

ESRD QIP Summary: Payment Years 2012 – 2015

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>. 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.

The following chart summarizes selected details of ESRD QIP payment years (PY) over the first four years of the program's implementation.

	PY 2012	PY 2013	PY 2014	PY 2015
Measures	<ul style="list-style-type: none"> Hgb >12 g/dL Hgb < 10 g/dL URR \geq 65% 	<ul style="list-style-type: none"> Hgb >12 g/dL URR \geq 65% 	<p>3 Clinical</p> <ul style="list-style-type: none"> Hgb >12 g/dL URR VAT <p>3 Reporting</p> <ul style="list-style-type: none"> NHSN ICH CAHPS Mineral Metabolism 	<p>6 Clinical</p> <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) <p>4 Reporting</p> <ul style="list-style-type: none"> NHSN ICH CAHPS Mineral Metabolism Anemia Management
Performance Period	CY 2010	CY 2011	CY 2012	CY 2013
Comparison Period	N/A	N/A	July 1, 2010 – June 30, 2011	CY 2011 (achievement), CY 2012 (improvement)
Performance Standard	Lesser of the performance rate in CY 2007 OR the national performance rate in CY 2008	Lesser of the performance rate in CY 2007 OR the national performance rate in CY 2009	National Performance Rate (July 1, 2010 – June 30, 2011)	National Performance Rate (CY 2011)
Weighting	50% Hgb < 10 g/dL 25% Hgb > 12 g/dL 25% URR \geq 65%	50% Hgb > 12 g/dL 50% URR \geq 65%	Clinical: 90%, Reporting: 10% If facility has only one type of measure, that type is weighted at 100% of the score.	Clinical: 75%, Reporting: 25%
Minimum Data Requirements	11 cases for each measure	11 cases for each measure	Facility needs either (i) 11 cases for at least one clinical measure or (ii) to be a facility that qualifies for at least one reporting measure.	Facility needs both (i) 11 cases for at least one clinical measure and (ii) to be a facility that qualifies for at least one reporting measure. Note: The 11 case minimum now also applies to reporting measures.
Low-Volume Facility Score Adjustment	None	None	None	Applied to measures with 11-25 cases
Max. Total Perform. Score	30 Points	30 Points	100 Points	100 Points
Min. Total Perform. Score	26 Points	30 Points	53 Points	60 Points
Payment Reduction Scale	0.5% – 2%, with a 0.5% reduction for every 5 points under the minimum TPS	1% – 2%, with a 0.5% reduction for every 5 points under the minimum TPS	0.5% – 2%, with a 0.5% reduction for every 10 points under the minimum TPS	0.5% – 2%, with a 0.5% reduction for every 10 points under the minimum TPS
Reporting Measures	N/A	N/A	<ul style="list-style-type: none"> Facilities must complete certain requirements that vary by measure. Facilities receiving CCN on or after July 1, 2012 can "opt in" for scoring on reporting measure(s) by completing requirements to earn 10 points. 	<ul style="list-style-type: none"> Facilities must complete certain requirements that vary by measure. Facilities receiving CCN on or after July 1, 2013 are not scored on reporting measures. Facilities receiving CCN on or after January 1, 2013 are not scored on the NHSN measure.

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.