

# ESRD QIP Summary: Payment Years 2019 – 2024

The Centers for Medicare & Medicaid Services (CMS) administers the End-Stage Renal Disease Quality Incentive Program (ESRD QIP) to promote high-quality care in renal dialysis facilities. The program changes the way CMS pays for the treatment of ESRD patients by linking a portion of payment directly to facilities' performance on a core set of quality measures.



	Payment Year (PY) 2019	PY 2020	PY 2021	PY 2022	PY 2023	PY 2024
Measures	<b>7 Clinical</b> <ul style="list-style-type: none"> <li>ICH CAHPS</li> <li>Standardized Readmission Ratio (SRR)</li> <li>Kt/V Dialysis Adequacy (comprehensive)</li> <li>Standardized Transfusion Ratio (STrR)</li> <li>VAT Measure Topic (fistula, catheter)</li> <li>Hypercalcemia</li> </ul> <b>2 Safety</b> <ul style="list-style-type: none"> <li>NHSN BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting)</li> </ul> <b>5 Reporting</b> <ul style="list-style-type: none"> <li>Mineral Metabolism</li> <li>Anemia Management</li> <li>Pain Assessment and Follow-Up</li> <li>Clinical Depression Screening and Follow-Up</li> <li>NHSN Healthcare Personnel Influenza Vaccination</li> </ul>	<b>8 Clinical</b> <ul style="list-style-type: none"> <li>ICH CAHPS</li> <li>Standardized Readmission Ratio (SRR)</li> <li>Kt/V Dialysis Adequacy (comprehensive)</li> <li>Standardized Transfusion Ratio (STrR)</li> <li>VAT Measure Topic (fistula, catheter)</li> <li>Hypercalcemia</li> <li>Standardized Hospitalization Ratio (SHR)</li> </ul> <b>2 Safety</b> <ul style="list-style-type: none"> <li>NHSN BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting)</li> </ul> <b>6 Reporting</b> <ul style="list-style-type: none"> <li>Serum Phosphorus</li> <li>Anemia Management</li> <li>Pain Assessment and Follow-Up</li> <li>Clinical Depression Screening and Follow-Up</li> <li>NHSN Healthcare Personnel Influenza Vaccination</li> <li>Ultrafiltration Rate (UFR)</li> </ul>	<b>1 Patient &amp; Family Engagement</b> <ul style="list-style-type: none"> <li>ICH CAHPS</li> </ul> <b>3 Care Coordination</b> <ul style="list-style-type: none"> <li>Standardized Readmission Ratio (SRR)</li> <li>Standardized Hospitalization Ratio (SHR)</li> <li>Clinical Depression Screening and Follow-Up</li> </ul> <b>6 Clinical Care</b> <ul style="list-style-type: none"> <li>Kt/V Dialysis Adequacy (comprehensive)</li> <li>Vascular Access                             <ul style="list-style-type: none"> <li>Standardized Fistula Rate</li> <li>Long-term catheter Rate</li> </ul> </li> <li>Standardized Transfusion Ratio (STrR)</li> <li>Hypercalcemia</li> <li>Ultrafiltration Rate (UFR)</li> </ul> <b>2 Safety</b> <ul style="list-style-type: none"> <li>NHSN Blood Stream Infection (BSI) clinical</li> <li>NHSN Dialysis Event Reporting</li> </ul>	<b>1 Patient &amp; Family Engagement</b> <ul style="list-style-type: none"> <li>ICH CAHPS</li> </ul> <b>4 Care Coordination</b> <ul style="list-style-type: none"> <li>Standardized Readmission Ratio (SRR)</li> <li>Standardized Hospitalization Ratio (SHR)</li> <li>Percentage of Prevalent Patients Waitlisted (PPPW)</li> <li>Clinical Depression Screening and Follow-Up</li> </ul> <b>6 Clinical Care</b> <ul style="list-style-type: none"> <li>Kt/V Dialysis Adequacy (comprehensive)</li> <li>Vascular Access Rate                             <ul style="list-style-type: none"> <li>Standardized Fistula Rate</li> <li>Long-term Catheter Rate</li> </ul> </li> <li>Standardized Transfusion Ratio (STrR)</li> <li>Hypercalcemia</li> <li>Ultrafiltration Rate (UFR)</li> </ul> <b>3 Safety</b> <ul style="list-style-type: none"> <li>NHSN Blood Stream Infection (BSI) clinical</li> <li>NHSN Dialysis Event Reporting</li> <li>Medication Reconciliation</li> </ul>	<b>1 Patient &amp; 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Performance Period	Calendar Year (CY) 2017 (NHSN HCP reporting measure: 10/1/2016 – 3/31/2017)	CY 2018 (NHSN HCP reporting measure: 10/1/2017 – 3/31/2018)	CY 2019	CY 2020	CY 2021	CY 2022
Baseline Period	CY 2016 (improvement)	CY 2017 (improvement)	CY 2018 (improvement)	CY 2019 (improvement)	CY 2020 (improvement)	CY 2021 (improvement)
Performance Standard	National Performance Rate (CY 2015)	National Performance Rate (CY 2016)	National Performance Rate (CY 2017)	National Performance Rate (CY 2018)	National Performance Rate (CY 2019)	National Performance Rate (CY 2020)
Weighting	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%	Patient & Family Engagement: 15% Care Coordination: 30% Clinical Care: 40% Patient Safety: 15%	Patient & Family Engagement: 15% Care Coordination: 30% Clinical Care: 40% Patient Safety: 15%	Patient & Family Engagement: 15% Care Coordination: 30% Clinical Care: 40% Patient Safety: 15%	Patient & Family Engagement: 15% Care Coordination: 30% Clinical Care: 40% Patient Safety: 15%
Minimum Data Requirements	Facility needs to qualify for: <ul style="list-style-type: none"> <li>at least one measure in the Clinical Measure Domain and</li> <li>at least one measure in the Reporting Measure Domain.</li> </ul>	Facility needs to qualify for: <ul style="list-style-type: none"> <li>at least one measure in the Clinical Measure Domain and</li> <li>at least one measure in the Reporting Measure Domain.</li> </ul>	Facility needs to qualify for: <ul style="list-style-type: none"> <li>at least one measure in two out of the four domains</li> </ul>	Facility needs to qualify for: <ul style="list-style-type: none"> <li>at least one measure in two out of the four domains</li> </ul>	Facility needs to qualify for: <ul style="list-style-type: none"> <li>at least one measure in two out of the four domains</li> </ul>	Facility needs to qualify for: <ul style="list-style-type: none"> <li>at least one measure in two out of the four domains</li> </ul>
Low-Volume Facility Score Adjustment	<ul style="list-style-type: none"> <li>SRR: 11 – 41 index discharges</li> <li>STrR: 10 – 21 patient-years at risk</li> <li>All other clinical measures: 11 – 25 cases</li> </ul>	<ul style="list-style-type: none"> <li>SRR: 11 – 41 index discharges</li> <li>STrR: 10 – 21 patient-years at risk</li> <li>SHR: 5 – 14 patient-years at risk</li> <li>All other clinical measures: 11 – 25 cases</li> </ul>	<ul style="list-style-type: none"> <li>SRR: 11 – 41 index discharges</li> <li>STrR: 10 – 21 patient-years at risk</li> <li>SHR: 5 – 14 patient-years at risk</li> <li>All other clinical measures: 11 – 25 cases</li> </ul>	<ul style="list-style-type: none"> <li>SRR: 11 – 41 index discharges</li> <li>SHR: 5 – 14 patient-years at risk</li> <li>All other clinical measures: 11 – 25 cases</li> </ul>	<ul style="list-style-type: none"> <li>SRR: 11 – 41 index discharges</li> <li>SHR: 5 – 14 patient-years at risk</li> <li>All other clinical measures: 11 – 25 cases</li> </ul>	<ul style="list-style-type: none"> <li>SRR: 11 – 41 index discharges</li> <li>SHR: 5 – 14 patient-years at risk</li> <li>All other clinical measures: 11 – 25 cases</li> </ul>
Minimum Total Performance Score	60 points	61 points	56 points	54 points	Not yet established	Not yet established

FOR ADDITIONAL DETAILS: About the program: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html> About specifications on each measure (including exclusions): [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061\\_TechnicalSpecifications.htm](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.htm) Questions remaining after reviewing this content should be directed to CMS ESRD QIP staff via the [QualityNet Question and Answer Tool](https://www.cms.gov/QualityNet/Question-and-Answer-Tool).

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 at <https://www.federalregister.gov/>