



MLN Connects[®]

National Provider Call

End-Stage Renal Disease Quality Incentive Program

Accessing Your Facility's
PY 2016 Reporting Documents

December 9, 2015



Disclaimer

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Presenter

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Division of Value, Incentives, and Quality Reporting

Agenda


To identify the steps facilities need to take to get their reporting documents about (ESRD) Quality Incentive Program (QIP) performance results for Payment Year (PY) 2016

This National Provider Call (NPC) will discuss:

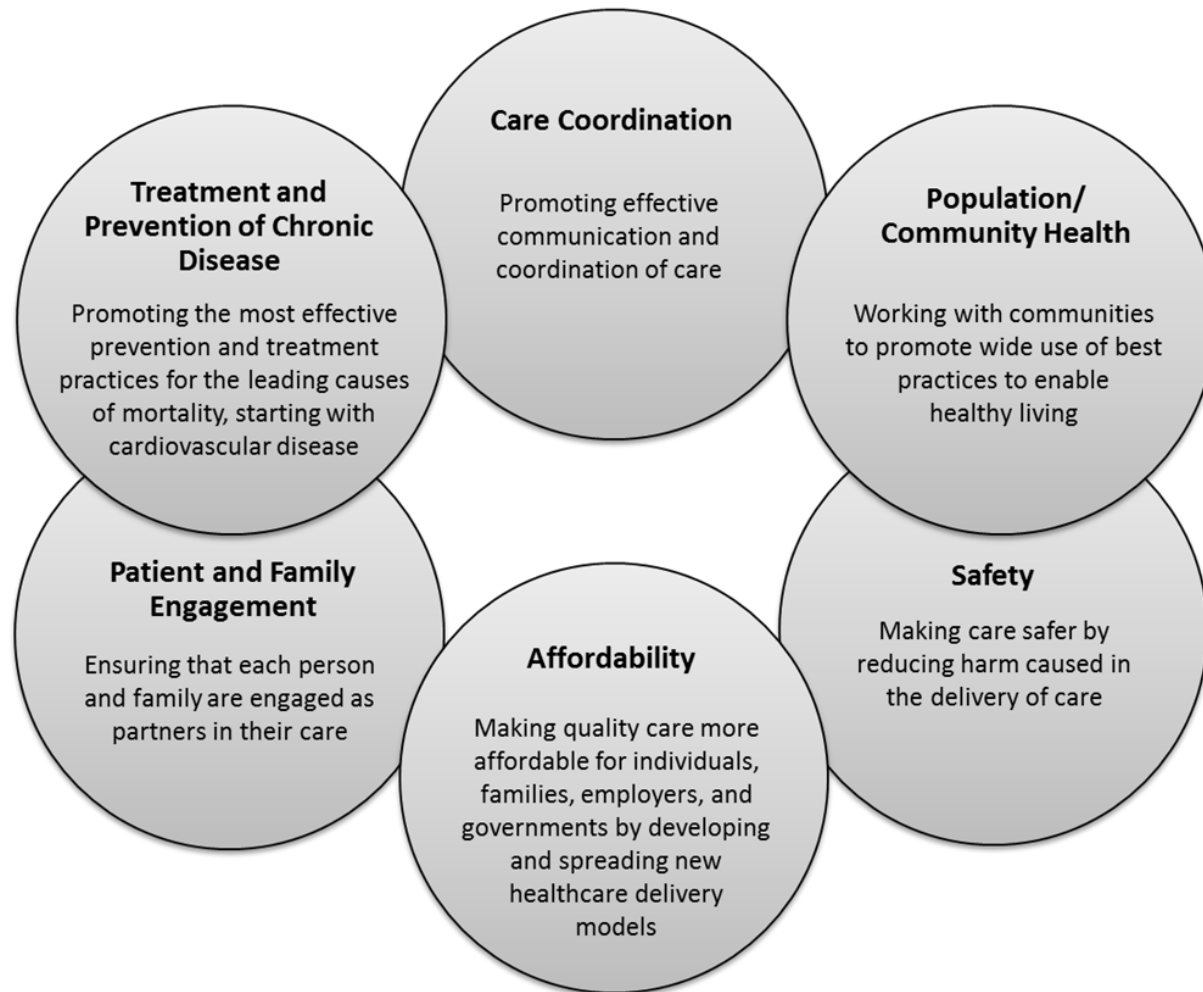
- ESRD QIP legislative framework
- How to access and review reporting documents
- Available Centers for Medicare & Medicaid Services (CMS) resources

Introduction

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



ESRD QIP Overview

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 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

MIPPA outlines general requirements for ESRD QIP (applied on a PY basis)

HHS components review proposals, including the Office of the General Counsel (OGC) and the Centers for Disease Control and Prevention (CDC)

CMS publishes proposed rule via Notice of Proposed Rulemaking (NPRM) in the *Federal Register*

Public afforded 60-day period to comment on proposed rule

CMS drafts final rule (addressing public comments), which passes through HHS internal clearance process

CMS publishes final rule in the *Federal Register*

Scoring Facility Performance

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)

Release of ESRD QIP Reporting Documents

Release Date and Posting Requirements

- The release date for PY 2016 reporting documents (Final PSRs and PSCs) currently is projected to be **December 30, 2015**
- Facilities are required to post their PSCs in a prominent patient area within 15 business days of their release
 - If the documents are released on December 31, 2015, then PSCs must be posted on or before January 22, 2016

Final PSR

Your facility's performance scores will be detailed in the Final PSR using tables and explanatory text



U.S. Department of Health & Human Services



Centers for Medicare & Medicaid Services

Payment Year 2016
End-Stage Renal Disease
Quality Incentive Program

Final Performance Score Report

December 30, 2015

Sample Score Summary and Payment Reduction Percentage Table

Table 1. Performance Score Overview

PAYMENT REDUCTION PERCENTAGE:	NO REDUCTION	
Performance Measures and Definitions	Measure Score	Measure Weight
Clinical Measures		Total of 75%
Hemoglobin > 12g/dL Percent of patients with mean hemoglobin greater than 12 g/dL	10	16.07%
Kt/V Dialysis Adequacy measure topic Three measures for separate populations	8	16.07%
Percentage of adult hemodialysis patient-months with spKt/V greater than or equal to 1.2	8	
Percentage of adult peritoneal dialysis patient-months with Kt/V greater than or equal to 1.7	N/A	
Percentage of pediatric in-center hemodialysis patient-months with spKt/V greater than or equal to 1.2	N/A	
Vascular Access Type (VAT) measure topic Two measures for different access types	10	16.07%
Percent of hemodialysis patient-months using arteriovenous (AV) fistula with two needles during last treatment of the month	10	
Percent of hemodialysis patient-months with catheter in use for 90 days or longer prior to last hemodialysis session	10	
NHSN Bloodstream Infection in Hemodialysis Outpatients Standardized number of qualifying hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months	8	16.07%
Hypercalcemia Proportion of qualifying patient-months with three-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL	7	10.71%
Reporting Measures		Total of 25%
Anemia Management Reporting Number of months for which facility reports hemoglobin/hematocrit values and ESA dosage, if applicable, on Medicare claims	10	8.33%
Patient Experience of Care Survey Attestation Successful administration of In-Center Hemodialysis Consumer Assessment of Health Providers and Systems (ICH CAHPS) survey and delivery of results	10	8.33%
Mineral Metabolism Reporting Number of months for which facility reports serum phosphorus levels for each Medicare patient to CROWNWeb	6	8.33%
Total Performance Score†	87	


† Note: Each stand-alone measure score or measure topic score was translated to a **Weighted Score** by multiplying them by the **Measure Weight**. Those Weighted Scores were added together and multiplied by 10 to calculate the **Total Performance Score**. See Table 17 for more details.

PSCs

- **PSCs (in English and Spanish) contain:**
 - The facility's TPS and score on each measure
 - ❖ It does not contain detailed information about how the scores were calculated
 - National average scores for comparison
- **Patients may have questions about the certificate**
 - CMS recommends that facilities educate staff on the performance scores so that they can answer patient questions

Sample PSC

(English version)




U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES

End-Stage Renal Disease Quality Incentive Program

2016 Certificate of Dialysis Facility Performance – Part 1

Facility CMS Certification Number: 999999



** To obtain scores and rates, CMS compares data from 2012 and 2013 to data from 2014. **

A Sample Facility, City, State

TOTAL PERFORMANCE SCORE: 87 out of 100
National Average: 73 out of 100


Clinical Measures of Quality	Facility Percent in 2014	National Median in 2012	Facility Percent in 2013	Facility Score
Hemoglobin > 12g/dL (Shows how well a facility keeps red blood cell counts at an acceptable level – lower score desirable)	0%	0%	0%	10 of 10
Kt/V Dialysis Adequacy – Hemodialysis (Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)	96%	93.4%	93%	8 of 10
Kt/V Dialysis Adequacy – Peritoneal Dialysis (Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)	N/A	85.7%	N/A	N/A
Kt/V Dialysis Adequacy – Pediatric Hemodialysis (Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)	N/A	93%	N/A	N/A
Vascular Access Type – Fistula (Compares access to a patient's bloodstream via fistula – higher score desirable)	88%	62.3%	86%	10 of 10
Vascular Access Type – Catheter (Compares access to a patient's bloodstream via catheter – lower score desirable)	1%	10.6%	2%	10 of 10
NHSN Bloodstream Infection in Hemodialysis Outpatients (Shows how well a facility prevented patient infections during treatment – lower score desirable)	0.296	0.861	N/A	8 of 10
Hypercalcemia (Shows how well a facility managed patient metabolism of calcium – lower score desirable)	4%	1.7%	14%	7 of 10

Quality Reporting Measures	Facility Performance in 2014	Facility Score
Did the facility report anemia management information?	Yes	10 of 10
Did the facility report patient phosphorus levels?	Yes	6 of 10
Was the patient experience of care survey administered and delivered?	Yes	10 of 10

A Sample Facility
Street Address
City, State ZIP

Facility Medical Director

/s/ Patrick Conway
CMS Chief Medical Officer
Deputy Administrator for Innovation and Quality




U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES

End-Stage Renal Disease Quality Incentive Program

2016 Certificate of Dialysis Facility Performance – Part 2

Facility CMS Certification Number: XXXXXX



What is the purpose of the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)?

The ESRD QIP links a dialysis facility's payment to performance on measures of its quality of care. When a facility doesn't meet established ESRD QIP performance standards, CMS will lower that facility's payments by up to two percent for an entire year.

How are facilities scored?

The Total Performance Score is a single number that tells how a facility performed overall. The highest possible Total Performance Score is 100 points.

Each facility earns points for its clinical performance in 2014 based on two factors:

- How close its rate in 2014 (Facility Percent) comes to the national rate in 2012 (National Median)
- Its improvement relative to previous performance in 2013

Even if a facility's performance rate on a clinical measure of quality does not meet the National Median, a facility can still receive a high score if its performance rate from this year is considerably better than its previous performance rate. For example, two facilities with similar performance rates on a measure might receive different scores based on differences in their prior performance. Therefore, *Total Performance Scores should not be used to compare different facilities.* Please see the Dialysis Facility Compare website for more information about comparing facilities in your area.

Quality reporting points are earned if the facility reported required information. Points are earned for reporting anemia information, reporting infection information to the Centers for Disease Control and Prevention, confirming that patient surveys were administered, and reporting calcium and phosphorus levels of patients.

Note: Individual measure scores might not add up to the Total Performance Score. Measures are assigned different levels of importance that determine their contribution to the Total Performance Score.

NOTE: Dialysis facilities are required to post both parts of this Certificate prominently in a patient area.

This Certificate expires December 31, 2016.

Performance Score Summary Report

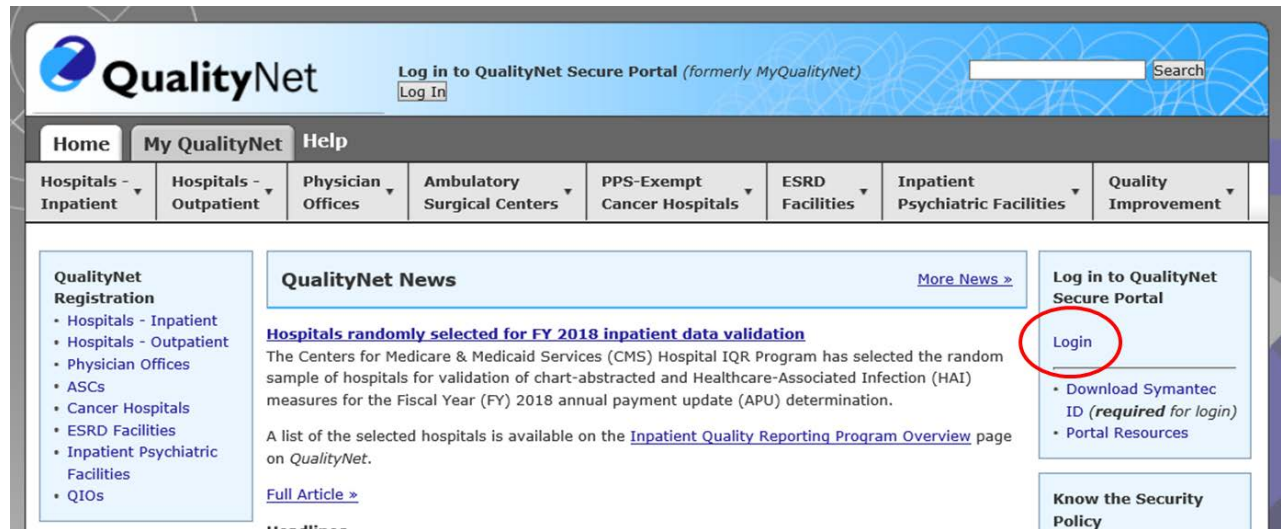
- Lengthy spreadsheet details each facility's performance on individual measures, its TPS, and payment reduction for each PY
- Will be published as part of the Dialysis Facility Compare (DFC) database (release in January 2016), followed by posting on the ESRD QIP section of CMS.gov

ESRD QIP System Walk-Through

(Note: Images are based on the system in use in July 2015 and on Preview Period documents)

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**

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Choose Your QualityNet Destination

Please select your primary quality program to reach the right log in screen for your QualityNet portal.

Secure File Transfer

Select your primary quality program:

End-Stage Renal Disease Quality Incentive Program

Ambulatory Surgical Center Quality Reporting Program
PPS-Exempt Cancer Hospital Quality Reporting Program
Inpatient Hospital Quality Reporting Program
Inpatient Psychiatric Quality Reporting Program
Outpatient Hospital Quality Reporting Program

Physicians Quality Reporting System / eRx
Quality Improvement Organizations

CANCEL

For log in assistance,
see QIMS documentation
on <https://www.qualitynet.org/>

QIMS Registration (for CROWNWeb)

- Register for a QIMS account
- Manage QIMS account
- QIMS User Manual, PDF
- QIMS Quick Start Guide, PDF

Log into QIMS

QualityNet Identity Management System (QIMS) Login Page



QIMS Login

User Name:

Password:

[Forgot Password](#)

[Register for a QIMS Account](#)

*****SECTION 504 REHABILITATION ACT OF 1973*****

For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

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Log into QIMS (continued)

- Click **I Accept** for privacy disclaimer

****WARNING**WARNING**WARNING****

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Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system.

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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."

****WARNING**WARNING**WARNING****

I Accept

I Deny

Download a PSR (same process for PSC)

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

The screenshot shows the CMS.gov QualityNet interface. The top navigation bar includes links for Home, Quality Programs, My Data, My Scores, My Reports, My Tools, and Help. The 'My Reports' link is highlighted with a red box. Below the navigation bar, the breadcrumb trail reads 'My Reports > Run Reports'. The main content area has tabs for Start, Run Report(s), Search Report(s), and Favorites. The 'Start' tab is active, displaying a description of the reporting portlet and a section titled 'I'd Like To...' with links for Run Report(s), Search Report(s), and View Favorite Reports. The 'Run Report(s)' link is highlighted with a red box.

2. Click **Run Reports**

The screenshot shows the 'My Reports' dropdown menu. The menu is open, displaying three options: Run Reports, Search Reports, and Analytics Report. The 'Run Reports' option is highlighted with a red box.

Download a PSR (continued)

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

CMS.gov QualityNet

Home - Quality Programs - My Data - My Scores - My Reports - My Tools - Help -

My Reports > Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program is pre-selected, then the category is pre-selected. Select the report you wish to run from the table below by clicking on its name.

Report Program
ESRD QIP

Report Category
Scores/PSR and PSC

VIEW REPORTS

4. Click **Report Name**

Search Report

REPORT NAME	REPORT DESCRIPTION
Patient List Report - Final	The Patient List Report lists all patients w associated with these patients. The repor the facility and separates those for which performance period calculations.
Patient List Report - Preview	The Patient List Report lists all patients w associated with these patients. The repor the facility and separates those for which performance period calculations.
Performance Score Report - Preview	The Performance Score Report (PSR) ind scores for each clinical measure, earned rates or ratios for clinical measures, perfc payment reduction percentage, and text.

Download a PSR (continued)

- Choose **Report Parameters**

Start **Run Report(s)** Search Report(s) Favorites

✓ Select Program, Category and Report **Report Parameters** Confirmation

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**

CANCEL RESET **RUN REPORT**

Download a PSR (continued)

- View report **Confirmation**
- Click **Search Reports**

The screenshot displays the 'Run Report(s)' tab in the MLN Connects interface. At the top, there are four tabs: 'Start', 'Run Report(s)', 'Search Report(s)', and 'Favorites'. Below the tabs, a progress bar shows three steps: 'Select Program, Category and Report', 'Report Parameters', and 'Confirmation'. The 'Confirmation' step is currently active. Below the progress bar, the text 'Report Submitted' is displayed in blue. A paragraph of text follows, providing instructions: 'Thank you. Your report request has been submitted for processing. Processing time may vary due to the number of current requested reports. To run the same report with different parameters, click RUN SAME REPORT. To run a new report, click RUN NEW REPORT. To search and view submitted reports, click SEARCH REPORTS. To make this report a Favorite, click SEARCH REPORTS. To manage your Favorites, click the Favorites tab.' At the bottom of the interface, there are four buttons: 'CANCEL', 'RUN SAME REPORT', 'RUN NEW REPORT', and 'SEARCH REPORTS'. The 'SEARCH REPORTS' button is highlighted with a red border.

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

Report Submitted

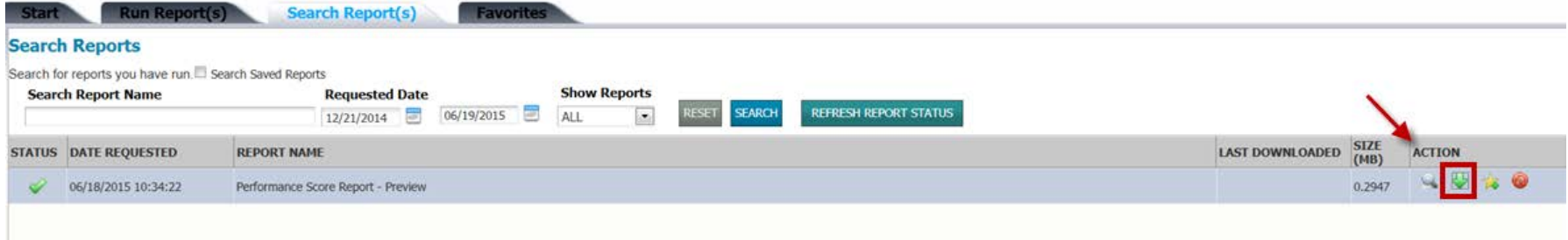
Thank you. Your report request has been submitted for processing.
Processing time may vary due to the number of current requested reports.
To run the same report with different parameters, click RUN SAME REPORT.
To run a new report, click RUN NEW REPORT.
To search and view submitted reports, click SEARCH REPORTS.
To make this report a Favorite, click SEARCH REPORTS.
To manage your Favorites, click the Favorites tab.

CANCEL RUN SAME REPORT RUN NEW REPORT SEARCH REPORTS



Download a PSR (continued)

On the Search Reports screen

- Click the **Download Icon** 



The screenshot shows the 'Search Reports' interface. At the top, there are tabs for 'Start', 'Run Report(s)', 'Search Report(s)', and 'Favorites'. Below the tabs, there's a search section with a 'Search Report Name' field, 'Requested Date' (12/21/2014 to 06/19/2015), and a 'Show Reports' dropdown set to 'ALL'. There are buttons for 'RESET', 'SEARCH', and 'REFRESH REPORT STATUS'. Below this is a table with columns: STATUS, DATE REQUESTED, REPORT NAME, LAST DOWNLOADED, SIZE (MB), and ACTION. A single report is listed: 'Performance Score Report - Preview' with a status of 'Success' (green checkmark) and a size of 0.2947 MB. In the ACTION column, there are three icons: a magnifying glass, a download icon (highlighted with a red box and a red arrow), and a star. The download icon is a green square with a white arrow pointing down.

STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (MB)	ACTION
✓	06/18/2015 10:34:22	Performance Score Report - Preview		0.2947	  

- Choose **Open** or **Save** the report



The screenshot shows the bottom of the CMS.gov website. There's a 'Home' button and the 'CMS.gov QualityNet' logo. A red arrow points to a yellow dialog box that says: 'Do you want to open or save Performance Score Report - Preview.PDF from ts3cportal.qualitynet.org?'. The dialog box has three buttons: 'Open', 'Save', and 'Cancel', along with a close button (X).

Home CMS.gov QualityNet

Do you want to open or save Performance Score Report - Preview.PDF from ts3cportal.qualitynet.org?

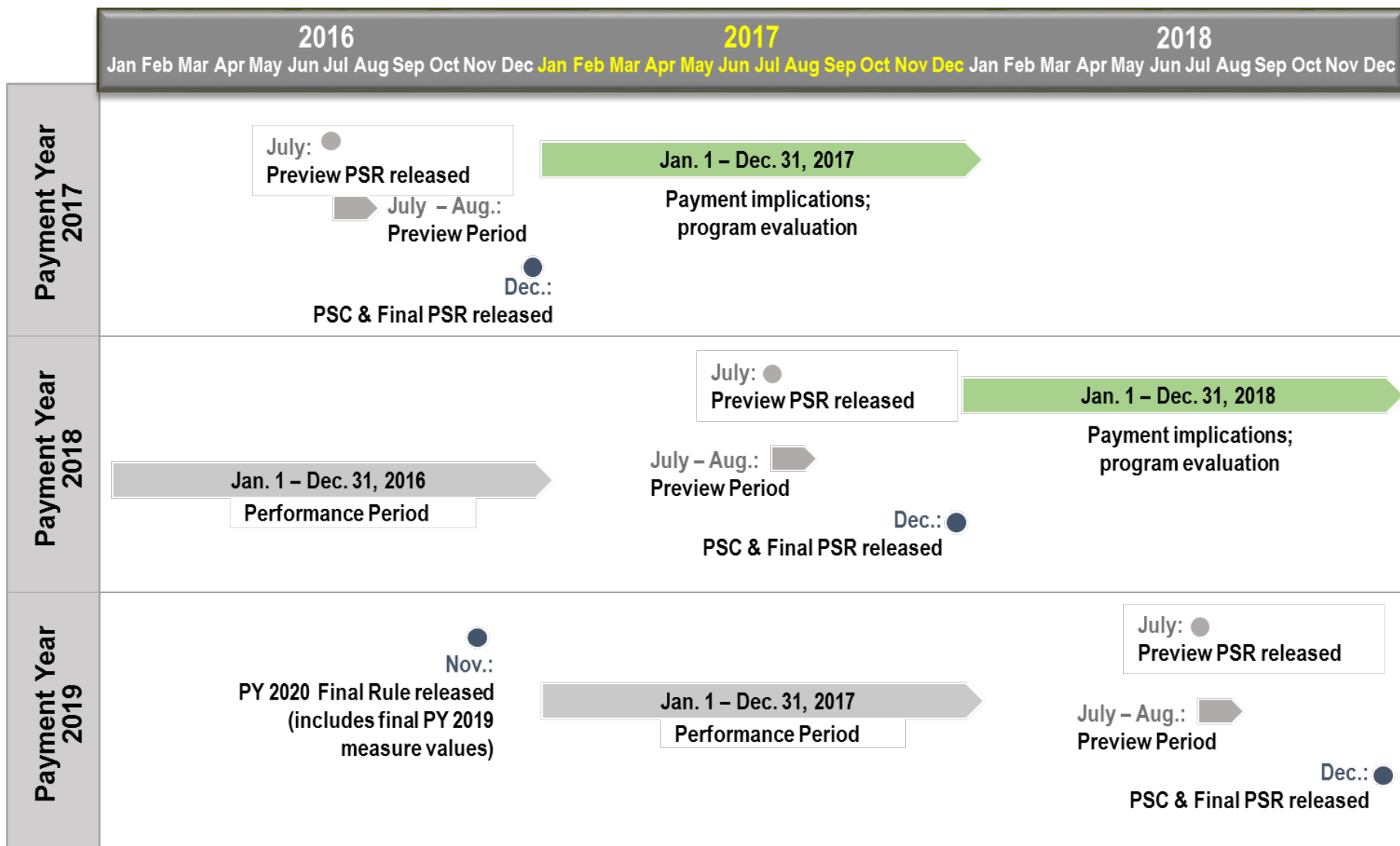
Open Save Cancel X

Acquiring 508-Compliant Final PSRs

- Facilities and Networks may request Final PSRs compatible with reading-assistive software from the QualityNet helpdesk
- Goal is to fulfill these requests within 48 hours
- Note that the PSC is not compatible with reading-assistive software; this reporting document is intended to be presented to patients exclusively in hard copy

Upcoming Program Activities

Critical Dates and Milestones



Key ESRD QIP Dates to Remember

- **PY 2016 PSC** available for download by end of 2015;
post within 15 business days
- **NPC** on PY 2019 Final Rule (January 19, 2016)
- **PY 2016 payment reductions applied** (January 1 – December 31, 2016)
- **ESRD QIP system training** prior to Preview Period (dates TBD)
- **PY 2017 Preview Period** (July – August 2016)
- **PY 2018 Performance Period** (January 1 – December 31, 2016)
- **PY 2020 Rulemaking**
 - Proposed rule published (displayed late summer 2016), followed by 60-day comment period
 - Final rule published (fall 2016)

Recap: Facility Responsibilities

- Review PY 2016 Final PSR
- Make sure your facility has posted its PY 2016 PSCs in English and Spanish by the applicable deadline
- Join us for an NPC discussing the PY 2019 Proposed Rule (January 21)
- Attend ESRD QIP system trainings (early summer)
- Read and comment on PY 2020 Proposed Rule when posted (early July)
- Review PY 2017 Preview PSR when available (mid-July) and submit any clarification questions or a formal inquiry
- Join us for National Provider Calls discussing the PY 2020 Proposed Rule and PY 2017 Preview Period when scheduled (summer)
- Review PY 2017 Final PSR when available (mid-December)
- Post PY 2017 PSCs—in both English and Spanish—when available (mid-December)

ESRD QIP Online Resources

- **ESRD QIP Section of CMS.gov:** www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html
 - **Technical Specifications for ESRD QIP Measures:**
www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html
- **MLN Connects National Provider Call Program:** <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/index.html?redirect=/NPC>
- **QualityNet:** www.qualitynet.org
- **ESRD National Coordinating Center (NCC):** esrdncc.org
- **Dialysis Facility Compare:** www.medicare.gov/dialysisfacilitycompare
- **Medicare Improvements for Patients and Providers Act of 2008 (MIPPA):**
www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf

Question & Answer Session

ESRDQIP@cms.hhs.gov

Acronyms in this Presentation

Acronym	Definition
CDC	Centers for Disease Control and Prevention
CM	Center for Medicare
CMS	Centers for Medicare & Medicaid Services
DFC	Dialysis Facility Compare
ESRD	End-Stage Renal Disease
FDA	Food and Drug Administration
HHS	Department of Health and Human Services
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems
MIPPA	Medicare Improvements for Patients and Providers Act of 2008
NCC	National Coordinating Center

Acronym	Definition
NHSN	National Healthcare Safety Network
NPC	National Provider Call
NPRM	Notice of Proposed Rulemaking
OGC	Office of General Counsel
PSC	Performance Score Certificate
PSR	Performance Score Report
PY	Payment Year
QIMS	QualityNet Identity Management System
QIP	Quality Incentive Program
TPS	Total Performance Score

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- To complete the evaluation, visit <http://npc.blhtech.com> and select the title for today's call.

Thank You

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