



U.S. DEPARTMENT of HEALTH & HUMAN SERVICES  
CENTERS for MEDICARE & MEDICAID SERVICES



## End-Stage Renal Disease Quality Incentive Program

2012 Certificate of Dialysis Facility Performance - Part 1

Facility CMS Certification Number: 999999

**\*\* The information communicated below is based on 2010 data. \*\***

### Certificate of Dialysis Facility Performance

**This Facility Meets 2 of 3 Quality Standards**

**TOTAL PERFORMANCE SCORE**

**27 out of 30**

**National Average**

**26**

| MEASURES OF QUALITY   | FACILITY SCORE | NATIONAL AVERAGE | MEETS STANDARD |
|---|----------------|------------------|----------------|
| <b>Anemia Management: (Shows how well a facility keeps red blood cell counts in the target range)</b> |                |                  |                |
| Percentage of patients with hemoglobin less than 10 grams per deciliter (g/dL)                        | 8 of 10        | 8 of 10          | NO             |
| Percentage of patients with hemoglobin greater than 12 g/dL   | 10 of 10       | 10 of 10         | YES            |
| <b>Dialysis Adequacy: (Shows how well a facility cleans blood during a dialysis treatment)</b>        |                |                  |                |
| Percentage of patients with urea reduction ratio of at least 65%                                      | 10 of 10       | 9 of 10          | YES            |

Facility Name and Address

SAMPLE FACILITY  
FACILITY ADDRESS  
CITY, STATE ZIP CODE

\_\_\_\_\_  
Facility Director

Patrick Conway, M.D., M.Sc.

CMS Chief Medical Officer  
Director, Office of Clinical Standards and Quality

Note: Dialysis facilities are required to post both parts of this Certificate prominently in a patient area.

This Certificate expires December 31, 2012.



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**End-Stage Renal Disease Quality Incentive Program**  
2012 Certificate of Dialysis Facility Performance - Part 2

Facility CMS Certification Number: 999999

***What is the purpose of the Quality Incentive Program (QIP)?***

The purpose of this program is to improve patient care. When the Centers for Medicare & Medicaid Services (CMS) pays a dialysis facility for a patient's care, it expects that care to be of good quality. When a facility does not meet certain standards, CMS will lower that facility's payments by up to two percent for an entire year. This gives the facility a financial reason to meet CMS' standards for good quality care.

***How are facilities scored?***

The Total Performance Score is a single number, or grade, that tells how a facility performed overall. Points are given for each individual measure based on how close the facility's performance comes to CMS' standards and these points are used to calculate the Total Performance Score.

Individual measure scores may not add up to the Total Performance Score. Measures are assigned different levels of importance that determine their contribution to the Total Performance Score. The highest possible Total Performance Score is 30 points.

A facility may score less than the national average on a specific measure but still meet the standard set for that facility. This is because the facility has shown improvement from previous years. Some facilities may not have enough data to calculate a specific measure score or Total Performance Score. This does not reflect the quality of care provided in those facilities.

***How can I get more information?***

To learn more about the ESRD QIP and other CMS quality initiatives, please do one of the following:

- Contact your ESRD Network
- Visit the Dialysis Facility Compare website at: <http://www.medicare.gov/Dialysis>