

ESRD QIP Summary: Payment Years 2016 – 2020



The Centers for Medicare & Medicaid Services (CMS) administers the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) to promote high-quality services by outpatient dialysis facilities treating patients with ESRD. The first of its kind in Medicare, this program changes the way CMS pays for the treatment of ESRD patients by linking a portion of payment directly to facilities' performance on quality care measures. The ESRD QIP will reduce payments to ESRD facilities that do not meet or exceed certain performance standards.

For more information about the program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html>. For more information about specifications on each measure (including exclusions), see http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html. If you have questions about the program after reviewing this content, you may reach the CMS ESRD QIP staff by emailing ESRDQIP@cms.hhs.gov.

	PY 2016	PY 2017	PY 2018	PY 2019	PY 2020
Measures	8 Clinical <ul style="list-style-type: none"> Hgb >12 g/dL VAT Measure Topic (fistula, catheter) Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis) NHSN Bloodstream Infection in Hemodialysis Outpatients Hypercalcemia 3 Reporting <ul style="list-style-type: none"> ICH CAHPS Mineral Metabolism Anemia Management 	8 Clinical <ul style="list-style-type: none"> VAT Measure Topic (fistula, catheter) Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis) NHSN Bloodstream Infection in Hemodialysis Outpatients Standardized Readmission Ratio Hypercalcemia 3 Reporting <ul style="list-style-type: none"> ICH CAHPS Mineral Metabolism Anemia Management 	11 Clinical <ul style="list-style-type: none"> NHSN Bloodstream Infection in Hemodialysis Outpatients ICH CAHPS Standardized Readmission Ratio Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis, pediatric peritoneal dialysis) Standardized Transfusion Ratio VAT Measure Topic (fistula, catheter) Hypercalcemia 5 Reporting <ul style="list-style-type: none"> Mineral Metabolism Anemia Management Pain Assessment and Follow-Up Clinical Depression Screening and Follow-Up NHSN Healthcare Personnel Influenza Vaccination 	7 Clinical <ul style="list-style-type: none"> ICH CAHPS Standardized Readmission Ratio Kt/V Dialysis Adequacy (comprehensive) Standardized Transfusion Ratio VAT Measure Topic (fistula, catheter) Hypercalcemia 2 Safety <ul style="list-style-type: none"> NHSN BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting) 5 Reporting <ul style="list-style-type: none"> Mineral Metabolism Anemia Management Pain Assessment and Follow-Up Clinical Depression Screening and Follow-Up NHSN Healthcare Personnel Influenza Vaccination 	8 Clinical <ul style="list-style-type: none"> ICH CAHPS Standardized Readmission Ratio Kt/V Dialysis Adequacy (comprehensive) Standardized Transfusion Ratio VAT Measure Topic (fistula, catheter) Hypercalcemia Standardized Hospitalization Ratio 2 Safety <ul style="list-style-type: none"> NHSN BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting) 6 Reporting <ul style="list-style-type: none"> Serum Phosphorus Anemia Management Pain Assessment and Follow-Up Clinical Depression Screening and Follow-Up NHSN Healthcare Personnel Influenza Vaccination Ultrafiltration Rate
Performance Period	CY 2014	CY 2015	CY 2016 (NHSN HCP reporting measure: 10/1/2015 – 3/31/2016)	CY 2017 (NHSN HCP reporting measure: 10/1/2016 – 3/31/2017)	CY 2018 (NHSN HCP reporting measure: 10/1/2017 – 3/31/2018)
Comparison Period	CY 2012 (achievement), CY 2013 (improvement) <i>Note: No improvement scoring for NHSN Bloodstream Infection</i>	CY 2013 (achievement), CY 2014 (improvement) <i>Note: NHSN Bloodstream Infection uses CY 2014 for both</i>	CY 2014 (achievement), CY 2015 (improvement) <i>Note: ICH CAHPS uses CY 2015 for both</i>	CY 2015 (achievement), CY 2016 (improvement)	CY 2016 (achievement), CY 2017 (improvement)
Performance Standard	National Performance Rate (CY 2012); National Performance Rate (May – Dec. 2012) for Hypercalcemia; National Performance Rate (CY 2014) for NHSN Bloodstream Infection	National Performance Rate (CY 2013); National Performance Rate (CY 2014) for NHSN Bloodstream Infection	National Performance Rate (CY 2014); National Performance Rate (CY 2015) for ICH CAHPS	National Performance Rate (CY 2015)	National Performance Rate (CY 2016)
Weighting	Clinical: 75%, Reporting: 25% (Hypercalcemia clinical measure @ 2/3 of each remaining clinical measure)	Clinical: 75%, Reporting: 25% (Hypercalcemia clinical measure @ 2/3 of each remaining clinical measure)	Clinical: 90% (Safety Subdomain 20%; Patient and Family Engagement/Care Coordination Subdomain 30%; Clinical Care Subdomain 50%); Reporting: 10%	Clinical: 75% (Patient and Family Engagement/Care Coordination Subdomain 42%; Clinical Care Subdomain 58%); Safety: 15%; Reporting: 10%	Clinical: 75% (Patient and Family Engagement/Care Coordination Subdomain 40%; Clinical Care Subdomain 60%); Safety: 15%; Reporting: 10%
Minimum Data Requirements	Facility needs both (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure.	Facility needs both (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure.	Facility needs to qualify for at least one clinical measure and at least one reporting.	Facility needs to qualify for at least one measure in the Clinical Measure Domain and at least one measure in the Reporting Measure Domain.	Facility needs to qualify for at least one measure in the Clinical Measure Domain and at least one measure in the Reporting Measure Domain.
Low-Volume Facility Score Adjustment	Applied to clinical measures with 11 – 25 cases	SRR: 11 – 41 index discharges; all other clinical measures: 11 – 25 cases	SRR: 11 – 41 index discharges; STRR: 10 – 21 patient-years at risk; all other clinical measures: 11 – 25 cases	SRR: 11 – 41 index discharges; STRR: 10 – 21 patient-years at risk; all other clinical measures: 11 – 25 cases	SRR: 11 – 41 index discharges; STRR: 10 – 21 patient-years at risk; SHR: 5 patient-years at risk; all other clinical measures: 11 – 25 cases
Minimum Total Performance Score	54 Points	60 points	49 points	60 points	Not yet established (as of April 2017)

Please note that this chart is an informal reference only and does not constitute official CMS guidance. Please refer to the implementing regulations for each PY.