

ESRD QIP Payment Year 2024 Program Details

The Centers for Medicare & Medicaid Services (CMS) uses a variety of levers to support its Three-Part Aim and the [CMS Meaningful Measures 2.0](#) framework to help ensure healthcare safety, value, and quality. Those levers include:

- Continuous quality improvement (CQI) efforts
- Transparency and robust public reporting
- Coverage and payment decisions
- Payment incentives
- Conditions for coverage
- Grants, demonstrations, pilots, and research

CMS strives to ensure that all of these complex levers work in concert to improve the quality and cost efficiency of national dialysis care for all beneficiaries. These various levers share a common goal — the provision of cost-efficient and clinically effective patient care — and they ideally complement each other to these ends. The End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) provides an important lever for safety, value, and quality for CMS beneficiaries.

The ESRD QIP promotes high-quality care 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 facility performance on quality care measures. The ESRD QIP reduces payments to ESRD facilities that do not meet or exceed certain performance standards.

For more information about ESRD QIP, visit Medicare's [ESRD Quality Incentive Program](#) webpage. If you have questions about the program after reviewing this content, you may contact the CMS ESRD QIP staff via the [QualityNet Question and Answer Tool](#).

ESRD QIP Final Rule Governing Payment Year 2024

This document is an informal reference only and does not constitute official CMS guidance. Please refer to the ESRD Prospective Payment System (PPS) final rule document for additional information regarding ESRD-care regulations: <https://www.federalregister.gov/documents/2021/11/08/2021-23907/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis>. This final rule applies to updates and revisions to the ESRD PPS for calendar year (CY) 2022 that governs the ESRD QIP for payment year (PY) 2024 and was published in the *Federal Register* on November 8, 2021. Additionally, the final rule outlines how CMS will implement the law establishing the program. Policies pertaining to PY 2023 and PY 2024 also appear in the CY 2021 final rule document, which was published in the *Federal Register* on November 9, 2020: <https://www.regulations.gov/document/CMS-2020-0079-0120>. These two rules in combination specify the following in detail:

- **Measures selected** – Fourteen total measures (one Patient & Family Engagement, four Care Coordination, six Clinical Care and three Safety) for assessing the quality of ESRD care
- **Performance period** – Timeframe during which CMS will collect data to evaluate facility performance
- **Methodology** – The process used to score facility performance
- **Payment reduction scale** – Scale used to determine payment reductions for facilities not meeting established performance standards.

The final rules also address public comments to the earlier proposed rules and CMS's responses to those comments.

Measuring Quality

Section 153(c) of the Medicare Improvements for Patients and Providers Act (MIPPA) requires CMS to use certain types of quality measures as part of the ESRD QIP. These include:

- Measures on anemia management that reflect the labeling approved by the Food and Drug Administration (FDA) for administration of erythropoiesis-stimulating agents (ESAs)
- Measures on dialysis adequacy
- Other measures as the Secretary of the Department of Health and Human Services (HHS) may specify on iron management, bone mineral metabolism, vascular access, and patient satisfaction

It is important to note that CY 2022 is the performance period for PY 2024. For PY 2024, CMS has selected 14 measures for evaluating each facility and each of the 14 measures has an assigned weight. These resulting measure scores are combined to establish the facility's Total Performance Score (TPS). Please refer to the *Facility Scoring* section of this document for additional details pertaining to the individual measure percentage weights. The 14 measures are considered to be either a "clinical" measure or a "reporting" measure:

- Nine of the measures are "clinical." The clinical measures evaluate the quality of services provided to patients by how well facilities meet clinical performance goals.
- Five of the measures are "reporting." The reporting measures evaluate the data that have been reported by facilities and are required to be submitted.

Not all facilities will be eligible for a TPS in 2024. To receive a TPS, a facility must be eligible to receive a score on at least one measure in two of the four domains. For each measure in the Clinical Care Domain, facilities must meet the minimum data requirements in order to receive a score. For the Standardized Hospitalization Ratio (SHR) measure, the minimum data requirement is 5 patient-years at risk. For the Standardized Readmission Ratio (SRR), the minimum data requirement is 11 index discharges. For the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey measure, the minimum data requirement is facilities with 30 or more survey-eligible patients. For the Standardized Transfusion Ratio (STrR) Reporting measure, the minimum data requirement is 10 patient-years at risk, and for all other clinical measures, the minimum data requirement is 11 qualifying patients. CMS will calculate ESRD QIP scores for each reporting measure by determining whether your facility reported required data in the ESRD Quality Reporting System (EQRS) or the National Healthcare Safety Network (NHSN) system in accordance with the requirements for the measure in question.

If a facility does not receive a TPS, this does not indicate that the facility provided low-quality care. It could simply mean that they did not treat enough eligible patients to receive a TPS.

For additional information about exclusions and measure calculations, see the [CMS ESRD QIP CY 2021 Measure Technical Specifications](#).

Patient & Family Engagement Measure Domain

The Patient & Family Engagement Measure Domain for PY 2024 remains unchanged from PY 2023 and includes one clinical measure. The ICH CAHPS Survey measure represents this domain. The ICH CAHPS Survey measure assesses patients' self-reported experience of care. This domain represents 15 percent of a facility's TPS.

Data to assess performance on this measure will be taken from the ICH CAHPS Survey, EQRS, and other CMS ESRD administrative databases.

The higher the Survey scores, the better the facility will score towards the TPS.

Care Coordination Measure Domain

The Care Coordination Measure Domain for PY 2024 remains unchanged from PY 2023 and include three clinical measures and one reporting measure. This domain represents 30 percent of a facility's TPS. The Care Coordination domain requires facilities to submit the following information:

1. SRR – evaluates the unplanned patient readmissions to the hospital. (The fewer incidents a facility reports, the better the facility will score towards the TPS.)
2. SHR – evaluates the hospitalization occurrences on a risk-adjusted basis. (The fewer incidents a facility reports, the better the facility will score towards the TPS.)

3. Percentage of Prevalent Patients Waitlisted (PPPW) – evaluates the percentage of patients on the kidney or kidney-pancreas transplant waitlist. (A higher PPPW percentage, the better a facility will score towards the TPS.)
4. Clinical Depression Screening and Follow-up – examines the percentage of eligible patients for which a facility reports in EQRS whether a clinical depression screening and/or follow-up plan was performed. (A higher Clinical Depression Screening and Follow-Up percentage, the better a facility will score towards the TPS.)

Data to assess performance on these measures will be taken from Medicare claims, Organ Procurement and Transplant Network (OPTN), Nursing Home Minimum Dataset, CMS Medical Evidence Forms, Medicare hospice claims, EQRS, Enrollment Data Base (EDB), and other CMS ESRD administrative databases.

Clinical Care Measure Domain

The measures included in the Clinical Care Measure Domain for PY 2024 remain unchanged from PY 2023 and include four clinical measures and two reporting measures. The Clinical Care Measure Domain reflect quality measurement based on the [CMS Meaningful Measures 2.0](#) framework and represents 40 percent of a facility’s TPS. The Clinical Care Domain requires facilities to submit the following information:

1. Kt/V Dialysis Adequacy - Comprehensive - evaluates the success of achieving the delivered dose of dialysis. (The greater the number of patients above the Kt/V threshold, the better the facility will score towards the TPS.)
2. Vascular Access Type: Hemodialysis Vascular Access - evaluates the vascular access type used to deliver hemodialysis.
 - Standardized Fistula Rate (SFR) (The higher the SFR, the better the facility will score towards the TPS.)
 - Long-term Catheter Rate (The lower the Long-term Catheter Rate, the better the facility will score towards the TPS.)
3. STrR – examines the dialysis facility reporting of data on Medicare claims and in EQRS that are used to determine the number of eligible patient-years at risk for calculating the risk adjusted facility level transfusion ratio for adult Medicare dialysis patients. (A facility will either receive no score or a score of 10.)
4. Hypercalcemia - evaluates uncorrected calcium levels, a measure of mineral metabolism. (The fewer facility patients with hypercalcemia, the better the facility will score towards the TPS.)
5. Ultrafiltration Rate (UFR) – examines facility reporting of the data elements used to calculate UFR during the week of the monthly Kt/V laboratory draw and is scored based on the number of eligible patient-months. (The more patient-months with required UFR data element reported, the better the facility will score towards the TPS.)

Data to assess performance on these measures will be taken from EQRS, Medicare claims, EDB, Long Term Care Minimum Data Set, and other CMS and federal databases.

Safety Measure Domain

The measures included in the Safety Measure Domain for PY 2024 remain unchanged from PY 2023 and include two reporting measures and one clinical measure. This domain represents 15 percent of the facility’s TPS. The Safety Domain requires facilities to submit the following information:

- NHSN Bloodstream Infection (BSI) in Hemodialysis Patients – evaluates the number of BSIs incurred by in-center hemodialysis patients. (The lower the BSI rate, the better the facility will score towards the TPS.)
- NHSN Dialysis Event Reporting Measure – examines the facility reporting of the number of months for Dialysis Event data to NHSN. (The greater number of months for which the facility reports NHSN Dialysis Event Data, the better the facility will score towards the TPS).
- Medication Reconciliation (MedRec) – examines the facility reporting of the percentage of MedRecs performed and documented by an eligible professional. This measure is scored based on the number of eligible facility-months. (The higher percentage of MedRecs performed and reported, the better the facility will score towards the TPS.)

Data to assess performance on these measures will be taken from NHSN, EQRS, EDB, Medicare claims, and other CMS and federal databases.

The NHSN BSI in Hemodialysis Patients and NHSN Dialysis Event Reporting measures require facilities to enter data according to the Centers for Disease Control and Prevention (CDC) [Dialysis Event Surveillance Protocol](#). Additionally, for the NHSN BSI in Hemodialysis Patients measure, facilities that do not submit 12 months of data in accordance with the [Dialysis Event Surveillance](#)

[Protocol](#) will receive 0 points for this measure. For the NHSN Dialysis Event Reporting measure, facilities that submit reporting for 100 percent of the eligible months will be awarded 10 points; facilities that submit reporting for less than 100 percent but no less than 50 percent of eligible months will be awarded 2 points, and facilities that report less than 50 percent of the eligible months will receive 0 points for this measure. Quarterly reporting to NHSN as specified by the [CDC's NHSN and ESRD QIP](#) webpage is required for both NHSN measures.

For more information on how to report and submit data to NHSN, visit the [CDC NHSN Training](#) webpage. A facility will receive maximum points for the NHSN measures by meeting the CDC deadlines for quarterly data submissions and by having a lower number of BSIs (NHSN BSI in Hemodialysis Patients measure only).

Facility Scoring

Period of Performance

The period of performance for PY 2024 is CY 2022. This allows enough time for CMS to:

1. Ensure that claims used in calculations are complete and accurate
2. Calculate facility performance scores
3. Allow facilities to view their performance scores before public release and obtain additional information if needed.

In CY 2020, CMS issued a national extraordinary circumstances exception (ECE) in response to the COVID-19 public health emergency (PHE), resulting in the exclusion of CY 2020 first and second quarter data from being used for ESRD QIP scoring purposes. Therefore, per the CY 2022 ESRD PPS final rule, it was determined that for PY 2024, CY 2019 data would be used for performance standard setting purposes (i.e., baseline period for establishing achievement thresholds), instead of the CY 2020 data. For additional scoring policies pertaining to PY 2024, refer to the PY 2022 ESRD PPS final rule document, which was published in the *Federal Register* on November 8, 2021: <https://www.federalregister.gov/public-inspection/2021-23907/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis>.

Scoring for Clinical Measures

Facility performance will be evaluated against each measure; a facility receives a score based on the higher of its achievement or improvement on a measure. The performance period for the PY 2024 clinical measures will be CY 2022 and CY 2019 as the baseline period for establishing the achievement threshold and CY 2021 as the baseline period for establishing the improvement threshold.

Facilities receive achievement points on a measure based on where they fall on the achievement range. The **achievement range** begins at the achievement threshold, which is defined as the 15th percentile of facilities during the comparison period. It ends at the benchmark, which is defined as the 90th percentile of facilities during the comparison period. A facility will receive an achievement score of 0 if its performance on that measure falls below the achievement threshold, 1–9 if its performance falls within this range, and 10 points if it is at or above the benchmark.

Facilities may receive improvement points on a measure based on where they fall on the improvement range. The **improvement range** begins at the facility's prior performance rate on the measure during the improvement period (facility comparison rate) and ends at the benchmark. A facility will receive an improvement score of 0 if its performance falls below the facility's comparison rate, 0–9 if its performance falls within this range, and 10 if it is at or above the benchmark.

Scoring for Reporting Measures

The reporting measure scores are not calculated using achievement and improvement scores; instead, facilities receive points based on whether they meet certain reporting requirements. For the STRR measure, if the facility satisfies the reporting requirements, then the facility will earn the full 10 points for the measure. For the Clinical Depression Screening and Follow-Up, NHSN Dialysis Event Reporting, UFR and MedRec reporting measures, facilities may be able to earn partial points for satisfying some of the reporting requirements. For more information, please refer to the [CMS ESRD QIP CY 2021 Measure Technical Specifications](#).

Measure Weighting

The 14 measures for the PY 2024 ESRD QIP do not contribute equally to the TPS. Each facility's score will be calculated according to the following domain weights:

- Clinical Care Measure Domain – 40 percent
- Care Coordination Measure Domain – 30 percent
- Patient Safety Measure Domain – 15 percent
- Patient & Family Engagement – 15 percent

In CY 2019, the ESRD PPS final rule finalized a policy to assign weights to individual measures and to allow weight redistribution for unscored measures. If a facility does not meet the eligibility requirements for a measure, the facility is not scored on the measure. If a facility is not scored on any measures (or measure topics) in a domain, then that domain's weight is redistributed evenly across the remaining domains and then evenly across the measures within those domains. The table below is an example of this redistribution, showing the measure weights as a percent of the TPS.

Measure Weights as a Percent of TPS		
Measure Topics by Domain	Measure Weight as a Percent of Domain	Measure Weight as a Percent of TPS
PATIENT & FAMILY ENGAGEMENT MEASURE DOMAIN		
ICH CAHPS Survey measure	100.00%	15.00%
		15.00% of TPS
CARE COORDINATION MEASURE DOMAIN		
SRR measure	40.00%	12.00%
SHR measure	40.00%	12.00%
PPPW measure	13.33%	4.00%
Clinical Depression and Follow-Up measure	6.67%	2.00%
		30% of TPS
CLINICAL CARE MEASURE DOMAIN		
Kt/V Dialysis Adequacy - Comprehensive measure	22.50%	9.00%
Vascular Access Type: Hemodialysis Vascular Access (SFR and Long-term Catheter Rate) measure	30.00%	12.00%
Hypercalcemia measure	7.50%	3.00%
STrR Reporting measure	25.00%	10.00%
UFR measure	15.00%	6.00%
		40% of TPS
SAFETY MEASURE DOMAIN		
NHSN BSI in Hemodialysis Patients measure	53.3%	8.00%
NHSN Dialysis Event Reporting measure	20.0%	3.00%
MedRec measure	26.7%	4.00%
		15% of TPS

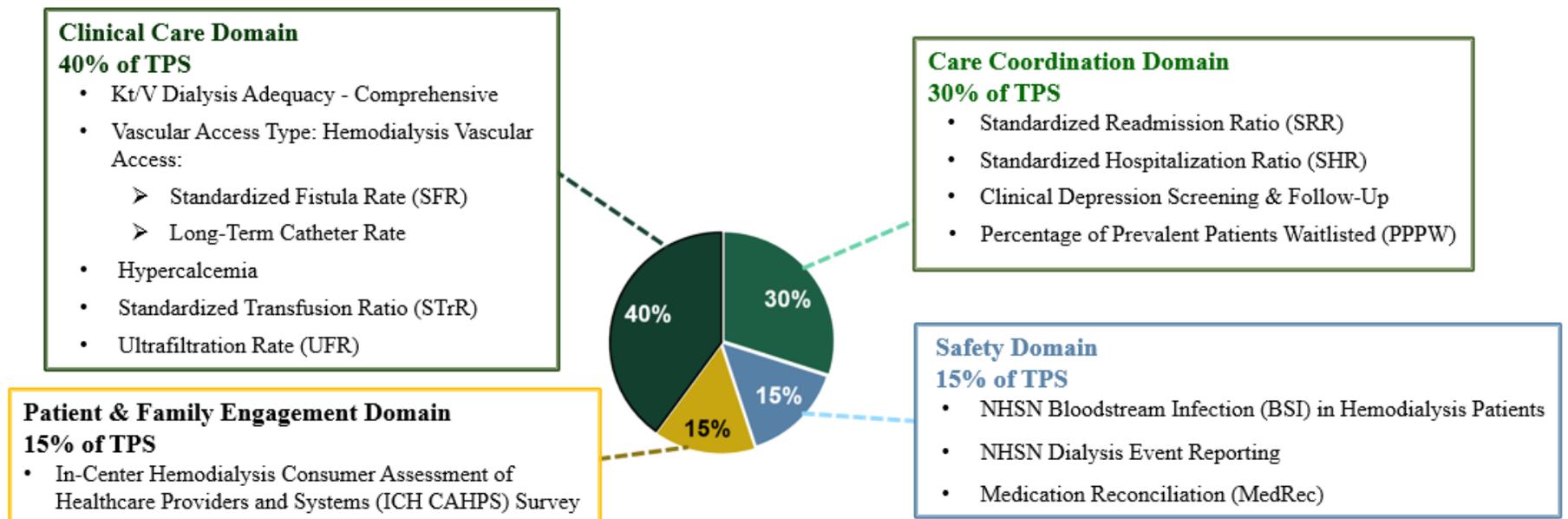
Calculating a Facility's Total Performance Score

A facility's TPS in PY 2024 is calculated by:

1. Multiplying each measure score by its appropriate weight
2. Adding these weighted measure scores
3. Multiplying the sum of the weighted measure scores by 10

A facility's TPS can range from 0–100 points.

The following graphic illustrates the methodology that CMS uses for calculating PY 2024 performance scores and payment reductions.



Payment Adjustments

Section 153(c) of MIPPA directs the Secretary of HHS to develop a method to assess the quality of dialysis care provided by facilities and to link this performance to possible payment reductions. To receive full payment for PY 2024, facilities must have a TPS of at least 57 points. Facilities that fail to meet this standard may receive a payment reduction of up to two percent. This payment reduction will apply to all Medicare payments to that facility for services rendered in CY 2024.

Scale for Payment Reductions

PY 2024 payment reductions will apply to a facility according to the following chart:

Total Performance Score	Payment Reduction
100-57	No reduction
56-47	0.5%
46-37	1.0%
36-27	1.5%
26-0	2.0%

Preview Period

Facilities will have the opportunity to preview their scores and any resulting payment reductions prior to public release. The preview period will last for approximately one month and is scheduled to occur in the summer of 2023. During this time, facilities may ask an unlimited number of inquiries about how the system calculates measure results. If your facility believes an error has been made regarding the calculations or data used for your facility's results, your facility can also submit inquiries on this topic during the preview period via the EQRS QIP User Interface (UI).