



Department of Health and Human Services



Centers for Medicare & Medicaid Services

**Payment Year 2012
End-Stage Renal Disease
Quality Incentive Program**

Final Performance Score Report

December 15, 2011

Payment Year 2012 ESRD QIP Final Performance Score Report

SAMPLE FACILITY

CMS Certification Number: 999999

Background

The purpose of the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) is to improve patient care by setting quality of care performance standards. Facilities failing to meet the quality of care performance standards may be subject to a payment reduction of up to 2%. The ESRD QIP was established by Congress under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). The Final Rule (CMS-3206-F) outlining the program was published in the *Federal Register* on January 5, 2011.

Scoring

Your facility's **Total Performance Score is 27 points**, out of a total of 30 possible points. For the individual measures, your facility:

- Scored **8 out of 10** possible points for Hemoglobin less than 10 grams per deciliter
- Scored **10 out of 10** possible points for Hemoglobin greater than 12 grams per deciliter
- Scored **10 out of 10** possible points for Dialysis Adequacy (Urea Reduction Ratio at least 65%)

Your facility will not incur any payment reduction as a result of the ESRD QIP in 2012.

Introduction

The purpose of this document, the **Performance Score Report (PSR)**, is to provide your facility with information regarding:

- Your performance on the three quality measures during the performance period
- Your total ESRD QIP performance score and how your score was calculated
- Information regarding how Medicare payments to your facility will be affected as a result of your performance score

Key Dates

- **Scores:**
By January 2012, your **Score** and the scores of other dialysis facilities will be finalized and made available to the public on the Dialysis Facility Compare (DFC) website at: <http://www.medicare.gov/dialysis/home.asp>
- **Certificate:**
In December 2011, your **Performance Score Certificate** will be posted on <https://secure.DialysisReports.org> for you to download and post at your facility.

Important:

All facilities are required by law to print and display their Performance Score Certificate in a public area for the duration of calendar year 2012, even if the facility did not receive a total performance score.

During the month of December, be sure to log in to download and print your Performance Score Certificate, available at:

<https://secure.DialysisReports.org>

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Performance Score Overview

Your facility's performance scores are summarized below in Table 1. Information on how these scores are calculated is provided in this document. For a more detailed guide on how these scores are calculated, please see the *Guide to the PY 2012 ESRD QIP Performance Score Report* at the <http://www.DialysisReports.org> website, under the Methodology section. You may want to use this document to help answer patients' questions about your facility's Performance Score Certificate.

Table 1. Performance Score Overview

PROJECTED PAYMENT REDUCTION PERCENTAGE:		NO REDUCTION
TOTAL PERFORMANCE SCORE		
Facility Total Performance Score: 27 (out of 30)		
PERFORMANCE MEASURE SCORES		
Anemia Management		
Percent of patients with hemoglobin less than 10 grams per deciliter (g/dL)		8 (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%		10 (out of 10)

Note: The Total Performance Score is based on a *weighted average* of the measure scores:

Hemoglobin less than 10 g/dL represents 50% of the total weighted score.

Hemoglobin greater than 12 g/dL represents 25% of the total weighted score.

URR of at least 65% represents 25% of the total weighted score.

Since your Performance Measure Scores shown above have not yet been weighted, these numbers may not add up to the Total Performance Score. Please see Table 8 for details.

Facilities with Total Performance Scores less than 26 will receive a payment reduction on Medicare dialysis claims for services delivered during all of calendar year 2012 (referred to as Payment Year (PY) 2012). Table 2 shows how payment reductions are determined.

Table 2. Projected Payment Reduction Percentage*

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

← This facility

* Payment reduction percentage applies to services delivered January 1 through December 31, 2012.

Each facility name and address will be included in the certificate and must be accurate. Please review your facility's information listed below and inform us of any changes using the <https://secure.DialysisReports.org> website.

SAMPLE FACILITY
FACILITY ADDRESS
CITY, STATE ZIP CODE

CMS Certification Number (CCN): 999999

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SAMPLE FACILITY

CMS Certification Number: 999999

Summary of the Performance Scores

The tables below outline how the performance measure scores are calculated for each of the three performance measures. For the performance period (all of calendar year 2010), your facility's performance rate for each measure is calculated using this equation:

$$\frac{\text{The number of eligible patients meeting the measure specifications}}{\text{The total number of patients eligible for inclusion in QIP measure calculations}}$$

This number is expressed as a percentage rounded to the nearest whole percent.

Your facility's performance rate in 2010 is then compared to a performance standard. Each measure has two possible performance standards:

- The national average in 2008, or
- Your facility's performance in 2007

Important: Your facility performance rate is then assessed against the lesser of the two performance standards, where "lesser" indicates the weaker standard, which results in a higher score for the facility.

Facilities without sufficient data to calculate a performance rate for 2007 are assigned a 2007 rate of 100% for the anemia management measures or 0% for the dialysis adequacy measure. If the facility does have sufficient data for a 2010 performance period rate, that performance rate is guaranteed to exceed the performance standard, and the facility will receive 10 points. If the facility does NOT have sufficient data to calculate a performance rate in 2010, the performance score cannot be calculated and the facility would not receive a score for that measure.

If your facility meets or exceeds the performance standard, a score of 10 points is assigned for that measure. For every 1% that your facility underperforms with respect to the standard, 2 points are subtracted. 0 is the lowest and 10 is the highest number of points a facility can earn on any single measure, as shown in Table 3.

Please note:

For the **anemia management** measures, a *lower* percentage indicates a better performance rate.
For the **dialysis adequacy** measure, a *higher* percentage reflects a better performance rate.

Table 3. Points Facilities Earn Based on Performance Relative to the Performance Standard

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

To provide an example, Table 4 illustrates how a facility's scores would be calculated using the national average in 2008 as the performance standard.

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Table 4. Scoring Example Using National Average Performance Rates in 2008 as the 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%
Difference between Facility Rate and Performance Standard	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

For each quality measure, data are derived from claims, and only claims meeting the QIP criteria are included in the calculations. For example, the QIP does not include claims with invalid clinical values, or claims from pediatric patients. A complete explanation of the claims criteria for inclusion in ESRD QIP calculations can be found in the *Guide to the PY 2012 ESRD QIP Performance Score Report*. Facilities without sufficient data to calculate a performance measure score do not receive a score for that performance measure and are not subject to payment reductions.

Tables 5-7 show the step-by-step calculations used to determine your scores for each QIP performance measure.

Table 5. Performance Measure Score Calculation:
Patients with Hemoglobin Less than 10 g/dL

Facility Rate Calculation for 2007		
5a	Number of patients with hemoglobin less than 10 g/dL	1
5b	Total number of patients included in calculation	49
5c	Percent of patients with hemoglobin less than 10 g/dL <i>Divide 5a by 5b and round</i>	2%
Performance Standard Determination		
5d	Facility comparison rate for 2007 (from 5c)	2%
5e	National average in 2008	2%
5f	Performance standard applied <i>Apply the lesser (worse) of 5d or 5e</i>	This facility in 2007 2%
Facility Rate Calculation for Performance Period (2010)		
5g	Number of patients with hemoglobin less than 10 g/dL	1
5h	Total number of patients included in calculation	37
5i	Percent of patients with hemoglobin less than 10 g/dL <i>Divide 5g by 5h and round</i>	3%
Performance Measure Score Calculation		
5j	Facility performance rate in 2010 (from 5i)	3%
5k	Performance standard (from 5f)	2%
5l	Does the facility meet or exceed the standard?	No
5m	Difference between facility rate and performance standard	1%
5n	Performance Measure Score <i>Compare 5m to Table 3</i>	8

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**Table 6. Performance Measure Score Calculation:
Patients with Hemoglobin Greater than 12 g/dL**

Facility Rate Calculation for 2007		
6a	Number of patients with hemoglobin greater than 12 g/dL	29
6b	Total number of patients included in calculation	49
6c	Percent of patients with hemoglobin greater than 12 g/dL <i>Divide 6a by 6b and round</i>	59%
Performance Standard Determination		
6d	Facility comparison rate for 2007 (from 6c)	59%
6e	National average in 2008	26%
6f	Performance standard applied <i>Apply the lesser (worse) of 6d or 6e</i>	This facility in 2007 59%
Facility Rate Calculation for Performance Period (2010)		
6g	Number of patients with hemoglobin greater than 12 g/dL	0
6h	Total number of patients included in calculation	37
6i	Percent of patients with hemoglobin greater than 12 g/dL <i>Divide 6g by 6h and round</i>	0%
Performance Measure Score Calculation		
6j	Facility performance rate in 2010 (from 6i)	0%
6k	Performance standard (from 6f)	59%
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 <i>Compare 6m to Table 3</i>	10

**Table 7. Performance Measure Score Calculation:
Patients with URR of at Least 65%**

Facility Rate Calculation for 2007		
7a	Number of patients with URR of at least 65%	49
7b	Total number of patients included in calculation	50
7c	Percent of patients with URR of at least 65% <i>Divide 7a by 7b and round</i>	98%
Performance Standard Determination		
7d	Facility comparison rate for 2007 (from 7c)	98%
7e	National average in 2008	96%
7f	Performance standard applied <i>Apply the lesser (worse) of 7d or 7e</i>	2008 national average 96%
Facility Rate Calculation for Performance Period (2010)		
7g	Number of patients with URR of at least 65%	34
7h	Total number of patients included in calculation	35
7i	Percent of patients with URR of at least 65% <i>Divide 7g by 7h and round</i>	97%
Performance Measure Score Calculation		
7j	Facility performance rate in 2010 (from 7i)	97%
7k	Performance standard (from 7f)	96%
7l	Does the facility meet or exceed the standard?	Yes
7m	Difference between facility rate and performance standard	Meets or exceeds
7n	Performance Measure Score <i>Compare 7m to Table 3</i>	10

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Following the calculations noted above, the performance measure scores are weighted and combined to create the Total Performance Score according to these steps:

1. Each performance measure score is multiplied by its relative percentage weight:
50% (0.50) for patients with hemoglobin less than 10 g/dL
25% (0.25) each for the other two measures
2. The weighted measure scores are added together, multiplied by the number of measures (3), and rounded to the nearest whole number.

This is a facility's Total Performance Score, which can range from 0 to 30. Table 8 shows the step-by-step calculations used to determine the Total Performance Score. This total is then translated to a payment reduction percentage (or no payment reduction), as indicated in Table 2.

Please note:

Facilities without a score calculated for one or more of the performance measures will not receive a total performance score or payment reduction.

Table 8. Total Performance Score Calculation

Patients with Hemoglobin Less than 10 g/dL		
8a	Performance measure score (from 5n)	8
8b	Weighted measure score (multiply by 0.5)	4.00
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)	10
8f	Weighted measure score (multiply by 0.25)	2.50
TOTAL PERFORMANCE SCORE		
8g	Sum of weighted measure scores (8b + 8d + 8f)	9.00
8h	Total Performance Score (8g multiplied by 3, rounded)	27
8i	Payment reduction at this facility (from Table 2)	No reduction

Performance Score Certificate

In December 2011, your **Performance Score Certificate** will be posted on <https://secure.DialysisReports.org> for you to download, print, and post at your facility. All facilities must post a certificate in a public area for the duration of calendar year 2012.

Your facility is responsible for downloading, printing, and posting your Performance Score Certificate before January 1, 2012.

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Key Terms

CMS Certification Number (CCN)	A number assigned to a facility for billing and administrative purposes. Each facility has a primary CCN, but may potentially submit claims under alternate CCNs. The CCN is sometimes referred to as the billing number, provider number, or Online Survey Certification and Reporting System (OSCAR) number.
Certificate, or Performance Score Certificate (PSC)	A document produced for each facility that summarizes QIP performance information for the general public. The certificate must be posted in a location visible to the facility's patients.
Facility	An institution that provides outpatient dialysis for ESRD beneficiaries. Facilities may be independent, part of a hospital, or part of a chain.
Measure	The high-level CMS definition of how quality of care is assessed. Three measures are used for ESRD QIP PY 2012: <ul style="list-style-type: none">• <i>Anemia Management</i> – two measures:<ul style="list-style-type: none">- Hemoglobin less than 10 g/dL- Hemoglobin greater than 12 g/dL• <i>Dialysis Adequacy</i> – one measure:<ul style="list-style-type: none">- Urea Reduction Ratio (URR) – Ratio of the difference between the urea measures before and after hemodialysis
MIPPA	Medicare Improvements for Patients and Providers Act of 2008, providing the legislative mandate for the ESRD QIP.
Payment Reduction Percentage	Percent reduction applied to Medicare payments for dialysis services provided by that facility during the payment year.
Payment Year (PY)	The calendar year in which a facility's scores are publicly reported and payment reductions are applied. The performance period for which a facility is assessed occurs <i>prior to</i> the payment year.

Important Periods for each Payment Year

Performance Period: Range of time for which a facility's performance is assessed to determine their measure rates and scores. For PY 2012, the performance period is all of calendar year 2010.

National Average Performance: One of the performance standards that may be applied to a facility, this rate is derived from national data from all of calendar year 2008.

Base Utilization Period: Range of time for which a facility's performance is assessed in order to determine an alternative performance standard. For PY 2012, the base utilization period is all of calendar year 2007.

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Performance Rate	The objective evaluation of a facility's performance on a given measure, expressed as a percentage of patients.
Performance Measure Score	The value, on a scale of 0-10, that a facility earns based on how its performance rate compares to the relevant performance standard.
Performance Standard	The rate against which a facility's individual performance rate is compared. For PY 2012, there are two possible performance standards: the national average performance rate in 2008, or the facility's previous performance rate in 2007 (the base utilization year). The facility is assessed based on the lesser (worse) standard.
Preview Period	The 30-day period during which facilities may review the calculations related to their performance scores and projected payment reduction percentage and submit questions to CMS about these calculations. Facilities may submit formal inquiries to address concerns about their scores, clarification questions to better understand how their scores were calculated, or requests for technical assistance in using the website.
Total Performance Score	The aggregate, weighted score across performance measure scores. The Total Performance Score is calculated using a weighting system that reflects the facility's performance on the measures as well as a value judgment regarding the importance of each measure.