

# ESRD QIP

## Frequently Asked Questions

The Centers for Medicare & Medicaid Services (CMS) administers the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) to promote high-quality services by outpatient dialysis facilities treating patients with ESRD. The first of its kind in Medicare, this program changes the way CMS pays for the treatment of ESRD patients by linking a portion of payment directly to facilities' performance on quality care measures. The ESRD QIP will reduce payments to ESRD facilities that do not meet or exceed certain performance standards.

For more information about the program, see <http://www.cms.gov/ESRDQualityImproveInit>. If you have questions about the program after reviewing this content, you may reach the CMS ESRD QIP staff by emailing [ESRDQIP@cms.hhs.gov](mailto:ESRDQIP@cms.hhs.gov).

This document is intended to provide dialysis facilities and other interested parties with technical details about the ESRD QIP.

Beneficiaries and consumers are encouraged to learn more about the ESRD QIP on Medicare's Dialysis Facility Compare website, available online at [www.medicare.gov/dialysis](http://www.medicare.gov/dialysis).

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## General Program Information

Where can I find information from CMS regarding the Medicare program that ties payment to the quality of dialysis care?

Information on value-based purchasing for dialysis facilities, known as the End-Stage Renal Disease Quality Incentive Program (ESRD QIP), can be found in many different locations, including this ESRD QIP section of the CMS website.

## **I have questions about the ESRD QIP. What should I do?**

If your question is not addressed in this resource or in any of the resources linked within this section, please submit it to the ESRD QIP inbox at [ESRDQIP@cms.hhs.gov](mailto:ESRDQIP@cms.hhs.gov). Questions are addressed on a first-come, first-served basis. Our goal is to provide a response within five business days, although questions that require additional research may take longer to answer.

## **What statute provides the legislative authority for the ESRD QIP?**

The authority for this program comes from the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). Section 153(c) of that act, amending Section 1881(h) of the Social Security Act (SSA), establishes a Quality Incentive Program for renal dialysis facilities.

## **Where can I find the rules further explaining and outlining the ESRD QIP?**

In September 2009, CMS proposed the general framework for the ESRD QIP, along with three performance measures for use in PY 2012. The PY 2012 measures were finalized in the Federal Register on August 12, 2010. At the same time, CMS proposed the remainder of the ESRD QIP format for PY 2012, including performance standards, performance periods, scoring methodology, and payment reductions. This rule was published in the Federal Register on January 5, 2011. On July 8, 2011, CMS published a proposed rule for PY 2013 and PY 2014. The final rule was published on November 10, 2011. On July 2, 2012, CMS published a proposed rule for PY 2015.

These final rules can be found at:

- <http://edocket.access.gpo.gov/2010/pdf/2010-18466.pdf>  
(PY 2012 PPS final rule finalizing measures)
- <http://edocket.access.gpo.gov/2011/pdf/2010-33143.pdf>  
(PY 2012 ESRD QIP final rule)
- <http://www.gpo.gov/fdsys/pkg/FR-2011-11-10/pdf/2011-28606.pdf>  
(CY 2011 ESRD PPS final rule; includes PY 2013 and PY 2014 final rule)
- <http://www.gpo.gov/fdsys/pkg/FR-2012-11-09/pdf/2012-26903.pdf>  
(CY 2013 ESRD PPS final rule; includes PY 2015 final rule)

## **Why is the performance period so much earlier than the year that this performance affects payment?**

Facility performance data for the ESRD QIP is based primarily on claims data submitted to CMS by dialysis facilities as part of their billing process. CMS requires six months after the end of the performance period to finalize these claims and to allow for corrections, appeals, and adjudication.

After all claims for services rendered during the performance period receive final adjudication, CMS analyzes the claims and calculates facility performance scores for the ESRD QIP. CMS then provides facilities with an opportunity to preview their scores and address any issues and concerns with CMS through a Preview Period. Upon completion of the Preview Period, CMS makes final adjustments to applicable payment reductions prior to the start of the payment year.

This entire process requires approximately one year from the end of the performance period to the time that payments are adjusted. As a result, the performance period must end at least a year before the beginning of the payment year.

## **How is a facility's performance in the ESRD QIP communicated to the facility and the public?**

Facilities are able to preview their ESRD QIP measure scores and Total Performance Scores after the close of the performance period and prior to the implementation of payment reductions and public reporting. This Preview Period occurs in the July – August timeframe. Once scores are finalized, the scores are provided to facilities and are made available to the general public.

Facility performance in the ESRD QIP is publicly reported through three mechanisms. CMS produces a Performance Score Certificate (PSC) summarizing a facility's performance, which is required to be displayed in a public area at that facility. A section of Medicare's publicly available website, Dialysis Facility Compare (DFC), also provides searchable information about individual facilities. CMS also releases detailed facility information each year in a file titled "ESRD QIP Dialysis Facility Performance Information." It is posted on a CMS-approved website.

## **What are the inclusion criteria for the ESRD QIP?**

For details on the claim, patient, and facility-level inclusion criteria for the ESRD QIP, please refer to the "Inclusion Criteria" section of the guide for each payment year. This document is posted along with the Preview PSR at the beginning of the Preview Period.

## **Performance Score Report and the Preview Period**

### **What is the Performance Score Report?**

The Performance Score Report (PSR) is a document intended to inform a dialysis facility about its performance on quality measures during the Performance Period, its Total Performance Score (TPS), how its score was calculated, and how Medicare payments will be affected as a result. CMS issues a Preview PSR for each facility at the beginning of the Preview Period in June, and a Final PSR in December.

### **What is the Preview Period?**

The Preview Period is a thirty-day timeframe (currently from July 15 to August 15 each year) during which a facility has the opportunity to review the preliminary performance scores calculated by CMS. During that time, a facility may submit one or more clarification questions and/or a single formal inquiry in the event that it believes an error in calculating its scores has been made.

### **As a facility, what do I do if the provider numbers listed in my Preview PSR are wrong?**

If any of the facility identification information on your PSR is incorrect, please log in to your account on [www.dialysisreports.org](http://www.dialysisreports.org) to submit a correction either as an ESRD QIP comment or as part of your formal inquiry. Please note that only one formal inquiry will be permitted per facility.

CMS strongly encourages facilities to review their scores early and submit any clarification questions no later than August 1 of each year to ensure that a response from CMS is received prior to the close of the Preview Period. Facilities may submit clarification questions after August 1, but CMS cannot guarantee all questions will be resolved prior to the close of the Preview Period.

Formal inquiries and questions will not be accepted after 5:00 p.m. (EDT) on August 15, which is the end of the Preview Period.

## **What do I do if the data in my Preview PSR do not match the data I submitted?**

For an explanation of the inclusion criteria applied to claims and patients, please review the “Inclusion Criteria” section of the applicable Guide to the ESRD QIP. If you suspect that the inclusion criteria were not appropriately applied to claims submitted by your facility, or you would like additional clarification on how the process was applied to your facility, then you may log in to your account at [www.dialysisreports.org](http://www.dialysisreports.org) and submit an ESRD QIP comment or formal inquiry. Please note that only one formal inquiry will be permitted per facility.

## **What is the difference between a clarification question (or comment) and a formal inquiry?**

Throughout the Preview Period, facilities will be able to submit clarification questions and comments. A clarification question is any question regarding methodology or how scores are calculated. This includes a request for a patient list. The purpose of a clarification question is to allow a facility to obtain more information about their score calculation. CMS strongly encourages facilities to review their scores early and submit any clarification questions no later than August 1 of each year to ensure that a response from CMS is received prior to the close of the Preview Period.

If a facility believes it has identified an error in its score, it may submit a single formal inquiry requesting CMS review. A formal inquiry is an explanation from a facility regarding policy or methods, and/or a request to change measure score based on evidence (typically a review of patient-level data). Facilities must indicate approval of the Medical Director/Facility Administrator at the time of submission of their formal inquiry. CMS will respond to all formal inquiries submitted during the Preview Period (although the response may be transmitted after the Preview Period ends).

Please note that CMS will respond to clarification questions and formal inquiries via [www.dialysisreports.org](http://www.dialysisreports.org).

While each facility is permitted to submit only one formal inquiry, facilities are not limited in the number of clarification questions and comments they submit. However, if clarification questions are submitted after August 1, CMS cannot guarantee that facility will have all questions resolved with sufficient time to submit a formal inquiry if desired.

Formal inquiries and questions will not be accepted after 5:00 p.m. (EDT) on August 15, which is the end of the Preview Period.

## **How do I submit a clarification question about my Preview PSR?**

Only one user per facility has access to submit a clarification question. Please contact your facility Master Account Holder to find out who has the ability to submit a clarification question. CMS strongly encourages facilities to review their scores early and submit any clarification questions no later than August 1 of each year to ensure that a response from CMS is received prior to the close of the Preview Period.

Formal inquiries and questions will not be accepted after 5:00 p.m. (EDT) on August 15, which is the end of the Preview Period.

## **How do I submit a formal inquiry about the Total Performance Score on my facility's Preview PSR?**

Only one user per facility has access to submit a formal inquiry to CMS, and each facility is only allowed to submit **one** formal inquiry. It must be approved first by the Medical Director/Facility Administrator of your facility before it is submitted. Please contact your facility Master Account Holder to find out who has the ability to submit a formal inquiry.

Formal inquiries and questions will not be accepted after 5:00 p.m. (EDT) on August 15, which is the end of the Preview Period.

## **When does the Preview Period end?**

The preview period extends from July 15 through August 15 (5:00pm EDT) of each year. Formal inquiries and questions will not be accepted after 5:00 p.m. (EDT) on August 15.

## **How do the ESRD QIP measures differ from the measures reported in the Dialysis Facility Compare Report?**

Although the information contained in these two projects may be similar, they usually differ in substantive ways. For instance, the two measures used in the ESRD QIP during PY 2013 are also reported in the Dialysis Facility Compare (DFC) Report. When these measures are calculated for the ESRD QIP, however, pediatric patients are excluded from the calculation.

## **Why was a Total Performance Score not calculated for my facility?**

If your facility did not get a Total Performance Score for PY 2013, one or both of the following reasons may apply.

- The facility was opened January 1, 2011, or later
- The facility had fewer than 11 patients meeting the inclusion criteria for one or both of the measures

## **Performance Score Certificate**

### **What is the Performance Score Certificate?**

The Performance Score Certificate (PSC) is a two-page document informing patients and their families how a dialysis facility performed in the ESRD QIP. It is available in English and Spanish. It must be posted in a "prominent location"—an area easily visible to patients and their families.

### **What does the PSC mean to patients?**

The purpose of the ESRD QIP is to improve the quality of dialysis care and produce better outcomes for beneficiaries. The PSC provides a picture of how well the facility performed on specific measures, and may help inform the decisions patients make about their care. CMS encourages patients to discuss these results with their physicians and other medical staff at the facility.

### **When will facilities receive their PSC?**

CMS will electronically notify facilities that the PSCs are available for downloading in December of each year. Facilities will download the certificate from <https://secure.dialysisreports.org>. Each facility is responsible for printing the PSC and posting it in a prominent location where patients and caregivers can view it.

### **When should facilities begin displaying the PSC?**

Facilities must display the PSC once CMS makes the certificate available, and it must be displayed continuously during the calendar year.

### **How long does a facility need to display the PSC?**

Certificates will be replaced annually, and must be displayed for the entire year. For example, PY 2013 PSCs must be displayed for the duration of Calendar Year 2013.

### **Are there any special instructions about displaying the PSC?**

Facilities are prohibited from altering the size or content of the PSC in any way (including changing the font size). It must be printed on two pieces of plain white or light-colored paper of at least 8 ½ by 11 inches. Both pages must be displayed together.

### **What should I do if the facility's PSC is lost or destroyed?**

If a PSC is lost, removed, destroyed, or defaced, the facility is responsible for replacing the certificate with a new copy as soon as possible by logging onto <https://secure.dialysisreports.org> and reprinting it. The certificate will be available throughout the calendar year on this website.

### **Will the PSCs be available to patients and the public through other sources?**

No, but the same information that appears in the PSC will also appear on the CMS DFC website at <http://www.medicare.gov/Dialysis>; CMS intends to release that data by mid-January of each payment year.

### **Do the PSCs indicate the quality of care that a facility provides?**

Because ESRD QIP measures do not represent the totality of care provided by a facility, the results should be interpreted in context with other available information. In future years, CMS plans to expand the program to include other measures that reflect quality dialysis care.

## **PY 2013**

### **What is the scoring methodology for PY 2013?**

Facility performance will be scored on two standards: (1) their own performance in 2007 (the “special rule”) or (2) the national performance rate in 2009. Whichever standard yields the better score will be applied. The measure scores are otherwise calculated on a scale of 0 – 10. For each percentage point the facility falls short of the applicable performance standard (the lesser of the national rate in 2009 or the facility's rate in 2007), CMS subtracts 2 points from 10 (the maximum score a facility can receive on the measure).

Each measure is weighted at 50 percent of the Total Performance Score. The weighted score is multiplied by 1.5 to achieve the Total Performance Score, which will range from 0 – 30.

To further incentivize improvement in the second year of the ESRD QIP, CMS will reduce payments in PY 2013 for all facilities that do not receive a Total Performance Score of 30 points (the highest possible score). Payment reductions will range from 1 percent to 2 percent — compared with 0.5 percent to 2 percent in PY 2012—depending on how far below this threshold a facility performs.

### **Why does the special rule remain in PY 2013?**

CMS is using calendar year 2011 as the performance period for PY 2013. Because CMS was finalizing performance standards after the beginning of the performance period, CMS must

continue to adhere to the “special rule,” as described earlier and in Section 1881(h)(4)(E) of the Social Security Act (SSA) for PY 2013. The special rule will no longer apply starting in PY 2014, as measures and standards for PY 2014 were finalized prior to the start of the performance period.

## **PY 2014 – Eligibility**

### **Are home hemodialysis-only facilities included in the PY 2014 ESRD QIP?**

The ESRD QIP applies to outpatient home hemodialysis facilities as of January 1, 2012, which is the start of the performance period with potential payment implications during 2014. Not every measure applies to this type of facility, however.

Adult **home hemodialysis-only facilities** are evaluated based on three measures:

- The Hemoglobin Greater Than 12 g/dl measure
- The Vascular Access Type (VAT) measure
- The Mineral Metabolism reporting measure.

Home hemodialysis-only facilities are not required to enroll, train, and report via the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN) at this time.

### **Are peritoneal dialysis-only facilities included in the PY 2014 ESRD QIP?**

The ESRD QIP applies to outpatient peritoneal-only facilities as of January 1, 2012, which is the start of the performance period with potential payment implications during 2014. Not every measure applies to this type of facility, however.

Adult **peritoneal dialysis-only facilities** are evaluated on two measures:

- The Hemoglobin Greater Than 12 g/dL measure
- The Mineral Metabolism reporting measure.

Peritoneal-only facilities are not required to enroll, train, and report via the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) system at this time.

### **Are pediatric-only facilities included in the PY 2014 ESRD QIP?**

The ESRD QIP will apply to **pediatric outpatient dialysis facilities** as of January 1, 2012, which is the start of the performance period with potential payment implications during 2014.

To receive full points for the program, all pediatric facilities, including those caring only for patients less than age 18, must comply with the reporting requirements for the mineral metabolism reporting measure. Pediatric facilities providing in-center hemodialysis must comply with the requirements for the NHSN reporting measure.

Pediatric facilities that also care for patients age 18 or older may be eligible for additional measures.

### **For purposes of the program, on what date are facilities considered “new?”**

For purposes of considering whether a facility is “new” for the PY 2014 ESRD QIP, CMS calculates the date of the CMS Certification Number (CCN) from the certification date.

## **PY 2014 – Clinical Measures Scoring**

### **Can CMS provide my individual facility’s performance rates during the baseline period?**

The system that will calculate the individual facility baseline rates and make them available to users for PY 2014 is currently being built and tested, and will not be able to make the final rates available for facilities to view until after the performance period. CMS will take this suggestion into consideration for the development in future payment years. CMS encourages facilities to track and calculate their own baseline rates using their individual facility’s data.

### **Are frequent dialyzers included in the Hemodialysis Adequacy measure?**

Patients on hemodialysis 1, 2, or 3 times a week are included in the denominator of the urea reduction ratio (URR) measure (assuming all other requirements are met). Patients that dialyze 4 or more times a week are excluded from the denominator of the URR measure.

For example, the method for determining the number of sessions per week, at the claim level, during PY 2012 is highlighted in the Guide to the PY 2012 ESRD QIP Performance Score Report: [http://www.dialysisreports.org/pdf/esrd/public/Guide\\_to\\_the\\_PY\\_2012\\_ESRD\\_QIP\\_PSR.pdf](http://www.dialysisreports.org/pdf/esrd/public/Guide_to_the_PY_2012_ESRD_QIP_PSR.pdf).

### **Because the Vascular Access Type (VAT) measure is comprised of a catheter and a fistula measure, how is the final VAT measure calculated?**

The VAT measure is comprised of two submeasures: the fistula submeasure and the catheter submeasure. To calculate the score of the VAT measure, CMS first individually scores the submeasures. This means that CMS uses the PY 2014 scoring methodology as if each of the submeasures were its own measure. Each submeasure is awarded the higher of its achievement and improvement score. The submeasure scores are then averaged to reach the final VAT measure score.

### **For purposes of VAT scoring, how is the “duration of catheter use” determined?**

For purposes of the ESRD QIP, duration of catheter use is based on how long a patient is receiving dialysis through a catheter. CMS does not use the life of the catheter for this calculation.

## **PY 2014 – NHSN Reporting**

### **Do I have to register for all three components of National Healthcare Safety Network (NHSN), or just the one regarding patient safety?**

No. During enrollment, only the Patient Safety Component needs to be activated for a facility to participate in Dialysis Event surveillance. To find additional information on the enrollment process, please visit: <http://www.cdc.gov/nhsn/dialysis/cms-dialysis-enroll-steps.html>.

### **My outpatient dialysis facility is a part of a hospital that is already registered with NHSN. Do I need to re-enroll?**

Yes, dialysis clinics must be enrolled in NHSN individually as an “AMB-HEMO – Hemodialysis Center” facility type to report data to CMS, even if the dialysis clinic is hospital-affiliated.

Although the dialysis facility will need to enroll separately from the hospital, multiple facilities (e.g., outpatient dialysis, inpatient acute care) can be enrolled using a single digital certificate. See instructions here: [Enrolling Multiple Outpatient Dialysis Clinics in NHSN](#).



## How must I submit my NHSN data to CDC? Can I submit it to CMS instead?

No, please submit your data to the CDC using NHSN. NHSN dialysis event data will not be accepted if it is sent directly to CMS. Please note that CMS requires at least one staff member at the facility be trained in and knowledgeable of how to report dialysis event data to the NHSN.

In addition, Clinical Document Architecture (CDA) is currently under development as an import option within NHSN for dialysis event data. Using CDA will allow facilities to import their data (numerators and denominators) electronically into NHSN, instead of manually entering patient information. A facility-based NHSN user is expected to review the data in NHSN on an ongoing basis to verify that data reported via CDA are complete, accurate, and correct. For additional information, please visit the [Dialysis Event Homepage](#) and click on [FAQs about NHSN reporting with CDA – General and dialysis event reporting](#).

## Where can I go to find more information on enrolling in and submitting data to NHSN?

To find additional information on NHSN enrollment, set-up, and reporting please visit the [Dialysis Event Homepage](#). Here you will find the required trainings, form instructions, and corresponding materials.

CDC provides instructions for enrollment in the NHSN at <http://www.cdc.gov/nhsn/dialysis/cms-dialysis-enroll-steps.html> and for submitting dialysis event data at [http://www.cdc.gov/nhsn/psc\\_da\\_de.html](http://www.cdc.gov/nhsn/psc_da_de.html).

## If a patient is admitted to the hospital for reasons unrelated to dialysis, but require dialysis in my outpatient facility while they are in the hospital, are they to be included in NHSN Dialysis Event reporting?

Within the dialysis event module, surveillance occurs in outpatient hemodialysis centers.

Include the patient in your counts on the Denominators for Outpatient Dialysis Form if they receive outpatient maintenance hemodialysis at your facility on the first two working days of the month. Hospitalized patients, as described in this scenario, are excluded due to the fact that the patient has been admitted to the hospital.

Monitor all outpatients receiving maintenance hemodialysis at your facility for dialysis events, as defined by the Dialysis Event Protocol. If an outpatient dialysis patient is admitted to the hospital, then positive blood cultures that are collected within one calendar day of hospital admission should be reported by the dialysis facility.

## How many months of data must my facility report to NHSN to receive full credit for the NHSN Dialysis Event reporting measure?

To receive the maximum 10 points and comply with the CMS ESRD QIP rule, facilities are required to:

- Complete the required training and enroll the facility in NHSN during or prior to 2012 (5 points)
- Report at least 3 consecutive months of CY 2012 data (5 points; refer to the NHSN Dialysis Event Protocol for reporting instructions).

Additionally, this data must be submitted to NHSN by March 31, 2013, to receive credit for PY 2014.

## **PY 2014 – ICH CAHPS Survey Reporting**

### **What is “successful administration” of the In-Center Hemodialysis Customer Assessment of Healthcare Providers and Services (ICH CAHPS) survey?**

“Successfully” is defined in the rule as following the specifications established by the Agency for Healthcare Research and Quality (AHRQ).

### **Can we administer the survey ourselves? Can we provide for patients to drop off their survey results at our facility?**

In accordance with the specifications, the ICH CAHPS survey must be administered by a third party in order for the administration to be considered successful under the ESRD QIP. According to the online guidance referenced in the previous question, this third-party administration may be done through mail with telephone follow-up, or by telephone only. Facilities may not collect the surveys at their individual facilities.

### **To whom must the ICH CAHPS survey be administered?**

The rule states that the ICH CAHPS survey must be administered in accordance with the Agency for Healthcare Research and Quality (AHRQ) specifications. Eligibility of the population is defined within these specifications. The specifications state that “[a]ll currently *dialyzing in-center* hemodialysis patients with *at least 3 months of experience* on hemodialysis *at their current facility* are eligible for the survey. This survey is designed for *adults only* (18 and older).” Therefore, the measure does not apply to pediatric patients, patients not receiving in-center hemodialysis for at least three months, and patients who have not had three months of experience *at that facility*.

### **What if not all of my patients respond to the survey?**

Although AHRQ specifications aim for a 40 percent response rate, rates may be higher or lower in individual facilities, and such variation is acceptable.

### **Who is responsible for submitting attestation of the use of the ICH CAHPS survey to CROWNWeb? Is a vendor able to submit that information on behalf of dialysis-facility clients, or is the dialysis facility required to submit that information on its own?**

For purposes of the PY 2014 ESRD QIP, only facilities are able to submit the attestation. Note that *no information* from the surveys need be submitted to CMS at this time. The facility need only make an attestation via CROWNWeb that it successfully completed the survey’s specifications as provided by AHRQ.

### **What is the attestation submission process for CROWNWeb?**

CROWNWeb will provide facilities with a specific form for the attestation. The form is brief and is submitted electronically.

### **How do I submit my ICH CAHPS data to CMS?**

As stated in the rule, a facility need only attest to successful administration to receive full points on the measure; no data submission is required. Although not required by the ESRD QIP, CMS would expect that a facility would review its own results to see how it can improve its care.

### **If our home hemodialysis and peritoneal program is part of an ICH (same provider number), do we then have to administer the ICH CAHPS to these patients?**

The ICH CAHPS survey only applies to those patients who receive in-center hemodialysis. If a facility only provides home-hemodialysis and/or peritoneal dialysis, then it need not administer the ICH CAHPS survey. If a facility provides home-hemodialysis and/or peritoneal dialysis *and*

in-center hemodialysis, then the facility need only administer the ICH CAHPS survey to the patients receiving in-center hemodialysis.

If the facility provides home-hemodialysis and/or peritoneal dialysis *and* in-center hemodialysis, then it must attest that it administered the survey successfully to receive points for this measure. “Successful administration” means that it administered the survey to its in-center hemodialysis patients in accordance with the specifications.

### **Can the ICH CAHPS survey be customized for individual facility use?**

You may include additional questions in the ICH CAHPS survey; note, however, that these questions must immediately precede the “About You” section and after question number 41 in the core survey.

## **PY 2014 – Mineral Metabolism Reporting**

### **What if my patient dies or is transient? Do I still need to measure his/her calcium and phosphorus measures once per month?**

CMS does not expect facilities to measure levels for patients who do not consider the dialysis facility their “home” facility (i.e., for those patients for whom the facility would not be monitoring bone mineral metabolism trends). As the measure specifications cited in the rule state, a patient need only be included if he/she has been at the facility for at least 30 days. Furthermore, if a patient who considers the facility to be his/her “home” is not available (i.e., is transient or deceased at the end of the month), then a facility need not measure the calcium and phosphorus serum levels.

### **For purposes of complying with the Mineral Metabolism reporting measure, can my facility include results of lab work performed by another provider (e.g., a hospital) or laboratory during the reporting period?**

If a patient is treated elsewhere during the claim month, then the facility may include results of lab work performed by another healthcare provider as part of the facility’s compliance with this reporting measure. The source and the lab values should be documented in the patient’s dialysis record. CMS believes that eliminating redundant lab tests helps to reduce costs while ensuring continuity of care.

CMS notes that the facility itself is not required to draw blood from the patient. If, for example, a patient is hospitalized or transient during the claim month, then the facility may report the hemoglobin or hematocrit readings for the patient for a month if a patient has labs drawn in an accredited laboratory (e.g., Joint Commission, College of American Pathologists, American Association of Bioanalysts, or other state and federal agencies) and the facility reviews the hemoglobin or hematocrit readings from these labs.

### **What is the attestation submission process for CROWNWeb? Is there a particular form or format?**

CROWNWeb will provide facilities with a specific form for the attestation. The form is brief and is submitted electronically.

### **How do I submit my mineral metabolism data to CMS?**

At this time, facilities need not report this data to CMS as part of the ESRD QIP. For purposes of the PY 2014 ESRD QIP, facilities need only attest to measuring the calcium and serum levels of each Medicare patient at least once per month.

As of May 2012, however, facilities are required to report actual data values for calcium and phosphorus in CROWNWeb. CMS intends to use that data to develop clinical and reporting measures for future PYs.

## **PY 2014 – Total Performance Score**

### **What is the scoring methodology for PY 2014?**

CMS introduced a new scoring methodology for ESRD QIP PY 2014 in which facilities have two opportunities to earn points, and the higher of the two scores is awarded. Under the new methodology, performance on achievement and improvement is assessed for each clinical measure. For the achievement score, facilities are compared to national performance during the baseline period; for the improvement score, a facility's performance during the performance period is compared to its performance in the baseline period. The clinical measure score is the higher of the improvement and achievement scores. The clinical measure scores for which a facility is eligible will be weighted equally, and will combine to comprise 90 percent of the facility's Total Performance Score.

The reporting measures assess whether the facility completed the data collection and reporting for that measure as specified. The reporting measures for which a facility is eligible will be weighted equally to comprise the remaining 10 percent of the facility's Total Performance Score.

If a facility is only eligible for one type of measure, that type will comprise 100 percent of the score.

The Total Performance Score will range from 0 – 100, which will then be translated into a payment-reduction percentage for facilities failing to meet the minimum Total Performance Score. The minimum Total Performance Score for PY 2014 is 53.

For the ESRD QIP in PY 2014, the baseline period is July 1, 2010 – June 30, 2011. The performance period for PY 2014 is Calendar Year (CY) 2012.

### **Where can I find the final numerical values for the minimum Total Performance Score, performance standards, achievement thresholds, and benchmarks?**

CMS posted the numerical values for the minimum Total Performance Score, performance standards, achievement thresholds, and benchmarks on December 30, 2011, to <http://www.dialysisreports.org/ESRDMeasures.aspx>. CMS also informed the ESRD community about the availability of this data through emails and via the CMS ESRD website.

## **ESRD QIP Online Resources**

### **What reference websites are available to find out more information about the ESRD QIP?**

A number of online resources are available to facilities, beneficiaries, their families, community stakeholders, and other interested parties.

- The ESRD QIP section of CMS's website provides information regarding the ESRD QIP program with downloads to Open Door Forums, fact sheets, and other relevant information: <https://www.cms.gov/ESRDQualityImproveInit/>
- The Dialysis Facility Compare section of Medicare's website provides beneficiaries and consumers with information about chronic kidney disease, as well as an opportunity to learn more about facilities in their area, in order to help patients and family members make decisions about dialysis care: [www.medicare.gov/dialysis](http://www.medicare.gov/dialysis)

- Dialysis Facility Reports, maintained by Arbor Research Collaborative for Health on behalf of CMS, provides dialysis facilities, their affiliates, and ESRD Networks with ESRD QIP facility Performance Score Certificates and Performance Score Reports, along with a wealth of in-depth information about ESRD measures and state/regional profiles:  
<http://www.dialysisreports.org/>

### Where can I find rules and regulations online?

- **Medicare Improvements for Patients and Providers Act (MIPPA) of 2008** (Public Law 100-275) – This act, in part, modernized the Medicare payment system for dialysis services and required the implementation of a quality incentive program for providers of ESRD services.  
<http://www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf>
- **ESRD PPS 2011 Final Rule** (August 12, 2010) – This final rule establishes the quality measures for the ESRD QIP for PY 2012.  
<http://edocket.access.gpo.gov/2010/pdf/2010-18466.pdf>
- **ESRD QIP PY 2012 Final Rule** (January 5, 2011) – This final rule sets forth requirements for the ESRD QIP for PY 2012.  
<http://www.gpo.gov/fdsys/pkg/FR-2011-01-05/pdf/2010-33143.pdf>
- **CY 2011 ESRD PPS Final Rule** (November 10, 2011) – This final rule sets forth requirements for the ESRD QIP for PYs 2013 and 2014.  
<http://www.gpo.gov/fdsys/pkg/FR-2011-11-10/pdf/2011-28606.pdf>
- **CY 2013 ESRD PPS Final Rule** (November 9, 2012) – This final rule sets forth requirements for the ESRD QIP for PY 2015.  
<http://www.gpo.gov/fdsys/pkg/FR-2012-11-09/pdf/2012-26903.pdf>

## Monitoring & Evaluation

### How is CMS monitoring how the ESRD QIP is affecting patients and providers?

The ESRD QIP is designed to improve patient care by creating incentives for facilities to meet and exceed performance standards for clinical measures. CMS evaluates the performance of dialysis facilities according to a set of quality measures that help monitor, evaluate, and improve the quality of care they provide.

Facilities that do not meet national standards on these measures are subject to a reduction in Medicare payments of up to two percent for the services they provide for an entire payment year. Additionally, facilities are now reimbursed using an expanded payment bundle to encourage efficiencies in care. These changes in reimbursement and emphasis on patient outcomes, rather than sheer volume of services, could create incentives for some facilities to undertreat patients in order to maximize profits and minimize costs.

CMS is committed to improving the quality of care delivered to beneficiaries, as well as ensuring that access to care is not impeded, especially to those who already bear a disproportionate disease burden—racial and ethnic minorities and other medically underserved populations. CMS closely monitors practice patterns as well as patient outcomes; if it discovers issues with regard to access, cost, or quality of care, then the facility involved will be thoroughly investigated, followed by

appropriate and timely corrective action. CMS has retained the services of a contractor to perform monitoring and evaluation services to investigate such incidents, as well as to provide statistical analyses that will inform data-driven conclusions about the ways in which the ESRD QIP impacts beneficiaries and facilities alike.