End-Stage Renal Disease Quality Incentive Program

Previewing Your Facility’s Payment Year 2016 Performance Data

July 9, 2015
Disclaimer

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Presenters

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Agenda

To provide an overview of the Payment Year (PY) 2016 End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) and describe what to expect during the Preview Period

This National Provider Call (NPC) will discuss:

• General program information
• Details about PY 2016 measures and scoring
• Understanding your Performance Score Report (PSR)
• How to submit formal inquiries and clarification questions
• Activities following the Preview Period
• Where to go for more help and information
Introduction

Jim Poyer
CMS Objectives for Value-Based Purchasing

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

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

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

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

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

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

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

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

Tamyra Garcia
ESRD QIP Legislative Drivers

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

• **Program intent**: Promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care

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

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

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

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

• **Specify the performance period** for a given payment year (PY)

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

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

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>MIPPA</strong> outlines general requirements for ESRD QIP (applied on a PY basis)</td>
</tr>
<tr>
<td>2</td>
<td><strong>HHS components review proposals</strong>, including the Office of the General Counsel (OGC) and the Centers for Disease Control and Prevention (CDC)</td>
</tr>
<tr>
<td>3</td>
<td><strong>CMS publishes proposed rule</strong> via Notice of Proposed Rulemaking (NPRM) in the <em>Federal Register</em></td>
</tr>
<tr>
<td>4</td>
<td><strong>Public afforded 60-day period</strong> to comment on proposed rule</td>
</tr>
<tr>
<td>5</td>
<td><strong>CMS drafts final rule</strong> (addressing public comments), which passes through HHS internal clearance process</td>
</tr>
<tr>
<td>6</td>
<td><strong>CMS publishes final rule</strong> in the <em>Federal Register</em></td>
</tr>
</tbody>
</table>
Collect data from Medicare reimbursement claims, National Healthcare Safety Network (NHSN), CROWNWeb, and vendors who report data for the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS)

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

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

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

Release final results in a Final PSR for facilities and PSCs for patients (posted in English and Spanish in a prominent patient area in each facility)
PY 2016 Overview

Tamyra Garcia
PY 2016 Preview Period Timeline

7/15/2015
Preview Period opens

8/1/2015
CMS recommends submitting clarification questions and systemic clarification questions by 8/1/15

8/1/2015
Preview PSR ready for download from QualityNet.org

8/17/2015
ALL clarification questions and formal inquiries must be received

8/17/2015
5:00 P.M. EDT
Preview Period closes

CMS will respond to questions and inquiries received before the deadline; responses to formal inquiries may be delivered after the Preview Period has elapsed
**PY 2016: Measures Overview**

**Clinical Measures – 75% of Total Performance Score (TPS)**
1. Anemia Management – Hgb > 12 g/dL
2. Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis
3. Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis
4. Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
5. Vascular Access Type Measure Topic – Arteriovenous Fistula (AVF)
6. Vascular Access Type Measure Topic – Catheter ≥ 90 days
8. Hypercalcemia

**Reporting Measures – 25% of TPS**
1. In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Patient Satisfaction Survey (expanded)
2. Mineral Metabolism – Serum Phosphorus
3. Anemia Management

★ New measure for PY 2016
PY 2016 Clinical Measures: Directionality

- Kt/V Dialysis Adequacy (all)
- VAT – Fistula

- Anemia Management
- VAT – Catheter
- NHSN Bloodstream Infections
- Hypercalcemia

*Higher Rate Indicates Better Care for Measures*

*Lower Rate Indicates Better Care for Measures*
Facility gets the BETTER score from the two methods

**Achievement Score:** Points awarded by comparing the facility’s performance rate during the performance period (CY 2014) with the performance of all facilities nationally during the comparison period (CY 2012)

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

**Improvement Score:** Points awarded by comparing the facility’s performance rate during the performance period (CY 2014) with its own previous performance during the comparison period (CY 2013)

- Rate better than or equal to benchmark: 10 points (per achievement score)
- Rate at or worse than improvement threshold: 0 points
- Rate between the two: 0 – 9 points
PY 2016 Scoring and Payment Reduction Methodology

**Clinical**

- **Measure Topic?**
  - Kt/V Dialysis Adequacy
  - Vascular Access Type

- **Individual Measure Scores**
  - Anemia Management
    - Hemodialysis
    - Peritoneal Dialysis
    - Pediatric Dialysis
  - Access via AVF
  - Access via catheter
  - NHSN Bloodstream Infections
  - Hypercalcemia

- **Measure Calculations**
  - Generally, each clinical measure scored by either achievement or improvement (whichever results in the higher score for facility); see two exceptions

- **Total Category Weight**
  - 100 pts.

- **Payment Reduction Percentage**
  - 75%

**Reporting**

- **Individual Measure Scores**
  - ICH CAHPS Survey
  - Mineral Metabolism
  - Anemia Management

- **Measure Calculations**
  - Each reporting measure scored by satisfying requirements according to points system

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

No Reduction

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

0 pts.

54 pts. (min. TPS)

44

34

24

18
Performance Score Report Overview

Tamyra Garcia
Performance Score Report Contents

• Your PSR contains the following information:
  – Your performance rate in 2014 on each PY 2016 clinical measure
  – An explanation of how this rate is translated into your score on both achievement and improvement for each clinical measure
  – A record of attestations and data your facility recorded for the three reporting measures
  – An explanation of how your measure scores are weighted and translated into your TPS
  – Information regarding if and/or how Medicare payments to your facility will be affected as a result of your TPS

• Detailed information about how the performance rates were calculated is available in the Guide to the PY 2016 Performance Score Report, which will be available on QualityNet.org
Your facility’s performance scores will be detailed in the Preview PSR using tables and explanatory text.
# Score Summary and Payment Reduction Percentage

## Table 1. Performance Score Overview

<table>
<thead>
<tr>
<th>Measure</th>
<th>PROJECTED PAYMENT REDUCTION PERCENTAGE:</th>
<th>NO REDUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Measure Score</td>
<td>Measure Weight</td>
</tr>
<tr>
<td><strong>Clinical Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemoglobin &gt; 12g/dL</td>
<td>10</td>
<td>16.07%</td>
</tr>
<tr>
<td>Percent of patients with mean hemoglobin greater than 12 g/dL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kt/V Dialysis Adequacy measure topic</td>
<td>8</td>
<td>16.07%</td>
</tr>
<tr>
<td>Three measures for separate populations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adult hemodialysis patient-months with spgK/V greater than or equal to 1.2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Percentage of adult peritoneal dialysis patient-months with Kt/V greater than or equal to 1.7</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Percentage of pediatric in-center hemodialysis patient-months with spgK/V greater than or equal to 1.2</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Vascular Access Type (VAT) measure topic</strong></td>
<td>10</td>
<td>16.07%</td>
</tr>
<tr>
<td>Two measures for different access types</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of hemodialysis patient-months using arteriovenous (AV) fistula with two needles during last treatment of the month</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Percent of hemodialysis patient-months with catheter in use for 90 days or longer prior to last hemodialysis session</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td><strong>NSN Bloodstream Infection in Hemodialysis Outpatients</strong></td>
<td>8</td>
<td>16.07%</td>
</tr>
<tr>
<td>Standardized number of qualifying hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hypercalcemia</strong></td>
<td>7</td>
<td>10.71%</td>
</tr>
<tr>
<td>Proportion of qualifying patient-months with three-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reporting Measures</strong></td>
<td></td>
<td></td>
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<tr>
<td>Anemia Management Reporting</td>
<td>10</td>
<td>8.33%</td>
</tr>
<tr>
<td>Number of months for which facility reports hemoglobin/hematocrit values and ESA dosage, if applicable, on Medicare claims</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Experience of Care Survey Attestation</td>
<td>10</td>
<td>8.33%</td>
</tr>
<tr>
<td>Successful administration of In-Center Hemodialysis Consumer Assessment of Health Providers and Systems (ICH CAHPS) survey and delivery of results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mineral Metabolism Reporting</td>
<td>6</td>
<td>8.33%</td>
</tr>
<tr>
<td>Number of months for which facility reports serum phosphorus levels for each Medicare patient to DROWNWeb</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Performance Score</strong></td>
<td>87</td>
<td></td>
</tr>
</tbody>
</table>
Preview Period Details

Tamyra Garcia
Accessing the ESRD QIP System

• CMS will release ESRD QIP 1.0.0 prior to the start of the Preview Period

• From [www.qualitynet.org](http://www.qualitynet.org), select “Log in to QualityNet Secure Portal”

• Approved users will access the site with their ESRD QIP QualityNet Identity Management System (QIMS) ID and password, along with two-factor authentication, to access the Preview PSR
Clarification Questions

• Purpose: Ensure that facilities completely understand how their measure scores were calculated

• Only the Facility Point of Contact (POC) may submit clarification questions on the facility’s behalf
  – Note: A facility can have only one POC, but a user may be the POC for multiple facilities

• Facilities are not limited in the number of clarification questions they may pose
Systemic Clarification Questions

• Purpose: Indicate that a systemic error occurred in the way that measure scores were calculated that may impact multiple facilities

• Only Facility POCs may submit systemic clarification questions

• Facilities are not limited in the number of systemic clarification questions they may pose
Formal Inquiry

- **Purpose:** Provide CMS with an explanation of why the facility believes an error in calculation has occurred
  - This typically occurs after submitting a clarification question and/or requesting a patient list

- **Each facility may submit only ONE formal inquiry at** [QualityNet.org](http://QualityNet.org)

- **Formal inquiries must be submitted before 5:00 p.m. (EDT) on August 17, 2015**

- Only the Facility POC may submit the formal inquiry on behalf of the facility

- The Facility POC must indicate approval of the Facility Manager when submitting the formal inquiry

- Once a formal inquiry has been submitted, the facility cannot recall it
QualityNet.org System Assistance

• Review the *QIMS Quick Start Guide* and *QIMS User Manual* available on the ESRD Facilities page of [www.qualitynet.org](http://www.qualitynet.org)

• QualityNet Help Desk options:
  – Phone: (866) 288-8912
    7:00 a.m. – 7:00 p.m. (CDT), Monday – Friday
  – Email: qnetsupport-esrd@hcqis.org
  – Mail:
    QualityNet Help Desk
    1401 50th Street, Suite 200
    West Des Moines, IA 50266
ESRD QIP 1.0.0 Walk-Through

Bill Lakenan
Visit QualityNet to Access Secure Portal

• Use a browser to access https://www.qualitynet.org/
• Click on the Login link to access the QualityNet Secure Portal
Log into QualityNet Secure Portal

• Click End Stage Renal Disease Quality Incentive Program:

For log in assistance, see QIMS documentation on https://www.qualitynet.org/
Log into QSP/QIMS

QIMS Login Page

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**SECTION 504 REHABILITATION ACT OF 1973**

For information about the availability of auxiliary aids and services, please visit [http://www.medicare.gov/about-us/honorediscrimination/honorediscrimination-notice.html](http://www.medicare.gov/about-us/honorediscrimination/honorediscrimination-notice.html)

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Unauthorized access to this United States Government Computer System and software is prohibited by Title 18 United States Code, Section 1030, fraud and related activity with computers.

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Do not file sensitive information (e.g., information concerning an individual) in electronics files in a way that allows unauthorized persons to access the information.

**RETENTION OF RECORDS**

Documents that you create electronically, including electronic mail, may be governed by the Federal Records Act (Title 44 United States Code 3314) just as hard-copy records can be. Do not destroy electronic records that are subject to the Act except pursuant to an approved records disposition schedule.

**PRIVACY**

You have accessed a U.S. Government information system. There is no right of privacy on this system. All data contained within this system is owned by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services. For the purpose of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies, data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner. Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspection or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system. Unauthorized access is prohibited by Title 18 of the United States Code, Section 1030. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action. System personnel may give any potential evidence of crime found on Department computer systems to law enforcement officials. System users are required to adhere to all applicable statutes, regulations, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, "CMS Information Security Policies, Standards and Procedures."
Log into QSP/QIMS

- Click **I Accept** for privacy disclaimer
Download a PSR

1. Click **My Reports** drop-down

2. Click **Run Reports**
Download a PSR

1. Select **Report Program**
2. Select **Report Category**
3. Click **View Reports**

4. Click **Report Name**
Download a PSR

• Choose Report Parameters

Report Parameters
Select the parameters that define the report you will run, then click RUN REPORT.
* Indicates required fields.

- Facility:
  012505 - PCD MONTGOMERY

- Payment Year:
  2016

- Report Format:
  PDF

Required Parameters:
• Dialysis Organization
• Network
• State
• Facility Name
• Payment Year
• Report Format

• Click Run Report
Download a PSR

- View report Confirmation
- Click Search Reports
Download a PSR

On the Search Reports screen
• Click the **Download Icon**

• Choose **Open** or **Save** the report
Submit an Inquiry

For the Facility Point of Contact:
• Click the **Quality Programs** drop-down
• Choose **End Stage Renal Disease Quality Incentive Program**

![CMS.gov QualityNet](image)

• Click **Analysis** to display the **Inquiry Dashboard**
Submit an Inquiry

On the Inquiry Dashboard, click **Create Formal Inquiry**
Submit a Formal Inquiry

- Click *Create Formal Inquiry*
- Choose Facility
- Click box for manager approval
- Enter Subject
- Enter text of inquiry
Submit a Formal Inquiry

- Click **Add Attachment** (optional)
- Click **Submit**
Follow-Up Activities and Responsibilities

Tamyra Garcia
Activities Following the Preview Period

• CMS will review any outstanding inquiries, then finalize facility TPS and payment reduction percentages
  – Once scores are finalized, a final PSR will be posted for download on the ESRD QIP system that will outline your facility’s information
  – Once issued as final, a PSR cannot be changed

• In December 2015, each facility’s Performance Score Certificate (PSC) will be posted for download on the ESRD QIP system

• By the end of January 2016, performance score data will be made available to the public on http://www.medicare.gov/Dialysis

• Payment reductions (if applicable) are applied to dialysis services beginning January 1, 2016, and will remain in place for the duration of the year
Performance Score Certificate

• It is your facility’s responsibility to print your PSCs in mid-December
  – The certificate must be posted within 15 business days of their availability via the ESRD QIP system and remain posted throughout the year
  – The certificate must be **prominently displayed in a patient area**
  – **English and Spanish** versions must be posted

• **The certificate contains:**
  – Your TPS and score on each measure
    - It does not contain detailed information about how the scores were calculated
  – National average scores for comparison

• **Your patients may have questions about the certificate**
  – CMS recommends that you educate your staff on the performance scores so that they can answer patient questions
Sample Performance Score Certificate (English version)

<table>
<thead>
<tr>
<th>Clinical Measures of Quality</th>
<th>Facility Percent in 2014</th>
<th>National Median in 2012</th>
<th>Facility Percent in 2013</th>
<th>Facility Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin &gt; 12g/dL (meets even a facility disease red blood cell count at an acceptable level – lower score desirable)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>KVD Dialysis Adequacy – Hemodialysis</td>
<td>96%</td>
<td>93.4%</td>
<td>93%</td>
<td>8 of 10</td>
</tr>
<tr>
<td>KVD Dialysis Adequacy – Peritoneal Dialysis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>KVD Dialysis Adequacy – Pediatrics Hemodialysis</td>
<td>N/A</td>
<td>93%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Vascular Access Type – Fistula</td>
<td>88%</td>
<td>82.3%</td>
<td>86%</td>
<td>10 of 10</td>
</tr>
<tr>
<td>Vascular Access Type – Catheter</td>
<td>1%</td>
<td>10.6%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>NHSHN Bloodstream Infection in Hemodialysis Outpatients</td>
<td>0.206</td>
<td>0.851</td>
<td>N/A</td>
<td>8 of 10</td>
</tr>
<tr>
<td>Hypercalcemia</td>
<td>4%</td>
<td>1.7%</td>
<td>14%</td>
<td>7 of 10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Reporting Measures</th>
<th>Facility Performance in 2014</th>
<th>Facility Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the facility report anemia management information?</td>
<td>Yes</td>
<td>10 of 10</td>
</tr>
<tr>
<td>Did the facility report patient phosphorus levels?</td>
<td>Yes</td>
<td>8 of 10</td>
</tr>
<tr>
<td>Was the patient experience of care survey administered and delivered?</td>
<td>Yes</td>
<td>10 of 10</td>
</tr>
</tbody>
</table>
Recap: Facility Responsibilities

• Establish your QIMS account to access [QualityNet.org](http://QualityNet.org) and ESRD QIP 1.0.0

• Facilities and Networks can access their Preview PSRs beginning July 15
  – Recommendation: Submit clarification questions by August 1 to receive a prompt response and to have enough time to submit a formal inquiry if necessary

• If you believe there is an error in your score, submit a single formal inquiry
  – If you are contacted for follow-up information, respond in a timely manner so that your inquiry can be given due consideration

• Preview Period ends August 17 at 5:00 p.m. (EDT)

• Download, print, and post your English and Spanish PSCs within 15 business days of their availability via the ESRD QIP system

• Educate your staff about the ESRD QIP so they can answer patient questions about the publicly posted certificate
Key ESRD QIP Dates to Remember

- **PY 2015 payment reductions applied** (January 1 – December 31, 2015)
- **PY 2016 Preview Period** (July 15 – August 17, 2015)
- **PY 2017 Performance Period** (January 1 – December 31, 2015)
- **PY 2019 Rulemaking**
  - Proposed rule published (displayed June 26, 2015)
  - 60-day comment period (ends August 25, 2015)
  - Final rule published (November 2015)
- **PY 2016 PSC** available for download mid-December 2015; post within 15 business days

**PY 2016 payment reductions are effective January 1, 2016**
ESRD QIP Resources

  

• ESRD National Coordinating Center (NCC): [esrdncc.org](http://esrdncc.org)

• Dialysis Facility Compare: [www.medicare.gov/dialysisfacilitycompare](http://www.medicare.gov/dialysisfacilitycompare)

Question & Answer Session
# Acronyms in this Presentation

<table>
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<tr>
<th>Acronym</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>AVF</td>
<td>arteriovenous fistula</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CDT</td>
<td>Central Daylight Time</td>
</tr>
<tr>
<td>CM</td>
<td>Center for Medicare</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CY</td>
<td>Calendar Year</td>
</tr>
<tr>
<td>EDT</td>
<td>Eastern Daylight Time</td>
</tr>
<tr>
<td>ESRD</td>
<td>End-Stage Renal Disease</td>
</tr>
<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
</tr>
<tr>
<td>HHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>ICH CAHPS</td>
<td>In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems</td>
</tr>
<tr>
<td>MIPPA</td>
<td>Medicare Improvements for Patients and Providers Act of 2008</td>
</tr>
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<tr>
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<tbody>
<tr>
<td>NCC</td>
<td>National Coordinating Center</td>
</tr>
<tr>
<td>NHSN</td>
<td>National Healthcare Safety Network</td>
</tr>
<tr>
<td>NPC</td>
<td>National Provider Call</td>
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<tr>
<td>NPRM</td>
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A Message from the CMS Provider Communications Group

Aryeh Langer
Evaluate Your Experience

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

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

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