

End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)

CY 2021 ESRD Prospective Payment System Final Rule: ESRD QIP Finalized Proposals

Questions & Answers

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Question 1: **As a pediatric facility, there are times when we only have one or two performance measures in each domain. Is there a plan to adjust any aspects of the QIP for pediatric facilities?**

I think this is a great question. Each year we conduct analyses to determine the impact of our scoring methodology on smaller facilities. If we find any discrepancies, or anything that may unfairly disadvantage a particular type of facility, then we will make any updates necessary. Right now, I don't believe we have any plans to make adjustments specific to pediatric facilities. We will definitely look at the impact that our scoring methodology has on those facilities. If any updates are warranted, those updates will appear in our rulemaking.

Question 2: **If our facility does not meet criteria, meaning the facility treats fewer than 30 patients and/or treats a pediatric population, how does this reflect or determine our score and reimbursement rate?**

It does depend on the number. For the vast majority of our measures, we have a minimum number of 11. If a facility has more than that, they will receive a score. If a facility does not have enough patients to meet the minimum requirements for a measure, then the facility would not receive a score on that measure. I wonder if the inquirer can elaborate, as there are some thresholds for our In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) measures that are 30 surveys. So, if this question is more related to ICH CAHPS, then please let us know.

Question 3: **When will CMS make a decision concerning a mandatory Extraordinary Circumstances Exception (ECE) for quarter (Q) 3 and Q4 data for the 2020 performance year for QIP?**

At this time, we do not have any plans to issue a broad waiver for Q3 and Q4 data for ESRD QIP. As a reminder, if facilities believe they have experienced an extraordinary circumstance that prevents them from entering data, and that circumstance has occurred in the past 90 days, we do encourage you to submit an ECE request to our ESRD QIP mailbox.

Question 4: **Does not receiving a score impact reimbursement?**

It depends. If you do not receive a score on any of the measures, then your reimbursement is not impacted.

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If you don't receive a score on a measure or two, we have finalized in our rulemaking that, when a facility is not eligible for a score, often times the weight for a particular measure is shifted within a domain. If it is a measure such as the ICH CAHPS, which is the only measure within that particular domain, then the weight for that domain is distributed across the other domains.

Question 5: Where and what are we reporting on the Ultra Filtration Rate (UFR) rate?

For the UFR reporting measure, you are required to report the data elements in End-Stage Renal Disease Quality Reporting System (EQRS). There are five data elements. They include the In-Center Hemodialysis (ICHHD) Kt/V date; post dialysis weight; pre-dialysis weight; delivered minutes of Blood, Urea, Nitrogen, (BUN) hemodialysis (HD); and the number of sessions of dialysis delivered by the dialysis unit to the patient in the reporting month. All of this information is available in the [Measures and Technical Specifications](#) and the [CMS Measures Manual](#) which is posted on the [CMS.gov](#) website.

Question 6: Would you review the Performance Standards for payment year 2023?

The Performance Standards for payment year 2023 are published in the most recent [ESRD Prospective Payment Services \(PPS\) final rule](#). You can find this information on Table 8, page 71468, of the PDF version. We will also post the information on the website with the presentation slides.

Question 7: When will we start submitting the records for the National Healthcare Safety Network (NHSN) validation study?

That study is underway. If you have not received an email from our validation contractor, then consider yourself lucky: You were not selected to participate. We are in the process of creating a webpage or a tab on our existing *QualityNet* webpage that will provide more details about our validation study. Those pages will be ready for publication soon. If you check near the end of January or the beginning of February, we should have them available.

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Question 8: **Is there an opt-out option for this year's validation study?**

Yes. In the CMS notice, we stated that we will not hold facilities accountable if they are unable to submit or participate at all in validation. If you were selected to participate in this year's validation study, you do not need to let us know that you are opting out. If you are not able to participate, you will not be subject to the 10-point penalty that is usually issued when facilities fail to submit their records.

Question 9: **Regarding the ICH CAHPS measures for 2020 performance, due to the CMS exception and the use of only Fall 2020 survey results for QIP scoring, can the minimum number of 30 survey responses be reduced since it is limited to one administration?**

No, we are unable to change that minimum number. We will only be using the Fall 2020 survey results. Unfortunately, we cannot change the minimum number of surveys, which will still remain at 30. So, many facilities may not reach that 30 survey minimum.

Question 10: **When will the payment reductions be available to the public for payment year 2021?**

We are updating our websites and we are planning to publicly release data before February 1. I would check our CMS.gov website. That is where we typically post our file, our payment reduction files. Check CMS.gov after February 1 and that file should be available. If you are signed up to receive notifications, a ListServe will be sent announcing the posting of that file.

Question 11: **Is COVID-19 vaccine reporting going to be added to QIP?**

That's a great question. At this point, there have been no decisions made on that. I will say that if any measures are added to the program, we will go through the general rulemaking cycle.

Question 12: **Will the NHSN validation study email be sent to facility administrator?**

It will vary across facilities. The point of contact (POC) we use is typically the facility administrator and is the point of contact in EQRS. So, whoever the POCs are in EQRS, those are the POCs that will receive the notifications regarding participation in the validation study.

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Question 13: **Normally, a payment year is two years after calendar year. Yet, on the CMS site it shows the payment year 2023 document showing calendar year 2020. Can you clarify this?**

As a reminder, for payment years, the performance data that we use are always two years before the payment year. (For example, for payment year 2022, we will use performance data from calendar year 2020.)

We also produce our calendar year rules and we release our manuals that are based on calendar years, as we want to align those with our rule documents. If you are seeing the calendar year 2020, that is probably saying that is the calendar year 2020 rule. In the rules, we typically refer to multiple payment years. The link that you provided is to our Technical Specifications document which is released with our calendar year rules. So, any changes made in the calendar year 2021 would align with the same calendar year rule and that does cover multiple payment years.

Question 14: **Where can we find the percentage data for the benchmark, performance standard, and achievement thresholds for the achievement and improvement methods?**

It depends on the year you are referencing. If you are referencing payment year 2023 and payment year 2024, there is a link to the final rule to demonstrate that information. The information can be found there. We also update our website with that information. However, given that we just recently released our final Performance Score Report (PSR) for payment year 2021, it will be a little later as we go into our second quarter of the calendar year.