

Quality Incentive Program

cy 2013 py 2015



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Objectives



Provide an overview of:

- Quality Incentive Program
- Clinical Performance Measures
- Reporting Measures
- Total Scoring

Quality Incentive Program (QIP)



CMS developed the ESRD **QIP** to be the nation's first **pay-for-performance** (also known as "value-based purchasing")

QIP as mandated by the Medicare

Improvements for Patients and Providers Act of 2008

(MIPPA) section 153(c).

Quality Incentive Program (QIP) cont.



This first-of-its-kind program provides the ESRD community with the opportunity to enhance the overall quality of care that ESRD patients receive as they battle this devastating disease.

Quality Incentive Program



The Quality Incentive Program (QIP)
measures and rates facilities based on:

- Clinical Performance Measures (CPMS)
- Reporting Measures

The measures are taken two years prior to the payment.
So what you do today effects your payments in 2015.

Quality Incentive Program



Facilities with ≤ 10 patients will not be included
in the QIP scoring.

Facilities with between 11 and 26 patients will
have a modifier applied to their score.

Clinical Performance Measures



Hemoglobin > 12 g/dL

- The patient must be 18 years of age or older at the beginning date of the claim.
- The beginning date of the claim must have been at least 90 days since the date of first ESRD service for the patient.
- The reported hemoglobin value (or the reported hematocrit value divided by 3) must have been between 5 and 20 g/dL.
- The claim must indicate that an erythropoiesis stimulating agent (ESA) was used.

Clinical Performance Measures



Hemoglobin > 12 g/dL -- Achievement Scoring

Award between 0 and 10 points

If more than 5% (achievement threshold) of patients have a Hgb >12 g/dL you will score 0 points (achievement scoring)

If 0 (benchmark) patients have a Hgb > 12g/dL you will score 10 points

Hemoglobin > 12 g/dL -- Achievement Scoring _{cont}



In between, use the following formula:

$$\frac{[9 * (\% \text{ of pt with Hgb} > 12 \text{ g/dL} - 5 (\% \text{ achievement threshold})) / (0 (\text{benchmark}) - 5 (\text{achievement threshold}))] + .5}{\text{round up}}$$

$$[9 * (2 - 5) / (0 - 5)] + .5 = 5.9 \quad \text{round up score of 6 out of 10}$$

Clinical Performance Measures



Hemoglobin > 12 g/dL -- Improvement Scoring

Facilities can score points for improving from cy 2012 to 2013.

Award between 0 and 9 points

Improvement threshold is established for each facility based on cy 2012.

In between, use the following formula:

$$\left[10 * (\text{Facility performance period rate} - X (\text{improvement threshold})) / (\text{O (benchmark)} - X (\text{improvement threshold})) \right] - .5 (\text{round up})$$

If both the Improvement Scoring and Achievement Scoring can be used, the facility will receive the higher of the two scores

Clinical Performance Measures



Adequacy -

For HD and Pediatrics $Kt/V \geq 1.2$

- The beginning date of the claim must have been at least 90 days since the date of first ESRD service for the patient.
- Patients dialyzing 4 (Peds 5) or more times per week or 2 or fewer times per week.
- The reported spKt/V value less than 0.5 or greater than 2.5.
- Patients treated at the facility less than twice during the claim month.
- Last measurement of the month is used.

Clinical Performance Measures



Adequacy For HD and Pediatrics $Kt/V \geq 1.2$

Achievement Threshold

HD 86%

Pediatrics 83%

Benchmark

97%

97%

Scoring is either Achievement or Improvement Scoring
as Discussed in the Hemoglobin Slides

Clinical Performance Measures



Adequacy

For Peritoneal $Kt/V \geq 1.7$

- The beginning date of the claim must have been at least 90 days since the date of first ESRD service for the patient.
- Patients younger than 18.
- The reported spKt/V value less than 0.5 or greater than 5.0.
- If no Kt/V is reported for a given patient in a claim month, the most recent Kt/V value in the prior 4 months is applied.

Clinical Performance Measures



Adequacy
For Peritoneal Kt/V ≥ 1.7

Achievement Threshold
63%

Benchmark
94%

Scoring is either Achievement or Improvement Scoring
as Discussed in the Hemoglobin Slides

Clinical Performance Measures



Arteriovenous Fistulas % of patients with AVF in use

Achievement Threshold
47%

Benchmark
75%

Scoring is either Achievement or Improvement Scoring
as Discussed in the Hemoglobin Slides

★ Make sure that you have reported the
appropriate access in use.

Clinical Performance Measures



Central Venous Catheters % of patients with CVC in use

Achievement Threshold
22%

Benchmark
5%

Scoring is either Achievement or Improvement
Scoring as Discussed in the Hemoglobin Slides



Make sure that you have reported the
appropriate access in use.

Clinical Performance Measures



Vascular Access Score

The facility Vascular Access Score will be the average of the facility's Arteriovenous Fistula Score and Central Venous Catheter Score.

★ Make sure that you have reported the appropriate access in use.

Reporting Measures



NHSN

Entering dialysis events.

0 points for reporting less than 6 months

5 points for reporting at least 6 months

For >6 months but <12 months (Number of months
reporting/12)*10

10 points for reporting all 12 months

Reporting Measures



Mineral Metabolism & Anemia Management

Number of months for which facility reports serum calcium/ phosphorus and hemoglobin/ESA dosage for Medicare patients. (97%)

- In center hemodialysis patients that treated at the facility less than seven times during a claim month.
- Patients younger than 18.

Reporting Measures



ICH/CAHPS

Delivery of a patient satisfaction survey
administered by a third party.

Adult in-center patients only.

Results to be reported in CrownWeb by January 31, 2014.

Total Scoring



The various measures are each weighted a little differently in your total score.

To figure your total, use this formula:

$$\begin{aligned} &[(\text{Hemoglobin score} * .25) + (\text{Adequacy score} * .25) + \\ &(\text{Vascular Access score} * .25) + (\text{NHSN score} * .0625) + \\ &(\text{ICH CAHPS} * .0625) + (\text{Mineral Metabolism Measure} * .0625) + \\ &(\text{Anemia Management score} * .0625)] * 10 \text{ rounded up} \end{aligned}$$

If a facility does not have a particular score, the percentage weights **do** change.

Total Scoring



Finalized Payment Reduction Scale for py 2015

Total Performance Score

Reduction %

100-60

0

59-50

0.5

49-40

1.0

39-30

1.5

29-0

2.0

Questions?



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Northwest Renal Network



Mission Statement:

The mission of Northwest Renal Network is to promote optimal dialysis and transplant care for kidney patients in Alaska, Idaho, Montana, Oregon and Washington.

