

Chronic Kidney Disease Management:

Physician Attestation Form

The Quality Performance Program (“QPP”) is designed to engage and reward physicians for meeting certain quality measures. Under the QPP, a physician is eligible to receive incentive payments if he or she satisfies certain performance-based criteria. Ambulatory management of chronic kidney disease is one measure included in the QPP. This measure aims to improve the identification and management of patients with chronic kidney disease through periodic review of attributed, at-risk patients.

*Directions: Please complete the form below. You must submit this form at least twice annually, with at least four months between form submissions. The final form must be submitted by **Friday, 12/29/2017**.*

Measurement Period: January 1, 2017 – December 31, 2017

Date: _____

By checking the boxes and signing below, I attest to all of the following:

- I have received and reviewed a list my attributed patients who are at risk for chronic kidney disease development or progression.
- I reviewed this list with a physician leader, in a group, or individually.
- After reviewing the list described above, I have taken action as deemed appropriate in my professional medical judgment to address my attributed patients’ chronic kidney disease development or progression.
- My representations on this form are true, accurate, and complete to the best of my knowledge.

Signature

Printed Name

Practice Name

Date

** Please submit this form via email to info@hawaiihealthpartners.org, or fax it to 808-522-4717.*