Centers for Medicare & Medicaid Services

Special Open Door Forum Webcast:

ESRD Quality Incentive Program

Reviewing Your Facility's Performance Data

CMS OPEN DOOR FORUMS 2011

OPENING DOORS since 2001

Thursday, July 14, 2011

1:00 p.m. – 3:00 p.m. EDT

Purpose of the Webcast

Purpose:
To provide an overview of the 2012 End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) and describe what to expect during the Preview Period

The Webcast will cover:

- **General program information**
- **Understanding your Performance Score Report (PSR)**
- **How to submit inquiries**
- **Activities following the Preview Period**
- **Where to go for more help and information**

General Program Information

Presenter:

Jean Moody-Williams
Director, Quality Improvement Group (QIG)
Office of Clinical Standards and Quality (OCSQ)
Centers for Medicare & Medicaid Services (CMS)

Value-Based Purchasing

- **CMS views value-based purchasing (VBP) as an important step to redesigning how healthcare and healthcare services are paid for, moving increasingly toward rewarding better value, outcomes, and innovations—instead of merely volume.**
- **CMS Administrator Dr. Don Berwick said the following about VBP:**
  - "A major, overarching theme in the Affordable Care Act is one of measurement, transparency, and altering payment to reinforce, not simply volume of services, but the quality of the effects of those services."
  - "Instead of payment that asks 'How much did you do?' the Affordable Care Act clearly moves us toward payment that asks, 'How well did you do?' and more importantly, 'How well did the patient do?'"
  - "That idea is at the heart of value-based purchasing. It is not just a CMS idea; it is one increasingly pervading the agenda of all payers."

April 11, 2011

Measures Principles

- **Public reporting and value-based payment systems should rely on a mix of standards, process, outcomes, and patient experience measures, including measures of care transitions and changes in patient functional status.**
- **Across programs, CMS seeks to move as quickly as possible to use outcome and patient experience measures. Where practicable and appropriate, outcomes and patient experience measures should be adjusted for risk or other appropriate patient population or provider characteristics.**
- **To the extent possible, and in recognizing differences in payment system maturity and statutory authorities, measures should be aligned across Medicare's and Medicaid's public reporting and payment systems.**
- **CMS seeks to evolve a core set of measures that are important to beneficiaries and appropriate to the specific provider category that reflects the level of care and the most important areas of service and measures for that provider.**

Measures Principles (cont.)

- **The collection of information should minimize the burden on providers. As part of this effort, CMS continuously seeks to align its measures with the adoption of meaningful use standards for health information technology (HIT), so the collection of performance information is part of care delivery.**
- **Measures used by CMS should be nationally endorsed by a multi-stakeholder organization, when possible.**
- **Measures should also align with best practices among other payers and the needs of the end users of those measures.**

Scoring Methodology Principles

- **Providers should be scored on their overall achievement relative to national or other appropriate benchmarks. In addition, scoring methodologies should consider improvement as an independent goal.**

- **Measures or measurement domains need not be given equal weight, but over time, scoring methodologies should be more weighted towards outcome, patient experience, and functional status measures.**

- **Scoring methodologies should be reliable, straightforward, and stable over time; they should enable consumers, providers, and payers to make meaningful distinctions among providers' performance.**

Background on the Payment Year 2012 ESRD QIP

- **Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) mandates the establishment of a QIP, which requires CMS to:**
  - Assess the quality of dialysis care by selecting quality measures, establishing performance standards and a performance period, and evaluating performance with respect to the standards.
  - Starting January 1, 2012, apply payment reductions of up to 2% for providers that do not meet standards (*based on scoring methodology published in the ESRD QIP Final Rule on January 5, 2011*).
  - Publicly report provider performance through a website and provide a Performance Score Certificate for each facility to post in their patient area.
- **The ESRD QIP is intended to complement the Prospective Payment System (PPS) by establishing a financial incentive for providing high-quality dialysis care.**

Scoring Methodology
&
Performance Score Report Overview

Presenter:

Chris Ziomek
QIP Communications
MITRE

Scoring Overview: Measures and Data

- **Quality measures for Payment Year (PY) 2012 include:**
  - **Anemia management**
    - Percent of patients whose hemoglobin level is less than 10 g/dL
    - Percent of patients whose hemoglobin level is greater than 12 g/dL
  - **Dialysis adequacy**
    - Percent of patients with a urea reduction ratio (URR) of at least 65%
- **Data used to assess provider performance comes from claims throughout calendar year 2010 (the Performance Period).**
- **Facilities with insufficient data to calculate a score (e.g., small facilities) will not receive a score for that QIP measure and are not subject to payment reductions.**

Scoring Overview: Data Exclusions

Certain classes of claims are filtered out of calculations to ensure that each facility's performance rate is valid.

A complete explanation is available in the *Guide to the Performance Score Report*. Some examples are listed below:

- **Hemodialysis adequacy measure:**
  - Peritoneal and home dialysis
  - Patients receiving dialysis more than three times per week
  - Patients in the first six months of ESRD (residual renal function)
  - Pediatric patients (under age 18)
  - Patients with fewer than four valid claims
- **Anemia management measures:**
  - Patients in the first three months of ESRD
  - Claims that do not indicate use of erythropoiesis-stimulating agents (ESA)
  - Pediatric patients (under age 18)
  - Claims with invalid clinical values
  - Patients with fewer than four valid claims

Scoring Overview: Calculating Measures Scores

- **For each measure, a facility is compared to two performance standards:**
  - The national performance rate in 2008 and
  - The facility's previous performance in 2007
- **The lesser performance standard is applied to calculate the score for the measure** (resulting in a higher score).
- **Facilities receive a score from 0-10 on each measure, based on how well they perform with respect to the standard applied:**
  - Facilities that meet or exceed the performance standard on a measure will receive 10 points.
  - For every 1% that the facility underperforms with respect to the standard, the facility loses 2 points, as illustrated in the table.

Difference between Facility Rate and Performance Standard	Points
Meets or exceeds standard	10 points
1%	8 points
2%	6 points
3%	4 points
4%	2 points
5% or more	0 points

Scoring Overview: The National Average

- **This example shows how points would be assigned using the National Average as the Performance Standard:**

Difference between Facility Rate and Performance Standard		Percent of Patients with Hemoglobin Less than 10 g/dL	Percent of Patients with Hemoglobin Greater than 12 g/dL	Percent of Patients with URR of at Least 65%
	National Average	*2%*	*26%*	*96%*
	Points	**Facility Performance Rate**		
Meets or exceeds standard	10 points	2% or less	26% or less	96% or more
1%	8 points	3%	27%	95%
2%	6 points	4%	28%	94%
3%	4 points	5%	29%	93%
4%	2 points	6%	30%	92%
5% or more	0 points	7% or more	31% or more	91% or less

Note: *For the anemia management measures, a lower rate reflects better performance; for the dialysis adequacy measure, a higher rate reflects better performance.*

Scoring Overview: Hemoglobin Less than 10 g/dL

Facility Rate Calculation for 2007		
5a	Number of patients with hemoglobin less than 10 g/dL	6
5b	Total number of patients included in calculation	145
5c	Percent of patients with hemoglobin less than 10 g/dL *Divide 5a by 5b and round*	**4%**
Performance Standard Determination		
5d	Facility comparison rate for 2007 (from 5c)	4%
5e	National average in 2008	2%
5f	Performance standard applied *Apply the lesser (worse) of 5d or 5e*	**This facility in 2007 4%**
Facility Rate Calculation for Performance Period (2010)		
5g	Number of patients with hemoglobin less than 10 g/dL	5
5h	Total number of patients included in calculation	156
5i	Percent of patients with hemoglobin less than 10 g/dL *Divide 5g by 5h and round*	**3%**
Performance Measure Score Calculation		
5j	Facility performance rate in 2010 (from 5i)	3%
5k	Performance standard (from 5f)	4%
5l	Does the facility meet or exceed the standard?	Yes
5m	Difference between facility rate and performance standard	Meets or exceeds
5n	**Performance Measure Score**	**10**

Scoring Overview: Hemoglobin Greater than 12 g/dL

Facility Rate Calculation for 2007		
6a	Number of patients with hemoglobin greater than 12 g/dL	65
6b	Total number of patients included in calculation	145
6c	Percent of patients with hemoglobin greater than 12 g/dL *Divide 6a by 6b and round*	**45%**
Performance Standard Determination		
6d	Facility comparison rate for 2007 (from 6c)	45%
6e	National average in 2008	26%
6f	Performance standard applied *Apply the lesser (worse) of 6d or 6e*	**This facility in 2007 45%**
Facility Rate Calculation for Performance Period (2010)		
6g	Number of patients with hemoglobin greater than 12 g/dL	47
6h	Total number of patients included in calculation	156
6i	Percent of patients with hemoglobin greater than 12 g/dL *Divide 6g by 6h and round*	**30%**
Performance Measure Score Calculation		
6j	Facility performance rate in 2010 (from 6i)	30%
6k	Performance standard (from 6f)	45%
6l	Does the facility meet or exceed the standard?	Yes
6m	Difference between facility rate and performance standard	Meets or exceeds
6n	**Performance Measure Score**	**10**

Scoring Overview: URR of at Least 65%

Facility Rate Calculation for 2007		
7a	Number of patients with URR of at least 65%	119
7b	Total number of patients included in calculation	121
7c	Percent of patients with URR of at least 65% *Divide 7a by 7b and round*	**98%**
Performance Standard Determination		
7d	Facility comparison rate for 2007 (from 7c)	98%
7e	National average in 2008	96%
7f	Performance standard applied *Apply the lesser (worse) of 7d or 7e*	**2008 national average 96%**
Facility Rate Calculation for Performance Period (2010)		
7g	Number of patients with URR of at least 65%	121
7h	Total number of patients included in calculation	127
7i	Percent of patients with URR of at least 65% *Divide 7g by 7h and round*	**95%**
Performance Measure Score Calculation		
7j	Facility performance rate in 2010 (from 7i)	95%
7k	Performance standard (from 7f)	96%
7l	Does the facility meet or exceed the standard?	No
7m	Difference between facility rate and performance standard	1%
7n	**Performance Measure Score**	**8**

Scoring Overview: Calculating the Total Performance Score

- **A facility's score (between 0-10) for each measure is multiplied by its relative weight.**
- **Measures are weighted as follows:**
  - Hgb < 10 g/dL = 50%
  - Hgb > 12 g/dL = 25%
  - URR ≥ 65% = 25%
- **The weighted scores are added together and multiplied by the number of measures (3) to calculate the Total Performance Score.**
- **A facility's Total Performance Score is rounded to the nearest integer and will range from 0 to 30 points.**

Total Performance Score	Payment Reduction
26 to 30	No reduction
21 to 25	0.5%
16 to 20	1.0%
11 to 15	1.5%
0 to 10	2.0%
No score calculated	No reduction

Scoring Overview: Performance Score Calculation

Patients with hemoglobin less than 10 g/dL		
8a	Performance measure score (from 5n)	10
8b	Weighted measure score (multiply by 0.5)	5.00
Patients with hemoglobin greater than 12 g/dL		
8c	Performance measure score (from 6n)	10
8d	Weighted measure score (multiply by 0.25)	2.50
Patients with URR of at least 65%		
8e	Performance measure score (from 7n)	8
8f	Weighted measure score (multiply by 0.25)	2.00
TOTAL PERFORMANCE SCORE		
8g	Sum of weighted measure scores (8b + 8d + 8f)	9.50
8h	Total Performance Score (8g multiplied by 3, rounded)	29
8i	**Payment reduction at this facility**	**No reduction**

Scoring Overview: Score Summary and Payment Reduction Percentage

- **Your facility's performance scores will be detailed in the Performance Score Report (PSR) using tables, like the ones displayed in the previous slides, and explanatory text.**
- **Near the top of the PSR, you will see a summary table like this:**

PROJECTED PAYMENT REDUCTION PERCENTAGE:	NO REDUCTION
TOTAL PERFORMANCE SCORE	
Facility Total Performance Score: 29 (out of 30)	
PERFORMANCE MEASURE SCORES	
Anemia Management Percent of patients with hemoglobin less than 10 grams per deciliter (g/dL)	**10** (out of 10)
Anemia Management Percent of patients with hemoglobin greater than 12 g/dL	**10** (out of 10)
Dialysis Adequacy Percent of patients with urea reduction ratio (URR) of at least 65%	**8** (out of 10)

Performance Score Report

- **Your PSR contains the following performance information:**
  - Your **performance rate** on each of the three PY 2012 quality measures:
    - Includes information for you to verify about the number of patients whose data was used in calculating each measure
  - An explanation of how this rate is translated into **your score (0-10)** for each measure
  - An explanation of how **your three measure scores** are weighted and translated into your Total Performance Score
  - Information regarding if and/or how Medicare payments to your facility will be affected as a result of your performance score
- **More detailed information about how the performance rates are calculated is available in the *Guide to the Performance Score Report*, which will be available on the DialysisReports.org website.**

Preview Period: Overview and Time-frame

- **CMS allows facilities to preview their ESRD QIP PY 2012 performance scores prior to publicly posting those scores.**
  - Facilities will access their Preview Performance Score Report (PSR) via the secure Dialysis Facility Reports (**DFR) website at DialysisReports.org**.

- **Preview PSRs will be posted on July 15, 2011.**
  The Preview Period ends August 15, 2011, at 5:00 p.m. (EDT).
  - During this time-frame, facilities will be able to ask clarification questions and/or submit a formal inquiry regarding how their score was calculated. All submissions will be made through **DialysisReports.org**.

Clarification Questions and Formal Inquiries

- **Clarification Questions**
  - Facilities may submit clarification questions regarding their PSR, such as questions on methodology, calculations, and process.
    - CMS highly recommends that facilities submit questions by **August 1, 2011**. This allows CMS adequate time to address all questions and allows sufficient time for a facility to draft a formal inquiry, if necessary.
- **Formal Inquiry**
  - Each facility may submit **ONE** formal inquiry at **DialysisReports.org** if they believe there is a scoring error.
  - The formal inquiry must be submitted before 5:00 p.m. (EDT) on August 15, 2011.
    - No formal inquiries will be accepted after this time.
  - Only authenticated users with permissions from the Master Account Holder (MAH) may submit questions or the formal inquiry.
  - Facilities must indicate approval of the Medical Director/Facility Administrator when submitting the formal inquiry.
- **CMS will respond to questions and formal inquiries via Arbor Research.**

Users Accounts and PSR Access

- **All facilities need to ensure they have the proper "credentials" to access the DialysisReports.org website to download and view their preview PSR.**
- **All facility passwords were reset on June 15, 2011.**
- **Facility Master Account Holders:**
  - Should have tested new passwords prior to July 15
  - Can set individual user accounts with user-specific permissions
  - Should consult the Frequently Asked Questions (FAQ) on **DialysisReports.org**
- **ESRD Networks:**
  - Were provided new passwords through facility "Master Account Holders"
  - Received detailed instructions (given to the Master Account Holder) about how to access their account and download PSRs
  - Will have access to their facilities' preview scores
  - Can assist facilities with PSR issues or questions during the Preview Period

DFR Website: System Assistance

- **Facilities may submit requests for help with log-ins, forgotten passwords, setting up user access, and other software-related problems to DialysisReports.org.**

- **Facilities unable to log into DialysisReports.org may:**
  - email support@DialysisReports.org
  - Call toll-free 877-665-1680, Mon-Fri, 9:00 a.m. – 5:00 p.m. (EDT)

DialysisReports.org Walk-through

Presenter:

Claudia Dahlerus
Project Manager
Arbor Research Collaborative for Health

DialysisReports.org Home Page

- **This website provides a general overview of the Dialysis Facility Reports website as well as methodology, Frequently Asked Questions, and contact information.**

- **The Secure Log-In icon is available on the right side of the screen (with the blue lock).**

Log-In Page

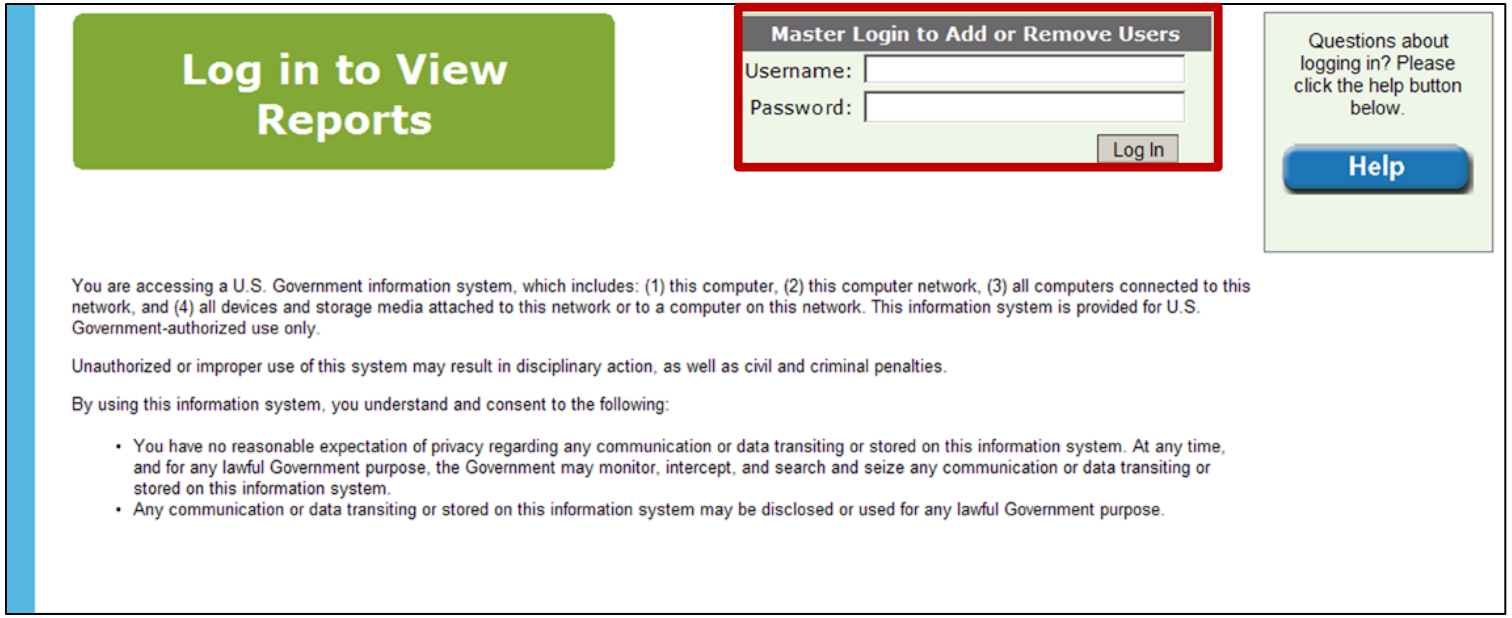
- **Once a user clicks the Secure Log-in icon, there are two options:**
  - **"Log in to View Reports"**

    or
  - **"Log in to Add or Remove Users"**
- **MAHs Click "Log in to Add or Remove Users"**

Master Account Holder Log-In

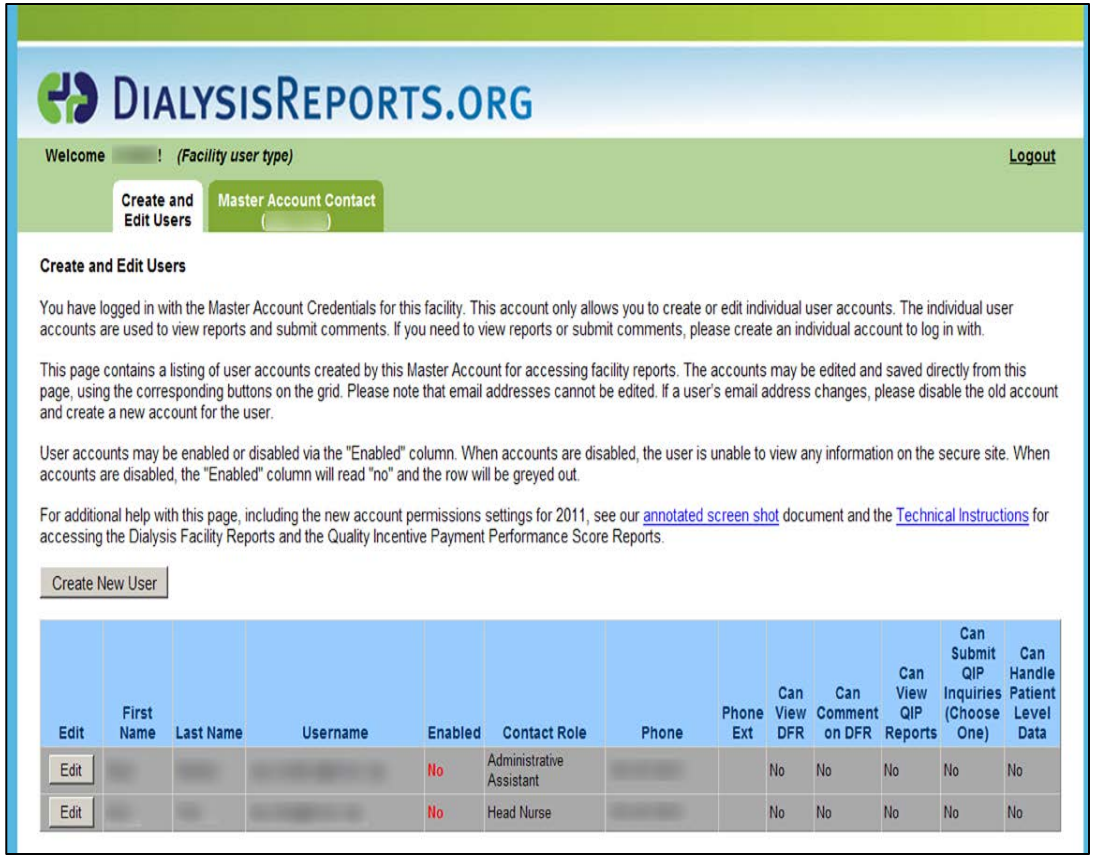
- **To log in, the Master Account Holder (MAH) should use his/her six-digit facility ID number as the Username and enter the MAH password associated with that account.**

- **Beginning June 15, MAHs needed to activate user accounts for this year's Preview period.**



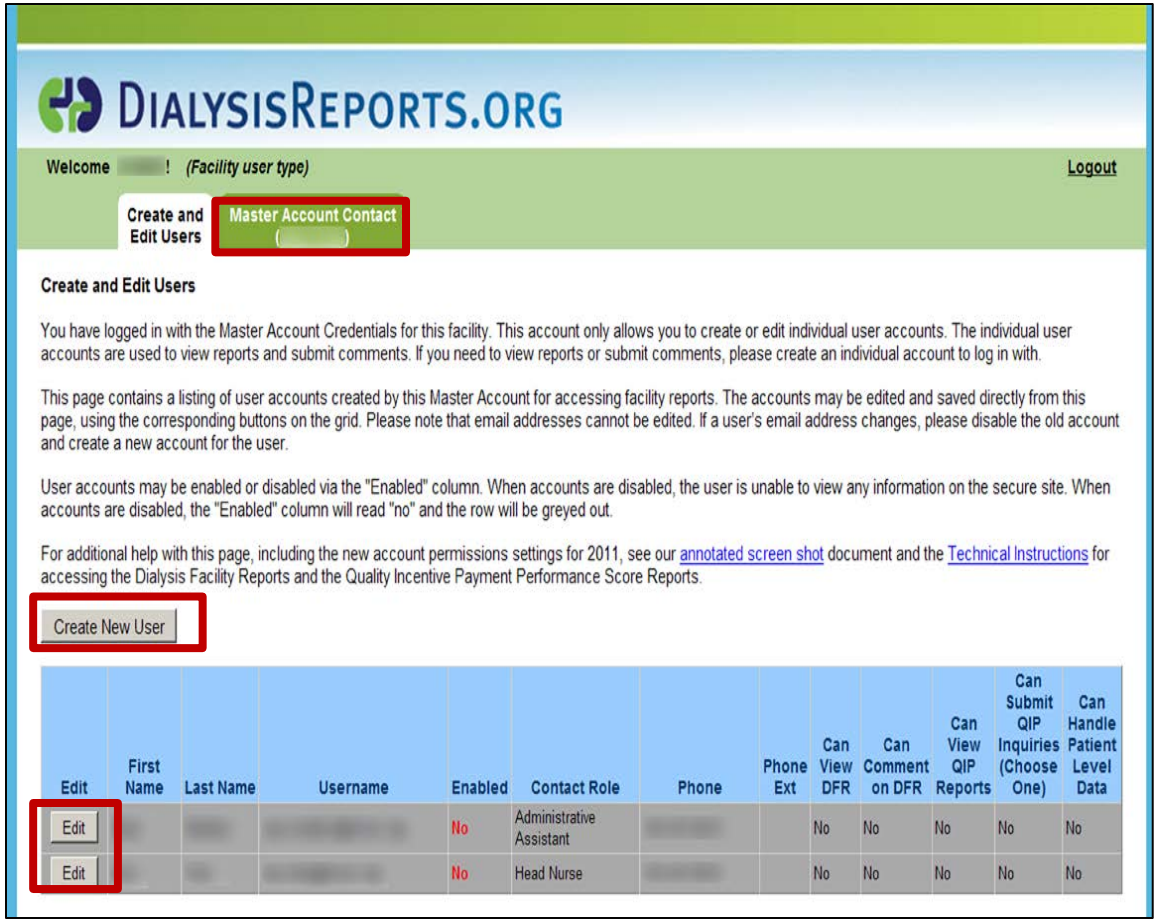
MAH Landing Page

- **Once MAHs log in to the site, they will be able to see who has accounts (enabled/not enabled).**
- **The MAH can change permission settings and provide access to DFRs and/or PSRs.**
- **It is the MAH's responsibility to make sure the appropriate users have access to their facility reports.**



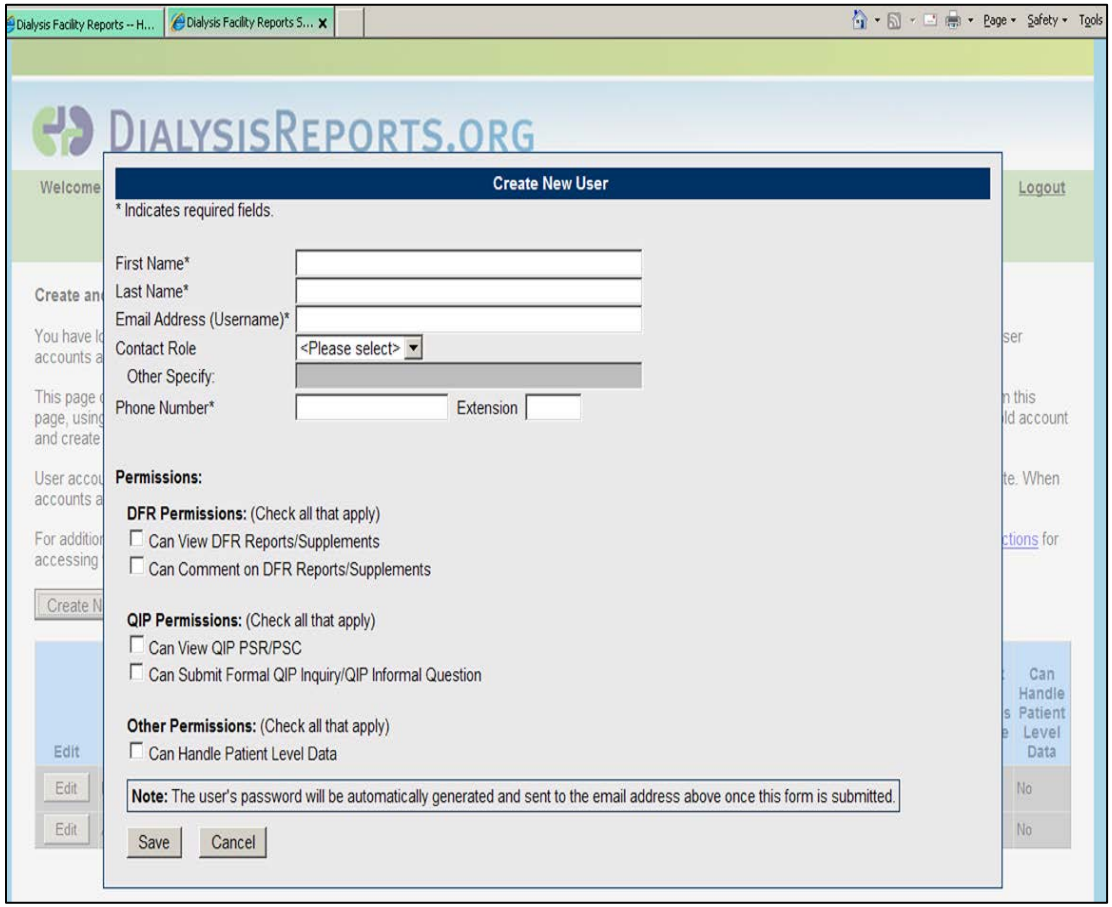
MAH – Options

- **A MAH can:**
  - **Create a new user**
  - **Edit existing users**
  - **Change the Master Account Holder contact**



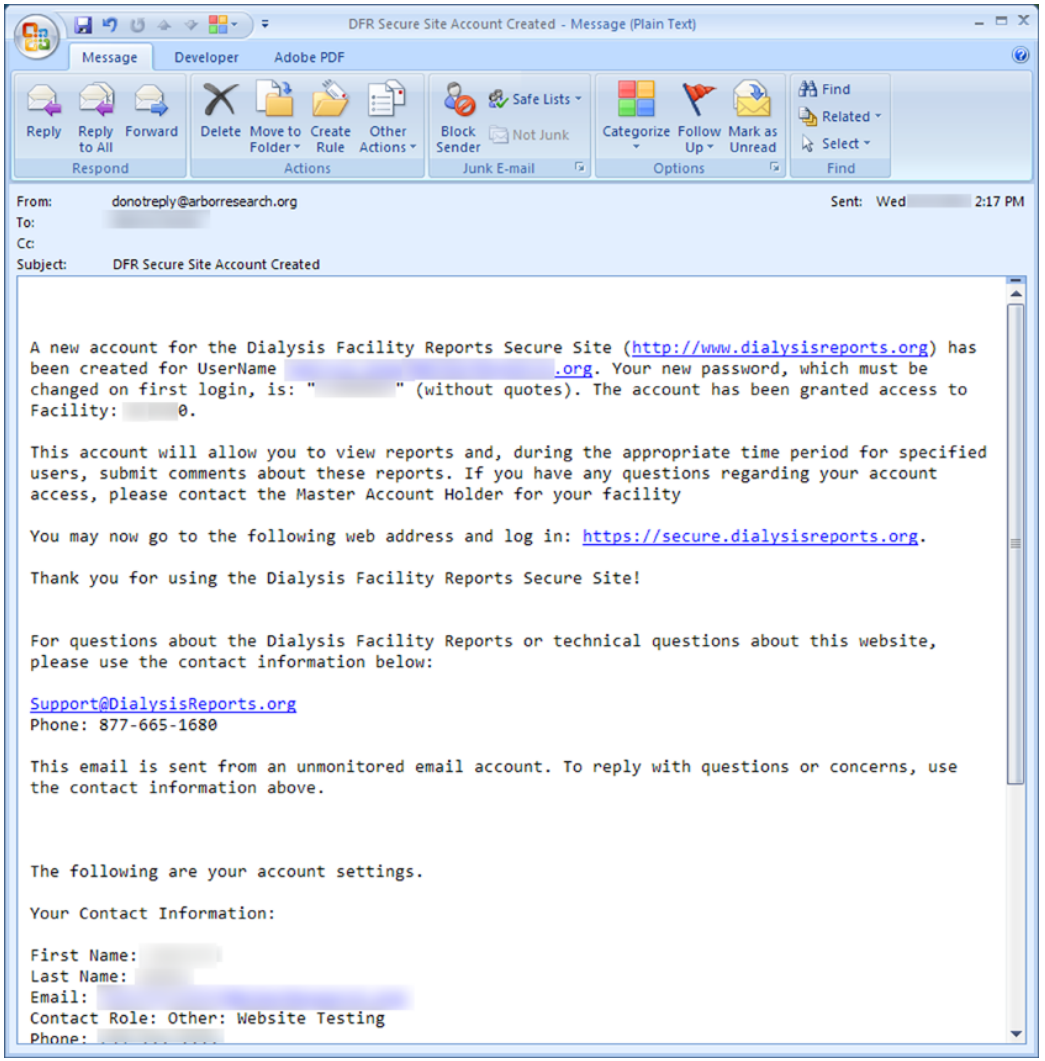
MAH – Create New User

- **To create a new user, click "Create New User," and the "Create New User" screen will appear.**
- **Enter the user's name and contact information.**
- **Change, set, or remove permissions:**
  - Can view DFR
  - Can comment on DFR
  - Can view QIP PSR/PSC
  - Can submit Formal QIP Inquiry ONLY ONE PER FACILITY
  - Can handle patient-level data
- **Click "Save" when finished filling out the information.**



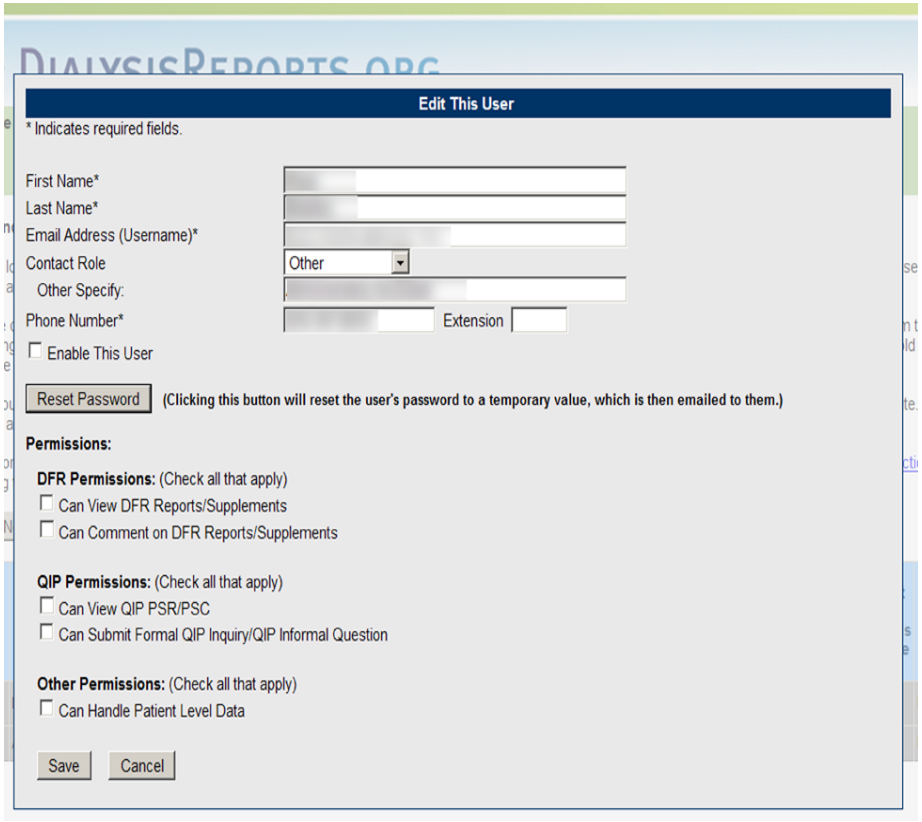
Auto-Generated Email to New User

- **After the MAH adds an individual user, that new user will receive an auto-generated email.**
- **This email will include a temporary password and log-in instructions.**



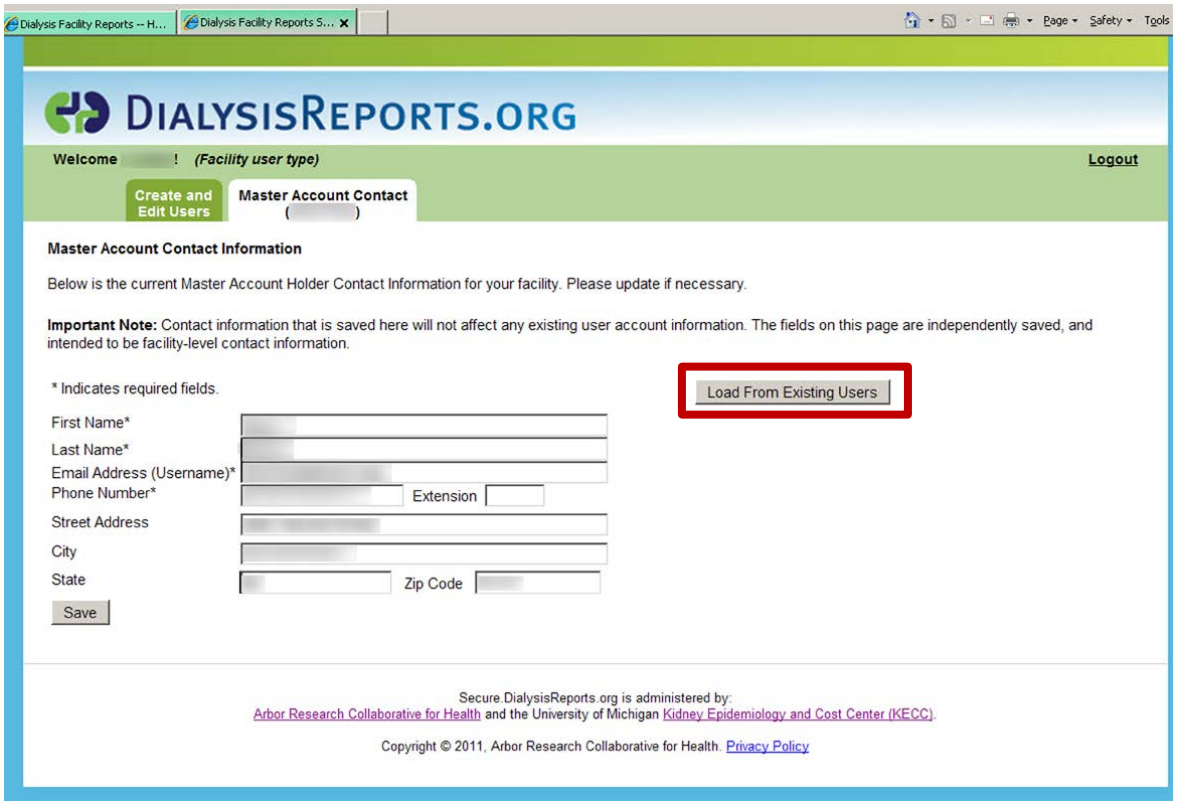
MAH – Edit User

- **The MAH can also edit individual users and change permissions at any time.**
- **From the MAH Landing Page, select the user to be edited and click the "Edit" button. The "Edit This User" box will appear.**
- **The MAH can remove permissions, add permissions, and reset individual passwords.**
- **Click "Save" when finished editing.**



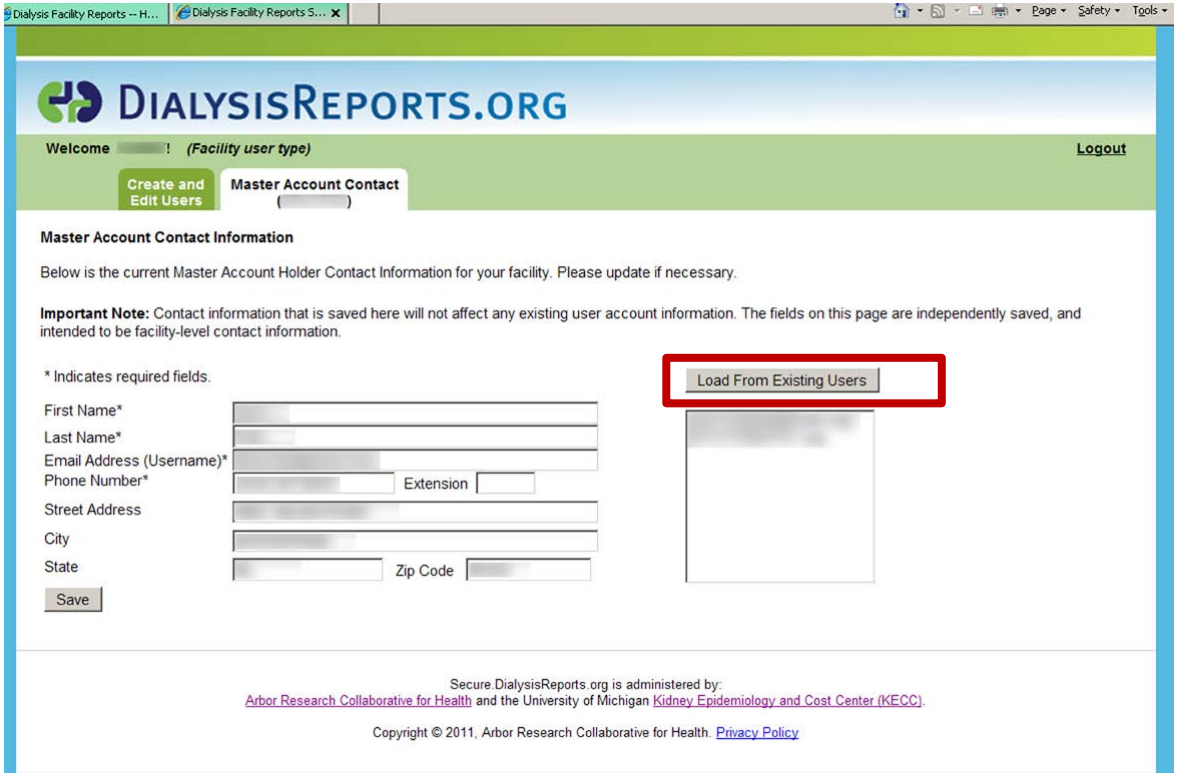
Change the MAH

- **Another user may be designated as the MAH at any time.**
- **Click the "Master Account Contact" tab, and you will see the current MAH listed.**
- **To designate an existing user as the MAH, click the "Load From Existing Users" button on the right side of the screen.**



MAH – Load From Existing Users

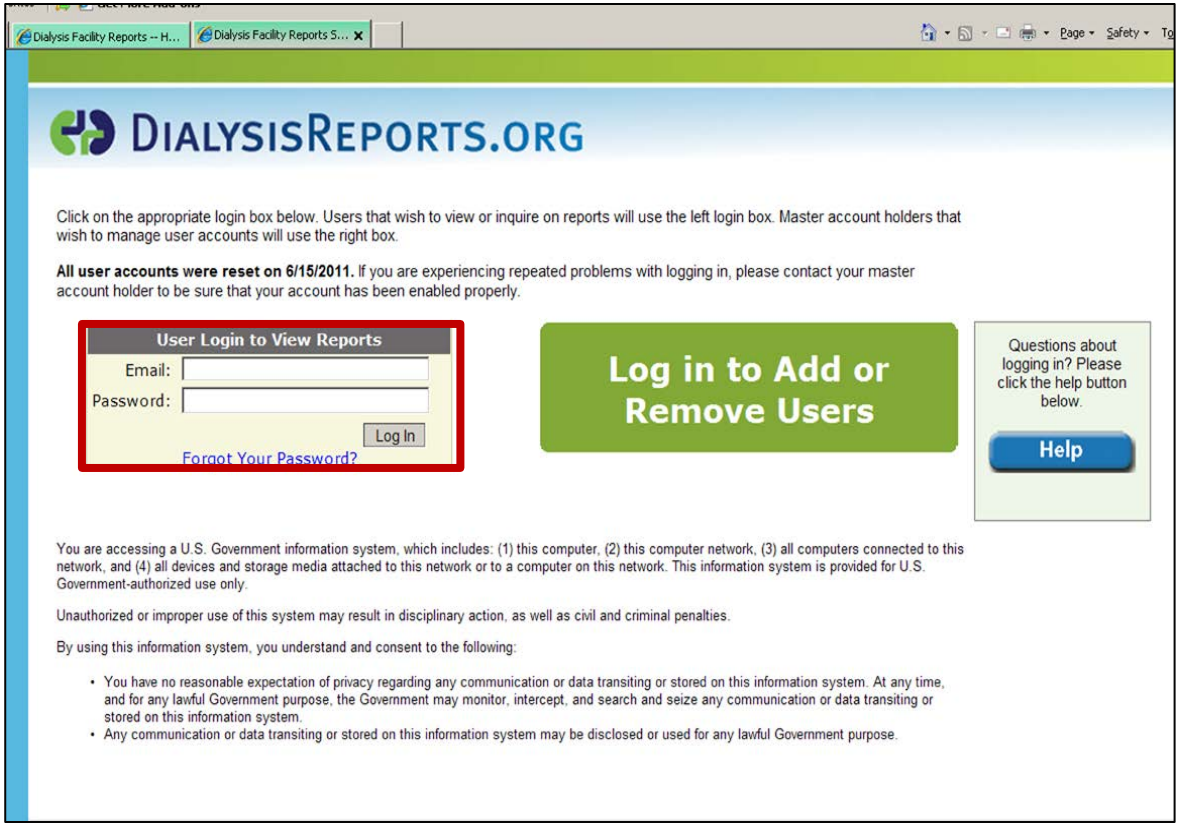
- If you click “Load from Existing Users,” a box will appear listing all current users.
- If you click an individual user listed in the drop-down menu, their information will be populated into the fields on the left.
- Click “Save” to change the MAH contact information.



- If the MAH contact does not exist as a user in the system, simply fill in the form fields manually and click “Save” when finished.

Individual Facility Users

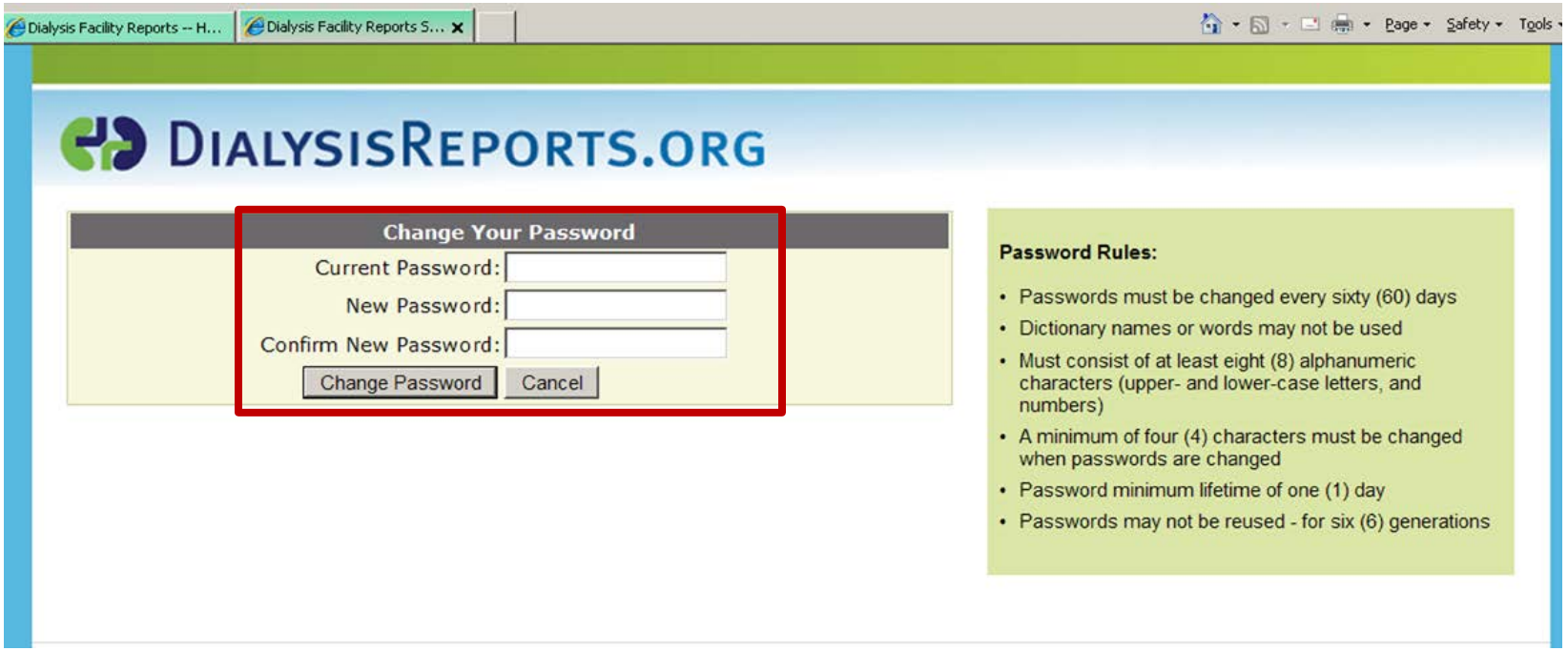
- **Click on "Log in to View Reports," and the User Log-in window appears.**
- **Note: The user must have been authorized by the MAH to be able to access the reports.**
- **Remember: Your Username is your email address.**



Change Password Tab

- When users log in to the site for the first time, they should use the password they received by auto-generated email.

- Once users have logged in to the system, they may change their password using the “Change Password” tab.



User Permissions

- **Once users log in to the site, they will only see tabs for items they are authorized to view.**

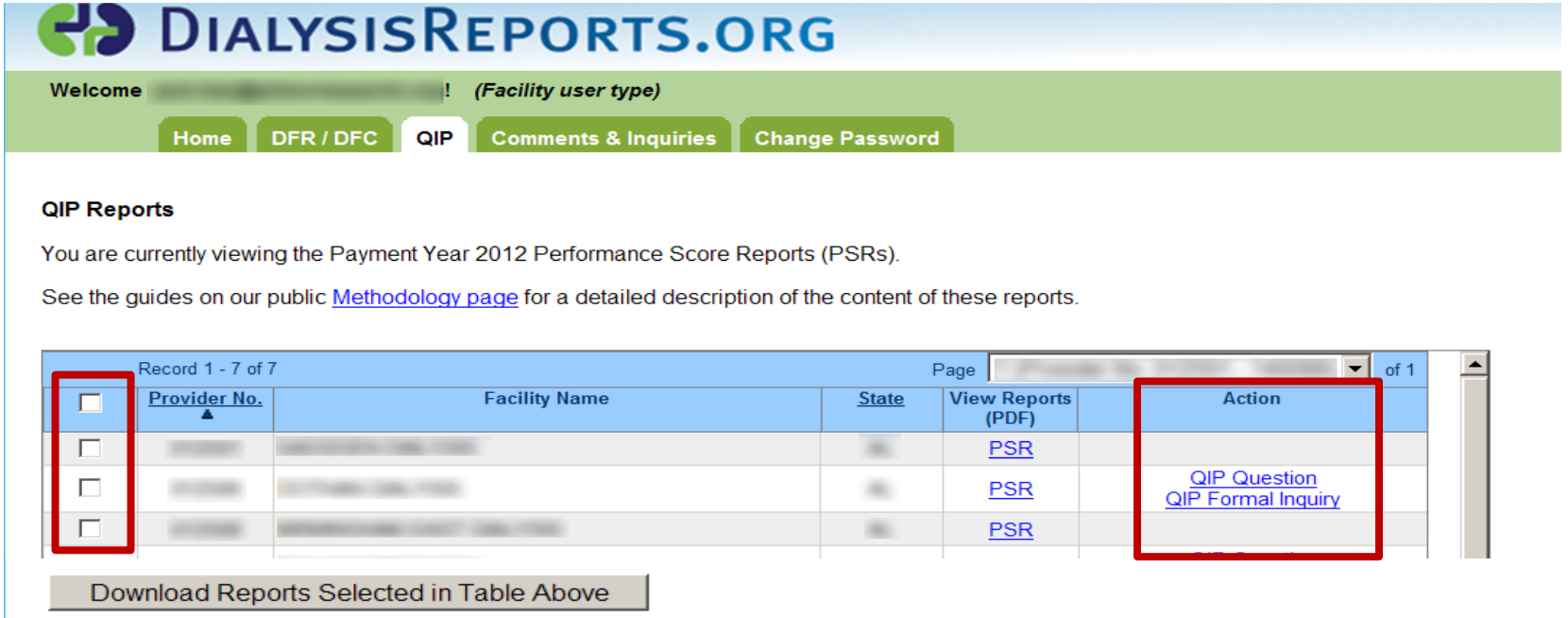
- **Depending on their permissions, users may see up to five tabs:**
  - **Home**
  - **DFR/DFC**
  - **QIP**
  - **Comments & Inquiries**
  - **Change Password**

DFR/DFC Tab

- **The DFR/DFC tab will show a table of DFRs the user is authorized to view, sorted by provider number.**
- **Users can download a report by clicking the blue text in the "View Reports (PDF)" column.**
- **There is no limit to how many reports a User can view and download, as long as the MAH for that facility has added that user and enabled their permissions to view reports.**

QIP Tab

- The QIP tab is similar to the DFR/DFC tab. Users will check the box on the left next to the provider number to download the correlating report.
- Clicking the “Download Report Selected in Table Above” will start the download process.
- Clicking within the “Action” column, will open the comment section of the website, which will be discussed later.



Comments & Inquiries Tab

- User will select from the drop down for which facility they would like to submit a question/comment or Formal Inquiry.
- After the facility is selected, a list of choices will be available:
  - Only choices that the MAH has granted the user access to will appear. If a user is not the designated “QIP Inquirer,” they will not see the option “QIP: Submit a Formal QIP Inquiry to CMS.”
- Type in question/comment, or Formal Inquiry, and click on ‘Submit’.
- If user wants a copy of the question/comment or Formal Inquiry sent to them, check the ‘Email a copy to me’ box above Submit button

Follow-on Activities and Responsibilities

Presenter(s):

Chris Ziomek
QIP Communications
MITRE
&
Tenai Cutting
QIP Communications Lead
CMS

Activities Following the Preview Period

- **CMS will review any outstanding inquiries and finalize facility performance scores and payment reduction percentages.**
  - Once scores are finalized, a Final PSR will be posted to the DFR website outlining your facility's information.
- **In December 2011, each facility's Performance Score Certificate (PSC) will be posted on the DialysisReports.org website for you to download and print.**
  - ***Note:*** *It is your responsibility to download, print, and display your PSC in a place where it is viewable to patients within five business days of the PSC being made available to you.*
- **By January 2012, performance score data will be made available to the public on the Dialysis Facility Compare (DFC) website: http://www.medicare.gov/Dialysis.**
- **Payment reductions, if applicable, are applied to dialysis services beginning January 1, 2012, and will remain in place for the duration of the year.**

Performance Score Certificate

- **It is your facility's responsibility to log in to the DialysisReports.org website to print your Performance Score Certificate:**
  - The certificate must be **displayed in a prominent patient area**.
  - The certificate must be **posted within five days** of it being made available.
- **The certificate contains the following information:**
  - **Your Total Performance Score and score on each measure**
  - **National average scores for comparison**
    - *It does not contain detailed information about how the scores were calculated.*
- **Your patients may have questions about the certificate:**
  - We recommend that you educate your staff on the performance scores so that they can answer patient questions.

Recap: Facility Responsibilities

- **Establish your account** to access the **DialysisReports.org** website.
- **Log in to the DialysisReports.org website** and review your Preview Performance Score Report to ensure you understand the report.
  - If anything is unclear to you, submit a clarification questions using the DFR website. *It is highly recommended that questions be submitted by **August 1, 2011***.
- If you believe there is an error in your score, **submit a formal inquiry** *no later than August 15, 5:00 p.m. (EDT)*.
  - If you are contacted for follow-up information, respond in a timely manner so that your inquiry can be given due consideration.
- **Download, print, and post** your Performance Score Certificate in December (from the **DialysisReports.org** website).
- **Educate your staff** about the QIP so they can answer patient questions about the publicly posted certificate.

Recap: Key Dates for Previewing Scores

- **Facilities and Networks may access their QIP Performance Score Report via the DialysisReports.org website beginning July 15.**
  - Each facility can download its preview Performance Score Report (PSR) that contains the scores for each measure, the total performance score, and information about the calculations.
- **Starting July 15 –** Facilities may pose clarification questions about methodology and other QIP issues.
  - *It is highly recommended that clarification questions be submitted by August 1, 2011 to receive a timely response*.
- **Each facility may submit only one formal inquiry regarding their scores.**
  - A formal inquiry signifies to CMS that the facility believes a scoring error has been made.
- Preview Period ends **August 15 at 5:00 p.m. (EDT)**.

Recap: Electronic Resources

- **The Centers for Medicare & Medicaid Services (CMS) website for the ESRD QIP:** http://www.cms.gov/ESRDQualityImproveInit/ (or Google “CMS + ESRD”)
  - **Includes links to:**
    - Frequently Asked Questions (FAQ)
    - Revised Conditions for ESRD Coverage
    - Dialysis Facility Compare
- **The ESRD QIP Final Rule for Payment Year (PY) 2012, published January 5, 2011,** available at http://edocket.access.gpo.gov/2011/pdf/2010-33143.pdf

Recap: Things to Remember

- **CMS strives to ensure:**
  - Better healthcare for individuals
  - Better care for populations and communities
  - Lower costs through improvement

Discussion

ESRD QIP Questions?