



**End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Frequently Asked Questions: Exceptions for Dialysis Facilities Affected by COVID-19**

Monday, April 20, 2020

GENERAL QUESTIONS

1. Why is CMS issuing an Extraordinary Circumstances Exception (ECE)?

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions and extensions for certain deadlines to assist health care providers who are directing their resources toward caring for patients and ensuring the health and safety of staff. In some instances, CMS granted the exceptions and extensions because the response to COVID-19 may greatly impact collected data and that data should not be considered in a CMS quality reporting program. In other instances, the deadlines for data from clinical months and encounters prior to the COVID-19 public health emergency declaration fall during March, April, and May 2020. More information can be found in the [Guidance Memo - Quality Reporting and Value-based Purchasing Programs](#) and the [CMS Press Release](#).

2. Under what statutory authority is the ECE policy based on?

CMS finalized its ESRD QIP ECE policy in its Calendar Year (CY) 2015 ESRD Prospective Payment System Final Rule (79 FR 66119), beginning with Payment Year (PY) 2017. Additional updates to the policy were made in the CY 2018 (82 FR 50761); CY 2019 (83 FR 56950); and CY 2020 (84 FR 60803) ESRD Prospective Payment System Final Rules. The policy update in the CY 2020 final rule states, in part, that a facility granted an exception to the data submission requirements may opt out and notify CMS that it will continue to submit data. The facility can send an email signed by the chief executive officer (CEO) or another designated contact to the ESRD QIP mailbox at ESRDQIP@cms.hhs.gov.

3. Our facility has continued to treat patients and will continue to report data. Can we opt out of this exemption?

Yes. Facilities may elect to opt out of the CMS-granted exception by emailing the request to the ESRD QIP at ESRDQIP@cms.hhs.gov. The email must be sent by the dialysis facility's CEO or designee. We ask facilities to make this request within 90 days of March 22, 2020.

For further information about exceptions, view [QualityNet's ESRD QIP ECE web page](#).



4. Our facility would like to submit data for some of the months covered under the COVID-19 exemption. Is this possible?

Yes. The facility will need to opt out of the COVID-19 exemption and submit an email to the ESRD QIP mailbox as described in Question 3 with a description of the months for which they would submit data. The ECE request would need to follow ECE program guidelines and be submitted within 90 days of the issuing of the initial COVID-19 exemption, which was March 22, 2020.

5. What if COVID-19 continues to impact our facilities beyond June 30, 2020?

CMS will continue to monitor the situation and adjust accordingly. CMS will provide additional guidance to facilities on the process to follow for extending exemptions beyond June 30, 2020.

6. How can I find additional information?

Please visit the following web pages:

- <https://www.cms.gov/newsroom>
- <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>
- <https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>
- <https://www.cms.gov/medicare/quality-safety-oversight-general-information/coronavirus>

For further assistance regarding the ESRD QIP information contained in this message, please contact the ESRD QIP at ESRDQIP@cms.hhs.gov.

EXEMPTION TIMELINES

1. What reporting deadlines are included in the exemption for the ESRD QIP program?

CMS is granting an exemption for the reporting requirements as follows:

For the National Healthcare Safety Network (NHSN) Bloodstream Infection (BSI) measure and the NHSN Reporting measure, the following dates are included.

Reporting Deadlines	Encounters
March 31, 2020	October 1–December 31, 2019 (Q4)*
June 30, 2020	January 1–March 30, 2020 (Q1)
September 30, 2020	April 1–June 30, 2020 (Q2)

*If completed data from each month of Q4 were submitted, it will be utilized to calculate PY 2021 scores



For ESRD QIP CROWNWeb, the following dates are included.

Reporting Deadline	Clinical Month
March 31, 2020	January 2020
April 30, 2020	February 2020
June 1, 2020	March 2020
June 30, 2020	April 2020
August 3, 2020	May 2020
August 31, 2020	June 2020

For ESRD QIP Claims-Based measures, the following dates are included.

For calculations	Impact
March 1, 2020–June 30, 2020	Claims submitted will not be used to calculate measures

For Consumer Assessment of Healthcare Providers and Systems In-Center Hemodialysis (ICH CAHPS) Survey, the following dates are included.

Submission Deadline	Months Data Collected
July 2020 for Spring 2020 Survey	May 1, 2020 through July 10, 2020

For ESRD QIP Data Validation (CROWNWeb and NHSN), medical records are normally due within 60 days of the date identified on the written request letter. Medical record submission requirements are exempt for the validation of data from the January 1–March 31, 2019 (Q1 2019) and April 1–June 30, 2019 (Q2 2019) reporting periods.

MEASURE-SPECIFIC GUIDANCE

1. What is the impact of the exemption for PY 2021 and PY 2022?

Impact on PY 2021 measure scores due to ESRD QIP COVID-19 exemptions

Measure	Data Excluded Under Exemption	Impact on PY 2021 Scores
NHSN BSI	October 2019–December 2019 (Q4)	Facilities that did not submit completed data for Q4 will not receive a score. Facilities that submitted completed Q4 data will receive a score.
NHSN Dialysis Event Reporting	October 2019–December 2019 (Q4)	Facilities that did not submit completed data for Q4 will not receive a score. Facilities that submitted completed Q4 data will receive a score.



Impact on PY 2022 measure scores due to ESRD QIP COVID-19 exemptions

Measure	Data Excluded Under Exemption	Impact on PY 2022 Scores
ICH CAHPS	Spring 2020 survey using data collected from May 1 through July 10, 2020	Fall 2020 Survey using data collected from October 30, 2020 through January 8, 2021
NHSN BSI	January 2020–June 2020 (Q1 and Q2 reporting periods)	Facility will not receive a score.**
NHSN Dialysis Event Reporting	January 2020–June 2020 (Q1 and Q2 reporting periods)	Facility will be scored based on data reported July 2020–December 2020.
Claims-Based Measures		
Standardized Hospitalization Ratio (SHR)	Medicare inpatient claims submitted during March 1–June 30, 2020.	Facility will receive a score unless it has fewer than five patient-years at risk in CY 2020. Calculations will be based on the remaining quarters unless a facility opts out of the CMS COVID-19 exception.
Standardized Transfusion Ratio (STrR)	Medicare inpatient/outpatient claims submitted during March 1–June 30, 2020.	Facility will receive a score unless it has fewer than 10 patient-years at risk in CY 2020. Calculations will be based on the remaining quarters unless a facility opts out of the CMS COVID-19 exception.
Standardized Readmission Ratio (SRR)	Index discharges occurring between March 1 through June 30, 2020*	Facility will receive a score unless it has fewer than 11 index discharges during CY 2020. Calculations will be based on the remaining quarters unless a facility opts out of the CMS COVID-19 exception.
CROWNWeb Measures		
Comprehensive Kt/V	January 2020 through June 2020 will be excluded from the numerator and denominator. Additionally, lab values reported by facility that does not opt out during this period will not be used in calculations for any facility.	Facility will receive a score based on results from July 1 through December 31, 2020, unless it has fewer than 11 eligible patients during this period.

As of the date of this memo, information contained in this document is consistent with ESRD QIP policies finalized through the ESRD Prospective Payment System (PPS) Calendar Year 2020 rulemaking cycle and is current at the time of publication. In the event of any conflict between the information provided in this document and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. As the situation evolves, additional changes and updates may be required.



Measure	Data Excluded Under Exemption	Impact on PY 2022 Scores
Hypercalcemia	January 2020 through June 2020 will be excluded from the numerator and denominator. Additionally, lab values reported by facility that does not opt out during this period will not be used in calculations for any facility.	Facility will receive a score based on results from July 1 through December 31, 2020, unless it has fewer than 11 eligible patients during this period.
CROWNWeb Measures		
Long-term Catheter	January 2020 through June 2020 will be excluded from numerator and denominator calculations. September is the earliest month that can be counted in the numerator.	Facility will receive a score based on results from July 1 through December 31, 2020, unless it has fewer than 11 eligible patients during this period.
Percentage of Prevalent Patients Waitlisted (PPPW)	January 2020 through June 2020 will be excluded	Facility will receive a score based on results from July 1 through December 31, 2020, unless it has fewer than 11 eligible patients during this period.
Standardized Fistula Rate	January 2020 through June 2020 will be excluded from numerator and denominator calculations.	Facility will be eligible to receive a score if it has at least 11 eligible patients in CY 2020.
Ultrafiltration Reporting	January 2020 through June 2020 will be excluded.	Facility will receive a score based on results from July 1 through December 31, 2020, unless it has fewer than 11 eligible patients during this period.
Clinical Depression Reporting	January 2020 through June 2020 will be excluded.	Facility will receive a score based on results from July 1 through December 31, 2020, unless it has fewer than 11 eligible patients during this period.

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Measure	Data Excluded Under Exemption	Impact on PY 2022 Scores
Medication Reconciliation (MedRec)	January 2020 through June 2020 will be excluded.	Facility will be scored based on data reported in July 2020 through December 2020.

*This is based on the “claim from” date. Additionally, readmissions during March 2020 that are associated with index discharges occurring before March 1, 2020, are not exempt.

** To calculate a NHSN BSI score, 12 months of data are needed.

2. If a facility submits data for both spring and fall surveys and does not opt out, will both spring and fall Surveys be used to calculate the scores?

No. If a facility does not opt out of the waiver, the ICH CAHPS scores will be calculated using information from the fall surveys.

3. Under this exemption, do we still need to continue to report the MedRec measure?

No. You are not required to report data for the MedRec measure for the reporting periods specified above under the CMS COVID-19 exemption. Any calculations will exclude the months covered by the exempted months listed above.

4. Can our facility opt out of specific measures?

No. The ESRD QIP ECE does not apply to individual measures. If a facility opts out of the ECE, that implies the facility will continue to submit all required data.

5. We have submitted partial data for Q4 for NHSN BSI but, due to staffing issues, we did not report for the entire quarter. Does CMS accept partial reporting for Q4 for PY 2021?

No. CMS will only use complete data that are submitted for Q4. If Q4 data are not completed, we will include the facility in the exemption and no score will be assigned for the NHSN BSI and NHSN Dialysis Event reporting measure. “Complete data” refers to facilities that successfully report all required data to the NHSN for each month in Q4.



SCORE IMPACT

1. How does this exemption affect domain weights?

The table below highlights how the Payment Year (PY) 2021 domain weights could be impacted for a facility if Q4 data are not reported or incomplete.

Payment Year (PY) 2021	
Safety Domain = 15% of Total Performance Score	
Measure	% of TPS Weight
NHSN BSI	9%
NHSN Dialysis Event Reporting	6%
Safety Domain for a Facility with at Least One Approved Exemption Month or Incomplete Q4 NHSN Data	
Measure	% of TPS Weight
NHSN BSI	0%
NHSN Dialysis Event Reporting	0%
If Safety Domain measures are not scored, 5% will be added to the other 3 domains.	
Domain	% of TPS Weight
Safety	0%
Patient & Family Engagement	20%
Care Coordination	35%
Clinical Care	45%

The table below highlights how the PY 2022 domain weights could be impacted by the COVID-19 exemption for a facility. In PY 2022, facilities must be eligible for at least two domains in order to receive a Total Performance Score (TPS).

Payment Year (PY) 2022	
Safety Domain = 15% of Total Performance Score	
Measure	Weight
NHSN BSI	8%
NHSN Dialysis Event Reporting	3%
MedRec	4%
Safety Domain for a Facility with at Least One Approved Exemption Month*	
Measure	Weight
NHSN BSI	Will not be scored and the percent will be distributed equally among remaining eligible Safety Domain measures
NHSN Dialysis Event Reporting	7% (4% from the missing NHSN BSI measure is added)
MedRec Reporting	8% (4% from the missing NHSN BSI measure is added)

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If all Safety Domain measures are missing data, 15 % will be distributed equally to the remaining eligible domains.	
Example 1: Facility eligible for all domains except Safety Domain	
Domain	Weight
Safety	0%
Patient & Family Engagement	20%
Care Coordination	35%
Clinical Care	45%
Example 2: Facility eligible for two domains	
Domain	Weight
Safety	0%
Patient & Family Engagement	0%
Care Coordination	45%
Clinical Care	55%

ESRD QIP VALIDATION

1. How does the exemption impact the PY 2021 Data Validation Studies for CROWNWeb and NHSN?

The exemption does impact the PY 2021 data validation studies because facilities do not have to submit data.

Per the guidance memo released on March 27, 2020, at <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>, facilities selected to participate in the ESRD QIP validation studies are **exempt** from submitting the NHSN and CROWNWeb records requested for the first two quarters of 2019. However, facilities can optionally participate in validation.

Data validation for CROWNWeb and NHSN are exempt for the January 1–March 31, 2019 (Q1 2019) and April 1–June 30, 2019 (Q2 2019) reporting periods.

PREVIEW PERIOD AND PUBLIC REPORTING

1. Will the ESRD QIP payment year preview period be delayed due to COVID-19?

Currently, we do not anticipate any delays or extension in the PY 2021 ESRD preview period, which is anticipated to begin in July 2020. CMS will provide further notice and guidance should this change.

2. How does the exemption affect data submission requirements for Dialysis Facility Compare (DFC)?

CMS is committed to supporting clinicians and other providers on the front lines. Data submission requirements for DFC and the DFC star ratings will be aligned with the ESRD Quality Incentive Program.



3. Will there be any changes in the timeline for issuing Performance Score Certificate (PSC)?

No, there are currently no changes planned for timeline to issue the PSC.

ESRD QUALITY IMPROVEMENT ACTIVITIES

1. Does the exemption impact reporting to the ESRD Network Quality Improvement Activities (QIAs)?

While CMS understands staffing resources are being diverted to COVID-19 response, dialysis facilities should continue quality improvement activities. CROWNWeb reporting to support the quality improvement activities such as hemodialysis access, home modality, and/or kidney transplant status should be continued.

SYSTEM IMPACT

1. Will CROWNWeb remain open for data submission?

Yes, the CROWNWeb Data Center will remain open with the current data submission deadlines for any facility wanting to opt out of the exemption. Facilities may elect to opt out of the CMS-granted exception by emailing the request to the ESRD QIP at ESRDQIP@cms.hhs.gov. The email must be sent by the dialysis facility's CEO or designee. We ask facilities to make this request within 90 days of March 22, 2020.

2. Are facilities still required to submit CMS-2744, CMS-2746, and CMS-2728 (admission/discharge forms)?

Yes. Reporting information in CROWNWeb to ensure patients receive Medicare benefits is vital. The requirement to submit the CMS-2744, CMS-2728, and CMS-2746 forms has not changed nor has the date for submission.

3. Is CMS adding a COVID-19 ICD-10 code in CROWNWeb?

Yes, CMS has authorized the addition of two new ICD-10 codes for COVID-19 in CROWNWeb: COVID-19 ICD-10 code U07.1, and World Health Organization (WHO) code U07.2 for unconfirmed COVID-19. There was a clear request from the ESRD community to provide ICD-10 codes in CROWNWeb to track deaths related to COVID-19. CMS plans for the change to be implemented very soon in CROWNWeb to be responsive to the ESRD community needs.



ESRD OUTREACH, COMMUNICATION, AND TRAINING (EOCT)

1. Will the ESRD Outreach, Communication, and Training (EOCT) Team continue to provide training for ESRD system users?

CMS is committed to reducing provider burden so clinicians and their staff, vendors, and other partners can focus on what's important, caring for patients. At this time, we will be postponing any new trainings and CROWNWeb Town Hall meetings. CMS will send out more information when events are rescheduled, or new events are initiated, such as the Proposed Rule National Provider Call (NPC) and the Preview Period.

2. How can I access ESRD Systems Training?

ESRD Systems (EQRS/CROWNWeb) Training, such as New User Training and HCQIS Access Roles and Profile (HARP) System Training, are available via the Education page on the MyCROWNWeb.org website: <https://mycrownweb.org/education/>.