

Calendar Year 2014/Payment Year 2016 Quality Incentive Program (QIP) Summary

Clinical Measures (Equal 75% of Total Performance Score-TPS)		Description	Possible QIP Points	Important Information
1	Anemia Management- Hgb >12 g/dL	The percent of patients with a mean Hgb >12g/dL	Max of 10 points	A lower percentage is better for the purposes of the QIP.
2	Kt/V Dialysis Adequacy Measure- Adult Hemodialysis	Percentage of hemodialysis patients with spKt/V ≥ 1.2	Max of 10 points	The Kt/V should not include residual function.
3	Kt/V Dialysis Adequacy Measure- Adult Peritoneal Dialysis (PD)	Percentage of peritoneal dialysis patients with Kt/V ≥ 1.7	Max of 10 points	The Kt/V includes dialytic and residual function for PD patients; this measure is during the 4 month study period.
4	Kt/V Dialysis Adequacy Measure- Pediatric Hemodialysis	Percentage of pediatric hemodialysis patients with spKt/V ≥ 1.2	Max of 10 points	This is only for those centers with in-center pediatric patients.
5	Vascular Access Type Measure Topic- Arteriovenous Fistula (AVF) (CMS Goal is $\geq 68\%$)	Percentage of patients on hemodialysis using two needles for their AVF on the last day of the month.	Max of 5 points	A higher percentage is better for this measure. Grafts do not count towards this measure.
6	Vascular Access Type Measure Topic- Catheter ≥ 90 days (CMS Goal is $\leq 10\%$)	Percentage of hemodialysis patients using a catheter for at least 90 days prior to the last day of the month.	Max 5 points	A lower percentage is better for this measure. Catheters have a higher risk of infection and long-term complications for the central venous system.
7	NHSN Bloodstream Infection in Hemodialysis Outpatients (New measure for 2014)	Facilities must report Dialysis Events and Summary Data each month in NHSN.	Max 10 Points	Clinics must report infection data in the National Health Safety Network (NHSN) for 12 consecutive months or no points are awarded. (Clinics with a CCN after 1/1/2014 will be excluded)
8	Hypercalcemia (New Measure for 2014)	The proportion of patients with a 3-month rolling average of total serum calcium (uncorrected) $>10.2\text{mg/dL}$	Max 10 Points	A lower proportion is better for this measure. Be sure to educate patients about mineral metabolism control.

Reporting Measures (Equal 25% of Total Performance Score-TPS)		Description	Possible QIP Points	Important Information
1	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Patient Satisfaction Survey (expanded)	This survey must be administered yearly to all patients.	10 Points	This is an all or nothing score. Attestation of whether this survey was or was not completed must be entered in CROWNWeb to receive points for this measure. Your company will hire a third-party vendor to administer this survey and your clinic will receive the results.
2	Mineral Metabolism-Serum Phosphorous	Serum phosphorous results must be reported for each Medicare patient in CROWNWeb each month.	Max of 10 Points	The facility score is based on the number of months it submits this data. For each month missed, points are deducted.
3	Anemia Management	Facilities must submit Hgb/Hct values as well as erythropoietin-stimulating agent (ESA) doses when applicable for each Medicare patient each month.	Max of 10 points	The facility score is based on the number of months it submits this data. For each month missed, points are deducted.

Note that the Minimum Total Performance Score (TPS) to avoid payment reduction is 54. Below is a table with the payment reductions based on TPS.

Facility Total Performance Score	Payment Reduction
100-54	0%
53-44	0.5%
43-34	1.0%
33-24	1.5%
23-0	2.0%