The End-Stage Renal Disease Quality Incentive Program (QIP) is a type of program known as “pay-for-performance” or “value-based purchasing”. The intent of the QIP is to promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care.

The QIP does this by setting minimum goals across a selected group of measures, and authorizes payment reductions up to 2% if a facility does not meet or exceed the minimum Total Performance Score (TPS) as set forth by the Centers for Medicare & Medicaid Services (CMS).

Your facility works to achieve the QIP clinical, safety, and reporting measures to maximize income and promote optimal dialysis-related outcomes.

Poor QIP performance can lead to payment reductions to the facility, and this can affect everyone in a facility. A reduction in payments can affect profit and influence staffing.

In addition, each facility’s QIP performance is publicly reported through Dialysis Facility Compare (http://www.medicare.gov/DialysisFacilityCompare/search.html) and mandated posting of your Performance Score Certificate (PSC) at the facility.

Patients can use the ESRD QIP to see how your facility’s performance compares to the performance of facilities nationwide in the same program, and may decide to transfer to another facility that they perceive will provide better care.

QIP Reviewing Period

- 7/15—7/22 POC test CROWNWeb access and notify QNet HelpDesk if access is unavailable
- 7/22—8/23 QIP report review period
- 7/22—8/8 Clarification questions due
- 8/23 Formal Questions due—Review period ends
What Does the QIP Measure?

The measurements taken each calendar year (CY) will affect Medicare reimbursements for the payment year (PY) that will follow two years later. For example, the first year the QIP was implemented was CY 2010, and the performance that year produced the results for PY 2012. Therefore, the performance of your facility now in CY 2019 will affect reimbursement for PY 2021.

The ESRD QIP that will measure performance for CY 2019 is comprised of seven clinical measures that constitute 75% of your facility’s Total Performance Score (TPS). The remaining 25% of your facility’s TPS is comprised of two safety measures for 15% of your TPS and five reporting measures for the remaining 10% of your facility’s TPS. Facility measures are scored by achievement (a comparison to set goals) or by improvement (a comparison to previous facility performance). The minimum Total Performance Score required for a zero payment reduction is 60 points.

For more information on the QIP from CMS, visit the CMS ESRD Quality Incentive Program website:
Where Does the Data Come From?

CMS collects data from Medicare reimbursement claims, the 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). The estimated scores and payment reductions are released in a Preview Score Report (PSR) to facilities. Then there is a 30 day Preview Period for facilities to review these calculations and submit any clarification questions or formal inquiries regarding the scores. CMS will adjust the scores where required and submit the payment reductions to the Center for Medicare (CM). Final results are typically released mid-December of the Calendar Year in a Final Performance Score Report (PSR) for facilities and a Performance Score Certificate (PSC) to be posted for patients in English and Spanish in a prominent patient area in each facility. These are downloaded from the QualityNet website and facilities will receive notices and reminders from the Network to access them when they become available. Facilities have 15 days from the date of release to post their PSC.

What is your facility’s score? Below is an example of the Performance Score Certificate to be posted.

The same information that appears on the PSC will also appear on the Dialysis Facility Compare website available at http://www.medicare.gov/DialysisFacilityCompare/search.html. CMS updates the information posted on the Dialysis Facility Compare website each quarter.
QIP Review and Comment Period

The review and comment period has begun. Where do you begin?

Step 1 — Time period — 7/15/19 thru 7/22/19

If you were the Point of Contact (POC) for your current facility last year, do a test log in in CROWNWeb to ensure access is still active.

If your facility’s POC has left your facility call QualityNet help desk at 866-288-2912

If you will be a new POC, go to www.mycrownweb.org and complete the instructions on get a EIDM and AQRM account.

Step 2 — Time period — 7/22/19 thru 8/8/19

Download your facility’s report (use “preview report” not “final”, and submit any comments. You can submit unlimited number of comments.

Step 3 — Time period — 7/22/19 thru 8/23/19

Submit formal questions. You can only submit a formal question once.

NOTE — Review period ends at 11:59pm PST on 8/23/19. After this date, you will not be able submit comments nor formal questions.
Contact Info for Preview Period Assistance

<table>
<thead>
<tr>
<th>Question Type</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>For general questions about ESRD QIP</td>
<td>• <a href="mailto:ESRDOIP@cms.hhs.gov">ESRDOIP@cms.hhs.gov</a></td>
</tr>
<tr>
<td></td>
<td>• ESRD QIP RightNow Q&amp;A Tool</td>
</tr>
<tr>
<td>For questions on accessing reports in QualityNet</td>
<td>• <a href="mailto:qnetsupport-esrd@hcqis.org">qnetsupport-esrd@hcqis.org</a></td>
</tr>
<tr>
<td></td>
<td>or by phone (866) 288-8912</td>
</tr>
<tr>
<td>For questions about training or MyCrownWeb</td>
<td>• <a href="mailto:CRAFT@MyCROWNWeb.org">CRAFT@MyCROWNWeb.org</a></td>
</tr>
</tbody>
</table>

Preview Period Resource Guide

<table>
<thead>
<tr>
<th>Document</th>
<th>When to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guide to the PY 2020 ESRD QIP Performance Score Report (PSR)</td>
<td>• If you have additional questions about the information and methodologies used in the PSR or the different types of inquiries</td>
</tr>
<tr>
<td>ESRD QIP PY 2020 Quick Start Guide</td>
<td>• If you want a quick reference on how to access the PY 2020 Preview Period system</td>
</tr>
<tr>
<td>ESRD QIP PY 2020 Facility User Manual</td>
<td>• If you want a more in-depth, step-by-step guide on how to access reports in the PY 2020 Preview Period system</td>
</tr>
<tr>
<td>EIDM and QARM Quick Start Guide</td>
<td>• If you want to apply for a new User ID that will allow you to access the PY 2020 Preview Period System</td>
</tr>
</tbody>
</table>
### NETWORK Goals for Clinical and Safety Performance Measures

**ESRD Network of Texas, Inc.**

**Medical Review Board Recommendations**

**Goals for Clinical and Safety Performance Measures/Quality Indicators**

**Calendar Year 2018/Payment Year 2020**

ESRD Network of Texas endorses CMS Quality Incentive Program goals in lieu of setting additional Network-specific goals. *Denotes new measure for Calendar Year 2018

<table>
<thead>
<tr>
<th>Clinical Performance Measures</th>
<th>Goals</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kt/V Dialysis Adequacy (comprehensive)</td>
<td>98.56%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Hypercalcemia*</td>
<td>0.00%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Vascular Access – Arteriovenous Fistula (AVF)</td>
<td>79.90%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Vascular Access – Catheter ≥ 90 days*</td>
<td>3.11%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Standardized Readmission Ratio (SRR)*</td>
<td>0.629</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Standardized Transfusion Ratio (StrR)*</td>
<td>0.429</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Standardized Hospitalization Ratio (SHR)*</td>
<td>0.670</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>NHSN Bloodstream Infection (BSI)*</td>
<td>0.00</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Nephrologists’ Communication and Caring</td>
<td>78.09%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Quality of Dialysis Center Care and Operations</td>
<td>71.52%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Providing Information to Patients</td>
<td>86.83%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Overall Rating of Nephrologists</td>
<td>76.57%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Overall Rating of Dialysis Center Staff</td>
<td>77.42%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Overall Rating of the Dialysis Facility</td>
<td>82.48%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Mortality, Hospitalization, Transplant</td>
<td>Facility is &quot;As Expected&quot; or &quot;Better than Expected&quot;</td>
<td>Dialysis Facility Report</td>
</tr>
</tbody>
</table>

*On these measures, a lower rate indicates better performance

QIP Benchmark: 90th percentile of performance rates nationally during CY 2016
NHSN BSI Measure Topic

NHSN BSI Measure Topic (NHSN BSI Clinical and Dialysis Event reporting)

DATA SOURCES: NHSN (for Risk-Adjusted Standardized Infection Rates), REMIS, CROWNWeb, and other CMS ESRD administrative data (Form 2744 to obtain facility type and certification date), Medicare claims and CROWNWeb (to determine patient-minimum exclusion)

DESCRIPTION: Number of hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months.

This is measured using a standardized number of qualifying hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months. Facilities submit “accurately reported dialysis event data” to the Centers for Disease Control and Prevention (CDC). If a facility fails to report 12 months of data, the facility will receive zero points for this measure. Combining these two measures into a single Measure Topic balances incentives for a complete and accurate reporting along with effective clinical performance. The purpose of surveillance is to collect data uniformly so that meaningful comparisons can be made. The goal is to generate data that is useful for informing quality improvement decisions.

HOW YOU CAN MAXIMIZE THIS SCORE:

- Review the dialysis event protocol (https://www.cdc.gov/nhsn/pdfs/pscmanual/8pscdialysiseventcurrent.pdf) at least annually.
- Use the guides available on the NSHN website to assist in gathering data that must be reported.
- Complete NHSN trainings available on the CDC website (http://www.cdc.gov/nhsn/training).
- Promote infection prevention practices such as hand hygiene and immunizations.

ADDITIONAL INFORMATION:

2. A positive blood culture is considered a new event and counted only if it occurred 21 days or more after a previously reported positive blood culture in the same patient.
3. Patients receiving inpatient hemodialysis are excluded from the measure.
4. Patients receiving only home hemodialysis or peritoneal dialysis are excluded from the measure.
5. Facilities that do not submit 12 months of accurately reported data receive zero points for the measure.
6. For more information about the methodology used to calculate risk-adjusted standardized infection rates, please see http://www.cdc.gov/nhsn/dialysis/.
7. Score based on number of months a facility reports data
   - 12 months: 10 points
   - 6 to 11 months: 2 points
   - 0 to 5 months: 0 points
News from the CDC: National Healthcare Safety Network Updates

The 2019 NHSN Internal Validation Toolkit and the Guidance for Facility Data Quality Checks developed by the National Healthcare Safety Network (NHSN) are now available on NHSN's webpage at https://www.cdc.gov/nhsn/validation/index.html. The NHSN Patient Safety Data Quality Check Guidance and Toolkit is purposed to assist facilities in conducting data quality checks of reported Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI) following Abdominal Hysterectomy (HYST) and Colon (COLO) procedures, Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia and Clostridium difficile infection (CDI) LabID events. It can be found here.

The NHSN June Newsletter can be found here: https://www.cdc.gov/nhsn/newsletters/index.html

<table>
<thead>
<tr>
<th>CMS QIP NHSN Calendar Year 2019 Reporting Requirements for Dialysis Event Data:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Q2 2019 data due 09/30/2019 (Q2 = April 2019 - June 2019)</td>
</tr>
<tr>
<td>• Q3 2019 data due 12/31/2019 (Q3 = July 2019 - September 2019)</td>
</tr>
</tbody>
</table>

Please ensure that at least one individual at your facility can access NHSN via their Secure Access Management Services (SAMS) account and has been assigned appropriate user rights in NHSN to enter and view your facility’s data. To guarantee that your data is accurately entered into NHSN, verify that; 1) your monthly reporting plans are complete; 2) you've entered appropriate summary and event data or checked the appropriate no events boxes; and 3) you've cleared all alerts from your NHSN facility homepage. For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit their website and navigate to the appropriate section (s) for your facility type: https://www.cdc.gov/nhsn/cms/index.html.

For questions, please contact the NHSN Helpdesk: NHSN@cdc.gov. It is staffed Mondays thru Fridays, 7 am ET – 5 pm ET, excluding Federal Holidays.
Important Resources

Kidney School
www.kidneyschool.org
One of the BEST resources available for almost everything you need to know about kidney failure, dialysis and transplant. This site is organized into interactive, self-paced chapters.

Texas Department of State Health Services (TDSHS)
1-888-973-0022
www.dshs.state.tx.us

Bureau of Kidney Health
1-800-222-3986
www.dshs.state.tx.us/kidney/default.shtml

Medicare
Customer Service Line
1-800-813-8868
www.medicare.gov

United Network of Organ Sharing (UNOS)
1-800-292-9547
www.transplantliving.org

Medicare Part D
Updates and Information
https://www.medicare.gov/part-d/index.html

American Kidney Fund
1-800-638-8299
www.akfinc.org

American Association of Kidney Patients (AAKP)
1-800-749-AAKP
www.aakp.org

The Renal Support Network (RSN)
1-818-543-0896
www.rsnhope.org

National Kidney Foundation
www.kidney.org

Modality/Treatment Options
www.homedialysis.org

This material was prepared by the ESRD Network of Texas, Inc. (ESRD Network 14), under contract #HHSM-500-2016-NW014C with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The ideas presented do not necessarily reflect CMS policies or positions.