews how well it scored on the quality measures that CMS will use for determining any payment reductions.

This MLN Connects Call focuses on the steps dialysis facilities need to take to review the data CMS will use to evaluate performance as part of the Payment Year 2015 program. After the presentation, time permitting, participants will have an opportunity to ask questions of subject matter experts.

Before we get started, there are few items I'd like to quickly cover. You should have received a link to the slide presentation for today's call in an email earlier this afternoon. If you have not seen the email, you can find today's presentation on the Call Details web page, which can be found by visiting www.cms.gov/npc. Again, that URL is www.cms.gov/npc.

On the left side of that page, select National Providers Calls and Events, then select today's call by date from the list. The slide presentation is located there in the Call Materials section.

In addition, once you are on that NPC page that I just mentioned, if you haven't already done so, please register for our next ESRD QIP National Provider Call, which will be held Wednesday, July 23rd, from 2 to 3:30 eastern. The topic will be Notice of Proposed Rulemaking for Payment Year 2017 and 2018. Registration will close at 12 p.m. eastern on the day of the call or when available space has been filled.

I'll also note that this call is being recorded and transcribed. An audio recording and written transcript will be posted to the CMS Call Details web page when it is available and an announcement will be placed in the MLN Connects Provider eNews.

At this time, I would like to begin the formal part of our presentation by turning the call over to Jim Poyer, Director of Division of Value, Incentives, and Quality Reporting here at CMS. Jim.

Presentation

Jim Poyer: Thanks Aryeh. Payment Year 2015 represents the fourth payment year of the ESRD Quality Incentive Program, or ESRD QIP. It's a benchmark in the development of the program as it's built on the Payment Year 2014 measures in large part by improving the measure approach for dialysis adequacy and refining the composition of the total performance score. But how does the program fit into CMS's overall goal of improving quality?

The Value-Based Purchasing, or VBP, Program incentivizes better care across care settings. Beneficiaries expect cost-effective quality care. VBP is an avenue to assist us in achieving this goal. VBP promotes CMS's three-part aim – goals:

- Better health care for individuals,
- Better care for populations and communities, and
- Lower cost through improvement.

And the ESRD QIP was the first CMS pay-per-performance program.

Rather than paying dialysis facilities based on how many services they provide patients, Medicare now pays dialysis facilities based on how well those services help 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 end-stage renal disease. These incentives drive care throughout the health care sector, not just to Medicare patients.

And in slide 8, the ESRD QIP, we address three of the six national quality strategy domains: safety, patient- and caregiver-centered experience as well as clinical quality of care. And in the next few slides, we'll provide an overview of the legislative aspects of the program and for that, I will turn over the presentation to our Program Lead, Anita Segar.

Legislative Drivers of ESRD QIP

Anita Segar: Thank you Jim.

In this section, as Jim referenced, we'll share some information about the legislative nature of the ESRD QIP generally before delving into the composition of the Payment Year 2015 program and the preview period itself. But before we do that, we just wanted to say that we're going to discuss the preview period for the Payment Year 2015 ESRD QIP, which as you know, is very complex and detailed. We'll discuss why the preview period is important to you and what steps you need to take to participate. We'll also be presenting a great deal of detail over the next 60 minutes, and I think that we will be able to provide a good understanding of how facilities will participate in the preview period.

We will go over our presentation with you and then open up the discussion for questions. We do need to emphasize a few points though. We can't, at this time, talk about any specifics for future years of ESRD QIP or the proposed rule, which was published in the *Federal Register* earlier this month. So please save your ideas and questions on that topic for the NPC that we will hold next week and please participate in the formal comment period that is now ongoing.

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

So back to the QIP Legislative Drivers, I'm on 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. And MIPPA provides the mechanism for establishing standards of care and it authorizes payment reductions to facilities failing to meet those standards.

Slide 11. MIPPA also gives CMS the authority to establish standards by which ESRD facilities will be evaluated. The ESRD QIP is required to include measures of anemia management and dialysis adequacy. The Secretary may specify that the program measures also cover patient satisfaction, iron management, bone mineral metabolism, and vascular access.

The ESRD QIP also sets down the way individual measures are used to create an overall score. CMS will impose a payment reduction of up to 2 percent if the facility's score does not meet a total minimum performance score.

The Performance Score Report

Information about the facility's performance in the ESRD QIP is contained in the Performance Score Report, or the PSR. We know that public reporting of results is a key component as well because it allows beneficiaries to select facilities based on care, and it provides a mechanism by which facilities may judge their performance compared to the performance of others.

The performance score certificate, or the PSC, is the prime vehicle for communicating the facility's performance under the ESRD QIP to its patients, and facilities are required to display the document each year.

Dialysis Facility Compare, or DFC, also provides information about facility performance to the public. And CMS releases detailed facility performance information in a large spreadsheet as well and posts it on the web.

So with the structure of the program in mind, we turn now to how it evolved from year to year through the rulemaking process.

On slide 12, by issuing a proposed rule, CMS sets out the clinical and reporting measures as well as the scoring mechanisms it wants to include in a payment year. Then the public has a 60-day opportunity to comment on the proposal and suggest approaches it would like to see in the program. In this way facilities and the general public have an opportunity to influence the shape of the rules governing each payment year. Those comments are taken very seriously by CMS. In the past comments have led to the postponement of implementing measures, and those measures are stronger when they are implemented in future years.

We'll look at some examples a little later in this presentation, but for now it's very important that stakeholders participate in the comment period and share their thoughts on how the ESRD QIP can best serve the needs of patients with ESRD.

The Payment Year 2015 Program

So to begin our discussion of the preview period, we'll touch base on the timeline and then take just a couple of minutes to review how the Payment Year 2015 program is composed. This will not 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 measure scoring and the determination of the total performance score.

So I'm on slide 14. The preview period opened yesterday when the PSR was made available online. And the preview period closes at 5 p.m. eastern daylight time on August 15th. All of the interactions for the preview period take place on DialysisReports.org. The mechanics of the preview period will be discussed later in more detail. But CMS is recommending that facilities submit any clarification questions they have by August 1st 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 2015 program is more complex than the Payment Year 2014 program was. We have six clinical measures and four reporting measures. The clinical measures will make up 75 percent of the TPS, and the reporting measures make up the remaining 25 percent.

A facility must achieve a TPS of 60 or better to avoid a payment reduction. And for every 10 points a facility scores below the minimum TPS of 60, that facility's payment will be reduced by half a percentage point. The maximum payment reduction, of course, is 2 percent.

Slide 16. On the ESRD QIP clinical measures, the directionality differs. A high performance rate does not reflect better care in all measures. And so this is an example of measures that differ in directionality and performance. For the measures at the top of the slide, 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 fistula is better.

On the other hand, for the measures at the bottom of the slide, a higher rate tends to reflect less effective performance and thus a lower score for the measure. For example, vascular access via catheter is considered less preferential for patients in most cases, so fewer patients with catheter is better here.

Slide 17. Payment Year 2015 continues to use the achievements and improvement scoring method, with a better score applied in calculating the TPS. The achievement method compares the facility's 2013 performance to the performance of all facilities during 2011. And the improvement method compares facility's 2013 performance to its own performance during 2012. So in this way, a facility can increase a score if it shows an improvement over its previous performance while it strives to reach a national average of performance on a measure.

Slide 18 provides an illustration of how each measure combines to create the TPS, and from there, to determine whether a payment reduction may apply. To receive a TPS in Payment Year 2015, a facility must qualify for a score on at least one clinical measure and one reporting measure. The 11-case minimum also applies to the reporting measure. So with that, we'll turn our attention to the PSR document itself and what information it contains. We want to make sure that we have plenty of time to walk through the use of the website itself. So we'll just provide a brief overview without examining each table with the complete population of measures.

The PSR

Slide 20. The PSR provides a lot of information about the facility and its performance on each measure. It will also provide explanatory text and a glossary, so be sure to read The Guide to The Payment Year 2015 PSR as well, as the slide indicates. You will also find it on the DialysisReports.org website.

Page – slide 21. Now this is a sample of a title page. So make sure you're looking at the correct report by checking the payment here and the date of the document. The version delivered in December will be labeled Final Performance Score Report. And when you download your facility's PSR in PDF format, you'll get your facility's specific performance rates scores, weights, the TPS, and the payment reduction.

On slide 22, so the PSR starts with a summary chart that reflects how the facility 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. The chart shown here is for a hypothetical facility that scored 10 points on each measure and earned a TPS of 100. So it's provided only to demonstrate how the summary chart functions.

The 30-Day Preview Period

So now that we've revealed the measures and calculations involved in Payment Year 2015, let's talk about the preview period itself. 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.

Each facility has an opportunity to understand the score, to raise questions, and, potentially, submit a formal inquiry before any reductions are applied.

On slide 24, the classification questions can address methodology, calculations, data anomalies that maybe identified and/or the process. Facilities may pose as many clarification questions as necessary to ensure that they understand how their scores were calculated.

Again, as a reminder, CMS recommends that clarification questions be submitted by August 1st. Filing a clarification question by then would allow sufficient time for a facility to then lodge a formal inquiry if deemed necessary after receiving CMS's response to that clarification question. Filing a formal inquiry as a clarification question will itself result in delays.

Slide 25. In comparison, a facility is limited to a single formal inquiry and the facility medical director or facility administrator must approve it before it is submitted. Formal inquiries may not be recalled. And the formal inquiry is really an opportunity for a facility to provide evidence to CMS in the event that it believes that an error in calculation has occurred.

CMS may reclassify a formal inquiry as a clarification question when appropriate. And this allows the facility to submit a new inquiry, provided that the deadline has not lapsed. 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 26. Facility personnel use their credentials and DFR 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. And networks can also use the system to see the PSRs of the facilities in their region and to assist facilities where appropriate.

Slide 27. For help in logging into the system, you can email or call, 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. And with that, I am delighted to turn to the presentation to over to Ben Guidinger of Arbor Research Collaborative for Health, who will discuss using DialysisReports.org during the preview period.

Keypad Polling

Aryeh Langer: Just before we start with Ben, we're going to pause momentarily to complete keypad polling so CMS has an accurate count of the numbers of participants on the line with us today. Please note there will be silence on the line while we tabulate the results. Selema, we're ready to start the polling, please.

Operator: CMS appreciates that you minimize the government's teleconference expense by listening to these calls together using one phone line. At this time, please use your

telephone keypad and enter the number of participants that are currently listening in. 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. 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. If there are nine or more of you in the room, enter 9. Please hold while we complete the polling.

Please continue to hold while we complete the polling. Please hold while we complete the polling. Thank you for your participation. I'd now like to turn the call back over to Aryeh Langer.

Aryeh Langer: Thank you, and now I will turn over the call to Ben Guidinger from Arbor Research Collaborative for Health for our next section of the presentation, Ben.

Presentation Continued

Ben Guidinger: All right, thank you, Aryeh and Anita. In this section, I'm going to take us through some screenshots of the DialysisReports.org website and discuss the content and functionality of the site.

Slide 29. We're going to start with a look at the DialysisReports.org homepage. This screen represents the publicly available part of the DialysisReports.org website. That website provides a general overview of the various reports as well as the methodology, measure specifications, frequently asked questions, and contact information. The contact information also includes a Contact Us web form.

The Secure Log-In icon with the blue lock is available on the right side of the screen – the upper right – it's highlighted with a box there.

The Master Account Holder

Slide 30. We're going to go – a quick word about log-in types. So there are two types of log-in accounts on DialysisReports.org. The Master Account Holder has the only function of creating and editing user accounts that are specific to a facility. They also grant permission to the user accounts. They cannot be used to access online reports. The user accounts are permission-based and those are the accounts that are used to actually view reports and submit questions and comments and inquiries. We'll see this in detail in the next few slides.

Slide 31 is our log-in page. After clicking on the Secure Log-In icon, you see these two options. So there is View Reports or Create and Edit Users. You click log in – or you click to log in to Create and Edit Users to use Master Account functionality and you click on View Reports to use user account functionality.

Slide 32. We're going to start with a log in to the Master Account side of things. Here is where they'll use the log-in box to use – the Username and Password box to enter a

six-digit facility ID number in the Username field. And then in the Password field, they'll enter the Master Account Password associated with that facility that was provided by the network. And note that the Master Accounts are administered by the 18 ESRD Networks in the U.S.

Slide 33. This is the landing page that you see after successful log-in to a Master Account. We land on the Create and Edit Users tab. This is where we're able to view all of the established user accounts for a facility and take a look at the enabled status and permissions for those accounts. It's the Master Account Holder's responsibility to ensure that the appropriate users have access to their reports.

Beginning on June 16th of this year, all those user permissions were reset, and Master Account Holders have the responsibility of logging in and enabling those accounts to reassign permissions for this year's preview period.

Slide 34. It shows more with the Master Account. With the Master Account functionality we can create a new user, we can edit an existing user, or we can change the Master Account Holder's contract information. Another piece is being able to log into View Reports as a separate user account and that sort of takes us into the user side of things, and we'll see that a little bit later.

Slide 35. To create a new user account, we would click on the Create New User button and we'll see a dialog box that appears. Here's where we enter the user name and contract information for the actual user account that we're creating and we check the boxes to establish the desired permissions.

We can see from the screenshot that we have various permissions for viewing DFR reports, commenting on those reports, also DFC reports can viewed or commented and discussed. And then the QIP, PSR, and PSC permissions are there for viewing and then also being able to submit the formal QIP inquiry or the informal question and actually discuss PII or PHI. PII is the Personally Identifiable Information and PHI is Protected Health Information. And then we save and that dialog box will disappear.

Slide 36. The Master Account can edit any of those existing user accounts at any time. This shows the screen where you do that – this shows the screen with that information populated: Can edit the user, change contact information, reset the password, and alter permissions. Click Save when done.

Slide 37. So this is about editing the Master Account Holder's contact information. The current Master Account Holder for a facility is displayed in the box in the upper right of the previous screen. To update that information, we click that link and then update the form fields that appear in this screenshot here. A note here is that the contact information that we collect for the Master Account Holder is primarily used to ensure proper and accurate communication with the Master Account Holders and that includes mass communications via email.

Slide 38. This is sort of showing the duality of log-in. It's possible to be logged in as one Master Account Holder and also a user at the same time. And this is done by using the View Reports tab. The Master Account Holder does not need to log out of the master account in order to log in to an individual user account. The reason we did this is because many of the users of the website actually act in both roles, so they're acting in the role of a Master Account Holder and also a user. This was done to try to facilitate that.

Slide 39. This is showing what happens when you log in in that dual mode. You click the Log-In button next to the appropriate user account and then enter the username and password, click on the Log-In button. The Master Account Holder does not – if they do not find their user account on the list, they would have to return back to the main screen and create a new account to then use. OK.

Individual User Log-In

Slide 40. Let's discuss how individual users log into the site. So this screen shows us we're back to the overall log-in page of the secure website. This is where they would use the box in the left to actually enter into the – the user world of DialysisReports.org. The username will be the email address that's used to establish the account. And the user must have been authorized by the Master Account Holder to be able to access these reports.

So when logging in to view reports for the first time, the user will see a temporary password screen where they actually need to put in their current password and change it to a new one. Note that the password rules in the box on the right, those can make some of the password establishment a little bit challenging so it's important to understand those rules.

Slide 42. Once a user has logged in, they land on the Home tab, which is showing at the top there the tabs for the Dialysis Facility Reports, or DFR, the Dialysis Facility Compare, DFC, and the Quality Incentive Program, which is QIP, among some other tabs.

Slide 43. This is just highlighting the tabs at the top – Home, DFR, DFC, QIP, also Comments and Inquiries, Change Password, and Create and Edit Users. A note here is that, that certain user types in the system may not necessarily see all the nine tabs that are shown here. We're going to take a look at that with a specific user type later, which is the ESRD Network user. We'll talk about that later.

Slide 44, discussing the user view and download of reports. So the three reports tabs – DFR, DFC, and QIP – end up landing on a page that shows the table of reports that the user is authorized to view, and they're sorted by provider number. You can download a report by clicking the blue link in the View Reports PDF column that's highlighted there. Users can also download reports for multiple facilities at the same time by clicking the check boxes on the left, and then clicking on the Download Report Selected in Table Above button.

Slide 45. This is also still on the DFR tab, build more information here. The DFR tab is where users can download the DFRs that they're authorized to view. Clicking on the blue links in the Action column directs the user over to the Comment and Inquiries tab with the action that was chosen.

If no actions appear in the Action column, you need to contact your Master Account Holder to get the permissions set properly. Links are also available to download the DFR summary data, the highlighted box in the middle there. And those can be downloaded as Excel workbooks or zipped CSV files, as well as there's a data dictionary there.

Slide 46. This is looking at the DFC tab. The DFC tab again shows a table of DFC Reports the Users is authorized to view, sorted by provided number. The DFC Report provides advanced notice of the updated quality measures for your facility that report on DFC website each quarter. Links are available to download that summary data also in that same – those same formats, Excel or CSV.

Slide 47 is on the QIP tab. The QIP tab is where users can download the PSRs and the PSCs that they're authorized to view. Again, we have links available to download performance score summary data either as Excel or zipped CSV.

Slide 48. This is taking a look at the Comments and Inquiries tab. Similar to last year, users select from a dropdown list in the facility for which they would like to submit a comment or question or a formal inquiry. You can see there, there's seven choices in the option box there.

After the facility is selected, those additional options become available. So it is depending on the facility that's chosen for what options you'll get in that option box. Again, that goes back to permissions that were granted by the Master Account Holder.

OK. Here, we're still on the Comments and Inquiries tab. This is an example of permissions. If the user was not granted, the permission, "Can submit formal QIP Inquiry/QIP Informal Question and Discuss PII/PHI." They will not see the following options. So you could see the list is shorter. There's four options and they don't get the QIP question or comment, the formal inquiry, or the request patient data.

Slide 50. Again, we're still on the Comment and Inquiries tab. So after clicking on an option, the user can then type the comment, question, or formal inquiry into the fields provided. So it sort of expands with those boxes below it.

And note the timeout counter that we have. We're given 15 minutes due to security, and that counts down, but you can request more time. You can also receive an email copy of the question or comment by checking that box highlighted there, and clicking the Submit button will submit your inquiry. There's a note there also to not include PII or PHI when submitting questions.

Slide 51. This is just showing the Change Your Password functionality, essentially just typing in your current password, choosing a new one, and confirming it. Again, noting the password rules in the box to the right. There are several of them and they can make things a little challenging, so it's important to understand those.

Slide 52. So this is actually another way to get the dual log-in, so this is coming at it from the other direction. This is having a user log-in and has been logging in as a Master Account. Again, just achieving the dual log-in of both at the same time. The user does not need to log out of their account to do this. So it just establishes log-in with both types. Obviously, Master Account Holder credentials are required.

So this final screenshot on Slide 53 shows us logged in as a special user type for the ESRD Network users. In this case, an additional tab called Reports is available to a network user. You can see on the screenshot that it's been selected. These are a real-time reports that are available to network users, things like PSR Access Report, PSC or Certificate Access Report, and more detailed PSR and PSC Access logs – those are some of the examples of some of the reports that can be used by network users. These reports are generated using real-time data.

They can also be easily printed or downloaded to Excel using the Excel and Printer buttons on the right side there. So next, I'll turn things over to Heather Murr. She's our ESRD QIP Business Systems Lead and she's going to discuss followup activities and responsibilities, Heather.

Important Dates and Next Steps

Heather Murr: Thanks Ben. That was a great overview of the DialysisReports.org site. Now we can get to the things that the facilities must take care of in the next few weeks and beyond. In this next section, we're going to review the upcoming deadlines and the steps that facilities need to take. We'll also identify the next step in the Payment Year 2015 program as well as developments in the ESRD QIP generally.

Slide 55. Given the overlap of the rulemaking process and the scoring process, it's easy to see that a lot of activity impacting multiple payment years happens at the same time. To start, let's take a look at the overarching timeline of the program. This graphic illustrates what's going on with the program as we speak. So right now, we're in the midst of payment implications from the Payment Year 2014 program. The 30-day preview period for Payment Year 2015 has begun, of course. Additionally, we have the performance period under way for Payment Year 2016. And finally, we've just released the proposed rule for Payment Year 2017 and Payment Year 2018, and the 60-day comment period has started.

In this way, the ESRD QIP can be seen a series of multiyear programs. Once the preview period ends at 5 p.m. on August 15th, CMS will complete its review and finalize the Payment Year 2015 results for every eligible facility. Those results will be displayed to the facility through a final PSR and a PSC in December. In addition, CMS will publish

information to the public about the Payment Year 2015 performance on DFC as well through a data release.

The PSC

Slide 57. MIPPA requires that each facility display the PSC throughout 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 important information to the facility's patients about how well the facility meets the ESRD QIP standards of quality. It is provided in English and in Spanish and each facility must display both versions.

In the next slide we'll see what the PSC actually looks like, although it may be a bit hard to read. You can see it is very similar to the one that was used last year.

Slide 58 has a PSC for you to look at. It's a sample what the two-page document will look like. Be sure to post both pages throughout the year and make sure that staff are familiar with the document and can answer patient questions about it.

Next we'll review some of your upcoming responsibilities as a facility as part of the ESRD QIP. Facilities should have established their DFR accounts by now. Follow the preview period process to submit clarification questions and formal inquiries 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 2015.

Slide 60 captures what's going on at the program as we speak. As you can see, a number of payment years are in motion at the same time, as we saw in the earlier graphics. CMS appreciates your cooperation and input all along the way. We all need to work together to make the ESRD QIP a success.

Slide 61 provides you with links to information from the CMS, including the text of the final rule from last November, the CMS website, and other resources.

Slide 62. Dialysis Reports posts the measure specification for each year of the ESRD QIP. As promised earlier in the presentation, these links will direct you to the individual specification for each Payment Year 2015 clinical measure.

The next slide, slide 63, has the links for each Payment Year 2015 reporting measure.

I'd like to thank you for your attention. We now invite you to ask questions so we'll turn the presentation back to Aryeh.

Question-and-Answer Session

Aryeh Langer: Thank you Heather. Our subject matter experts will now take your questions. Because this call is being recorded and transcribed, please state your name and the name of your organization before asking your question. In effort to hear from as many callers as possible, we ask that you limit yourself to one question at a time.

If you have more than one question, please press star 1 after your first question is answered to get back in the queue and we'll address additional questions as time permits. We are ready to take our first question, please.

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 be open during the time you are asking your question, so anything you say or any background noise will be heard in the conference. Please hold while we compile the Q&A roster.

Your first question comes from the line of Adrienne Atkins.

Aryeh Langer: The line is open.

Adrienne Adkins s: Hi. This is, excuse me, Adrienne Adkins from Fresenius Medical Care. I have a question referring to slide 46, in reference to having access to multiple reports. We – I have access to multiple reports for many of my facilities throughout the organization. And when I log in, I see it says, Records. If you look in that slide, it says Record 1 of 50 or however many the number is. However, when I – and mine usually says it's 1 of 2,000, I think in 26. But when I download the actual reports into the data file, it doesn't reflect the same number of reports that's in that landing page. Why would that be?

Aryeh Langer: Ben, are you able to answer that question?

Ben Guidinger: So this is Ben. I assume we're talking about a large dialysis organization in this question, given that there are 2,000 facilities. I'm not sure. I think we're going to have to check on that, about why that wouldn't be the same number of rows in the grid of facilities vs. what you got in your download file. I think that's something we're going to have to look into.

Adrienne Adkins: OK, thank you.

Ben Guidinger: They should match. They should match.

Adrienne Adkins: Yes, I've been working with my facilities and I downloaded my reports and it doesn't match the number that it says that I have access to on that landing page.

Ben Guidinger: I would also encourage you to submit an inquiry on that or actually at least, sorry a DFC comment or you can use the public website to do a contact us so we can get a ticket going on that.

Adrienne Adkins: OK, thank you.

Operator: The next question comes from the line of Bernadette Cobb.

Aryeh Langer: Hello, your line is open. Selema, can we take the next question, please?

Operator: The next question comes from the line of Kathleen Reilly.

Kathleen Reilly: Hello, I'm Kathleen Reilly from Finger Lakes Health in Geneva, New York. I have a question about the Performance Score Certificate. Should we also be posting that Performance Score Certificate for 2014, the one that was received last year for 2013?

Anita Segar: Hi Kathleen, this is Anita Segar. That's a great question. So the Performance Score Certificate stays on display through the end of the year. So the 2014 PSC will come down in December and then when you receive your final – your PSC in December for 2015, then you would post your – the new PSC, the 2015 PSC up in January. Does that answer your question?

Aryeh Langer: Well hopefully it does. Selema, we'll take our next question, please.

Operator: The next question comes from the line of Stephanie Prouty.

Stephanie Prouty: Yes, I was just wondering, I work in a very small dialysis facility. Have you guys ever considered like categories for comparing the percentages like smaller units versus an extremely large unit?

Anita Segar: Hi Stephanie, this is Anita. I think that's a great question. And I think that you may be referring to facility size when you talk about, you know, small facilities vs. larger ones and how they're scored, for instance. But I think that's outside of the scope of the call today. I ask that you submit any comments that you have in that regard to the proposed rule. You can use the comment period to share your opinion there. And you can do that at www.regulations.gov. Thank you.

Operator: Your next question comes from the line of Adrienne Adkins.

Adrienne Adkins: Hi, this is Adrienne again from Fresenius Medical Care. This question is in regards to a facility wanting to request their patient data file. So once they go in – on the PSR report and they want to submit the comment, and they request the patient data file. Do they just request the patients relative to the clinical measure that they're questioning, for instance, if they had questions about their adequacy score? Do they request the adequacy patient file? Or is it a complete file that's given to the facility?

Aryeh Langer: Ben, can you address that question, please.

Ben Guidinger: I believe when a request like that is made, the entire patient list is delivered.

Adrienne Adkins: OK, I just wanted to know how to instruct the facilities on asking for that patient file.

Ben Guidinger: Yes. It's the entire patient list that's delivered securely. We have a process for that. Yes.

Adrienne Adkins: OK Ben. Thank you.

Operator: Your next question comes from the line Bernadette Cobb.

Bernadette Cobb: Thank you for bearing with me. I dropped the phone the last time. I just wanted to clarify on slides 48 and 49. There's a difference between the QIP formal inquiry and all the rest of the questions, I'm assuming. And I just want to make sure it's true that if someone wanted to make a comment or a question – submit a question other than the formal inquiry, they're unlimited as to how many of those they can do, right? Only the formal inquiry is limited to one?

Anita Segar: Hi Bernadette, this is Anita Segar. Yes, you are correct. The facility might – a facility might go into DialysisReports.org and submit as many clarification questions as needed. You know, and those questions can address methodology, score calculations, maybe anomalies in the data that you're seeing. So clarification questions are basically unlimited. But the formal inquiry on the other hand is just a single one for a facility.

Bernadette Cobb: Thank you so much.

Anita Segar: So we ask that facilities submit clarification questions before August 1st and then wait for a response from CMS to determine if a formal inquiry needs to be submitted because, as I mentioned during my part of the presentation, a formal inquiry cannot be recalled. So if they use up that one opportunity, they really would not have another opportunity to put in a formal inquiry if they need to.

Bernadette Cobb: Excellent, thank you so much.

Anita Segar: You're welcome.

Operator: Your next question comes from the line of Stephanie Prouty.

Stephanie Prouty: I'm sorry I had asked the question previously and my phone became disconnected – about the categories versus on the dialysis unit sizes.

Aryeh Langer: Sure, go ahead.

Anita Segar: Hi Stephanie, this is Anita. So basically it looks like you're – the question might deal with a policy that we're looking at in the 2017 and '18 proposed rules, and which is beyond the focus of this discussion at this time. We do have an NPC coming up next week, and we ask that you join us then and ask that question as well as use the

comment period to formally share your opinion. Again, the website to do that is www.regulations.gov. Thank you.

Stephanie Prouty: OK.

Operator: Your next question comes from the line of Adrienne Adkins

Adrienne Adkins: Hi, this is Adrienne again from Fresenius. I just have one last question. In reference to submission of the formal inquiry, one of the notes that was presented on the slides stated we are – we should not submit any PHI or PII during that question period. So do you have any suggested wordings for those facilities on how they can present their data that they feel is discrepant with what they received in their reports?

Alissa Kapke: Hi this is ...

Aryeh Langer: Go ahead.

Alissa Kapke: This is Alissa Kapke Arbor Research ... The patient list will all have numbers next to each patient, and you can identify each patient by the number.

Adrienne Adkins: OK, thank you.

Alissa Kapke: You're welcome.

Operator: Your next question comes from the line of Geraldine Tis.

Geraldine Tis: Hi, this is Geraldine Tis, Valley Hospital in Richmond, New Jersey. I just want to clarify on the Performance Score Certificate, the second to last line, the Patient Experience of Care Survey. That's referring to the HCAHPS survey?

Anita Segar: Hi Geraldine, it's Anita. Yes, you are correct.

Geraldine Tis: OK, thank you.

Anita Segar: Yes.

Operator: Your next question comes from the line of Joey Cooper.

Joey Cooper: Hello. This is Joey Cooper from one of the DaVita Dialysis Units. My question is, are medical directors encouraged to join these calls just in case if they request also to be one of the users?

Anita Segar: Hi Joey, it's Anita. Yes, I mean, we do definitely invite all interested parties to join to the call and listen to the information that's being presented and provided to them. However, I'm not sure if you asked if medical directors could be one of the users? I'm not sure I understood that part of question.

Joey Cooper: The thing is, if they want to view the reports themselves, I'm not sure if they've been encouraged or are the allowed to be one of the users? That's my question.

Anita Segar: So, yes, they definitely can do that.

Joey Cooper: OK.

Anita Segar: They can have MAH permission and be able to do that.

Joey Cooper: Thank you.

Operator: Your next question comes from the line of Jason Flemington.

Kelly Shipley: This is Kelly Shipley for Jason. About two callers back you were asking about the HCAHPS. Anita, could you provide further clarification. Isn't the CAHPS on the performance score certificate and the report that we're talking about, not HCAHPS, which is hospital consumer assessment of provider health care services, but isn't it ICH CAHPS? Because I think that caller was calling from a hospital-based. She said she was from a hospital, I just didn't want her to think it was hospital CAHPS—it's ICH CAHPS. Is that – could you clarify for us?

Anita Segar: Thanks Kelly. Thank you for pointing that out. That is right. It is in-center hemodialysis. So, it is ICH CAHPS. So if the previous caller said HCAHPS, I'm sorry I didn't catch that. But it would not be HCAPS; that pertains to hospitals. It should be ICH CAHPS. Thank you.

Aryeh Langer: And we have time for one more question, please.

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

Additional Information

Aryeh Langer: OK, thank you. On Slide 66, excuse me, of today's presentation, you'll find information on how to evaluate you experience with today's call. Evaluations are anonymous, confidential, and voluntary, and we hope you'll take a few moments to evaluate your MLN Connects Call experience.

I would just like to remind everybody again about our next call, which is next Wednesday, July 23rd, again from 2 to 3:30 eastern time. Again, the topic will be the Notice of Proposed Rulemaking for Payment Year 2017 and 2018. We encourage you to register for the call by going to the website that was mentioned earlier or through the same method that you registered for today's call.

Again, my name is Aryeh Langer. I'd like to thank all of our subject matter experts here at CMS and on the line today, and all the participants who joined us for today's MLN Connects Call. Have a great day everybody.

This document has been edited for spelling and punctuation errors.

Operator: This concludes today's call. Presenters, please hold.

-END-

