Purpose

To provide an overview of the Payment Year (PY) 2013 End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) and describe what to expect during the Preview Period.

This Open Door Forum (ODF) will discuss:

- General program information
- Understanding your Performance Score Report (PSR)
- How to submit formal inquiries and clarification questions
- Activities following the Preview Period
- Where to go for more help and information
ESRD QIP Overview

Presenter:

Teresa Casey
Director, Division of ESRD, Population and Community Health
Office of Clinical Standards and Quality, CMS
CMS Objectives for Value-Based Purchasing

- Identify and require reporting of evidence-based measures that promote the adoption of best practice clinical care

- Advance transparency of performance across all sites of care to drive improvement and facilitate patient decision-making around quality

- Implement and continually refine payment models that drive high standards of achievement and improvement in the quality of healthcare provision

- Stimulate the meaningful use of information technology to improve care coordination, decision support, and availability of quality improvement data

- Refine measurements and incentives to achieve healthcare equity, to eliminate healthcare disparities, and to address/reduce unintended consequences

- Paying for quality healthcare is no longer the payment system of the future; it’s the payment system of today.

- The ESRD QIP is the leading edge of payment reform and can serve as an example to the healthcare system.
The ESRD QIP is described in Section 1881(h) of the Social Security Act, as amended by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

- **Program intent:**
  - Promote patient health by encouraging renal dialysis facilities to deliver high-quality patient care

- **Section 1881(h):**
  - Authorizes payment reductions if a facility does not meet or exceed the minimum Total Performance Score as set forth by CMS
  - Allows payment reductions of up to 2%
MIPPA requires the Secretary of Health and Human Services to create an ESRD QIP that will:

- Select measures
- Establish performance standards that apply to individual measures
- Specify performance period for a given PY
- Develop methodology for assessing total performance of each facility based on performance standards with respect to measures for a performance period
- Apply an appropriate payment reduction to facilities that do not meet or exceed established total performance scores
- Publicly report results through websites and facility posting
ESRD QIP rulemaking implements Section 1881(h)

2011: CMS proposed and finalized rules for PYs 2013 and 2014

- Proposed Rule / Notice of Proposed Rulemaking (NPRM):
  - July 8, 2011 (76 FR 40517)

- Final Rule:
  - November 10, 2011 (76 FR 70228)
Scoring Methodology

Presenter:

Teresa Casey
Director, Division of ESRD, Population and Community Health
Office of Clinical Standards and Quality, CMS
PY 2013 Preview Period Timeline

- **Preview Period opens July 15, 2012**
  - Preview PSR ready for download from [DialysisReports.org](http://DialysisReports.org)
  - Submit all clarification questions and formal inquiries online
  - Recommendation: submit clarification questions by August 1
  - Responses to clarification questions help facilities determine whether a formal inquiry should be made

- **Preview Period closes August 15, 2012**
  - All clarification questions and formal inquiries must be received by 5:00 p.m. EDT
  - CMS will respond to questions and inquiries received before deadline; the responses may be delivered after the Preview Period has elapsed
Two measures continue from PY 2012:
- Hemoglobin Greater Than 12 g/dL
- Urea Reduction Ratio (URR) Greater Than or Equal to 65%

One measure retired since PY 2012:
- Hemoglobin Less Than 10 g/dL

National performance rate based on Calendar Year (CY) 2009

Facilities must earn a Total Performance Score of 30 points to avoid a payment reduction

Payment reduction levels: 1%, 1.5%, or 2%
PY 2013 Measures

- Percentage of patients with hemoglobin levels greater than 12 g/dL (Anemia Management)
  - Lower percentage indicates better care

- Percentage of patients with a URR of 65% or greater (Dialysis Adequacy)
  - Higher percentage indicates better care

- Facilities must have at least 11 patients eligible for each measure to receive a Total Performance Score
Claims will be excluded from the measure calculation if the patient:

- Is less than 18 years old as of the start date of the claim
- Is in the first 89 days of dialysis as of the start date of the claim
- Has a reported hemoglobin value (or hematocrit value divided by 3) less than 5 g/dL or greater than 20 g/dL
- Is not treated with erythropoietin-stimulating agents (ESAs) according to the claim, specifically epoetin alfa or darbepoetin alfa
- Has fewer than 4 months of eligible claims at the facility in the performance period
Claims will be excluded from the measure calculation if the patient:

- Is less than 18 years old as of the start date of the claim
- Has fewer than 7 dialysis sessions per month (HCPCS modifier = G6)
- Is in the first 182 days of ESRD as of the start date of the claim
- Is on home hemodialysis or peritoneal dialysis according to the claim
- Is on frequent hemodialysis (4 or more sessions per week)
- Has fewer than 4 months of eligible claims at a facility in the performance period
The performance period is CY 2011

Data is obtained from facility dialysis claims

One of two performance standards apply:

- The facility’s performance in CY 2007
  - or
- The national performance rate in CY 2009

The standard that yields the best score for the facility will be applied
National Performance Rates

- The CY 2009 national performance rate for the Anemia Management measure: 14%
- The CY 2009 national performance rate for the Dialysis Adequacy measure: 97%

Reference: CY 2011 ESRD Prospective Payment System (PPS) Final Rule (includes ESRD QIP PYs 2013 and 2014) – 76 FR 70228, 70261
Calculations Overview

- Facility meets or exceeds performance standard for a measure: 10 points

- Facility does not meet the performance standard for a measure: 2 points subtracted from 10 points for every 1% below the performance standard

- Total Performance Score = Sum of the Two Measure Scores x 1.5
  - Measures are weighted equally
  - Highest score is 30 points

<table>
<thead>
<tr>
<th>Difference between Facility Rate and Performance Standard</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets or exceeds standard</td>
<td>10 points</td>
</tr>
<tr>
<td>1%</td>
<td>8 points</td>
</tr>
<tr>
<td>2%</td>
<td>6 points</td>
</tr>
<tr>
<td>3%</td>
<td>4 points</td>
</tr>
<tr>
<td>4%</td>
<td>2 points</td>
</tr>
<tr>
<td>5% or more</td>
<td>0 points</td>
</tr>
</tbody>
</table>
This example shows how points would be assigned using the National Average as the Performance Standard:

<table>
<thead>
<tr>
<th>Difference between Facility Rate and Performance Standard</th>
<th>Percent of Patients with Hemoglobin Greater than 12 g/dL</th>
<th>Percent of Patients with URR Greater than or Equal to 65%</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average</td>
<td>14%</td>
<td>97%</td>
</tr>
<tr>
<td>Meets or exceeds standard</td>
<td>Points</td>
<td>Facility Performance Rate</td>
</tr>
<tr>
<td>1%</td>
<td>10 points</td>
<td>14% or less</td>
</tr>
<tr>
<td>2%</td>
<td>8 points</td>
<td>15%</td>
</tr>
<tr>
<td>3%</td>
<td>6 points</td>
<td>16%</td>
</tr>
<tr>
<td>4%</td>
<td>4 points</td>
<td>17%</td>
</tr>
<tr>
<td>5% or more</td>
<td>2 points</td>
<td>18%</td>
</tr>
</tbody>
</table>

**Note:** For the anemia management measure, a lower rate reflects better performance; for the dialysis adequacy measure, a higher rate reflects better performance.
<table>
<thead>
<tr>
<th>Facility Rate Calculation (2007) for Performance Standard Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a Number of patients with average hemoglobin greater than 12 g/dL</td>
</tr>
<tr>
<td>5b Total number of patients included in calculation</td>
</tr>
<tr>
<td>5c Percent of patients with average hemoglobin greater than 12 g/dL</td>
</tr>
<tr>
<td>Divide 5a by 5b and round</td>
</tr>
<tr>
<td>5d Facility comparison rate for 2007 (from 5c)</td>
</tr>
<tr>
<td>5e National average in 2009</td>
</tr>
<tr>
<td>5f Performance standard applied</td>
</tr>
<tr>
<td>Apply the worse of 5d or 5e</td>
</tr>
<tr>
<td>This facility in 2007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Standard Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Rate Calculation for Performance Period (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5g Number of patients with average hemoglobin greater than 12 g/dL</td>
</tr>
<tr>
<td>5h Total number of patients included in calculation</td>
</tr>
<tr>
<td>5i Percent of patients with average hemoglobin greater than 12 g/dL</td>
</tr>
<tr>
<td>Divide 5g by 5h and round</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Performance Measure Score Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5j Facility performance rate in 2011 (from 5i)</td>
</tr>
<tr>
<td>5k Performance standard (from 5f)</td>
</tr>
<tr>
<td>5l Does the facility meet or exceed the standard?</td>
</tr>
<tr>
<td>Is 5j equal to or lower (i.e., a better score) than 5k?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>5m Difference between facility rate and performance standard</td>
</tr>
<tr>
<td>Meets or exceeds</td>
</tr>
<tr>
<td>5n <strong>Performance Measure Score</strong></td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>
## Scoring Overview: URR of at Least 65%

### Facility Rate Calculation (2007) for Performance Standard Determination

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>Number of patients with URR greater than or equal to 65%</td>
<td>114</td>
</tr>
<tr>
<td>6b</td>
<td>Total number of patients included in calculation</td>
<td>121</td>
</tr>
<tr>
<td>6c</td>
<td>Percent of patients with URR greater than or equal to 65% (Divide 6a by 6b and round)</td>
<td>94%</td>
</tr>
</tbody>
</table>

### Performance Standard Determination

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6d</td>
<td>Facility comparison rate for 2007 (from 6c)</td>
<td>94%</td>
</tr>
<tr>
<td>6e</td>
<td>National average in 2009</td>
<td>97%</td>
</tr>
<tr>
<td>6f</td>
<td>Performance standard applied (Apply the lesser (worse) of 6d or 6e)</td>
<td>This facility in 2007 94%</td>
</tr>
</tbody>
</table>

### Facility Rate Calculation for Performance Period (2011)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6g</td>
<td>Number of patients with URR greater than or equal to 65%</td>
<td>130</td>
</tr>
<tr>
<td>6h</td>
<td>Total number of patients included in calculation</td>
<td>135</td>
</tr>
<tr>
<td>6i</td>
<td>Percent of patients with URR greater than or equal to 65% (Divide 6g by 6h and round)</td>
<td>96%</td>
</tr>
</tbody>
</table>

### Facility Performance Measure Score Calculation

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6j</td>
<td>Facility performance rate in 2011 (from 6i)</td>
<td>96%</td>
</tr>
<tr>
<td>6k</td>
<td>Performance standard (from 6f)</td>
<td>94%</td>
</tr>
<tr>
<td>6l</td>
<td>Does the facility meet or exceed the standard? (Is 6j equal to or higher (i.e., a better score) than 6k?)</td>
<td>Yes</td>
</tr>
<tr>
<td>6m</td>
<td>Difference between facility rate and performance standard</td>
<td>Meets or exceeds</td>
</tr>
<tr>
<td>6n</td>
<td><strong>Performance Measure Score</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>
Payment Reductions

- A facility’s Total Performance Score determines whether a payment reduction applies

<table>
<thead>
<tr>
<th>Total Performance Score</th>
<th>Percentage of Payment Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 points</td>
<td>No Reduction</td>
</tr>
<tr>
<td>26 – 29 points</td>
<td>1.0%</td>
</tr>
<tr>
<td>21 – 25 points</td>
<td>1.5%</td>
</tr>
<tr>
<td>20 points or fewer</td>
<td>2.0%</td>
</tr>
<tr>
<td>No score calculated</td>
<td>No reduction</td>
</tr>
</tbody>
</table>
### Scoring Overview: Performance Score Calculation

<table>
<thead>
<tr>
<th>Patients with Hemoglobin greater than 12 g/dL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7a Performance measure score (from 5n)</td>
<td>10</td>
</tr>
<tr>
<td>7b Weighted measure score (multiply 7a by 1.5)</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients with URR greater than or equal to 65%</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7c Performance measure score (from 6n)</td>
<td>10</td>
</tr>
<tr>
<td>7d Weighted measure score (multiply 7c by 1.5)</td>
<td>15</td>
</tr>
</tbody>
</table>

#### TOTAL PERFORMANCE SCORE

<table>
<thead>
<tr>
<th>7e Total Performance Score</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add weighted measure scores (7b + 7d) and round</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7f Payment reduction at this facility</th>
<th>No Reduction</th>
</tr>
</thead>
</table>
Performance Score Report
Overview

Presenter:
Michelle Deal
ESRD QIP Systems & Operations Lead
Division of Value, Incentives and Quality Reporting
Office of Clinical Standards and Quality, CMS
Your facility’s performance scores will be detailed in the 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:

<table>
<thead>
<tr>
<th>PERFORMANCE MEASURES</th>
<th>MEASURE SCORES</th>
<th>MEASURE WEIGHT</th>
<th>WEIGHTED ACTUAL SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia Management</td>
<td>10 (out of 10)</td>
<td>50%</td>
<td>15 (out of 15)</td>
</tr>
<tr>
<td>Percent of patients with average hemoglobin greater than 12 g/dL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis Adequacy</td>
<td>10 (out of 10)</td>
<td>50%</td>
<td>15 (out of 15)</td>
</tr>
<tr>
<td>Percent of hemodialysis patients with Urea Reduction Ratio (URR) greater than or equal to 65%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Performance Score</td>
<td></td>
<td></td>
<td>30 (out of 30)</td>
</tr>
</tbody>
</table>
Your PSR contains the following information:

- Your **performance rate in 2011** on the two PY 2013 quality measures
  - Includes information for you to review 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 two 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 Total Performance Score

Detailed information about how the performance rates were calculated is available in the *Guide to the Performance Score Report*, which will be available on [DialysisReports.org](http://DialysisReports.org)
Preview Period: Overview and Timeframe

- CMS allows facilities to preview their PY 2013 performance scores prior to publicly posting those scores.
  - Facilities will access their Preview PSR via the secure Dialysis Facility Reports (DFR) website at DialysisReports.org.

- Preview PSRs will be posted on July 15, 2012. The Preview Period ends August 15, 2012, at 5:00 p.m. (EDT).
  - During this timeframe, facilities will be able to ask clarification questions and/or submit a single formal inquiry explaining why the facility believes there was an error in calculation.
  - All submissions must be made through DialysisReports.org.
Clarification Questions

- **Purpose**: ensure that facilities completely understand how their scores were calculated

- Only authenticated users with permissions from the Master Account Holder (MAH) may submit clarification questions

- CMS will respond to formal inquiries and clarification questions via Arbor Research
Formal Inquiry

- **Purpose:** provide CMS with an explanation of why the facility believes there was an error in calculation
  - This typically occurs after submitting a clarification question and/or requesting a patient list

- Each facility may submit only ONE formal inquiry at [DialysisReports.org](http://DialysisReports.org)

- Formal inquiries must be submitted before 5:00 p.m. (EDT) on August 15, 2012

- Only the authenticated user assigned permission from the MAH may submit the formal inquiry on behalf of the facility

- Facilities must indicate approval of the Medical Director/Facility Administrator when submitting the formal inquiry

- Once a formal inquiry has been submitted, it may not be recalled
User Accounts and PSR Access

- All facilities need to ensure that they have the proper credentials to access the DialysisReports.org website in order to download and view their Preview PSR.

- All facility passwords were reset on June 15, 2012.

- Facility Master Account Holders:
  - Should test 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 the facility MAH
  - Received detailed instructions (given to the MAH) 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
Facilities may submit requests for help with log-ins, forgotten passwords, setting up user access, and other technical problems to DialysisReports.org.

Facilities unable to log in to 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
This website provides a general overview of the various reports as well as methodology, measure specifications, Frequently Asked Questions, and contact information.

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

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Dialysis Reports, State and Region Profiles, and the Quality Incentive Program.

The Dialysis Facility Reports (DFRs) and State and Region Profiles are created annually under contract to the Centers for Medicare & Medicaid Services (CMS) to provide dialysis facilities, state surveyors, and regions with valuable information on patient characteristics, treatment patterns, hospitalization, mortality, and transplantation patterns in their facilities.

The end-stage renal disease (ESRD) Quality Incentive Program (QIP) is the first Medicare program that links provider or facility payments to performance, based on outcomes assessed through specific quality measures. These measures are important indicators of patient outcomes and are at the core of medical management of ESRD patients.

What Information is Included in the DFRs?

The Dialysis Facility Reports include information about directly actionable practice patterns such as dose of dialysis, vascular access, and anemia management, as well as patient outcomes (such as mortality, hospitalization, and transplantation) that can be used to inform and motivate reviews of practices. The information in the report facilitates comparisons of facility patient characteristics, treatment patterns, and outcomes to local and national averages. Such comparisons help to evaluate patient outcomes and account for important differences in the patient mix - including age, sex, race, and patients' diabetic status - which in turn enhances each facility's understanding of the clinical experience relative to other facilities in the state, network, and nation.

What are the DFRs used for?

The reports are intended to be used by facilities in their quality improvement efforts. In addition, selected measures are publicly reported on the Dialysis Facility Compare website allowing dialysis patients to review and compare characteristics and quality information on dialysis facilities in the United States. State surveyors use data reported in the Dialysis Facility Reports to make decisions on which

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State and Region Profiles

State and Region Profiles are provided to the state survey agencies and CMS regional offices annually. They include maps and tables comparing state or region information as well as the Dialysis Facility Reports for every facility in the state or region. The State and Region Dialysis Profiles are available only to the corresponding State Survey Agency or CMS Regional Office. Authorized users can access the Profiles by logging into the secure site.

What is the Quality Incentive Program (QIP)?

The QIP is a Medicare program that links provider or facility payments to performance, based on outcomes assessed through specific quality measures. These measures are important indicators of patient outcomes and are at the core of medical management of ESRD patients.
Log-In Types

- There are two types of log-in accounts:
  - Master Account Holder
    - Create and edit user accounts specific to a facility
    - Grant permissions to user accounts
  - User account (permission-based)
    - View reports
    - Submit questions/comments and inquiries
After clicking the Secure Log-in icon, two options appear:

- View Reports
- Create/Edit Users

Log in to “Create/Edit Users” using MAH credentials

Log in to “View Reports” using User account credentials
To log in to the master account, the MAH should:

- Enter the six-digit facility ID number in the Username field.
- In the Password field, enter the master account password associated with that facility that was provided by the Network.
- Click the Log In button.

View Reports

Master Login to Add or Remove Users
Username: 123456
Password: [Field]

View Reports

Master Login to Add or Remove Users
Username: 123456
Password: [Field]

View Reports

Master Login to Add or Remove Users
Username: 123456
Password: [Field]

Questions about logging in? Please click the help button below.
Upon successful log-in to the master account, the MAH lands on the Create/Edit Users tab.

The MAH is able to view all established User accounts for a facility, including the “Enabled” status and permissions granted to each User.

It is the MAH’s responsibility to ensure that the appropriate Users have access to their facility’s reports.

Beginning June 15, all User permissions will be reset. MAHs will need to log in and enable User accounts as well as reassign permissions for this year’s Preview Period.
Within the master account, the MAH can:

- Create a new User
- Edit an existing User
- Change the MAH contact information
- Log in to view reports with a separate User account
To create a new User account, click the Create New User button. The Create New User dialog box appears.

Enter User’s name and contact information.

Check the boxes to establish the desired permissions:
- Can View DFR/DFC Reports
- Can Comment on DFR/DFC Reports and Discuss PII PHI
- Can View QIP PSR/PSC
- Can Submit Formal QIP Inquiry/QIP Informal Question and Discuss PII PHI

Click Save to add the User.

Note: Facilities of dialysis organizations with a corporate user account can follow these steps to add the corporate user account if they have not done so previously.
The MAH can edit an existing User account at any time
- This is where MAHs will reassign permissions to existing Users for this year’s Preview Period

From the Create/Edit Users tab, click the Edit button next to the desired User account in the table

The “Edit This User” dialog box appears. Here the MAH can:
- Change User contact information
- Enable/disable the account
- Reset password
- Alter account permissions

Note: Facilities that have previously added the corporate user account of their dialysis organization can follow these steps to enable the corporate user account for this year

Click Save to update the User account
The current MAH for a facility is displayed in a box in the upper right corner of the Create/Edit Users tab.

To update the MAH information:
- Click the “Edit Master Account Holder Contact Info” link
- Update the form fields
- OR
- Click the “Load From Existing Users” button and select a User from the dropdown list
- Click Save to update the MAH information
MAH – User Account Dual Log-In

- It is now possible to be logged in as one MAH and one User at the same time using the View Reports tab within the master account.

- The MAH does not need to log out of the master account in order to log into an individual User account.
Click the Log In button next to the appropriate User account from the table of Users (limited to the facility associated with the currently active master account). The “User Login to View Reports” dialog box appears.

Enter username (email address) and User account password.

Click the Log In button.

If the MAH does not find their User account in the list, return to the Create/Edit Users tab and create a new account.
After clicking the Secure Log-in icon, individual facility Users click “View Reports”

The Username is the email address used to establish the User account

The User must have been authorized by the MAH to be able to access reports
When logging into View Reports for the first time, the User will use the temporary password received in the auto-generated email received upon account creation by the MAH.

Once the User is logged in, the system will prompt the User to change their password.

Please note the Password Rules in the box on the right side of the screen.
Upon successful log-in, the User lands on the Home tab, which provides basic information on:

- Dialysis Facility Report (DFR)
- Dialysis Facility Compare (DFC) Report (new this year)
- Quality Incentive Program (QIP)
User Permissions

- Facility Users will see seven tabs:
  - Home
  - DFR
  - DFC (new)
  - QIP
  - Comments & Inquiries
  - Change Password
  - Create/Edit Users
User – View/Download Reports

- The three reports tabs (DFR, DFC, QIP) show a table of reports the User is authorized to view, sorted by provider number.

- Download a report by clicking the blue link in the “View Reports (PDF)” column.

- Users can download reports for multiple facilities at one time:
  - Using the checkboxes in the leftmost column and clicking the “Download Report Selected in Table Above” button will start the download process for multiple reports.
The DFR tab is where Users will be able to download DFRs that the User is authorized to view.

Clicking on the blue links in the “Action” column directs the User to the Comments & Inquiries tab.

- The DFC and QIP tabs also have an Action column.

If no actions appear in the Action column, contact the MAH regarding permissions.
New this year, the DFC tab shows a table of DFC Reports the User is authorized to view, sorted by provider number.

The DFC Report provides advance notice of the updated quality measures for your facility that will be reported on the DFC website in December 2012 (www.medicare.gov), previously included on Page 2 of the DFR.
The QIP tab is where Users will be able to download Performance Score Reports (PSRs) and Performance Score Certificates (PSCs) that the User is authorized to view.

- Click the Performance Score Summary (Excel) link to generate an Excel spreadsheet with data on the performance score per measure for each facility listed in the table.
  - This will generate a summary of data for all facilities that the User is authorized to view.
Similar to last year, the User selects from a dropdown list the facility for which they would like to submit a comment / question or QIP Formal Inquiry.

After the facility is selected, a list of additional options will become available:

- Options are based on permissions granted by the MAH.
For example, if the User was not granted the permission “Can Submit Formal QIP Inquiry/QIP Informal Question and Discuss PII/PHI,” they will not see the following options:

- QIP: Question/Comment about my QIP score
- QIP: Submit a Formal QIP Inquiry to CMS
- QIP: Request Patient Level Data (new this year)
After clicking on an option, the User can type the comment, question, or Formal Inquiry into the field(s) provided.

Note the timeout counter above the comment field(s). Click the “Request more time” button to reset.

To receive an email copy of the question/comment or Formal Inquiry, check the “Email a copy to me” box below the comment field(s).

Click the Submit button.

Note: Do not include Personally Identifiable Information (PII) or Protected Health Information (PHI) when submitting questions or inquiries to DialysisReports.org.
When logged in to the individual User account to view reports, Users can change their password on this tab.

Type the current password into the designated field, type in the new password, type the new password again to confirm, and click the Change Password button.

Please note the Password Rules in the box on the right side of the screen.
It is now possible to be logged in as one User and one MAH at the same time using the Create/Edit Users tab within the individual User account used to view reports.

The User does not need to log out of their individual User account in order to log into a Master Account.

MAH credentials are required.
An additional tab called Reports is now available to Network users.

The following Network-specific reports will be available to Network users on this tab:

- Dialysis Reports
- Website Account Updates
- PSR Access Report
- Certificate Access Report
- PSR/PSC Access Log

These reports will be generated using real-time data.
Follow-Up Activities and Responsibilities

Presenter:

Michelle Deal
ESRD QIP Systems & Operations Lead
Division of Value, Incentives and Quality Reporting
Office of Clinical Standards and Quality, CMS
Activities Following the Preview Period

- CMS will review any outstanding inquiries, then finalize facility Total Performance Scores and payment reduction percentages
  - Once scores are finalized, a final PSR will be posted to DFR outlining your facility’s information
  - Once issued as final, a PSR cannot be changed

- In December 2012, each facility’s Performance Score Certificate (PSC) will be posted on DialysisReports.org

- By the end of January 2013, 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, 2013 and will remain in place for the duration of the year
It is your facility’s responsibility to log on to DialysisReports.org in mid-December to print your PSC

- The certificate must be displayed in a prominent patient area
- The certificate must be posted within five business days of it being made available and remain posted throughout CY 2013

The certificate contains:

- Your Total Performance Score and score on each measure
  - It does not contain detailed information about how the scores were calculated
  - National average scores for comparison

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
Certificate of Dialysis Facility Performance

This Facility Meets 1 of 2 Quality Standards

<table>
<thead>
<tr>
<th>TOTAL PERFORMANCE SCORE</th>
<th>27 out of 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average</td>
<td>26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEASURES OF QUALITY</th>
<th>FACILITY SCORE</th>
<th>NATIONAL AVERAGE</th>
<th>MEETS STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia Management: (Shows how well a facility keeps red blood cell counts at an acceptable level)</td>
<td>10 of 10</td>
<td>8 of 10</td>
<td>Yes</td>
</tr>
<tr>
<td>Dialysis Adequacy: (Shows how well a facility cleans blood during a dialysis treatment)</td>
<td>10 of 10</td>
<td>9 of 10</td>
<td>No</td>
</tr>
<tr>
<td>Percentage of patients with hemoglobin greater than 12 g/dL</td>
<td>10 of 10</td>
<td>8 of 10</td>
<td>Yes</td>
</tr>
<tr>
<td>Percentage of patients with urea reduction ratio of at least 65%</td>
<td>8 of 10</td>
<td>9 of 10</td>
<td>No</td>
</tr>
</tbody>
</table>

Facility Name and Address

Facility Medical Director

CMS Chief Medical Officer

Director, Office of Clinical Standards and Quality

What is the purpose of the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)?

The purpose of this program is to improve patient care. When the Centers for Medicare & Medicaid Services (CMS) pays a dialysis facility for a patient's care, it expects that care to be of good quality. When a facility doesn't meet certain standards, CMS will lower that facility's payments by up to two percent for an entire year. This gives the facility a financial reason to meet CMS standards for good quality care.

How are facilities scored?

The Total Performance Score is a single number, or grade, that tells how a facility performed overall. Points are given for each measure based on how close the facility is performing compared to CMS standards, and these points are used to calculate the Total Performance Score.

Individual measure scores may not add up to the Total Performance Score. Measures are assigned levels of importance and then converted to a 0-30 point scale that determines their contribution to the Total Performance Score. The highest possible Total Performance Score is 30 points.

A facility may score less than the national average on a specific measure but still meet the standards set for that facility. This is because the facility has shown improvement compared to a previous year. Some facilities may not have enough data to calculate a specific measure score or Total Performance Score. This doesn't reflect the quality of care provided in those facilities.

Facilities that began to care for Medicare patients after the performance period won't receive a performance score, nor will they be required to post a PSC.

How can I get more information?

To learn more about the ESRD QIP and other CMS quality initiatives, please do one of the following:

- Visit the ESRD Network Coordinating Center (NCC) website at [http://www.esrdncc.org](http://www.esrdncc.org)
- Visit the Dialysis Facility Compare website at [http://www.medicare.gov/Dialysis]

NOTE: Dialysis facilities are required to post both parts of this Certificate prominently in a patient area.

This Certificate expires December 31, 2013.
Recap: Facility Responsibilities

- Establish your account to access [DialysisReports.org](http://DialysisReports.org)
- Facilities and Networks may access their Preview PSRs beginning July 15
  - Recommendation: submit clarification questions by August 1, 2012 to receive a prompt response and to have enough time to submit a formal inquiry if necessary
- If you believe there is an error in your score, submit a single formal inquiry
  - If you are contacted for follow-up information, respond in a timely manner so that your inquiry can be given due consideration
- Preview Period ends August 15 at 5:00 p.m. (EDT)
- Download, print, and post your Performance Score Certificate in December (from [DialysisReports.org](http://DialysisReports.org))
- Educate your staff about the ESRD QIP so they can answer patient questions about the publicly posted certificate
Happening during 2012:

- PY 2012 payment reductions applied
- PY 2013 Preview Period
- PY 2014 Performance Period
- PY 2015 rulemaking
  - Proposed Rule published June/July
  - Final Rule will be published by mid-November
- PY 2013 PSC
  - Available for download mid-December
  - 5 business days to print and post

PY 2013 payment reductions effective January 1, 2013
### Resources: Overview of PYs 2012, 2013, and 2014

<table>
<thead>
<tr>
<th>measures</th>
<th>PY 2012</th>
<th>PY 2013</th>
<th>PY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>measures</td>
<td>3 Total</td>
<td>2 Total</td>
<td>6 Total</td>
</tr>
<tr>
<td></td>
<td>• Hgb &gt; 12 g/dL</td>
<td>• Hgb &gt; 12 g/dL</td>
<td>• Hgb &gt; 12 g/dL</td>
</tr>
<tr>
<td></td>
<td>• Hgb &lt; 10 g/dL</td>
<td>• URR ≥ 65%</td>
<td>• URR ≥ 65%</td>
</tr>
<tr>
<td></td>
<td>• URR ≥ 65%</td>
<td></td>
<td>• VAT</td>
</tr>
<tr>
<td>performance period</td>
<td>CY 2010</td>
<td>CY 2011</td>
<td>CY 2012</td>
</tr>
<tr>
<td>baseline period</td>
<td>N/A</td>
<td>N/A</td>
<td>July 1, 2010 – June 30, 2011</td>
</tr>
<tr>
<td>performance standard</td>
<td>Lesser of the facility performance rate in CY 2007 or the national performance rate in CY 2008</td>
<td>Lesser of the facility performance rate in CY 2007 or the national performance rate in CY 2009</td>
<td>Median national performance rate</td>
</tr>
<tr>
<td>weighting</td>
<td>50% for Hgb &lt; 10 g/dL</td>
<td>50% Hgb &gt; 12 g/dL</td>
<td>Clinical Measures: 90% Reporting Measures: 10%</td>
</tr>
<tr>
<td></td>
<td>25% for Hgb &gt; 12 g/dL</td>
<td>50% for URR ≥ 65%</td>
<td>If a facility is only eligible for one type of measure, that measure(s) will comprise 100% of the TPS.</td>
</tr>
<tr>
<td>maximum TPS</td>
<td>30 Points</td>
<td>30 Points</td>
<td>100 Points</td>
</tr>
<tr>
<td>payment reductions</td>
<td>Payment reduction applied for any score less than 26</td>
<td>Payment reduction applied for any score less than 30</td>
<td>Payment reductions applied for any score less than 53</td>
</tr>
<tr>
<td>minimum score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>payment reductions</td>
<td>Sliding Scale: 0.5% – 2% if under minimum TPS</td>
<td>Sliding Scale: 1% – 2% if under minimum TPS</td>
<td>Sliding Scale: 0.5% – 2% if under minimum TPS</td>
</tr>
<tr>
<td>scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>special rule</td>
<td>Applies</td>
<td>Applies</td>
<td>Does not apply. Score for clinical measures based on the higher of an improvement or an achievement score.</td>
</tr>
<tr>
<td>achievement score</td>
<td>N/A</td>
<td>N/A</td>
<td>Applies</td>
</tr>
<tr>
<td>calculation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>improvement score</td>
<td>N/A</td>
<td>N/A</td>
<td>Applies</td>
</tr>
<tr>
<td>calculation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reporting measures</td>
<td>N/A</td>
<td>N/A</td>
<td>Reporting measures are not scored using the achievement/improvement methodology. In order to score points, facilities must complete certain requirements that vary by measure.</td>
</tr>
</tbody>
</table>
The CMS website for the ESRD QIP:
http://www.cms.gov/ESRDQualityImproveInit/ (or Google “CMS + ESRD”)
- Includes links to:
  - Frequently Asked Questions (FAQ)
  - ESRD Conditions for Coverage
  - Dialysis Facility Compare

CY 2011 ESRD PPS Final Rule (includes ESRD QIP PYs 2013 and 2014):

Anemia Management specifications:

Dialysis Adequacy Specifications:
More information about the ESRD QIP is available:

- ESRD Network Coordinating Center (NCC): http://www.esrdncc.org/
- Dialysis Facility Compare: http://www.medicare.gov/Dialysis
- Dialysis Facility Reports: http://www.DialysisReports.org
Discussion

ESRD QIP Questions?