

QIP: Performance Report Deployment

Database Reference	QIP Performance Report		Payment Reduction	
2007 Provider Report or 2008 National Data (which ever is more favorable to provider)	Year 2010	Provider Data from Medicare Claims in 2010 <ul style="list-style-type: none"> • URR \geq 65% • Hgb < 10g/dL • Hgb > 12g/dL Weighted value is 50% for < 10g/dL 25% each for other two measures	Year 2012	Maximum Points = 30 Payment reduction scale starts at below 26 points to 0 points with maximum of 2% withheld.
2007 Provider Report or 2009 National Data (which ever is more favorable to provider)	Year 2011	Provider Data from Medicare Claims in 2011 <ul style="list-style-type: none"> • URR \geq 65% • Hgb > 12 g/dL Weight value 50% each	Year 2013	Maximum Points = 30 Payment reduction starts at 29 points to 0 points for maximum of 2% withheld.
<ul style="list-style-type: none"> • Provider Specific Report; July 1, 2010 to June 30, 2011 • New Reporting Measures <ul style="list-style-type: none"> – Completion of enrollment in the NHSN and successful training (digital certificate from CDC), submission of a minimum of 3 months of data to the NHSN during the performance period: 1/1/2012 to 3/31/2013. – Attestation by the provider/facility at the end of the performance period that it successfully administered the ICH CAHPS survey during the proposed performance period. – Whether the provider/facility measured the serum phosphorus and calcium levels of patients treated by the provider/facility at least once within the month throughout the duration of the performance period. 	Year 2012	Clinical Measures <ul style="list-style-type: none"> • Hgb > 12 g/dL • URR \geq 65% • Vascular access type (% AVF & % catheter > 90 days) Three Reporting Items <ul style="list-style-type: none"> • National Health Safety Network (NHSN) Dialysis Event (DE) • Patient experience of care (ICH CAHPS) • Mineral metabolism The three clinical measures are scored on the higher : Achievement Score: Performance period rate compared to national rate and, Improvement Score: Performance period rate compared to facility's own baseline period rate.	Year 2014	New ESRD QIP Scoring Methodology = 100 Points <ul style="list-style-type: none"> • The 3 clinical measures will be equally weighted and add up to 90% of the total performance score. • The 3 reporting measures will be equally weighted and add up to 10% of the total performance score. Payment reduction starts at 52 points (0.5% withheld) to below 23 points – the maximum of 2% is withheld.

QIP Measures

Measure	Adult				Pediatric			
	In-Center HD 3x/week	In-Center HD > 3x/week	PD	Home HD	Measure	In-Center HD 3x/week	In-Center HD > 3x/week	PD
Hemodialysis Adequacy	X							
Hemoglobin Greater than 12 g/dL	X	X	X	X				
Vascular Access Type (VAT)	X	X		X				
National Healthcare Safety Network (NHSN)	X	X			X	X		
In-Center Hemodialysis (ICH) CAHPS Survey	X	X						
Mineral Metabolism	X	X	X	X	X	X	X	X

PY 2014: Achievement Thresholds, Benchmarks, and Performance Standards

Measure	Measure Description/Definition	Achievement Threshold: 15 th Percentile	Benchmark: 90 th Percentile	Performance Standard
Hemoglobin Greater than 12 g/dL	Percentage of patients with hemoglobin greater than 12 g/dL	10%	0%	4%
Hemodialysis Adequacy (URR)	Percentage of patients with URR greater than or equal to 65%	94%	100%	98%
Vascular Access Type	Average of two sub-measures:			
• Fistula	• Percentage of patients receiving treatment with fistula	46%	74%	58%
• Catheter	• Percentage of patients receiving treatment with catheter	24%	5%	14%