



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

**Updated as of July 14, 2020**

**GENERAL QUESTIONS**

**1. Why is CMS issuing an Extraordinary Circumstances Exception (ECE) for the ESRD Quality Incentive Program (QIP)?**

The Centers for Medicare & Medicaid Services (CMS) is granting an extraordinary circumstance exception (ECE) for the ESRD QIP in response to COVID-19 to assist dialysis facilities while they direct their resources toward caring for patients and ensuring the health and safety of staff. This ECE is largely consistent with ECEs that CMS has granted for a number of other value-based purchasing and quality reporting programs, and a description of those ECEs can be found in [Guidance Memo - Quality Reporting and Value-based Purchasing Programs](#) and the [CMS Press Release](#). CMS has, in some instances, granted exceptions and extensions because the response to COVID-19 may greatly impact collected data, and CMS believes that these data should not be considered in a CMS value-based purchasing or quality reporting program. In other instances, the deadlines for submission of data from clinical months and encounters prior to the COVID-19 public health emergency declaration fall during March, April, and May 2020.

**2. What is the ECE policy for the ESRD QIP?**

CMS first adopted an ECE policy for the ESRD QIP in the Calendar Year (CY) 2015 ESRD Prospective Payment System (PPS) final rule (79 FR 66190), effective beginning with Payment Year (PY) 2017. The policy states that in the event of extraordinary circumstances not within the control of the facility (such as a natural disaster), for the facility to receive consideration for an exception from all ESRD QIP requirements during the period in which the facility was closed, the facility would need to submit a CMS Disaster Extension/Exception Request Form within 90 calendar days of the date of the disaster or extraordinary circumstance. CMS subsequently updated the policy in the CY 2018 ESRD PPS final rule (82 FR 50761), CY 2019 ESRD PPS final rule (83 FR 56950), and CY 2020 ESRD PPS final rule (84 FR 60803). The policy update that CMS finalized in the CY 2020 ESRD PPS final rule states that in the event CMS grants an ECE to facilities without a request because an extraordinary circumstance affects an entire region or locale, a facility may opt out of that ECE by notifying 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](mailto:ESRDQIP@cms.hhs.gov).

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**3. Our facility has continued to treat patients and will continue to report ESRD QIP data that CMS has said is no longer required under the ECE granted in response to COVID-19. Can we opt out of this exception?**

Yes. Facilities may elect to opt out of the CMS-granted exception by emailing the request to the ESRD QIP mailbox at [ESRDQIP@cms.hhs.gov](mailto:ESRDQIP@cms.hhs.gov). The email must be sent by the dialysis facility's CEO or designee. We ask facilities to make this request by June 20, 2020.

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

**4. Our facility would like to submit ESRD QIP data for some of the months covered under the COVID-19 exceptions, is this possible?**

No. If a facility chooses to opt out of the COVID-19 exception, the facility is required to submit all data required under the ESRD QIP, including those data that are the subject of the COVID-19 exception.

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

CMS will continue to monitor the situation and provide additional guidance to facilities, as needed. A facility may request an ECE to extend the exceptions based on their individual circumstances by visiting [QualityNet's ESRD QIP ECE web page](#).

**6. How can I find additional information regarding CMS' COVID-19 response?**

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>

**ESRD QIP EXCEPTIONS**

**1. What reporting requirements are excepted for the ESRD QIP program under the nationwide ECE that CMS granted in response to COVID-19?**

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CMS granted an exception under the ESRD QIP in response to COVID-19 for the following reporting requirements:

**For the National Healthcare Safety Network (NHSN) Bloodstream Infection (BSI) measure and the NHSN Reporting measure:**

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 a facility reports Q4 2019 data, those data will be utilized to calculate PY 2021 measure scores.

**For ESRD QIP measures reported through CROWNWeb, the following reporting requirements are excepted:**

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 reporting requirements are excepted:**

For calculations	Impact
March 1, 2020–June 30, 2020	Claim-based data will not be used to calculate measure scores

**For Consumer Assessment of Healthcare Providers and Systems In-Center Hemodialysis (ICH CAHPS) Survey, the following reporting requirements are excepted:**

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 excepted with respect to the validation of data from the January 1–March 31, 2019 (Q1 2019) and April 1–June 30, 2019 (Q2 2019) reporting periods.

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**MEASURE-SPECIFIC GUIDANCE**

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

**Impact on PY 2021 measure scores due to ESRD QIP COVID-19 exceptions:**

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

**Impact on PY 2022 measure scores due to ESRD QIP COVID-19 exceptions:**

Measure	Data Excepted	Impact on PY 2022 Scores
ICH CAHPS	Spring 2020 survey collected from May 1 through July 10, 2020.	A facility will receive a score if a minimum of 30 surveys are collected during the Fall Survey period 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 for an index admission or index discharge 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 for an index admission or index discharge 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.

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Measure	Data Excepted	Impact on PY 2022 Scores
Standardized Readmission Ratio (SRR)	Index discharge date 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.
<b>CROWNWeb Measures</b>		
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.
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.
<b>CROWNWeb Measures</b>		
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

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Measure	Data Excepted	Impact on PY 2022 Scores
		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.
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.

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

\*\*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 excepted.

**2. If a facility submits ICH CAHPS data from both Spring surveys collected from May 1 through July 10, 2020 and Fall surveys collected from October 30, 2020 through January 8, 2021, and does not opt out of the COVID-19 ECE, will that ICH CAHPS data be used to calculate scores on that measure?**

If a facility does not opt out of the COVID-19 exception, the ICH CAHPS scores will be calculated using only information from the ICH CAHPS Fall surveys.

**3. Under the COVID-19 ECE, do we still need to continue to report data on the MedRec measure?**

No. Facilities are excepted from reporting data on the MedRec measure from January-June 2020.

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**4. Can our facility opt out of the exception for some measures and not others?**

No. The exception does not apply to specific measures. If the facility opts out of the exception, the facility will be required meet all the measure reporting requirements.

**5. We have submitted partial data on the NHSN BSI measure for Q4 2019, but due to staffing issues, we did not report data for each month of that quarter. Does CMS accept partial reporting for Q4 2019 data?**

No. CMS will only score a facility on the NHSN BSI clinical measure for PY 2021 if the facility reports 12 months of CY 2019 data, including data from October-December 2019.

**6. NEW: For the Hypercalcemia measure, what months will be used to calculate the three-month rolling average once reporting resumes on July 1, 2020?**

September 2020 will be the first month used for calculating a three-month rolling average for purposes of scoring the Hypercalcemia measure for the PY 2022 program. The three-month rolling average for the September 2020 reporting month will be calculated using lab values reported in July 2020, August 2020 and September 2020.

**7. NEW: How will the Kt/V Dialysis Adequacy Comprehensive clinical measure be scored once reporting resumes on July 1, 2020?**

For Hemodialysis (HD) patients, the Kt/V Dialysis Adequacy Comprehensive clinical measure scores will be calculated using values reported beginning with the month of July. For Peritoneal Dialysis (PD) patients, the Kt/V Dialysis Adequacy Comprehensive clinical measure will first be calculated in October for adults using values reported in July, August, September, or October. The measure will first be calculated in December for PD pediatric patients using values reported in either July, August, September, October, November, or December.

**8. NEW: If the isolation facility drew the patient labs and dialyzed the patient, but we are the home facility, which facility should report this information? Should the patient be admitted to the isolation facility in CROWNWeb, or are these patients identified as “visiting” patients who are admitted as “transients”?**

If the isolation facility is providing services under agreement or arrangement with the patient’s home facility, we would expect that the home facility would maintains responsibility for the dialysis care and services provided to the patient as well as the billing, and as such would be

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responsible for the reporting (unless the agreement between the two facilities states otherwise). The ESRD QIP data should continue to be reported by and attributed to the home facility in CROWNWeb, as this is the facility billing Medicare. On the other hand, if the home facility has transferred the patient to the isolation facility under non-COVID transfer procedures, then the patient is no longer the home facility's patient.

### SCORE IMPACT

#### 1. How does the COVID-19 ECE for the ESRD QIP affect domain weights?

The table below summarizes how the Payment Year (PY) 2021 domain weights could be impacted if a facility does not submit 12 months of data for NHSN measures.

In PY 2021, facilities must be eligible to receive a score in at least two domains in order to receive a Total Performance Score (TPS).

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 less than 12 months of 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 summarizes how measure weights with a domain may be impacted. If a facility does not meet the eligibility requirements for a measure (or measure topic), the facility is not scored on the measure and the corresponding weight will be redistributed across the measures for which the facility receives a score.

This redistribution will occur evenly across the measures remaining in the missing measure's domain.

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In PY 2022, facilities must be eligible to receive a score in at least two domains in order to receive a Total Performance Score (TPS).

Payment Year (PY) 2022	
Measure	Weight
NHSN BSI	8%
NHSN Dialysis Event Reporting	3%
MedRec	4%
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)

In PY 2022, facilities must be eligible to receive a score in at least two domains in order to receive a TPS. If a facility is not scored on any measures (or measure topics) in a domain, then that domain's weight is redistributed evenly across the remaining domains and then evenly across the measures within those domains.

Below are two examples of how TPS is calculated when domains are missing.

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%

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## **ESRD QIP VALIDATION**

### **1. How does the COVID-19 ESRD QIP ECE impact the PY 2021 Data Validation Studies for CROWNWeb and NHSN?**

The COVID-19 ECE for the ESRD QIP impacts the PY 2021 CROWNWeb and NHSN validation studies because facilities selected to participate do not have to submit data that was requested for the first two quarters of 2019. However, facilities that opt-out of the ECE must submit the records.

## **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. The 30-day preview period is scheduled to begin July 15 and run through August 15, 2020.

### **.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 for PY 2021.

## **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 exception. Facilities may elect to opt out of the CMS-granted exception by emailing the request to the ESRD QIP at [ESRDQIP@cms.hhs.gov](mailto:ESRDQIP@cms.hhs.gov). The email must be sent by the dialysis facility's CEO or designee. We ask facilities to make this request by June 20, 2020.

## **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.

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## **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/>.

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