



MLN Connects®

National Provider Call Transcript



**Centers for Medicare & Medicaid Services
ESRD QIP: Payment Year 2019 Final Rule Call
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, and Happy New Year to everybody. As you just heard, my name is Aryeh Langer from the Provider Communications Group here at CMS, and I'm your moderator for today's call. I would like to welcome you to this MLN Connects National Provider Call on the End-Stage Renal Disease Quality Incentive Program, or ESRD QIP.

Today's topic will be the payment year 2019 final rule. MLN Connects Calls are part of the Medicare Learning Network®. Today's MLN Connects National Provider Call will discuss the final rule that operationalizes the ESRD QIP for payment year 2019. The performance period for payment year 2019 will begin on January 1st, 2017. Facilities and other stakeholders should take steps now to understand the changes to the program. A question-and-answer session follows today's presentation.

A few quick announcements. You should have received a link to today's slide presentation in an email earlier today. If you have not already done so, you may view or download the presentation from the following URL. It's www.cms.gov/npc. Again, www.cms.gov/npc. At the left side of the web page, click on National Provider Calls and Events. Then on the following page, select the date of today's call from the list, and the presentation can be found under Call Materials.

Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to the MLN Connects Call website. Registrants will receive an email when these materials become available.

At this time I would like to turn the call over to our first presenter, Jim Poyer, the Director of the Division of Value, Incentives, and Quality Reporting here at CMS. Jim?

Presentation

Jim Poyer: Thank you. Payment year 2019 represents the eighth payment year for the ESRD Quality Incentive Program, or ESRD QIP. These regulations build on earlier measures and approach a wide variety of ways, as we'll discuss. But how does the ESRD QIP fit into CMS's overall goal of improving quality? To answer this question, we're going to give you a quick overview before going into our payment year 2019 content. We think it's a good idea, as always, to reinforce the foundation of our program in our presentations.

On to slide 6. In this slide, slide 6, we summarize how CMS uses the Value-Based Purchasing Program to incentivize better care across health-care settings. Beneficiaries expect cost-effective, high-quality care, and VBP or — is an avenue to assist us in achieving this goal. VBP promotes CMS's three-part aim of:

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

ESRD QIP was CMS's first fee-for-service/pay-for-performance program, as opposed to traditional fee-for-service reimbursement that paid on volume. Rather than paying dialysis facilities on how many services they provide, or volume, Medicare now pays facilities based — dialysis facilities — based on how well those services help keep patients safe and healthy.

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 for Medicare patients.

Now to slide 7. ESRD QIP for payment year 2019 address five of the six National Quality Strategy domains:

- Safety,
- Patient and family engagement,
- Treatment and prevention of chronic disease,
- Population and community health, and
- Care coordination.

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 Tamyra Garcia. Tamyra?

ESRD QIP Legislative Framework

Tamyra Garcia: Thank you very much, Jim, for that introduction. Good afternoon, everyone. I am Tamyra Garcia, and today we are going to share some information about the legislative nature of the ESRD QIP generally before delving into the composition of and details surrounding our payment year 2019 program.

Slide 9 summarizes the legislative drivers for the ESRD QIP Program and introduces the Medicare Improvements for Patients and Providers Act, or MIPPA, which amended the Social Security Act to mandate the creation of the ESRD Quality Incentive Program. The ESRD QIP is intended to, as stated in the slide, promote patient health by encouraging renal dialysis facilities to delivery high-quality patient care. MIPPA provides the

mechanism for establishing the standards of care, and it authorizes payment reductions for dialysis facilities failing to meet these standards.

Continuing on to slide 10, MIPPA 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, but the Secretary may also specify that the program cover other important aspects of end-stage renal disease care, some of which include patient satisfaction, iron management, bone mineral metabolism, and vascular access.

The ESRD QIP also establishes the way individual measures are scored to create an overall total performance score. CMS will impose a payment reduction of up to 2 percent if a facility's total performance score does not meet a minimum total performance score, which is calculated using national performance standards of the 50th percentile. Information about a facility's performance and the ESRD QIP is contained in what we refer to as a PSR, or Performance Score Report. It's also found in the Performance Score Certificate. And we'll discuss those in a bit more detail later.

Public reporting of the ESRD QIP results is a key component of the program because it allows beneficiaries to select facilities based on the quality of care provided — furnished by those facilities, and it also provides a mechanism by which facilities may judge their performance compared to other facilities. Dialysis Facility Compare, or DFC, is really the best example of public reporting of ESRD quality metrics for the purpose of selecting facilities from the patient perspective.

The Performance Score Certificate, or PSC, again, is the prime vehicle for communicating a facility's performance, especially to patients. Facilities are required to display their PSC in a public place each year in both English and Spanish 15 days after it is made available to them — business days, that is. In addition, CMS releases detailed facility performance information in a large spreadsheet and posts it on the web at [cms.gov](https://www.cms.gov). This information can also be found on the [DFC](https://www.cms.gov/dialysis) website.

With the structure of the program sort of discussed at a high level, we now turn to how it evolves from year to year through the rulemaking process.

ESRD QIP Development from Legislation to Rulemaking

Slide 11 explores the ESRD QIP development from legislation to rulemaking. By issuing a proposed rule, CMS sets out the clinical and reporting measures as well as the scoring mechanisms it wants to include in any given 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 and shape the rule governing each payment year.

The comments that we receive are taken very seriously by CMS. And many of them have led to things like the postponement of implementing measures, which has resulted in stronger measures when they are implemented in future years, based on the input that we've received. So it's very important that stakeholders participate in the comment period, again, a 60-day period, and share their thoughts on how the ESRD QIP can best serve the needs of patients with ESRD.

We also think it important to make sure that you all understand how CMS gathers and uses facility information to calculate performance rates and scores for the ESRD QIP measures. We have a few slides to sort of explain in detail how this process works. But at a high level, on slide 12, we're presenting how we score facility performance in the QIP. Many facilities and other stakeholders often wonder what the reason is for the delay between the performance period, where the facility data come from, and the impact on payment. And the main reason for this is the reliance on Medicare reimbursement claims for a lot of the data that we need to calculate the measure scores.

As we move to other data sources, we will not be as dependent on claims data, and we hope to reduce this interim period between performance and resulting payment's impact. With that being said, as you all well know, the preview period is a statutory requirement. So, facilities will always have an opportunity to review and formally inquire about their scores before they are finalized. And currently, we conduct a 30-day preview period for the ESRD QIP.

So, earlier we touched on the importance of the comment period, and that is reiterated in slide 13. The comment period is a very important element in the rulemaking process because public input in proposed rule can, in essence, modify their program, often strengthening it. The comment period last summer certainly resulted in several changes reflected in the final rule for payment year 2019. CMS did not finalize two proposed reporting measures and revised a few others, based on the comment period. The text of the final rule addresses the subject of each of the public comments and provides a response for each and every inquiry.

So with that, I'd like to turn the presentation over to Joel Andress to begin our discussion on the final rule for payment year 2019 in the context of measures and scoring. Joel?

Final Measures and Scoring for PY 2019

Joel Andress: Thank you Tamyra. As many of you will notice, the measures for payment year 2019 differ relatively little from the — those finalized for payment year 2018 and retain the same clinical subdomain and structure and the same five reporting measures. We'll start by taking a look at the measures finalized for payment year 2019.

On slide 15, you will see a table with the clinical measures divided by subdomain, as well as the reporting measures. The clinical measures are grouped into subdomains with their own distinctive weights. The subdomains reflect our desire to more closely align the ESRD QIP with other value-based purchasing programs that measure quality by grouping measures based on National Quality Strategy goals. And these goals there include patient and family engagement, care coordination, and patient safety, as well as others.

On slide 16, we discuss the one clinical measure that saw substantive change over — in payment year 2019, and that is the Kt/V dialysis adequacy comprehensive measure. And I say change because previously we had measured dialysis adequacy using four distinct measures, each specific to a particular subpopulation within the ESRD community.

We have replaced those four measures with a single comprehensive dialysis adequacy clinical measure. This measure assesses the percentage of all patient months for adult and pediatric patients alike, whose average delivered dose of dialysis, either hemodialysis or peritoneal dialysis, met the specified threshold during the performance period. The primary distinction between this measure and the four measures that we had used previously is in our ability to determine a facility's eligibility for inclusion in the QIP.

Now our need to retain minimum level of reliability in the rates that we — on which we base payment determinations requires that, for each measure, we require at least 11 patients within the facility. The problem is that, when this measure was divided into four distinct measures, this was determined by subpopulation. So it was very possible for a facility to have eight adult in-center hemodialysis patients and three pediatric hemodialysis patients and not be assessed for the QIP at all. Meanwhile, another facility with 11 adult hemodialysis patients would be included within the QIP.

We have corrected this by implementing a comprehensive measure, using this eligibility for the measure is included — is included by considering all patients within all of these populations for the QIP. Scoring, however, is handled in a very similar manner, in which your ultimate dialysis adequacy contribution to your TPS is determined by the — more heavily by those — by those areas where you treat more patients. So if you treat predominantly adult in-center hemodialysis patients, their treatment and the degree to which they meet the requirements for adequate dialysis will bear most of the weight for your dialysis adequacy score.

We will note that we have provided analyses describing the impact of this change and have posted them on the technical specifications page of the [ESRD QIP website](#).

On slide 17, you will see our old friend “key scoring terms,” which have not changed. I will simply note that the performance period for the health-care personnel influenza

vaccination reporting measure is not a calendar year, as it is with other measures, but rather reflects the flu season, spanning from October 2016 through March 2017.

On the next slide, we have a discussion that you've probably seen before on the directionality of measures. When talking about clinical measures, it's important to understand that bigger isn't always better. And because of that, it's important to take into consideration the directionality of a measure when we're considering its scoring in the QIP.

For the measures listed at the top of the slide, a higher rate indicates better care. A higher rate of dialysis adequacy is a superior outcome for patients. Likewise, the use of fistulas tend to — tends to reduce infections. So, larger patient population, having that method of vascular access is similarly positive when assessing a facility.

On the other hand, for the measures at the bottom of the slide, the lower rate indicates better care. And we can see this in the catheter measure, which seeks to minimize the use of catheters within the dialysis population, but also in hypercalcemia, hospitalization and readmissions, and transfusions.

Achievement and Improvement Scoring Methods

On slide 19, we present the general approach for scoring clinical measures, which has been in place since payment year 2014 and has not fundamentally changed. We use the better of two results as the facility's score on the measure. The achievement method compares the facility's 2017 performance to the performance of all facilities during 2015. The improvement method compares the facility's 2017 performance to its own performance during 2016. That 2016 performance rate is the facility's improvement threshold — the rate at which a facility can begin to earn points on the measure using the improvement method.

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. CMS favors achievement over improvement, which is why a facility can score a maximum of 10 points using the first method, but the maximum number of achievable points using improvement method is limited to 9.

And with that, Tamyra will take over here to talk about the portion of the rule addressing calculation methods and payment reductions. Tamyra?

Tamyra Garcia: Thank you very much, Joel, for that very pertinent information. I understand that it was quite a bit to digest. So if any of you are interested in accessing information related to key terms and measures directionality, please consider using [cms.gov](https://www.cms.gov) as a resource. There you can also find additional information on the program, as well as measure specifications.

Methods for Calculating PY 2019 TPS and Payment Reductions

So, just as the process of scoring individual clinical and reporting measures has not changed, as Joel described, with this payment year 2019 rule, we continue applying the method established for payment year 2018 with respect to creating the total performance score using the measures scores. So, I'm going to speak to that a bit more in the next few slides.

Looking at slide 21, it describes how we use a 100-point scale for the total performance score, as well as our policy to continue with the requirement that a facility needs to score on at least one clinical measure and one reporting measure in order to receive a total performance score. The method for calculating those total performance scores likewise, again, remains the same as it has in previous payment years, with clinical measures making up 90 percent of the TPS and reporting measures making up 10 percent.

The reporting measures are always equally weighted to create that 10 percent, so none of the measures are sort of weighted higher than the others. And we will continue to retain the subdomain-based weighting structure for clinical measures, which is a little more involved. So in the next few slides, we're going to take some time to illustrate that part of the calculation, using a hypothetical facility score on payment year 2019 to sort of illustrate and provide you all with an example of how scores are used to create the Clinical Measure Domain score.

So if we all take a look at slide 22, we can see that on the left-hand slide, there's a list of each measure or measure topic score along with the hypothetical facility score. On the right hand, we can see all of the formulas for each of the three clinical subdomains, with the corresponding weight for each score represented as a portion of the subdomain score. In this example, the facility qualifies for a score on each and every measure. And as stated previously, in order to be eligible for the QIP, a facility simply needs to score on at least one clinical and reporting measure.

So, the arrows here, moving from left to right, illustrate where each clinical measure score will be used in the formulas. And for the Clinical Measure Domain, clinical measures and measure topics will be divided into three subdomains, as described earlier by Joel in slide 15. So, the safety subdomain will represent 20 percent of the Clinical Measure Domain score. The patient and family engagement/care coordination subdomain accounts for 30 percent of the Clinical Measure Domain score, and the clinical care subdomain makes up the remaining 50 percent of the Clinical Measure Domain score.

The weight of the subdomains and the weight of individual measures within those subdomains were selected according to three criteria — the number of measures in each subdomain, facility experience with measures, and, of course, what's most important to us, how closely the measures align with priorities for quality improvement.

So in slide 23, we see each score populated in the three formulas and the result of each calculation. So just to sort of delve a little deeper into this, we see that the NHSN bloodstream infection measure had a score of 8, and the safety subdomain formula equals 80. Patient and family engagement/care coordination and subdomain — subdomain formula, it includes the ICH CAHPS measure as well the SRR. Both of those with a score of 9, resulting in a domain score of 90.

The clinical care subdomain formula includes the transfusion ratio measure as well as dialysis adequacy, vascular access (that measure topic), and hypercalcemia. With the transfusion ratio and the dialysis adequacy along with hypercalcemia having scores of 10, vascular access having a score of 9, after including it in the domain score, we come out to a score of 96.4.

In slide 24, we take each of these subdomain scores — 80, 90, and 96.4, and apply the relative weight to each, as described earlier. And the weighted results are added together to calculate the Clinical Measure Domain score, which again counts for 90 percent of the total performance score. That brings this facility, this hypothetical Facility A, to a score of 91.2, which is quite a respectable score.

So, those slides really kind of provided you all with a description of how we calculate Clinical Measure Domains. So with that, we will move on to slide 25, which explains more in depth the method we use for calculating the minimum total performance score for payment year 2019. Now this methodology is similar to the approach that we used in the past with, of course, the dates being changed to account for the applicable comparison and performance periods.

Because payment year 2019 performance standards are based on facility performance throughout 2015, we cannot calculate the minimum TPS at this time. The applicable performance standards, achievement thresholds, and benchmarks will be published in this next round of rulemaking, along with the minimum total performance score for the payment year. These details will be included in the calendar year 2017 ESRD Prospective Payment System final rule, which will be published in November of 2016. So, it is forthcoming.

And although, again, we cannot calculate or even estimate the total performance score for payment year 2019 at this time, the payment reduction structure remains constant. It is unchanged from previous years. So, the table on slide 26 shows the ranges for each reduction percentage category.

Moving on to slide 27, there's a figure that provides a summary graphical interpretation of how facilities will be scored, how those scores will translate into a total performance score, and whether a payment reduction will be applied, as specified by the ESRD QIP rule. This figure includes measures, clinical measure subdomains, as we've just recently

discussed, subdomain weights, relevant calculations, and the scale for payment reduction, where applicable.

As we've done throughout the presentation, the new measure is identified with a gold star here. So, we see that the Kt/V dialysis adequacy comprehensive measure has a star beside it.

And with that, I'm actually going to turn the presentation back over to Aryeh for one important announcement before we continue with the discussion on changes beyond the payment year 2019 program itself. So Aryeh?

Keypad Polling

Aryeh Langer: Thank you. At this time, we'll just briefly pause so we can complete keypad polling before we go on to the next portion of our presentation.

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.

Please hold while we complete the polling. Please continue to hold while we complete the polling. Please continue to hold while we complete the polling.

Thank you for your participation. I would now like to turn the call back over to Aryeh Langer.

Presentation Continued

Aryeh Langer: Thank you very much. And I'm going to turn the call over now back to Tamyra.

PY 2018 Provisions

Tamyra Garcia: Thank you very much, Aryeh. So, as mentioned previously, the rule addresses issues beyond the scope of payment '19 — payment year 2019, which is what we've — just recently have discussed with you all. Some of these are administrative in nature, and many are actually already effective. Other elements are more substantive in nature, and we really want to take a few minutes to describe them to you all.

So let's begin by examining what the rule has in store for payment year 2018. In taking a look at slide 29, we wanted to present this to you all because we made recent changes to the pain assessment and followup reporting measure in order to account for patient eligible issue — patient eligibility issues.

We actually modified how we would score the pain assessment and followup reporting measure when it first appeared in the ESRD QIP for payment year 2018 to account for these issues. The original calculation summed the result of two 6-month reporting periods, then divided them by 2 to produce a measure score. That approach did not take into account a situation where a facility did not treat an eligible patient during one of those periods. As a result, such a facility might have received a lower score than it otherwise should. In order to address this scenario, we created a provision to calculate compliance on the basis of the applicable 6-month period alone.

Moving on to slides 30 and 31, we've provided you all with a chart that lists the finalized achievement thresholds, benchmarks, and performance standards for the payment year 2018 clinical measures. Data used to calculate these estimated values may be found in the payment year 2019 final rule data file, which has been posted on the public reporting and certificate page of the [ESRD QIP section](#) of [cms.gov](#).

There are a few measures here with an asterisk. We included this asterisk here to indicate measures where a lower rate is associated with better performance. More information regarding directionality can be found on slide 18 as well as at [cms.gov](#). We also wanted to note that, in late December, a technical correction was issued updating the values presented in this afternoon's chart. And we're hoping that folks have access to that or are aware of the changes. If not, you can look at, again, the chart on slides 30 and 31 for the most recent up-to-date performance standards data for payment year 2018.

Now that we've finalized those values, the performance standards, etc., we can also finalize the minimum total performance score for payment year 2018. Slide 32 provides us with that value, which is 39. The chart on slide 32 presents the ranges of payment reductions, which have been used since 2014, when the ESRD QIP first established the 100-point scale. This tells us that a total performance score of 39 or higher will result in a zero-percent payment reduction. In other words, facilities who score at least 39 for their total performance score will not see a payment reduction. For those who score less than 39, they could see a payment reduction up to 2 percent, depending on the category with which they fit, as seen on the chart on slide 32.

Moving on to slide 33, we have added this minimum total performance score of 29 to our now standard illustration so that you all can get a depiction of how facilities will be scored and how those scores will translate into a TPS, then finally, whether or not a payment reduction will be applied for payment year 2018. Again, this figure describes the measures, clinical measures subdomain, subdomain weights, relevant calculations, and the scale for the payment reduction, where applicable.

And as we've done throughout the presentation, again, measures appearing in the program for the first time here are identified with a gold star. Please keep in mind, these are measures that are new for the payment year 2018 program.

Programmatic Changes in PY 2018

With that being said, the ESRD PPS final rule, published in November, also covers a great deal of programmatic ground.

So, we've discussed the changes that have been associated with the measures set as well as introduced you to the performance standards and information related to the minimum total performance score. Now we're going to move on to some of the programmatic changes that were reflected in this past November's rule. We would truly like to review these issues at a high level to demonstrate some of the aspects of the ESRD QIP that we wish to refine as we move along. The first issue that we're looking to discuss is related to clarifying the term CCN open date and can be found on slide 35.

Determining a facility's eligibility for a measure, or even for the ESRD QIP itself, in any given payment year often involves determining when a facility began to operate. CMS uses the term CCN open date to mark that benchmark. And some confusion has emerged about how this date is defined. So, CMS wishes to clarify that we use the Medicare effective date, or the date on which the facility can begin to receive Medicare reimbursement under the ESRD PPS, as the CCN open date. So, we're hoping that clarifies sort of how we use the term or how we define CCN open date for you all.

In slide 36, we highlight 2014's Protecting Access to Medicare Act, also known as PAMA. PAMA amends the Social Security Act provision regarding the ESRD QIP. Where the ESRD QIP is required to adopt measures specific to conditions treated with oral-only drugs, PAMA further requires that any such measures be endorsed by an entity with contract under Section 1890A or that they be endorsed or adopted by a consensus organization, recognized by the Secretary, that has expertise in clinical guidelines for kidney disease.

CMS determined that the hypercalcemia clinical measure satisfies the statutory requirements, as explained by PAMA, because:

1. It's a condition frequently treated with calcimimetics, which are a type of oral-only drug, and
2. It is currently NQF endorsed.

Next up, we move on to another revision described on slide 37. This revision is a modification to how the small facility adjuster is calculated in the QIP. The goal of the adjuster is to ensure that any error in measure rates due to a small number of cases at a facility will not adversely affect facility payment. The prior calculation uses a lot of facility-specific data to determine the amount of adjustment, and facilities do not always have ready access to exact data sets that CMS uses.

In order to alleviate the uncertainty surrounding access to this data, CMS now uses the publicly available benchmark data as the basis for adjusting scores on each measure.

And those benchmark data were described in, I think, slides 31 and 32. We've posted a detailed analysis of the adjuster, along with calculations, on the ESRD QIP technical specifications page. And again, it's — the revised calculation, starting with payment year 2017, uses the benchmark data, and benchmark data is also served as the performance point below, which the small facility adjuster applied.

Moving on to slide 38, we'd like to briefly discuss another exciting change involving measure maintenance and the development of an ESRD Measures Manual. CMS has already initiated a two-pronged plan for providing the ESRD community with detailed information regarding measure calculation algorithms, as well as an inclusive process for considering recommendations for nonsubstantive measure changes.

Policies adopted in the payment year 2015 final rule establish that CMS will make nonsubstantive measure changes via a process rather than the traditional notice and comment rulemaking, which is more closely aligned with substantive changes. As part of this process, CMS is developing an ESRD Measures Manual, which will provide microspecifications for all ESRD measures used in the QIP and Dialysis Facility Compare as they currently stand. And we're looking to provide this content for measures associated with payment year 2018.

After we release this as-is manual, and the reason why we use the term "as is" is because we're looking at current — measures as how they are currently specified, and we're using content as it has already currently been developed in order to populate and create this manual. And the great thing about this is, you all — facilities, as well as anyone in the public who'd like to take a look at this manual — will have the opportunity to provide comments, whether that's related to nonsubstantive measure changes or comments regarding the actual manual and what you'd like to see in the manual with respect to recommendations for improvement using a tool, a JIRA tool actually, that's referenced in slide 38.

This JIRA tool is an issue-tracking application hosted by the Office of the National Coordinator for Health Information Technology, affectionately referred to as ONC. And this public-facing tool has also been used to solicit comments on detailed measure specifications for a lot of other CMS quality programs. So, there are a lot of folks who are familiar with this tool and how to use it.

With that being said, more information on the process will be forthcoming, along with a user guide to provide you all with some guidance on how you can use this tool in the context of the manual.

For the purposes of the measures manual, again, CMS will use JIRA as a tool to collect comments and post responses in order to engage users and provide feedback. And the great thing about this tool is that you will be able to look at the comments and feedback from other folks. So, if someone has a similar question and it's already been addressed,

you'll be able to see that using this tool. We would also like to note that information provided in JIRA is nonbinding, and that the source of record is the actual measures manual and the ESRD QIP rule. So that is what you'll use to interpret policies finalized during rulemaking.

The manual will also be posted in a publicly available location. So, after you review the manual, once it's posted in this publicly available location, you can add a comment by accessing the link to the JIRA platform that will be made available to you along with that user guide.

Now, moving on to slide 39, we'd like to generally discuss our data validation activities in the ESRD QIP. CMS continues to remain committed to making sure that the data that it uses to assess facility performance is as accurate as possible, and this rule furthers this effort by continuing the studies performed in previous years. These two continuing data validation studies for payment year 2018 — the CROWNWeb data validation pilot study as well as the NHSN bloodstream infection data validation feasibility study — will apply a significant TPS reduction for facilities failing to respond to requests for information used to support these validation efforts.

So, not only did we want to sort of provide you all with the information regarding the current activities for these data validation studies, but we also wanted to let you all know that not participating in these studies can lead to a reduction of your total performance score, which could impact your payment reduction. We would like to also point out that the data validation study methodology is similar in structure to that used in other CMS value-based purchasing programs. So, the methodology has been used across the board and aligns with other programs, specifically the Hospital Inpatient Quality Reporting Program.

Moving on to slide 40, we wanted to quickly discuss the calendar year 2015 ESRD PPS final rule requirement to assess the impact of the standardized readmission ratio clinical measure, which will debut with payment year 2017. Part of that assessment will involve a study conducted by CMS on the access that Medicare beneficiaries will have to care as a result of the SRR. And CMS intends to publish information regarding the methodology of this study this year, in 2016.

Resources and Next Steps

So, in conclusion, I'd like to recap a few items on today's presentation regarding the final rule for payment year 2019. We shared a lot of information with you on the structure of payment year 2018, as well, with respect to sort of major updates associated with the program, as well as for payment year 2019, the new composition of the dialysis adequacy measures and important and programmatic changes.

So, now that we are concluding the presentation portion of our call today, we just wanted to quickly, before we moved on to the question-and-answer session, give you

all a brief view of what is coming up next in the program. And we wanted to sort of span out for the next couple of years.

So, if we take a look at slide 42, we have a summary — a figure summarizing the overlap of the rulemaking process and the scoring process, as described in detail in slides 11 and 12. The illustration on slide 42 shows that a lot of simultaneous activity is occurring, which impacts multiple ESRD QIP payment years, notably payment years 2016, '17, and '18. This graphic illustrates which — what's going on with the program as we speak — excuse me. And you can definitely see that we have plenty ahead in 2016 with the regular tried-and-true pattern of rulemaking, as well as the implementation and information dissemination that follows. In this way, as described throughout this presentation, the ESRD QIP can be seen as a series of multiyear programs that are cyclical in nature.

On slide 43, we provided a list of some useful ESRD QIP content that's available online, some great resources for you all to access, including information on [MIPPA](#), the [ESRD QIP section](#) of cms.gov, [the ESRD Network Coordinating Center](#), also known as the NCC, [QualityNet](#), as well as our trusted partners [Dialysis Facility Compare](#).

To follow up on the visual representation that you all had available from slide 42, we also wanted to provide some chronological context to some of the activities associated with the next few years of the ESRD QIP Program — most notably, the first item in the next steps on slide 44 associated with ensuring that your facility has posted its payment year 2016 Performance Score Certificate in both English and in Spanish.

So, just to provide you all with an update, and additional information will be disseminated on this as well, due to a few barriers introduced by the ESRD QIP system, we have moved the certificate availability date, which was previously December 30th to January, which would, in essence, reflect a new posting date 15 business days post the system availability date, to a deadline of February 1st. So as it currently stands, February 1st is the revised date for posting your PSC. Again, this is not an extension; it's just a change in the system availability date from the original 12/30 date due to those system barriers.

Moving on to the next, next step, we ask that you all read and comment on the payment year 2020 proposed rule when it is posted in — most likely sometime in early July. We ask that you all review the payment year 2017 Preview Performance Score Reports when made available in mid-July and submit any clarification questions or formal inquiries during the preview period. We are also asking that you join us for future National Provider Calls discussing the payment year 2020 proposed rule, as well as the payment year 2017 preview period. Those are typically scheduled in the summer.

Again, we'd like to request that you review the payment year 2017 final PSR when made available in mid-December, just to ensure we're in good shape. And finally, we're asking

that you all post your payment year 2017 Performance Score Reports — Certificates, I apologize, in both English and Spanish when made available, most likely in mid-December of 2016.

So again, we're truly hoping that you'll be able to join us for those upcoming presentations next summer — National Provider Calls. And we also wanted to note, in the realm of communications with respect to the QIP, we are developing a number of training sessions and materials for the ESRD QIP system to assist with onboarding and system use. And announcements on those presentations and system releases/updates will be forthcoming as we move closer to the preview period in the summer of 2016.

So with that being said, I'd like to thank you all for joining us this afternoon. Now we are going to hand the presentation back over to Aryeh to proceed with the question-and-answer portion of the presentation. And I thank you for joining us again. Aryeh?

Question-and-Answer Session

Aryeh Langer: Thank you Tamyra. Before we begin our Q&A session, I'd like to remind everyone that this call is being recorded and transcribed. Please state your name and the name of your organization once your line is open. In an effort to get to as many participants as possible, we ask that you limit your question to just one.

All right. We are ready to begin the Q&A session, 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 remain 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. Please continue to hold while we compile the Q&A roster.

Your first question comes from the line of Melissa.

Melissa: Hi, I have a question regarding for the 2019 final rule for dialysis. The prior auth for dialysis, will that start for Michigan as well?

Tamyra Garcia: Good afternoon. Thank you so much for joining us. I'm sorry, could you further clarify or ask the question once more? I just want to make sure I'm understanding your question.

Melissa: We are — I'm just inquiring regarding for the final rule for 2019 for dialysis for the — for Michigan. We are in Michigan, we're an ambulance company. For dialysis, for the prior auth, I know that's hit other states, for Michigan, we'll — well, actually not for Michigan, everywhere across the board, will — for the final rule 2019 — will the prior auth start then as well or no?

Tamyra Garcia: So is this associated with the payment piece or the bundle?

Melissa: Payment.

Tamyra Garcia: Payment, yes. So, I think it's actually related to the ESRD Prospective Payment System overall if it's payment. That's actually beyond the scope of the ESRD QIP. We focus mainly on the Quality Incentive Program piece of this. So if you'd like to obtain information or have your question answered, what you can do is send your inquiry to the ESRD QIP mailbox, and then we will connect you with the appropriate contact, and they can follow up on your question.

Melissa: Thank you.

Tamyra Garcia: OK, thank you.

Operator: Your next question comes from the line of Lisa Bright.

Lisa Bright: Hi, yes. My name is Lisa Bright, and I'm from U.S. Renal. I just had a clarification question to ask. On slide 32, it lists a finalized total performance score as 39. When I reviewed the final rule in — for payment year 2019 on — it stated that they had recalculated it to be 49. And that was on pages 69046 through 69048 in the actual final rule. And then, also, there was documentation that came out, facts from CMS, on December 30th, that listed that as well. Can you just clarify?

Tamyra Garcia: Sure, and thank you for your question, Lisa. So, I'm actually taking a look at the 69046, Table 18, in the rule now, and I do see a minimum total performance score of 39 here. So, I apologize for the confusion. I can actually take a look at the second source that you described to see if we see anything different. But 39 is actually the correct value. So we can definitely look into the discrepancy that you've encountered. But in taking a look here, I see — I do see 39.

Lisa Bright: OK, thank you.

Operator: Your next question comes from the line of Susan.

Susan Senich: Hello, this is Susan Senich from North Central PA Dialysis. A question about the standardized readmission ratio excluding readmissions within the first 3 days of discharge, is that in effect for performance year 2016 or not until 2017?

Joel Andress: Good afternoon, this is Joel Andress. I do the measure development for the QIP. The exclusion of the first 3 days is in effect from the moment of implementation for the SRRs. So we do not have any timeframe in which those first 3 days are not being excluded from the measure. Does that answer your question?

Susan Senich: So we can — that's in effect now?

Joel Andress: That's in effect right now, yes.

Susan Senich: OK, yes. Thank you very much.

Tamyra Garcia: And I also — this is Tamyra. I also wanted to follow up with Lisa. Thank you so much for your comment, Lisa. In taking a look at Table 18, that is the estimated MTPS. So, in looking at Table 19 on 69047, I do see that it is 49. I apologize for the confusion. So, Lisa, you are correct; it is a minimum total performance score of 49. And what we will do is update our slides to reflect this. We took the estimated number in error. So, thank you, Lisa Bright, for your comment.

Aryeh Langer: And we can go ahead.

Operator: Your next ...

Aryeh Langer: Go ahead, thanks.

Operator: Your next question comes from the line of Linda Brocklehurst.

Linda Brocklehurst: Yes, this is Linda Brocklehurst with Fresenius Medical Care. So I wanted to ask if the Kt/V composite score is going to be implemented in pay year 2018, or is it for 2019?

Joel Andress: Good afternoon, this is Joel Andress again. The comprehensive measure is implemented for payment year 2019.

Linda Brocklehurst: Thank you.

Joel Andress: Not at all.

Operator: Your next question comes from the line of Mary Mang.

Mary Mang: Yes, thank you. On slide 9, under the program intent, you have the incentive for renal dialysis facilities. We are still looking for a definition of renal dialysis facilities. Specifically, do hospitals who contract with dialysis companies to come in and do either inpatient or outpatient dialysis, do they qualify in this program?

Tamyra Garcia: And thank you very much for your question, Mary. I think another good indicator to define whether or not you are an appropriate facility for inclusion in the QIP is whether or not you submit 72x claims. If a facility submits 72x claims, they are, in essence, the target audience for the End Stage Renal Disease Quality Incentive Program.

Mary Mang: Thank you very much.

Tamyra Garcia: Um-hum.

Operator: Your next question comes from the line of Sharon Perlman.

Sharon Perlman: Yes, thank you. On slide 22, you have the calculation for the Clinical Measure Domain score. And I'm just wondering where those numbers came from. I understand that the totals add up to what percentage of weighting is involved, but where did those calculations come from?

Aryeh Langer: One moment, please.

Tamyra Garcia: Thank you so much for your question, Karen. So, the weight, the corresponding weights that are in the calculations, are actually in the payment year 2018 rule. But the sort of measure scores that are on the left side of slide 22 under sort of the measure score header, those are hypothetical scores. So we made those up simply to plug those into the equation using the weights identified in the payment year 2018 rule in order to calculate the Clinical Measure Domain score.

Sharon Perlman: Are those weighted measures going to be the same for 2019, for instance, the .666 times the ICH CAHPS?

Tamyra Garcia: Yes.

Sharon Perlman: OK, thanks.

Operator: Your next question comes from the line of Patrick Ayers.

Patrick Ayers: Hi, my name is Patrick Ayers, I'm with DaVita. How are you doing?

Aryeh Langer: Good, how are you?

Patrick Ayers: I'm good. My question involves how to reweight submetrics when a facility is not eligible for every submetric. If you go to slide 22, we can take ICH CAHPS as an example. Say a facility was not eligible for CAHPS, but they were eligible for every other metric. Would it be reweighted in a way that either (a) SRR gets all of that .666 and becomes all of the patient and family engagement subdomain, or would it be weighted in a way that (b) that .666 would just be given out evenly among the

remaining submetrics or (c) that .666 would be weighted proportionally based on the current weight of all the other metrics at that point?

Tamyra Garcia: Patrick, thank you so much for your question. Give us a few moments.

So, good afternoon, Patrick. We are sort of — there's been some discussion in the room regarding this, and we are going to look to send you that response via the mailbox, the [ESRD QIP mailbox](#).

Patrick Ayers: OK.

Tamyra Garcia: If you could submit a question, we can reply back to you. There's been some back and forth on whether or not it's distributed evenly within the subdomain or if it's distributed evenly throughout the Clinical Domain score, that 90th percent — the 90th percent. So we will get back to you with a sort of well-detailed rule, fact-based response. Sound good?

Patrick Ayers: OK. So, I have to email you? I can't just, like, give you my email right now?

Aryeh Langer: Give us one moment, please.

Tamyra Garcia: Actually, you may not have to do that, Patrick. We were able to identify in the rule very quickly where it specifically states what rule occurs. So, the corresponding measure weight will be reallocated equally across the clinical measures for which the facility received a score.

Patrick Ayers: OK.

Tamyra Garcia: So it will be redistributed evenly across all of the remaining clinical measures for which you received a score.

Patrick Ayers: OK, so, just to carry on with the example, to make sure I'm crystal clear, we have BSI, SRR, STrR, dialysis adequacy, access, and hypercal. So, those are six other remaining metrics; that .66 gets divided six ways. So, each of these other metrics is a .111 boost?

Tamyra Garcia: Yes.

Patrick Ayers: OK, and this also is in effect for 2018 as well, right?

Tamyra Garcia: Yes, it is.

Patrick Ayers: OK, thank you.

Operator: If you would like to ask a question, press star 1 on your telephone keypad. To withdraw your question or if your question has been answered, you may remove yourself from the queue by pressing the pound sign.

Your next question comes from the line of Susan Markovich.

Susan Markovich: Yes, hello. I have a question. You mentioned that it's very important that we take a look at our performance scorecards during the preview period, and if we find any issues, we can go through the formal inquiry process. We identified some issues back in August and September when we reviewed our scorecards and the data that was going to be published on our scorecards, and we found that there were some issues with reporting of phosphorous and anemia. And now our scorecards have been received, and we still see the errors. We never did receive any response on our formal inquiry. So my question to you is, is there anyone in particular that I can contact to try to work through this process? We've made as many attempts as we can going through resources, our renal network, the NRAA, HIE, those kinds of individuals, and we're getting nowhere. So I'm wondering if you have any suggestions on how we can proceed to get this corrected.

Tamyra Garcia: Good afternoon, and thank you so much for calling in and making us aware of that. Have you already sent an email to the [ESRD QIP mailbox](#)?

Susan Markovich: No, we have not done that.

Tamyra Garcia: OK, great. That would be a great first step. And also, please indicate that you shared your experience with the ESRD QIP lead on the National Provider Call this afternoon so that I have some context behind the story, and we can look to expedite followup for you and your facility.

Susan Markovich: OK, I appreciate that. Thank you.

Tamyra Garcia: No worries.

Operator: Your next question comes from the line of Lindsey Clemente.

Lindsey Clemente: Hi, this is Lindsey. I'm with American Renal, and I was actually wondering if you could go through the ICH CAHPS clinical measure, the scoring for it, because I'm just not clear on how — what you're scoring. I understand that there is like six separate scores for each of the composite measures and the global ratings, and then they're averaged together. I'm just not sure if you're basing the score on just the percent of responses or the percent of top box responses. I just — I can't — it's not clear to me.

Tamyra Garcia: So we actually go through — it's a percentage of top box performance.

Lindsey Clemente: For each of the composite measures and the global ratings?

Tamyra Garcia: Yes, and I can actually — I'm going to turn it over to one — well, actually, you know, I think that it might be a good idea for us to respond to this in the [ESRD QIP mailbox](#) as well. I can provide you details on how the measure is scored. But again, to answer your original question, it is the top box.

Lindsey Clemente: Thank you. Because the measure specifications don't mention top box, they just say responses, so I wasn't sure. But I will email, submit the mailbox. Thanks.

Tamyra Garcia: And also note, facilities are not penalized for nonresponsiveness for the ICH CAHPS measure due to its nature.

Lindsey Clemente: Thank you.

Tamyra Garcia: Um-hum.

Operator: Your next question comes from the line of Ashley Beck.

Ashley Beck: Hello, this is Ashley Beck from Fresenius Medical Care. My question is, if a clinic does not meet the CROWNWeb audit deadline, will they lose all reporting points even if they do submit all other reporting measures accurately?

Tamyra Garcia: I didn't catch which date you said, the deadline. Can you please share that once more?

Ashley Beck: The deadline I have is of the March 18th CROWNWeb audit deadline.

Aryeh Langer: One moment, please.

Tamyra Garcia: Good afternoon. So, we need to consult with the CROWNWeb team with respect to the audit deadline. In terms of our measures, as long as you report by the clinical month, then you should be in good shape with respect to the QIP if you fulfill all of the eligibility requirements and the reporting measure requirements, as specified in the measure specifications. So, we can definitely check in with the CROWNWeb team with respect to this March 18th audit deadline and get back to you. We request that you send your question to the [ESRD QIP mailbox](#) so that we can follow up with someone from that team to ensure it does not have any impact on how the data are fed into the CROWNWeb system, which could potentially impact how they are read into the QIP system.

Ashley Beck: OK, thank you.

Tamyra Garcia: Um-hum.

Operator: Your next question comes from the line of Joe-Ann.

Joe-Ann Pierre: Hi, my name is Joe-Ann Pierre, and I'm calling from SUNY Parkside Dialysis Center. Our report for posting is incorrect because they said we didn't report any anemia management, any — I think it is the NHRA reporting, but we did all of that. And my administrator sent an email off to the QIP line, and what is the response time for them to respond to us?

Tamyra Garcia: Thank you, Joe-Ann, for your inquiry. So, it depends on how much investigation needs to be done with respect to the original inquiry. If this is something — and it sounds like you all are under the impression that you did not receive the appropriate scoring due to the fact that you reported data which is not reflected in your certificate of report. So, that requires that we look deep into the data that's associated with your facility CCN. So, the response time varies. But what we can do is look to expedite that request in the mailbox system if you, once more, can provide me with the name of your facility.

Joe-Ann Pierre: It's SUNY Parkside Dialysis Center.

Tamyra Garcia: OK, and did you all include your — and, of course, there's no need to mention it on the line, but did you all include your CCN in the email that you sent along to the QIP mailbox?

Joe-Ann Pierre: Yes, she did, but I will give it to you again. It's 33 ...

Tamyra Garcia: Oh, no need ...

Joe-Ann Pierre: ... 35 ...

Tamyra Garcia: ... to give on the line. No need to give on the line. It's — because it's ...

Joe-Ann Pierre: OK, no problem.

Tamyra Garcia: ... confidential information. Thank you.

Joe-Ann Pierre: OK.

Tamyra Garcia: But we can take a look at there and move on, and you all may already have some analysis being conducted on your inquiry. So you should hear from us shortly.

Joe-Ann Pierre: OK, thank you very much.

Tamyra Garcia: Thank you.

Operator: Your next question comes from the line of Steve Valderrama.

Steve Valderrama: Hi. Thank you all for the presentation. This is great information. With respect to the CAHPS measure, one of the exclusion criteria in the technical spec states that a facility that treats 30 or more eligible in-center hemodialysis patients during the eligibility period but are unable to obtain at least 30 completed surveys — is that 30 completed surveys over the course of the two survey periods or times that the surveys are administered? Or is that 30 for each time the survey is administered, since it is semiannual?

Tamyra Garcia: So, those 30 completed surveys should be — it should be completed during the performance period only.

Steve Valderrama: So just to clarify, if a facility administers a survey in April, has 15 completed surveys, and then subsequently in September — or whenever the survey is administered — and has 15 completed surveys by 15 different patients, would they then be eligible for the measure, or would they not be eligible for the measure in that example?

Tamyra Garcia: Yes, they would eligible for the measure.

Steve Valderrama: OK, great, great. Thank you.

Tamyra Garcia: Um-hum.

Operator: Your next question comes from the line of Jonathan Duggan.

Jonathan Duggan: Hi, my name is Jonathan Duggan. I'm calling from University of New Mexico Hospital. We're hospital based for inpatients, and we also have a hospital-based pediatric outpatient unit. My question is also about the preview period, where I put in many clarification questions and then finally a formal inquiry when I noticed that, on my patient list, I had adult inpatients on my patient list. I'm assuming this patient list is where we get information to do all this scoring, and I never got that resolved. So I'm curious, what do I have to do to fix that?

Tamyra Garcia: So, thank you for your inquiries, Jonathan. And again, any questions relating to a specific facility's eligibility for the QIP or issues that they've encountered with respect to their scores or discrepancies, we are requesting that you all send an email to the ESRD QIP mailbox at ESRDQIP@cms.hhs.gov so that we can look into your facility situation specifically. I know with respect to the patient list, there was some discussion surrounding what folks encountered initially. So during the preview period, it

was removed from the ESRD QIP system. So, that may sort of resolve your concerns. But again ...

Jonathan Duggan: OK.

Tamyra Garcia: ... we'd like to get a bit more detail, and sending along the CCNs in that email would be helpful with respect to ensuring that we're looking specifically at your facility or facilities and can expedite your request for information.

Jonathan Duggan: OK. Because I just – I'm really more concerned about this for next year because — I mean, we didn't get a payment reduction, but I'm concerned that it would be something that would recur.

Tamyra Garcia: So was this payment list report during the preview period or after the final scores?

Jonathan Duggan: It was the preview period.

Tamyra Garcia: OK.

Jonathan Duggan: And I did send an email to the ESRD QIP email — I mean, so should I just wait until I look at the patient list again next year so I can try again?

Tamyra Garcia: Yes, please do.

Jonathan Duggan: OK.

Tamyra Garcia: Thank you.

Jonathan Duggan: Thank you.

Operator: Your next question comes from the line of Steve Valderrama.

Steve Valderrama: Hello, thanks again. A quick followup question, not around CAHPS.

Aryeh Langer: I'm sorry, we're having trouble hearing you. Can you come closer to the speaker or pick your hand ...

Steve Valderrama: Yes, my apologies. Is that better?

Aryeh Langer: Thank you.

Steve Valderrama: Yes. So, just a followup question, not around CAHPS, but my understanding is that if a facility is closed at some point during the year and they're not

treating any patients and not submitting any claims, that we could submit to whomever that the facility has been closed and their performance should be accounted for during that timeframe, and they should be excluded for that timeframe in which they're closed. And I believe that's from payment year 2016 rule. What's the mechanism to notify you or whomever when a facility is closed for whatever reason, and we think they should be excluded because they would not be eligible for metrics and they're not treating any patients?

Tamyra Garcia: Good afternoon, again, Steve, and thanks for your question. So, that would require an email to the [ESRD QIP mailbox](#), and we're also looking to release a CROWN memo on sort of a process that we've developed for facilities that have the extraordinary circumstances exemption. And so, we will provide additional information on what folks need to do in order to communicate that a facility cannot submit data for, you know, exceptional reasons. But again, I would request that the first step be for you to send in an email to the [ESRD QIP mailbox](#). There is still time for calendar year '15 in order to submit information. So, I just wanted to make everyone aware of that as well.

Steve Valderrama: Great, thank you.

Operator: Your next question comes from the line of Noah.

Noah Espinoza: Hello, this is Noah Espinoza from the Northwest Kidney Centers. And my question is in regards to the NHSN bloodstream infection measure. I was looking at the technical specifications, and in the description, it looks like it will be calculated as the rate of positive blood cultures for 100 hemodialysis patient-months. But in the last QIP, it was calculated as a ratio of observed over expected, similar to the standardized readmission ratio. And I was wondering if, for payment year 2019 and payment year 2018, if that — if it would continue to be a ratio or if it would be calculated as a rate.

Tamyra Garcia: So, thank you for your question. The SRR is a ratio.

Aryeh Langer: One second.

Tamyra Garcia: Oh, I'm sorry. The ...

Aryeh Langer: One moment, please.

Tamyra Garcia: The bloodstream infection measure is a ratio and will be calculated as a ratio.

Noah Espinoza: OK, great. Thank you.

Operator: Your next question comes from the line of Maurice Phillips.

Maurice Phillips: Hello, my name is Maurice Phillips. I'm calling from Fresenius Medical Care. My question is if the measures population slide will be published by CMS?

Aryeh Langer: Can you repeat your question, please?

Maurice Phillips: Yes. If a measure population slide will be published by CMS?

Tamyra Garcia: And what does this slide typically include? I just sort of want to make sure we are the correct folks who typically produce this slide.

Maurice Phillips: Well, actually, the person who actually forwarded me the question is no longer on the call, and I was asking for another member of my staff. So I must apologize that I can't give you more information.

Tamyra Garcia: So we — if the individual who had the original question — you all feel free, please, to submit a question to the [ESRD QIP mailbox](#), and we'll let you know whether or not we typically develop that and release that information or if someone on the payment side may be a more appropriate source.

Maurice Phillips: Thank you.

Tamyra Garcia: Um-hum.

Operator: Your next question comes from the line of Agnes Monta.

Agnes Monta: Hi, I know this one concerns all the facilities. What's the implications to the nephrologist?

Tamyra Garcia: And thank you so much for your question, Agnes. And so, I just wanted to get a bit more detail so that I can answer your question appropriately. So when you say, "the implications to the nephrologist," do you mean in the context of the program in general?

Agnes Monta: Like reimbursement and – reimbursement ...

Tamyra Garcia: Reimbursement?

Agnes Monta: ... for the services, yes. Are they affected by the performance of the facilities they go?

Aryeh Langer: I'm sorry, one moment, please.

Tamyra Garcia: So thank you, again, for your question, Agnes. Just to clarify, nephrologists are not implicated in the QIP specifically.

Agnes Monta: Oh, OK.

Tamyra Garcia: The QIP is an assessment at the facility level.

Agnes Monta: Oh, I see. OK, all right. OK, thanks. I just want to be clear with that. All right, thank you.

Operator: Your next question comes from the line of Caprice Vanderkolk.

Caprice Vanderkolk: Hi, my question is also relating to the question I sent into QIPs. We have a pediatric program, and it gave zero points for entering NHSN data, and we did enter all the data, and we have not heard back. And I have sent two or three emails to the QIPs email box with no response. Once I got something saying they would respond to us, but that's all I've gotten. Who do I go to now?

Tamyra Garcia: If you wouldn't mind — and thank you for sharing. Could you — you can send — I'm trying to think of the best way to communicate with you. I think I can coordinate with the folks who are currently communicating through the [ESRD QIP mailbox](#) to ensure that they send me your inquiry directly. Aside from that, I'm not exactly sure the best way to sort of communicate with you with respect to getting the necessary information to investigate the issue. So, I would just ask that you resubmit and provide in that email your facility name as well as the CCN. And also, if you don't mind sharing your facility name now, I think that that would be helpful as well, just in case I need to look you up or contact you directly.

Caprice Vanderkolk: OK. University of Minnesota Fairview Children's Pediatric Program.

Tamyra Garcia: OK.

Caprice Vanderkolk: Could I ask one more question about pediatrics? I know I'm only supposed to ask one question.

Aryeh Langer: Yes, you can ask one more question. What's your name again?

Caprice Vanderkolk: Caprice Vanderkolk.

Aryeh Langer: I just have to send a shoutout because I just got chills, because my son had a kidney transplant at University of Minnesota Fairview ...

Caprice Vanderkolk: Cool.

Aryeh Langer: ... a couple of years ago. So we got a little choked up there for a second. Sorry, go ahead.

Caprice Vanderkolk: I hope he's doing wonderfully.

Aryeh Langer: Yes, thank you.

Caprice Vanderkolk: What — do you know when the pediatric I CAHPS will be started?

Tamyra Garcia: No, unfortunately, I am not sure. But if you send an inquiry to the [ESRD QIP mailbox](#), I can get it along to some folks who may have a better idea of when that might occur.

Caprice Vanderkolk: Thank you very much.

Tamyra Garcia: Um-hum.

Operator: Your next question comes from the line of Patrick Ayers.

Patrick Ayers: Hi, I just want to reconfirm and clarify one of the numbers on slide 30. The achievement threshold for pediatric peritoneal dialysis is 43.22 percent. That's just about 28 percentage points lower than the performance center, and it's also about 32 percentage points lower than the achievement threshold for adult peritoneal dialysis. So, I understand that the 15th percentile is just how the industry is performing and what the mark is of the 15th percent. I'm just wondering, was there any sort of reason or explanation you guys saw which would have caused that number to be so low?

Aryeh Langer: One moment, please.

Tamyra Garcia: Good afternoon. Thank you, again, for your question, Patrick. And I just wanted to first confirm that that number is accurate. Our analytics team checked and rechecked. We had similar questions. With that being said, there could be many reasons why that number is so low. And, unfortunately, we are not able to provide you with an answer in terms of sort of our thinking behind it. We don't want to speculate on why that number may be where it is. But I think we all know that, due to the size of the population, the distribution may not necessarily be as normal as some of the other populations. So that could be, you know, a reason for what we're seeing, but we're not absolutely positive. And, again, not looking to speculate on that.

Patrick Ayers: All right. Well, thank you.

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

Operator: And your final question comes from the line of Sharon Haynes.

Sharon Haynes: Hello?

Aryeh Langer: Hello, Sheron. You may be on mute.

Sheron Haynes: OK, can you hear me now?

Aryeh Langer: Yes, go ahead.

Sheron Haynes: OK, I'm sorry. I was just wondering, I was looking at the — at the NHS — hold on, the NHSN, the bloodstream infections. Now, am I supposed to get all that information from my clinical manager, or do the clinical managers submit the data on those individual stuff like the blood infections, the Kt/V, and the vascular access? Or do I have to go into EQ and to find that information?

Tamyra Garcia: Thank you very much for your question, Sheron. So, it all depends on your facility. Different facilities and dialysis organizations ...

Sheron Haynes: Um-hum.

Tamyra Garcia: ... based on their models, handle this in very different ways. We do have some information in the rule on this with respect to our aligning with CDC in requesting that facilities have someone who is knowledgeable enough with the NHS system to be able to report these data and potentially produce reports from what they encounter. So, if you look in the rule ...

Sheron Haynes: Um-hum.

Tamyra Garcia: ... there is some language associated with following CDC's reporting requirements with respect to the NHSN. But again, it's up to the facility on who they choose to enter these data. And a lot of this information can also be found on CDC's NHSN website.

Sheron Haynes: Um-hum.

Tamyra Garcia: ... So, hopefully, that helps.

Sheron Haynes: OK. Oh, I just said OK.

Aryeh Langer: Well, thank you very much.

Sheron Haynes: All right, thank you.

Additional Information

Aryeh Langer: Thank you. Unfortunately, that's all the time we have for questions today. If we did not get to your question, please refer to slide 43 for further help or the email that's been mentioned, the [ESRD QIP mailbox](#), which is also on slide 45.

As a reminder, an audio recording and written transcript of today's call will be posted to the [MLN Connects Call](#) website. We will release an announcement in the [MLN Connects Provider eNews](#) when they become available.

On slide 47 of today's presentation, you'll find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope you'll take a few moments out of your day to evaluate your MLN Connects Call experience.

Again, my name is Aryeh Langer. I'd like to thank all our presenters here at CMS and also thank all of you on the phone for taking the time to participate in today's MLN Connects Call.

Have a great day everyone.

Operator: This concludes today's call.

-END-

