



U.S. Department of Health & Human Services



Centers for Medicare & Medicaid Services

**Payment Year 2013
End-Stage Renal Disease
Quality Incentive Program**

Preview Performance Score Report

July 15, 2012

Payment Year 2013 ESRD QIP Preview 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 performance standards for quality of care. Facilities failing to meet these 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) and is administered by the Centers for Medicare & Medicaid Services (CMS). The Final Rule outlining the program for Payment Year (PY) 2013 (CMS-1577-F) was published in the *Federal Register* on November 10, 2011.

Scoring

Your facility's **Total Performance Score is 30 points**, out of a total of 30 possible points. Your facility's performance scores are summarized in Table 1. Information on how these scores are calculated is provided later in this document. For a more detailed guide on how these scores are calculated, please view the *Guide to the PY 2013 ESRD QIP Performance Score Report*, found at <http://www.DialysisReports.org>, under the Methodology section. You may want to use this document to help answer patients' questions about your facility's Performance Score Certificate (PSC).

Table 1. Performance Score Overview

PROJECTED* PAYMENT REDUCTION PERCENTAGE:			NO REDUCTION
TOTAL PERFORMANCE SCORE			
Facility Total Performance Score: 30 (out of 30)			
PERFORMANCE MEASURES	MEASURE SCORES	MEASURE WEIGHT	WEIGHTED ACTUAL SCORES [‡]
Anemia Management Percent of patients with average hemoglobin greater than 12 g/dL	10 (out of 10)	50%	15 (out of 15)
Dialysis Adequacy Percent of hemodialysis patients with Urea Reduction Ratio (URR) greater than or equal to 65%	10 (out of 10)	50%	15 (out of 15)
Total Performance Score			30 (out of 30)

Your facility will **not incur a payment reduction** as a result of your ESRD QIP Total Performance Score in PY 2013.

*This payment reduction percentage is currently **projected** based on current scores and weighting in this report. The Preview Period is your chance to submit clarification questions, as well as **a single formal inquiry** regarding the accuracy of the score calculations for your facility.

[‡] **Note:** The two Measure Scores here were translated to a scale of 0 – 15 points by multiplying them by 1.5. Those Weighted Actual Scores were added to arrive at the Total Performance Score. See Table 7 for more details.

See Tables 5 and 6 of this document for an analysis of your facility's performance, and resultant scoring, on each of these measures.

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Introduction

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

- Your performance on the quality measures during the Performance Period;
- Information regarding the quality measures;
- Your ESRD QIP Total Performance Score, and how your score was calculated; and
- Information regarding how Medicare payments to your facility will be affected as a result of your Total Performance Score.

During the Preview Period (*July 15, 2012, through August 15, 2012*), your facility has the opportunity to preview your performance scores and communicate with CMS through the www.DialysisReports.org website. There are two types of communications you may submit.

- **Clarification Question(s):** Opportunity to ask as many questions as necessary to fully understand how your scores were calculated. For example, you might have questions about how a performance rate is calculated.
- **Formal Inquiry** (limited to one per facility): Opportunity to provide CMS with a specific explanation or evidence of why you believe there was an error with your score. A facility may only submit **one** formal inquiry during the Preview Period.

CMS will address your formal inquiry prior to finalizing your facility's performance score, finalizing your payment reduction percentage, and publishing your PSC. Use the following website to submit clarification questions and/or **one** formal inquiry: <https://secure.DialysisReports.org>

CMS recommends that you submit your clarification questions prior to August 1 to ensure you receive a response with enough time to submit a formal inquiry, if desired.

Important: Your facility has until **August 15, 2012**, to review this report and ask questions. Only clarification questions and the one formal inquiry submitted during the Preview Period will receive a response.

- **Scores:**
In the fall of 2012, your **performance rates and 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 of 2012, your PSC will be posted on <https://secure.DialysisReports.org> for you to download and post at your facility within **5** business days of the certificate being made available.

Important:

All facilities are required by law to print and display their PSC prominently in a public area for the duration of calendar year 2013, even if the facility did not receive a Total Performance Score.

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Facilities with a Total Performance Score of less than 30 will receive a payment reduction on Medicare dialysis claims for services delivered during all of calendar year 2013 (referred to as PY 2013). Table 2 shows how payment reductions are determined.

Table 2. Projected Payment Reduction Percentage*

Total Performance Score	Payment Reduction
30	No reduction
26 to 29	1.0%
21 to 25	1.5%
20 or less	2.0%
No score calculated	No reduction

← This facility

*Payment reduction percentage applies to services delivered January 1, 2013, through December 31, 2013.

Each facility name and address will be included in the certificate, and must be accurate. Please review your facility's information listed below, and if you notice any errors, please update your facility information with CMS as soon as possible. Please contact your Network for additional information and directions on how to properly update your facility's information.

SAMPLE FACILITY
FACILITY ADDRESS
CITY, STATE ZIP CODE

CMS Certification Number (CCN): 999999

Summary of the Performance Scores

The tables below outline how the performance measure scores are calculated for each of the two performance measures. For the performance period (all of calendar year 2011), your facility's performance rate for each measure is calculated using this equation:

The number of eligible patients meeting the measure specifications

Divided by (÷)

The total number of patients eligible for inclusion in the measure calculation

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

Your facility's performance rate in 2011 is then compared to a performance standard. Each measure has two possible performance standards:

- **The national average in 2009, or**
- **Your facility's performance in 2007.**

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For each quality measure, data are derived from claims, and only claims meeting the ESRD QIP criteria are included in the calculations. For example, the PY 2013 ESRD QIP does not include claims with invalid clinical values or claims from pediatric patients. The data found in the PY 2013 PSR are the most up-to-date data CMS and its contractors have available for analyses and reporting as of July 15, 2012. For a complete explanation of the claims criteria for inclusion in the ESRD QIP calculations, view the *Guide to the PY 2013 ESRD QIP Performance Score Report* at the <http://www.DialysisReports.org> website, under the Methodology section.

Determining the Performance Standard

Please note: If your facility did not have sufficient data in 2007 to calculate a performance rate, please view the *Guide to the PY 2013 ESRD QIP Performance Score Report* at <http://www.DialysisReports.org> for more information about how your facility's performance standard is determined.

Determining the standard for the Anemia Management measure

- If a facility had a performance rate in 2007 **higher** than 14%, then the facility's 2007 performance rate will be the performance standard.
- If a facility had a performance rate in 2007 **lower** than 14%, then the national average in 2009 (14%) will be the performance standard.

Determining the standard for the Dialysis Adequacy measure

- If a facility had a performance rate in 2007 **lower** than 97%, then the facility's 2007 performance rate will be the performance standard.
- If a facility had a performance rate in 2007 **higher** than 97%, then the national average in 2009 (97%) will be the performance standard.

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 applicable standard, 2 points are subtracted from the highest score of 10. Zero is the minimum and 10 is the maximum number of points a facility can earn on any single measure, as shown in Table 3.

Table 3. Measure Score a Facility Receives 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

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Scoring Example

Table 4 illustrates how a facility's scores would be calculated using the national average in 2009 as the performance standard.

Table 4. Scoring Example Using National Average Performance Rates in 2009 as the Performance Standard

		Percent of Patients with Hemoglobin Greater than 12 g/dL	Percent of Patients with URR greater than or equal to 65%
Difference between Facility Rate and Performance Standard	National Average	14%	97%
	Points	Facility Performance Rate	
Meets or exceeds standard	10 points	14% or less	97% or more
1%	8 points	15%	96%
2%	6 points	16%	95%
3%	4 points	17%	94%
4%	2 points	18%	93%
5% or more	0 points	19% or more	92% or less

Please note:

For the **Anemia Management** measure, a *lower* percentage indicates a better performance rate.
 For the **Dialysis Adequacy** measure, a *higher* percentage indicates a better performance rate.

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Tables 5 and 6 show the step-by-step calculations used to determine your facility's scores for each PY 2013 ESRD QIP measure.

**Table 5. Performance Measure Score Calculation:
Anemia Management (Patients with Hemoglobin Greater Than 12 g/dL)**

Facility Rate Calculation (2007) for Performance Standard Determination		
5a	Number of patients with average hemoglobin greater than 12 g/dL	27
5b	Total number of patients included in calculation	49
5c	Percent of patients with average hemoglobin greater than 12 g/dL <i>Divide 5a by 5b and round</i>	55%
Performance Standard Determination		
5d	Facility comparison rate for 2007 (from 5c)	55%
5e	National average in 2009	14%
5f	Performance standard applied <i>Apply the worse of 5d or 5e</i>	This facility in 2007 55%
Facility Rate Calculation for Performance Period (2011)		
5g	Number of patients with average hemoglobin greater than 12 g/dL	0
5h	Total number of patients included in calculation	34
5i	Percent of patients with average hemoglobin greater than 12 g/dL <i>Divide 5g by 5h and round</i>	0%
Facility Performance Measure Score Calculation		
5j	Facility performance rate in 2011 (from 5i)	0%
5k	Performance standard (from 5f)	55%
5l	Does the facility meet or exceed the standard? Is 5j equal to or lower (i.e., a better score) than 5k?	Yes
5m	Difference between facility rate and performance standard	Meets or exceeds
5n	Performance Measure Score <i>Compare 5m to Table 3</i>	10

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**Table 6. Performance Measure Score Calculation:
Dialysis Adequacy (URR Greater Than or Equal to 65%)**

Facility Rate Calculation (2007) for Performance Standard Determination		
6a	Number of patients with URR greater than or equal to 65%	49
6b	Total number of patients included in calculation	50
6c	Percent of patients with URR greater than or equal to 65% <i>Divide 6a by 6b and round</i>	98%
Performance Standard Determination		
6d	Facility comparison rate for 2007 (from 6c)	98%
6e	National average in 2009	97%
6f	Performance standard applied <i>Apply the lesser (worse) of 6d or 6e</i>	2009 national average 97%
Facility Rate Calculation for Performance Period (2011)		
6g	Number of patients with URR greater than or equal to 65%	31
6h	Total number of patients included in calculation	31
6i	Percent of patients with URR greater than or equal to 65% <i>Divide 6g by 6h and round</i>	100%
Facility Performance Measure Score Calculation		
6j	Facility performance rate in 2011 (from 6i)	100%
6k	Performance standard (from 6f)	97%
6l	Does the facility meet or exceed the standard? Is 6j equal to or higher (i.e., a better score) than 6k?	Yes
6m	Difference between facility rate and performance standard	Meets or exceeds
6n	Performance Measure Score <i>Compare 6m to Table 3</i>	10

After completing these calculations, the performance measure scores are weighted and combined to create the Total Performance Score according to the following steps:

1. Each performance measure score is multiplied by 1.5; and
2. The weighted measure scores are added together and rounded to the nearest whole number.

A facility's Total Performance Score can range from 0 to 30 points. Table 7 shows the step-by-step calculations used to determine your Total Performance Score. This Total Performance Score is then translated to a payment reduction percentage (or no payment reduction), as indicated in Table 2.

Please note:

Facilities must have a score calculated for both measures to receive a Total Performance Score.

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Table 7. Total Performance Score Calculation

Patients with Hemoglobin Greater than 12 g/dL		
7a	Performance measure score (from 5n)	10
7b	Weighted measure score (multiply 7a by 1.5)	15
Patients with URR greater than or equal to 65%		
7c	Performance measure score (from 6n)	10
7d	Weighted measure score (multiply 7c by 1.5)	15
TOTAL PERFORMANCE SCORE		
7e	Total Performance Score Sum of weighted measure scores (7b + 7d) and round	30
7f	Payment reduction at this facility (from Table 2)	No Reduction

For Additional Help

For additional information on this report, to ask clarification questions about how your scores were calculated, or to submit a formal inquiry for CMS to address concerns related to your score, please visit the <https://secure.DialysisReports.org> website. There you will find instructions for how to submit clarification questions and/or a formal inquiry. Only clarification questions or a formal inquiry submitted during the 30-day Preview Period will receive a response.

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Key Terms

Clarification Question(s)	An opportunity to ask questions to fully understand how your scores were calculated.
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 OSCAR number.
Facility	Medicare certified entity that provides outpatient dialysis for ESRD beneficiaries.
Formal Inquiry	An opportunity to provide CMS with a specific explanation or evidence of why you believe there was an error with your score. A facility may only submit ONE formal inquiry during the Preview Period.
Measure	The high-level CMS definition of how quality of care is assessed. Two measures are used for the PY 2013 ESRD QIP: <ul style="list-style-type: none">• <i>Anemia Management</i> : Patients with hemoglobin greater than 12 g/dL• <i>Dialysis Adequacy</i>: Patients with Urea Reduction Ratio (URR) greater than or equal to 65%
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.
OSCAR number	An Online Survey Certification and Reporting System number issued to facilities. Synonymous with CCN.
Payment Reduction Percentage	Percent reduction applied to Medicare payments for dialysis services provided by that facility during the payment year.
Payment Year (PY)	The 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 its measure rates and scores. For PY 2013, the performance period is all of calendar year 2011.

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 2009.

Base Utilization Period: Range of time for which a facility's performance is assessed in order to determine a second performance standard. As determined by the Secretary of Health & Human Services, 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 Score Certificate (PSC)	A document produced for each facility that summarizes for the general public ESRD QIP performance information. The PSC must be posted in a location visible to the facility's patients for all of calendar year 2013. Also referred to as "the certificate."
Performance Standard	The rate against which a facility's individual performance period rate is compared. Two possible performance standards may apply in PY 2013: the national average performance rate in 2009 or the facility's previous performance rate in 2007 (the base utilization year). The facility is assessed based on the standard that gives the facility a better score.
Preview Period	The 30-day period during which facilities may review calculations related to their performance scores and projected payment reduction percentage, and submit questions to CMS about these calculations. A facility may submit only one formal inquiry to address concerns about its score(s). Additionally, a facility may submit clarification questions to better understand how its score(s) were calculated, as well as requests for technical assistance in using the website.
Total Performance Score	The aggregate, weighted score of all ESRD QIP measure scores.