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September 20, 2019

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445–G
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Re: CMS-1713-P: Medicare Program; CY 2020 End -Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, proposed rule

Dear Ms. Verma:

The Association for Professionals in Infection Control and Epidemiology (APIC) is a nonprofit, multidisciplinary organization representing over 15,000 infection preventionists whose mission is to create a safer world through prevention of infection. Our comments on this proposed rule are limited to proposals related to the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). APIC wishes to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide comment. We are pleased that CMS continues to demonstrate its commitment to improving the quality of patient care and accuracy of data reporting cross the healthcare continuum.

Proposed Changes to the Scoring Methodology Previously Finalized for the PY 2022 ESRD QIP

Proposed Update to the Scoring Methodology for the National Healthcare Safety Network (NHSN) Dialysis Event Reporting Measure

APIC appreciates the recognition that to have complete NHSN data and; therefore, appropriately identified improvement opportunities and prevention strategies, all facilities should be incentivized to submit data and receive credit regardless of the number of months they have been eligible to report. We agree that there is value in receiving data from new facilities or facilities that had been granted an Extraordinary Circumstances Exemption. Basing the points awarded on the percentage of eligible months a facility reports seems equitable.

Recommendation: APIC supports the change in scoring methodology for NHSN dialysis events.



Proposed Update to the Medication Reconciliation (MedRec) Reporting Measure's Scoring Methodology

APIC is grateful that CMS is committed to ensuring the correct elements are utilized in measure calculations. We agree that medication reconciliation is a reporting measure and should be calculated like other reporting measures.

Recommendation: APIC supports the use of facility-months for the medication reconciliation measure.

Proposed Update to the Eligibility Requirements for the PY 2022 ESRD QIP

We have previously commented in support of the grace period allowed for a facility to enroll in NHSN.¹ APIC appreciates the continued attention to accurately capture dialysis event data and is pleased that CMS proposes to remove the requirement tied to the CMS Certification Number (CCN) Open Date. Removing the requirement will allow the facility to earn points once enrollment is complete and provide more timely robust data to NHSN.

Recommendation: APIC supports the removal of the CCN Open Date before October 1 requirement.

Data Validation Proposals for PY 2022 and Beyond

APIC agrees that data validation is key to accuracy and equity. We agree that a consequence for noncompliance with the validation process should be established. We support the CROWNWeb data validation policy that ten points will be deducted from a facility's Total Performance Score if the facility is selected for validation but does not submit the requested records.

We also applaud the commitment to accurate reporting and appreciate the analysis of the validation sample size conducted by the Centers for Disease Control and Prevention. We agree with using the methodology that targets 300 facilities at risk for under-reporting and requiring each facility to submit 20 records covering two quarters.

Recommendations:

- APIC supports the 10-point penalty for facilities that do not submit the required records.
- APIC supports the permanent adoption of the NHSN validation methodology.

APIC appreciates the opportunity to provide input on this proposed rule and is committed to ongoing work with CMS to ensure that patients receive the highest quality care while receiving treatment for ESRD and acute kidney injury.

Sincerely,

A handwritten signature in black ink that reads "Karen Hoffmann".

Karen Hoffmann, RN, MS, CIC, FSHEA, FAPIC
2019 APIC President



¹ Association for Professionals in Infection Control and Epidemiology. Comments in reference to CMS-1691-P: Medicare Programs; CY 2019 End -Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) and Fee Schedule Amounts, and Technical Amendments to Correct Existing Regulations Related to CBP for Certain DMEPOS. Available at: http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/CY2019_ESRD_PPS_comments_APICfinal_9_6_18.pdf Accessed September 8, 2019.