

# 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
<b>Measures</b>	<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>VAT Measure Topic (fistula, catheter)<sup>1</sup></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 BSI Measure Topic (NHSN BSI clinical, 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> </ul> <b>6 Clinical Care</b> <ul style="list-style-type: none"> <li>Clinical Depression Screening and Follow-Up</li> <li>Kt/V Dialysis Adequacy (comprehensive)</li> <li>VAT Measure Topic (fistula, catheter)</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 BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting)</li> <li>Medication Reconciliation</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> </ul> <b>6 Clinical Care</b> <ul style="list-style-type: none"> <li>Clinical Depression Screening and Follow-Up</li> <li>Kt/V Dialysis Adequacy (comprehensive)</li> <li>VAT Measure Topic (fistula, catheter)</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 BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting)</li> <li>Medication Reconciliation</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> </ul> <b>6 Clinical Care</b> <ul style="list-style-type: none"> <li>Clinical Depression Screening and Follow-Up</li> <li>Kt/V Dialysis Adequacy (comprehensive)</li> <li>VAT Measure Topic (fistula, catheter)</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 BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting)</li> <li>Medication Reconciliation</li> </ul>
<b>Performance Period</b>	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
<b>Comparison Period</b>	CY 2015 (achievement) CY 2016 (improvement)	CY 2016 (achievement) CY 2017 (improvement)	CY 2017 (achievement) CY 2018 (improvement)	CY 2018 (achievement) CY 2019 (improvement)	CY 2019 (achievement) CY 2020 (improvement)	CY 2020 (achievement) CY 2021 (improvement)
<b>Performance Standard</b>	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)
<b>Weighting</b>	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%
<b>Minimum Data Requirements</b>	Facility needs to qualify for: <ul style="list-style-type: none"> <li>at least one measure in the Clinical Measure Domain <b>and</b></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 <b>and</b></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>
<b>Low-Volume Facility Score Adjustment</b>	<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 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 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 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>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>All other clinical measures: 11 – 25 cases</li> </ul>
<b>Minimum Total Performance Score</b>	60 points	61 points	56 points	Not yet established	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 at [ESRDQIP@cms.hhs.gov](mailto:ESRDQIP@cms.hhs.gov)

<sup>1</sup> VAT measures updated in CY 2018 ESRD PPS Final Rule

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/>