

Centers for Medicare & Medicaid Services
Special Open Door Forum:
End-Stage Renal Disease Quality Incentive Program
Reviewing Your Facility's Payment Year 2013 Performance Data

June 21, 2012
2:00 – 3:30 PM EDT
Conference Call Only

On June 21, 2012, the Centers for Medicare & Medicaid Services (CMS) Office of Clinical Standards and Quality (OCSQ) will host a special Open Door Forum (ODF) on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). The ESRD QIP is a pay-for-performance initiative that ties a facility's quality scores to a payment percentage reduction over the course of a payment year (PY).

This ODF will focus on the steps dialysis facilities need to take to review the data CMS will use to evaluate performance as part of the PY 2013 program.

On July 15, 2012, CMS will make available to each facility a preliminary PY 2013 Performance Score Report (PSR) that "previews" how well it scored on the quality measures CMS will use for determining any payment reductions.

CMS encourages every dialysis facility to carefully review its PSR before CMS makes the information available publicly at the end of 2012. Facilities will have from July 15, 2012 through August 15, 2012, to complete this important review.

Also during this period, facilities will have an opportunity to ask questions about how their scores were calculated, and also have the ability to submit **one** formal inquiry if they find or suspect an error in the score calculations.

After this ODF, participants should know:

- How to access and review their facility's PSR;
- How CMS calculated their facility's ESRD QIP performance score using quality data;
- What the performance score means to their facility's PY 2013 payment rates;
- When and where to ask questions regarding their PSR, including how to submit **one** formal inquiry;
- Their duty and responsibility to make ESRD QIP performance data transparent to patients; and
- Where to access help and additional information.

After CMS' presentation, participants will have an opportunity to ask questions. Power point slides for this Special ODF will be available to download at <http://www.cms.gov/ESRDQualityImproveInit/> by June 19, 2012.

We look forward to your participation and comments.

Special Open Door Forum Participation Instructions:

Dial: 1-866-501-5502 (toll free)
Reference Conference ID#: 92188526

Note: TTY Communications Relay Services are available for the Hearing Impaired.

For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

An audio recording and transcript of this Special Open Door Forum will be posted to the Special Open Door Forum website: http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp and will be accessible for downloading beginning on or around July 2, 2012 and will be available for 30 days.

Audio File for Transcript:

<http://downloads.cms.gov/media/audio/062112SODFESRDAltyIncentivePrg92188526.mp3>

CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: Matthew Brown
June 21, 2012
2:00 p.m. ET

Operator: Good afternoon. My name is (Kyle) and I will be your operator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services' "End-Stage Renal Disease Quality Incentive Program: Reviewing Your Facility's Payment Year 2013 Performance Status" special Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Mr. Brown, you may begin your conference.

Matthew Brown: Thank you, (Kyle). Good afternoon and good morning to those on the West Coast. My name is Matthew Brown with the Office of Public Engagement here at CMS and I will be moderating this call.

This special Open Door Forum will focus on the steps dialysis facilities need to take to review the data CMS will use to evaluate performance as part of payment in year 2013 program. Hopefully, you have the slides in front of you that may be accessed on our cms.gov Web site, the Open Door Forum page and actually the ESRD Open Door Forum page. So again, hopefully you have that in front of you.

With that, I will turn the call over to Teresa Casey with our Office of Clinical Standards and Quality.

Teresa?

Teresa Casey: Thank you very much. Hello and welcome to the call. Presenting along with me today will be Jean Moody-Williams, the director of the Quality Improvement Group; Jordan VanLare, he was the adviser to the Value-Based Purchasing Program; and Claudia Dahlerus of Arbor Research as well as Michelle Deal of CMS.

We're going to go over a prepared PowerPoint presentation with you. I'm very much hoping that you have opened that and have that in front of you. It will be very helpful to you throughout the call. After we complete the presentation, we will open up the lines for questions. And so please hold your questions to the end.

I'd like to emphasize just a couple of points. Today, we are focused specifically on the Quality Incentive Program payment year 2013 preview period. We're not going to be addressing issues associated with rulemaking although we will be putting out the next rule very shortly, but there will be another open door to learn about that. And with that, I'd like to go ahead and turn things over to Jean Moody-Williams.

Jean Moody-Williams: Thanks, Teresa. Thanks to everyone for joining us.

I'd like to really emphasize the importance of the preview period as very exciting as we enter into the second payment year. We learned a lot during the first payment year and one of the things that we learned was the importance of the preview period. And so we encourage you to go in and look at the information that's there even if there's someone else and perhaps your (parent) office or other offices that might be reviewing it, it's good for you to look at it as well to be familiar with it and I think that will help inform some you know that you know what to expect as well as some of the questions that we subsequently get after the preview period is complete.

So today, we're going to spend some time taking about the period, why it's important, and the steps you'll need to take to be successful during that period. We will discuss your opportunities to preview the scores as the two main types of questions that your facility can submit to CMS during that preview period.

We want you to be familiar with some of the time constraints that are involved. There are deadlines and we want to make sure that we have the opportunity to answer your inquiries, but we would like for you to be aware of when those deadlines will occur so that you don't miss that chance. And for those of you who may be a little unfamiliar, we will provide a brief overview of the ESRD Quality Incentive Program and Value-Based Purchasing at CMS. As a matter of fact, we're going to start with that and I'm going to turn to Jordan VanLare who will lead us to that discussion.

Jordan VanLare: Great. Thank you so much, Jean. And thank you to everyone on the line both for joining today to talk about the program year 2013 preview period and also for all of the work that you do on the ground to make sure that high-quality care is delivered to ESRD patients. I know that that's why everyone around the table here at CMS is here and we appreciate all that you do in that front as well.

So as most of you know the ESRD QIP was actually the first program from CMS that was able to link performance to payment at a national scale. And

we've all been on a journey over the course of the past several years by which we've been transitioning from a purely volume-based payment system to one that is more based on the quality of services delivered both through the bundle payment effort as well as through the ESRD QIP, which helps us use the purchasing power that we have as the largest payor for ESRD. And more broadly, in the nation to make sure that we can help facilitate quality improvements for ESRD patients and also make sure that we're holding a high standard of care for Medicare beneficiaries.

Moving forward to slide 4, these are the objectives that CMS has for value-based purchasing. And we've shared this with this group in the past as well, so you may recognize them. But what I want to make sure that we emphasize is that CMS and HHS have participated in developing a national quality strategy, which extend beyond just the federal government and has tolled in provider organizations, patient organizations as well as other payors to align on what is that most important for us to deliver from a quality-improvement perspective to Americans.

And the three goals that were aligned on in that strategy were delivering better health care for individuals, better care for populations and communities of which obviously in this context the ESRD community is the critical one, and also achieving lower costs through quality improvement and patient's safety. And in the context of value-based purchasing of which the Quality Incentive Program is one of the several programs CMS is working on now in addition to value-based purchasing in the context of the acute care hospitals as well as the physician value modifier program, which in the future will affect Part-B payments to physicians. This is the way that we are able to link those objectives through to the payments that we provide to dialysis facilities.

The next few slides starting with page 5, I'm going talk about some of the legislative drivers for the ESRD QIP program. The ESRD QIP is described in Section 1881(h) of the Social Security Act and was amended by Section 153(c) of the Medicare Improvements for Patients and Providers Act, which we fondly refer to as MIPPA. And in alignment with the national quality strategy, this program really foreshadowed what was coming by promoting

patient's health in context with ESRD by linking the quality of services delivered to facilities with that facility's payment.

And in order to do that with CMS has the authority to do is to reduce payments through dialysis facility by up to 2 percent depending on how well they perform. And of course, I want to emphasize here as all you know and we'll see as you look at your previews, their performance is not just the ability to attain a high level of quality. That's critical, but also this is a quality improvement program and so we reward providers who are able to improve the quality of care delivered just as we do to those who achieve a high standard of care.

On page 6, this is an overview of MIPPA more broadly and the authority that the Secretary was provided under MIPPA. The key elements of this program that you see in our rules are the selection of quality measures. We had a stronger set of measures each year and we look forward to engaging with all of you on the new proposed measures that are coming up pretty soon in the national proposed rulemaking.

We also set the performance standards and performance period for each program so that you understand the period and when, which you're going to be measured, as well as developing the broader methodology for how that performance is going to translate into a performance score and payment.

Also a very important part of this program which is beginning with these preview reports to all of you but its transparency. Transparency not just from the perspective of public reporting which is critical and as all of you know and we get comments from patients quite frequently seeing the facility report cards in the facilities. I actually visited a few facilities myself intentionally to go see how they were displaying their report cards. And it's really great to see this happening at a national level. And you know a number of providers – many providers actually should be very proud of the performance that they have and the ability to display that.

But this interim process here with all of you as providers is really a critical part of transparency as well, so that you can see how you're performing and engage in the opportunities that you may have to improve.

On page 7, this is a little bit of a review of what has happened and what is to come. So we have rulemaking cycle here at CMS whereby, we have a proposal and then based on public comments from all of you we then finalized the proposals. So in 2011 last year, we proposed and finalized the program year 2013 and that is what we're going to be talking about today. We also proposed and finalized rule for the 2014 program.

What you have to look forward to in 2012 is going to be the proposal for the 2015 program. And I mentioned that now not because it's an explicit focus of this conversation, but it is – if you look at these previous program years, there was actually quite a bit of shift from where we had started to where we finalized. And it was – it was a shift that was beneficial hopefully to all of you as providers but also to the patients who are affected by this program.

CMS really values the input that you all provide on the proposed rules. And we encourage all of you to take a look at the rule that's going to come out and provide comments so that we can make sure that this program is effective to facilitating quality improvement.

So with that, I'm going to turn it back over to Teresa to talk about scoring methodology. And again, thank you to all of you for all of the work that you do on behalf of beneficiaries.

Teresa Casey: Thank you very much, Jordan.

And if I could just tack one to slide 7, I would ask you to look for the next proposed rule in the next week or so is coming up. When we say shortly that's very shortly. We are planning to hold an additional open door forum on July 19th to walk through the content of that proposed rule and so I'm hopeful that you will be able to join us for that open door.

Moving forward to slide 8, I'm going to walk you through the QIP parameters for the second year or payment year 2013 of the QIP. I'm going to just very

quickly walk you through the measures, the scoring and calculations in order to remind you of the context under which you're going to be looking at your performance scores during this upcoming preview period.

Now let me just pause for a moment here on slide 9, because this really displays the primary message of today's session. We want to make sure that facilities are very much aware of the timing of the preview period that it will open on July 15th. There are a number of activities that you will likely want to undertake starting on July 15th that we are going to be walking through in more detail later in the presentation and to make sure that you see that the preview period closes August 15th.

And I want to highlight the last bullet on that slide. CMS will respond to those questions and inquiries that are received before the submission deadline of August 15th, 5:00. Please make sure that you make your submissions by that deadline. It is possible and even likely that the responses back from CMS will be delivered after the preview period has elapsed. And we'll talk a little bit more of the timing of the certification questions as well as the inquiries to kind of help you think through the steps that you need to take.

So let's look at slide 10, which provides a snapshot of payment year 2013 of the Quality Incentive Program. Two measures were continued from year one into year two. There are measures of hemoglobin greater than 12 as well as the dialysis adequacy measured urea reduction ratio. One measure was removed going from the first year to the second year and that was the hemoglobin less than 10 measure. And it was removed due to CMS reassessment of the evidence and also due to the June 2011 FDA-ESA label change.

The national performance rate or standard for payment year 2013 is calendar year 2009 and I'll explain what that means in just a minute. The facility performance period is calendar year 2011. Facilities must earn a total performance score of 30 points in order to avoid the payment reduction and then we list the payment reduction levels here at the bottom; 1 percent, 1.5 percent or 2 percent.

Let's look at the measures, slide 11. Again, we have the hemoglobin or anemia management measure is the percentage of patients with a mean hemoglobin level greater than 12 grams per deciliter. And for this measure, we're looking for lower percentages where the target is the lower percentage. We are aiming for fewer patients with the hemoglobin greater than 12.

The second measure is hemodialysis adequacy measure, percentage of patients with a median URR of 65 percent or greater. And here our target is the higher percentage. We're aiming for more patients with the URR greater than 65.

Facilities must have at least cases or 11 patients eligible for each measure in order to receive a total performance score. Otherwise, the facility is excluded from the Quality Incentive Program for payment year 2013 and would not incur any payment reduction. Also peritoneal dialysis-only facilities are excluded and accordingly would not be subject to payment reduction.

On slide 12, we provide the exclusion criteria for the anemia management measure; patients who are less than 18 years old as of the start date of the claim are excluded since the patient has had ESRD or had been on dialysis for less than 90 days, they are excluded. If they have a reported hemoglobin or hematocrit level that is outside of the feasible range that case is excluded. If the patient is not treated with erythropoietin-stimulating agents, they are excluded. And if they have fewer than four months of eligible claim at the facility in that performance period, they are excluded.

And let me just remind you that the measure specifications are on the Web. You can go to DialysisReports.org that I know we have the provided resources in different points in time. And I just want to remind you that there specification documents posted to the Web.

Slide 13, the hemodialysis adequacy measure exclusions are listed here on the slide. I think that they are pretty self explanatory and I'm going to go ahead and move on to slide 14.

For payment year 2013, the performance period is calendar year 2011. This is the time period during which the facility performance is measured. Data is obtained from facility claims; this data is already on the claim. There wasn't

something new or different. It is data that has been reported for quite some time now.

The facility has two opportunities to capture points. There are two performance standards and they are applicable to each of the measure, such that the facility's performance rate for calendar year 2011 would be compared to the facility's own performance in calendar year 2007. Or the facility's performance during calendar year 2011 is compared to the national performance rate or the national average that is computed using 2009 data.

Whichever standard presents the lesser standard or the lower bar is applied such that the facility has the benefit of having to meet the lesser standard as we calculate performance rates and scores. So if the facility performance in 2011 is the same or better than their own performance rate during 2007, the facility would receive full points and this would have to be you know done for each measure.

Let's look at the national standard. Again, this is the national average during 2009 for the anemia management measure of the national standard was at 14 percent. And for URR, the national standard was at 97 percent. These two percentages were provided to you in the final rule. And that rule is referenced in the last bullet on this slide.

And so again, if the facility meets or exceeds this rate, it would be awarded full points and avoid the payment reductions. If the facility does not meet, whichever lesser standard is applied, two points are subtracted for every percentage point by which the facility falls short. And there's a little table here on slide 16 that displays how this work.

In computing the total performance score, the measures are weighted equally. Now I should point out that we weight them such that the total score – the total possible score is 30 points. So each measure is weighted 150 percent, the highest attainable score being 30 points. And we had used the 30-point scale in 2012, the first year of the QIP, and we are continuing to do so for the second year.

Slide 17. We have an example here to show very clearly how the points would be assigned if we were comparing the facility performance to the national standard or the national average. So again, we see for the hemoglobin measure the national standard or average is 14 percent while for URR it is 97 percent.

Now let me just point out again that you know directionality is important such that for the hemoglobin measure a lower percentage is better whereas for the URR measure a higher percentage is better. So you see that as you look to the table such that if the facility met the standard – met or exceeded the standard, they would be awarded 10 points. And if you follow down, you'd see if the facility fell short of the standard by 1 percentage, 2 points would be subtracted and the facility would be awarded 8 points. And you can follow the table down to see how the points work.

Now let's look at slide 18 and kind of put it together. The top portion of the table is used to determine which standards should be applied. So if we look at 5a that is the numerator of the facility's performance – the facility's own performance in 2007; 5b shows you the denominator or the number of patients eligible to be included in that measure. So when you come up with the percent, you see that in 2007 the facility performed at the rate of 22 percent.

Dropping down, we see on line 5e, the national average or the national standard is listed at 14 percent. So we do the comparison to see which is the lesser standard that we should apply to this facility. In this case, 22 percent is the lesser standard and that is the number that we would use.

Moving down to 5g, we want to calculate the performance rate during the performance period, which is calendar year 2011 and so line 5g is your numerator; 5h is your denominator. So we arrived at a performance rate for hemoglobin greater than 12 or 13 percent. The facility performed better in 2011 as compared to the 2007 rate and so they would be awarded the full point. And the question is listed there for you at 5l.

Moving to do that same sort of calculation on slide 19 for the URR, we have the same scenario. At the top of the table, we see the numerator and

denominator as well as the percent for that facility's performance during 2007. We also drop down then to look at the national average in 2009, which was 97 percent. So we compare those two possible standards and we use the lesser standard for our comparison.

So we drop down again to look at the facility's performance rate during 2011. We have a numerator of 130 with the denominator of 135. So the facility's performance is 96 percent and then dropping down further we compare the 96 percent from calendar year 2011 to the standard that we are using from 2007 and see that the facility exceeded the standards. So again, here's the question 6l, does the facility meet or exceed the standard? Yes. In that case, the facility is awarded 10 points.

Now, the next step in the calculation is to weight the measures such that each of those points are multiplied by 150 percent. Again, the highest achievable score would be 30 points.

If you look at slide 20, you can match the points to the level of payment reduction or not such that if the facility scored 30 points, there would be no payment reduction. If the facility scored between 26 and 29 points, there's 1 percent payment reduction and so on.

So if we continue with that example, on slide 21, for the hemoglobin measure the facility scored 10 points which multiple that 10 to 150 to get the 15 points. And then same thing goes for the URR measure, they scored 10 points then multiple by 150 percent. This particular facility was awarded 30 points.

Now that's sort of you can see the thinking and (inaudible) how the numbers are calculated. Now, Michelle Deal is going to talk with you about your performance score report where always it's personalized for own facility and help you look for those important things during the preview period.

Michelle?

Michelle Deal: Thanks, Teresa.

I'd like to spend a few minutes in this section to discuss the payment year 2013 performance score report and the information that it contains, so we can jump to slide 23.

Slide 23 depicts an image of the payment year 2013 ESRD QIP performance score report. On July 15th, your facility's preview performance score report will be available for download on the dialysis facility report Web site. Receiving this preview performance score report from CMS marks the start of the payment year 2013 ESRD QIP preview period.

The preview performance score report will include some of the same tables we've just reviewed along with explanatory passages and references that pertain to them. A bit later in the presentation, we will discuss how to access and download your preview performance score report.

We jump to slide 24. The performance – the preview performance score report will include a table similar to the one that you see here on the slide at the beginning of that report. The summary table will indicate how your facility scored on each of the two measures for the payment year 2013 ESRD QIP program, your facility's total performance score and whether a payment reduction applies as the result of your facility's total performance score.

On slide 25, in addition to the summary table highlighting your performance and the payment year 2013 QIP, preview PSR will also contain your performance rate in 2011 on the two payment year 2013 quality measures and this includes information for you to review as it pertains to the number of patients whose data was used in calculating each of your measure score. You also get an explanation of this rate is translated into your score of zero to 10 for each measure and explanation of how your two measure scores are weighted and translated into your total performance score and information regarding if and how your Medicare payments for your facility will be affected as a result of your total performance score.

We also make available to you the "Guide to the Performance Score Report" and this is available on the DialysisReports.org Web site and this guide will

provide you with more detailed information as it pertains to understand in the calculations and the information provided in your performance score report.

On slide 26, CMS allows facilities to preview their payment year 2013 ESRD QIP performance scores prior to publicly posting those scores. The preview performance score reports will be posted on July 15, 2012. The preview period will end August 15, 2012, Eastern Daylight Time. During the payment year 2013 preview period, facilities will be able to ask CMS clarification questions and also have the opportunity to submit a single formal inquiry as it pertains to the performance score report.

The next couple of slides will discuss the differences between clarification questions and the formal inquiry.

We go to slide 27. The purpose of a clarification question is to ensure that your facility completely understands how your scores were calculated. Clarification questions can address methodology, calculations and/or the process as it pertains to your total performance score. A facility may submit multiple clarification questions regarding your total performance score.

CMS recommends that clarification questions are submitted by August 1st to allow sufficient time for your facility to then submit a formal inquiry if necessary after receiving CMS's response to your clarification questions. Only authenticated users with permissions from the Master Account Holder at your facility may submit clarification questions on behalf of your facility.

We go to slide 28. The purpose of a formal inquiry is to provide the facility a single opportunity to explain to CMS why the facility believes that a calculation error has been made as it pertains to the facility's total performance score. Each facility is only allowed to submit one formal inquiry and that formal inquiry must be submitted by August 15th at 5:00 Eastern Daylight Time.

CMS may request to file formal inquiry as a clarification question if appropriate. And again, only the authenticated user with permission from the Master Account Holder at your facility may submit a formal inquiry on behalf of your facility. As it pertains to the formal inquiry, it is also important to

remember that the facilities must indicate approval of your medical director or facility administrator when submitting the formal inquiry. And once the formal inquiry has been submitted to CMS, it cannot be recalled.

On slide 29, as it pertains to user accounts in the PSR access, all facilities must ensure that they have the proper credentials to access the DialysisReports.org Web site in order to download and view your performance score report. Passwords for the DialysisReports.org Web site were reset on June 15, 2012.

The facility Master Account Holders should make sure that they are set up in the system appropriately and if they have created the user accounts that the facility might need. This also includes testing out passwords prior to the start of the preview period on July 15th. And it also includes view in the Frequently Asked Questions to familiarize us all if any new content has been added to the Web site for this preview period.

Networks can also use the systems to see the performance score report of the facilities and their regions and to assist facilities where appropriate. Networks were provided with the new password. This is just another go-round of the previous period with the Master Account Holder at the network. There were detailed instructions provided about how to access the account and download the PSR. And networks again can assist the facilities with performance score report issues or any additional questions that may come about as a result of the preview period.

On slide 30, just to discuss system assistance. Facilities may submit requests for help, technical assistance, forgetting your passwords or setting up user accounts with the helpdesk. You can reach the helpdesk at the e-mail address listed in the second bullet on slide 30 at report@DialysisReports.org. And they're also available by phone at the toll-free number listed on the slide, Monday through Friday from 9:00 am to 5:00 pm, Eastern Daylight Time.

And I'll now turn the presentation over to Claudia Dahlerus, who is the project manager for Arbor Research Collaborative for Health. And Claudia

will walk us through the DialysisReport.org Web site especially on some of the technical details that you need to know.

Claudia Dahlerus: Great. Thank you very much, Michelle. And good afternoon, everyone.

So as Michelle indicated, we're going to cover some of the basic activity that users can perform through the DialysisReport.org Web site. These are actions that support the preview period activities such as downloading the report as well as submitting questions and inquiries. The next set of slides will take you through the main steps for logging in to the Web site, to set up accounts or to view reports and submit questions or formal inquiry.

The DialysisReport.org link will take you to the public landing page first, which is shown here on this slide. You can use the landing page to find information about the DFR, the DFC and the QIP report. This includes important date and announcements for the report and the upcoming preview period as well as deadlines. You can find details and report content and sample reports under the Methodology tab. This would include such thing as the Guide to the Performance Score Report.

You can also find details on the quality measures themselves and specifically the technical specifications for the measures that are being used in payment year 2013, and these are located under the ESRD Measures tab. There's also a tab titled FAQ, which is where users can go to find out answers to questions regarding Web site login as well as information about DFR, the DFC, and the QIP reports. The context of tab can be used for questions and assistance for Web support as well as general questions, for example about the QIP or the dialysis facility report or the dialysis facility compare measures. These questions can be submitted without logging in.

So now, the remaining slides are going to take you through different activities that are done in the secure site. So in order to get to the secure site, you will need to click the blue button on the right to access the site and this is the Secure Login button.

Likewise, there are two types of accounts. There is the master account, which is held by an individual at the facility and this allow the Master Account

Holder to create and edit user account specific to that facility or to several facilities. The master account also assigns permission so this would include viewing reports or submitting questions or formal inquiry.

The Secure Login button takes you to the landing page where you first – which is where you will login to the secure site. So when you're on this page you'll see two large green buttons, the View Reports button on the left and then the Create and Edit Users button on the right. The one on the right is what master account holder used to login to the site again to add new user accounts or edit existing user accounts. We will talk a bit more about this on the next few slides.

So to login, the Master Account Holder will need to enter their Medicare facility I.D. number, which is their username as well as the password which is supplied to them by the Network. And again, this is in a letter received from their network in early June.

OK. On the next slide, so once the Master Account Holder is logged in, they will see this page, which will show a table of users if these users already exist. So the Master Account Holder can also create a new user on this page as well and there are different buttons that will allow you to start this process. So for example – or actually I think we'll cover this on the next few slides. But for example, you can click one of the rows and a pop-up box will appear which will allow you to edit an existing user to edit their contact information or to assign different permissions.

Just to remind everyone that beginning on June 15th, all the user permissions were reset.

OK. So the next slide, on this slide you will also see a few new actions that can be taken. So new this year here is a View Reports tab. So this allows the master account holder to view a report – while they are logged in and this means that they do not have to logout and log back in as a user. And we have a few example of this on some upcoming slides.

So begin, to add a new user account, you will click to create new user button and you will enter in the appropriate information. To edit an existing user

account, you'll click the button on that row and a pop-up will appear and lets the master account holder edit the information for that user. And again, at the top right you will see the Master Account Holder contact information box and this will show who the Master Account Holder is and will contain a link to update the contact information if needed.

This slide describes in more detail how to create a new user for your facility. So when you click you'll see a pop-up box. If you're the Master Account Holder, you will fill out the contact information, assign permission for this new user and these are the different actions the user can take. This could include viewing the DFR and DFC reports, commenting on the DFR and DFC reports including discussing personally identifiable information or PHI. It also includes permission for viewing the PSR, the QIP reports as well as the Performance Score Certificate.

And then there's the permission associated with submitting a question or formal inquiry on the PSR as well as being able to discuss PII or PHI as part of your question or inquiry. Once the Create New User form is saved, and automatically generated e-mail is sent to the new user as the e-mail address was entered by the Master Account Holder in this pop-up window. The e-mail will have a temporary password as well as login instructions for that new user. And just a quick note, which is also identified at the bottom of the slide, facilities or dialysis organizations that have existing corporate user accounts or new user accounts can follow the same steps to add a corporate user account.

The process for editing users is quite similar except when you click the Edit an Existing User button, a pop-up window will appear that is pre-populated with the information of the existing user. So this will enable the master account holder to either change information such as potentially e-mail address or phone number or to add permissions or withdraw permissions. So for example, to add permissions to view the DFR and DFC or to add permissions to view the QIP PSR and PSC.

If needed, you can also click the Enable User box and this is what actually activate the individual use and allows them to again get the password – the temporary password to login to the site if they are new user.

The Master Account Holder can also edit the contact information for the Master Account Holder for themselves. And this may arise at the credentials of the master account holder being turned over to someone else in the facility. So this is important so that the network as well as CMS has current information on who is the Master Account Holder is for this facility and it's so important for us to be able to have that current information as well.

So if the contact information needs to be updated or changed, you should use the edit master account holder link on the landing page and this then brings you to the edit master account holder contact information page. The information can be entered manually or it can be populated by selecting from an existing user account. And you see this right now on the right side of the slide where it says “load from existing user”.

As mentioned earlier there is the new function that's here which allows the Master Account Holder to be logged in both as the master – both into the – both in the master account as well as to log in as an individual user. So this is the user account dual login feature.

The next slide will go through some of these steps for logging in as an individual user while staying logged-in as the Master Account Holder. The Master Account Holder will see a list of users that have been created for that facilities when they click or go to the View Reports tab. Next, the Master Account Holder will click the login for the user account which will be displayed in the table below if they have an existing user account. This will then takes them to the login button to View Reports. They will enter their username as well as their password.

Once successfully logged in, the message at the top of the screen will now show that they are logged in under both the accounts, first as the Master Account Holder and then also now as an individual user. And again, this streamlines the process for the Master Account Holder so that they have to

logout of the site in order to log back in as a user to view report, because we recognized that sometimes both of these functions could be held by the same person at the facility.

The next few slides will cover logging in as an individual user. So this will be in order to view reports as well as to submit questions and inquiry. As described on slide 33, this account of the user can download individual reports and then submit the clarification questions, as well as formal inquiry. If it is the user's first time logging in, they need to enter the temporary password that they received in the automatic regenerated e-mail when the Master Account Holder set up their account. If it's not your first time logging in then you use the password that you selected for yourself when you logged in initially.

Remember that the user accounts must have been enabled by the Master Account Holder and you must have the appropriate permission to view reports, submit comments or clarification questions or a formal inquiry.

So if it's your first time logging in, when you – when you go to login and enter the temporary password, you'll then be taken to a page which will ask you to change your password. And there you'll enter your new password, but please note the password rules on the right side of the screen. If it does not meet these criteria, you'll be asked to then enter a new password. Once a new password has been successfully entered and accepted by the Web site, the user will then be logged in to the individual user account.

After you successfully logged in, you'll then get to the landing page or the Home tab of the user account and you'll see information there about the DFR, the DFC reports as well as the QIP PSRs. You will also see several tabs, which are associated with different actions that can be taken. But again, these are associated with the permission that you have as an individual user. So for example, if you click a tab to view the QIP report but you have not been granted permission to view the report, you'll get a message that is displayed on that tab to contact your master account holder at your facility.

So now we're going to spend a few minutes walking through the different tabs and some of the current features that you saw last year if you logged in to the

Web site as well as some new features that have been added to improve the user experience of the Web site.

So we'll begin with the DFR tab. So if you click on the DFR tab and you have permission to view report, you'll be able to take or do quite a few actions on this – on this page. So you'll see a table with one or more facilities and this is where you can download the dialysis facility report. And you would do that by clicking the 2012 DFR link.

You could also download multiple reports if you have permission to view reports from multiple facilities and you would select the box at the top which will then begin the download process for all reports that have been checked in the individual rows.

You'll notice on some of the slides that there are boxes with question mark in a circle and these are additional features that will help guide you through the process if you have questions or for example if you see that you don't have the ability to download the report if there is no link in the row for your facility. So for example if you see the "Where is My Report" message, the question boxes provide reasons why you may not be seeing your report.

On this tab, you can also submit comments directly about your DFR and you would do so by clicking the link in the far right Action column. If the link is not available that means that the user does not have permission to submit a comment.

On the DFC tab, this is essentially structured the same way as the DFR tab. So one thing that we did want to point out is that the DFC report is new this year, which is why we have added a separate DFC tab, which is where you can download your reports for 2012 as well as submit DFC comments to CMS.

Now we'll spend a few minutes talking about the QIP tab. These are similar to the DFR and DFC tabs except there is an additional report that can be downloaded here and that is the performance score certificate. So when you login, you'll see both your preview PSR for payment year 2013 as well as your

payment year 2012 performance score report, because these remain often active throughout the calendar year.

On the QIP tab, the View Reports column contains a link to download again your current PSR or PSC or you can select two downloads both. The Action column contains link to submit a QIP clarification questions as well as QIP formal inquiry depending on the permissions that have been assigned to you. Because only one formal inquiry may be submitted for each facility, once a formal inquiry is submitted, the link will no longer be available to the user.

Another new feature that has been added this year is for the ability – is for user to be able to download their performance score summary data. And if you look at the red box, the red rectangle on the left side of the page, if you click that for All Facilities check you will receive a download – an Excel file will download which will contain the individual scores for the measures as well as the total performance score.

So we talked about submitting a QIP clarification question or QIP formal inquiry. There's another way that this can be done on the Web site and that's by going directly to the Comments and Inquiries tab. So if you go to that tab, you will select the facility for which you want to submit a QIP clarification question or QIP formal inquiry or if it's for the DFR or DFC, a comment to CMS. You can also submit general help questions on this tab as well. So you would select the facility and then select the option from the dropdown bar to the Action that you want to take.

A new action added this year is requesting patient level data or patient list. So if a user requests patient level data, they will receive the same patient data elements used to calculate the scores for all the QIP measures. This new option was added this year in response to many requests last year from facilities to get list of patients that were used to calculate the QIP scores. Because this will help facilitate formulating a QIP formal inquiry, facilities are strongly encouraged to view their patient level data. And I that can be supported by requesting a patient list then facilities are encouraged to select that option.

The user can also select other options on this page and again that would be a clarification questions, comments for DFC or DFR or a formal inquiry. Once an option has been selected, the user will have 30 minutes to submit their question or comment or inquiries and the text is added into the text field boxes that you see on the screen.

Near the bottom of the screen, the user can select the option to have a copy of their comment, question or formal inquiry e-mailed to them. If in preparing the comment or the question or inquiry, the user needs more time, they can reset the clock at the top by clicking the Request More Time button.

If the user is submitting a formal inquiry, they must also select the box near the very bottom of the page that indicates that the medical director or relevant facility administrator has reviewed and approved the formal inquiry.

Just as a reminder – please do not include any personally identifiable information or protective health information when submitting questions or inquiries to DialysisReports.org .

So on the next slide, we're going to cover the process for changing a password. And this could be if you lost your – if you feel your password was compromised or you've been notified that you need to change your password because it was reset.

So the process is very similar to what you do when you log in for the first time except you enter your current password and then enter in the new password. And then again we'll have to confirm your new password.

So just like the Master Account Holder being able to log in as a user, the user also has this option. So if they are logged in as an individual user viewing reports but they also, for example, need to create or edit users and they are a Master Account Holder, then they can log in to their master account without logging out of their individual account.

And so to do so, they would click the Create Edit Users tab which will then allow them to enter their username and password into the master log in box which will be – which will then log them into their master account.

And then on the next slide we also want to draw attention to some new features for Network users. And that includes the ability to download reports with real-time data. So Networks can get the following reports which includes their Performance Score Report – Access Report, and this allows them to see which facilities in their network have accessed their PSR.

They can also get the Certificate Access Report which will allow them to see which facilities in their Network have access to their Performance Scores Certificate. The PSR/PSC access log will show them a list of users that have accessed the PSR/PSC for the facilities in their Network. And this really provides important information to the network to see which facilities have logged in to this site have viewed their reports and are taking advantage of the preview reports in order to potentially submit a quick question or a quick formal inquiry.

The Networks will also be able to download the dialysis reports Web site account update and this will allow them to see any updates that are made into the master account and information for facilities in their Network.

So this is the conclusion of the walk-through of the DialysisReports.org Web site. So at this point I am going to hand it back to Michelle Deal.

Michelle Deal: Alright. Thank you, Claudia. That was excellent. The next few slides, we're going to review the upcoming deadline and the steps that the facilities need to take to prepare for the start of the (Payment Year) 2013 period.

If you go with me to slide 58, once the preview period ends on August 15, 2012, CMS will complete its review and finalize the Payment Year 2013 results for every eligible facility. Those results are going to be displayed to the facility, via a final Performance Score Report and a Performance Score Certificate which will be available on the dialysisreports.org Web site in December of 2012.

In addition, CMS will publish information publicly about Payment Year 2013 performance in the ESRD QIP in the Dialysis Facility Compare site as well as other CMS identified Web sites.

Also noted on one slide 58, payment reductions, if they are applicable to your facility, will be applied to dialysis services beginning January 1, 2013 and will remain in place for the duration of the calendar year.

On slide 59, we require each facility to display their Performance Score Certificate in a prominent location in the facility throughout the year. The Performance Score Certificate summarizes information about the facility's performance as it pertains to the ESRD QIP and quality measures in this performance year.

It's your facility's responsibility to log on to the DialysisReports.org Web site and the (inaudible) Performance Score Certificate. Again, it must be displayed in a prominent patient area and you have posted the certificate within five business days of it being made available by CMS.

The certificate will highlight the total performance score and individual measure scores. And it will also provide the national average scores for comparison. And we recommend that you educate your staff on their Performance Score Certificate so that they can assist patients and beneficiaries of any questions they may have on that document.

Slide 60 – the sample of the Performance Score Certificate – the two-page certificate and both pages must be displayed prominently through the remainder of the calendar year.

Slide 61 – jumping into some facility responsibility. If you haven't by now, your facility should establish your account, access on DialysisReports.org . Facilities and Networks will be able to access the preview Performance Score Report beginning July 15. Again, we recommend that you submit any clarification questions by August 1, 2012 to receive a prompt response and to allow enough time to submit a formal inquiry should it be necessary for your facility.

If you believe that there was an error in your score, your facility is able to submit one full inquiry through the DialysisReport.org Web site as Claudia just highlighted. The preview period does close August 15 at 5:00 pm Eastern

Daylight Time. And then December, you'll be responsible for posting your Performance Score Certificate.

On slide 62 – some key dates to remember that pertains to the ESRD QIP program right now and moving forward. All of this is happening during calendar year 2012. Payment Year 2012 ESRD QIP payment reductions are being applied this whole calendar year from January 1 to December 31.

Next month – wrong J – July 15 to August 15 is the Payment Year 2013 preview period. Calendar year 2012 is the performance period for the Payment Year 2014 ESRD QIP. As Teresa mentioned at the beginning of the presentation, we're actively in the payment year 2015 ESRD QIP rulemaking.

Our proposed rule is scheduled to hit the street sometime in the very near future and we will have a final rule sometime by mid-November. And the Payment Year 2013 Performance Score Certificate again will be available at the end of this year.

We go to slide 63. The table at slide 63 depicts that the very high level of changes to the ESRD QIP over the first few years of the program. The horizontal gray bar across the top of the slide represents each of the payment years. The vertical gray bar down the left side captures each of the elements of the program as they pertain to measure, the performance period, baseline, performance standard, waiting, the maximum total performance score, the minimum score for payment reduction, the payment reduction scale and score (insights).

We recommend that you use this table as a reference as it pertains to assisting you and understanding the ESRD Quality Incentive and the policy changes that have occurred across each year.

On slide 64 – this slide provides you with links to information from CMS including the text of the final rule from last November, the CMS Web site for the ESRD Quality Incentive Program and links to find the Payment Year 2013 measure specifications on the narrativerreport.org Web site.

On slide 65 – we offer some other helpful online resources and more information about the QIP. This includes the link back to the Dialysis Facility Reports Web site, the Dialysis Facility Compare Web site and to the network coordinating center.

Although it's not listed here, I'd also like to remind you of the ESRD QIP mailbox. And that mailbox address is ESRDQIP@cms.hhs.gov . And again that's ESRDQIP@cms.hhs.gov . And this is also a year-round resource for you and your facility to reach out to CMS for further assistance for any ESRD QIP questions that you may have.

And this concludes our presentation and we will be happy to take your questions at this time. So I'm going to turn it over to (Matt Brown) so that he can facilitate the questions.

Matthew Brown: Thank you. (Kyle), if you would remind our callers how to enter the cue to ask their questions.

Operator: As a reminder, ladies and gentlemen, if you would like to ask your questions please press star then the number one on your telephone keypad. If you'd like to withdraw your question, press the pound key.

Your first question, from the line of Dolph Chianchiano from National Kidney Foundation. Your line is open.

Dolph Chianchiano: Hi. Good afternoon. Thank you for the excellent presentation. I have a question about the certificates. Will patients be able to compare performance scores for Payment Year 2012 with Payment Year 2013?

Teresa Casey: Hi, Dolph. Thank you for your question. And as depicted on the slide, the performance certificate shows the current year. I think that that is a good thought in terms of making it easier, certainly. The Web site provides information from year to year. But the answer is no, the certificate does not compare form year to year.

Dolph Chianchiano: What about Dialysis Facility Compare?

Teresa Casey: That does.

Dolph Chianchiano: Oh, great. Thank you.

Teresa Casey: Thank you, Dolph.

Operator: Your next question comes from the line of Daphne Jones from U.S. Renal Care. Your line is open.

Daphne Jones: I just wanted to – thanks so much. I appreciate the presentation. I wanted to get the e-mail address again, the ESRD QIP.

Teresa Casey: Sure. That is ESRDQIP@cms.hhs.gov .

Daphne Jones: Thank you so much.

Teresa Casey: No problem. Thank you.

Operator: Your next question comes from a participant from North Lighting DCI. Your line is open.

Male: Hi. The question is will QIP score be calculated for clinic that opened in 2008?

Teresa Casey: Clinics who opened in 2008 would have been able to participate during the performance year. They would have – they would be able to compare to the national standard although not to 2007 standard. They'll get a baseline – they'll get – hold on one second, please.

Male: If you compare to what was done for 2012, that clinic was not...

Teresa Casey: I'm sorry, I needed some help here to recall and I have to apologize in that right now I have running through my mind all the different payment years and even including '15 and so it takes me a minute to think. And that for those clinics, they would have a (null) baseline and essentially would not be eligible for a payment reduction.

Male: OK. Thank you.

Teresa Casey: Thank you.

Operator: Your next question comes from the line of Katrina Russell from Seattle, Washington. Your line is open.

Katrina Russell: Hi. Thank you. It's really not a question. It's just a comment and I'd like to say that was an excellent presentation. And greatly appreciate the new features that you're providing with the ability to export data to Excel and providing us with the patient list. So thank you very much for those revisions.

Teresa Casey: Well, thank you for your comment and we so very much appreciate your encouragement.

Katrina Russell: You're quite welcome.

Operator: Your next question from a participant whose information was not gathered. If you have pressed star one, your line is now open.

Male: (Inaudible). Hello?

Operator: Your line is open, sir.

(Calvin): Hi. This is Dr. (Calvin). (Inaudible). Hello? Can I ask a question at this point?

Matthew Brown: We can barely hear you, Doctor. There is a feedback. You have a TV on or a radio?

(Calvin): No. Can you hear me OK or...

Matthew Brown: There's background noise.

(Calvin): There is background noise but it's not TV or radio.

Matthew Brown: OK. Can you ask your question? We can hear you.

(Calvin): Yes, basically you know I see we're (inaudible) based on our (inaudible) and how it's regulated. So if you're extending waiting circumstances, are we allowed to appeal that in anyway?

Teresa Casey: Thank you for your question. So as I understand your question, if there are extenuating circumstances that you would like to communicate to CMS, is there some (inaudible) or appeal type process set up? OK?

Essentially there is not any appeal process that is utilized with the Quality Incentive Program. However, the preview is really is entirely for questions. It's pretty much heart of the purpose of allowing the opportunity for clarification assessment as well as the inquiry. So the inquiry is really your opportunity to put forward any information that you would like to put forward in terms of challenging your score.

(Calvin): OK. So we would be able to challenge the score? I mean, I understand how the scoring is done and the way I read it it's basically we follow certain parameters and scores and come in based on those parameters. It's a parameter of the parameters. There is no extending (extenuating) circumstances that are assigned to those parameters.

So if we challenge the score based on extenuated circumstances, is there's some recourse to having a non-reduction so to speak in the payment system?

Teresa Casey: The answer is no.

(Calvin): OK. And why might that be?

Teresa Casey: That is the way the program is set up. And the statutory mandates which do not allow us to have any appeal (inaudible). And so we have set up the (inaudible) process to provide internal (inaudible).

(Calvin): I understand. But maybe in the future, once you look at that, because (at the general) a very elderly patient population and so on and so forth, we're a very limited population I understand, we have to make you know just bring in us so many patients and so on and so forth.

If you have a dialysis unit with 14 patients and one patient doesn't need screen, OK, we're all ready penalized by 2 percent.

Teresa Casey: All right. I think I understand your concern and what I would do is to participate in the comment period during our rulemaking. We do have a rule coming out very (inaudible) and we do appreciate your comments and thoughts and even your ideas as to how you would like to see things.

(Calvin): OK, thank you. (I understand). So it has to be included in the comments in the rulemaking proposal, basically, in the comment period.

Teresa Casey: Right.

(Calvin): OK. Thanks again. OK, thank you.

Teresa Casey: Thank you.

Operator: There are no further questions at this time.

Teresa Casey: OK. At this time I would like to thank everyone for their participation. If you do think of an addition question which you did not have time to ask, please go ahead and send that in to the ESRD QIP mailbox. We welcome your comments and questions and although I know it's tempting to send your questions to individual CMS-ers, really it is best to send it through the box. We do have a team to you know review and answer the questions and that is the most – the fastest way to get a response.

So again, thank you everyone. We appreciate your participation; we hope that you will join us again on July 19 when we have our afternoon ODS for the proposed rule for Payment Year 2015.

Matthew Brown: Thank you, Teresa. This concludes our call.

Teresa Casey: Thank you.

Operator: That concludes today's conference call. You may now disconnect.

END