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## FACT SHEET

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Contact: CMS Media Relations Group  
(202) 690-6145

### **Medicare releases data about first year of End-stage Renal Disease Quality Incentive Program (ESRD QIP)**

#### **OVERVIEW**

The Centers for Medicare & Medicaid Services (CMS) released data on Dec. 15, 2011, that reflects the performance of dialysis facilities in the United States under the Payment Year (PY) 2012 End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). Under the QIP, payments to dialysis facilities are reduced if they do not achieve a high enough total performance score based on their performance on measures that assess the quality of dialysis care. The ESRD QIP was mandated by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

#### **BACKGROUND**

Over the past 35 years, CMS has instituted a series of quality initiatives to improve dialysis care. The ESRD QIP builds upon and enhances CMS' commitment to improve quality by allowing CMS for the first time to tie payments to dialysis facilities to their performance on quality measures. The QIP is designed to improve patient outcomes by establishing payment incentives for dialysis facilities to meet performance standards established by CMS.

By law, the QIP must include measures of dialysis adequacy and anemia management. These measures were incorporated for the payment year (PY) 2012 program. Low facility performance on those measures could affect payments for services furnished by these facilities beginning on Jan. 1, 2012. CMS finalized in a recent rule the adoption of measures (including some of these measures) for the PY 2013 and PY 2014 ESRD QIP.

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## **DETERMINING FACILITY PERFORMANCE UNDER THE QIP**

For the ESRD QIP, CMS evaluates dialysis facility performance on a set of quality measures which reflect key areas of dialysis care. For the PY 2012 program, CMS assessed a facility's performance during the 2010 performance period on a total of three measures, two measures of anemia management and one of dialysis adequacy, described below:

- Percentage of Medicare patients with an average hemoglobin less than 10 grams per deciliter (g/dL) (low percentage desired)
- Percentage of Medicare patients with an average hemoglobin greater than 12 g/dL (low percentage desired)
- Percentage of Medicare patients with an average Urea Reduction Ratio (URR) of at least 65 percent (high percentage desired)

For the first year of ESRD QIP, the facility's performance on these measures was assessed against the lesser of the performance "norms" for dialysis facilities across the country in 2008 or the facility's own performance in 2007. Facilities that fail to achieve a high enough total performance score will receive a payment reduction of up to 2 percent during 2012. The intent of these reductions is to provide an incentive for facilities to work to improve the care they provide to Medicare patients who have ESRD.

## **ESRD QIP RESULTS**

For the PY 2012 ESRD QIP, 4,939 facilities were assessed and received a Total Performance Score, which determines if the facility will receive a payment reduction in 2012. Of these facilities:

- 69.1 percent will receive no payment reduction
- 16.6 percent will receive a 0.5 percent reduction
- 6.0 percent will receive a 1.0 percent reduction
- 7.7 percent will receive a 1.5 percent reduction
- 0.6 percent will receive a 2.0 percent reduction

An additional 625 facilities (11.2 percent of all facilities) did not receive a score due to insufficient data. These facilities did not have an adequate number of patients who met the clinical characteristics for their care to be captured by the QIP measures. As such, CMS did not have enough data about the care delivered at these facilities to be able to make an accurate measurement of care quality. These facilities will not receive a payment reduction.

## **ESRD QIP TRANSPARENCY PROVISIONS**

Each dialysis facility is required to post a certificate displaying its performance on the ESRD QIP in a prominent location accessible to the public. In addition, performance information will be posted on the Dialysis Facility Compare website (link below). CMS encourages Medicare patients to discuss these results with their dialysis care team and hopes that this information will help these patients to make informed decisions about their care.

The ESRD QIP supports the importance of a meaningful relationship between clinicians, caregivers, and Medicare patients with ESRD. As a result of the ESRD QIP, Medicare patients might notice a change at their facility, such as staff seeking better ways to do their jobs safely and efficiently. However, the ESRD QIP will not affect Medicare patient rights, such as the power of a patient to decide how and where to be treated. Medicare patients should also expect that dialysis facilities will continue to respect their rights and address their concerns. For more information about resources for Medicare patients with ESRD, please visit Medicare's *Dialysis Facility Compare* website at <http://www.medicare.gov/dialysis>.

For more information about the ESRD QIP, please see:

<http://www.cms.gov/esrdqualityimproveinit/>.

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