

ESRD QIP Summary: Payment Years (PY) 2021 – 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.



	PY 2021	PY 2022	PY 2023	PY 2024
Measures	1 Patient & Family Engagement <ul style="list-style-type: none"> • ICH CAHPS 3 Care Coordination <ul style="list-style-type: none"> • Standardized Readmission Ratio (SRR) • Standardized Hospitalization Ratio (SHR) • Clinical Depression Screening and Follow-Up 6 Clinical Care <ul style="list-style-type: none"> • Kt/V Dialysis Adequacy (comprehensive) • Vascular Access <ul style="list-style-type: none"> ○ Standardized Fistula Rate ○ Long-term catheter Rate • Standardized Transfusion Ratio (STrR) • Hypercalcemia • Ultrafiltration Rate (UFR) 2 Safety <ul style="list-style-type: none"> • NHSN Blood Stream Infection (BSI) clinical • NHSN Dialysis Event Reporting 	1 Patient & Family Engagement <ul style="list-style-type: none"> • ICH CAHPS 4 Care Coordination <ul style="list-style-type: none"> • Standardized Readmission Ratio (SRR) • Standardized Hospitalization Ratio (SHR) • Percentage of Prevalent Patients Waitlisted (PPPW) • Clinical Depression Screening and Follow-Up 6 Clinical Care <ul style="list-style-type: none"> • Kt/V Dialysis Adequacy (comprehensive) • Vascular Access <ul style="list-style-type: none"> ○ Standardized Fistula Rate ○ Long-term Catheter Rate • Standardized Transfusion Ratio (STrR)* • Hypercalcemia • Ultrafiltration Rate (UFR) 3 Safety <ul style="list-style-type: none"> • NHSN Blood Stream Infection (BSI) clinical • NHSN Dialysis Event Reporting • Medication Reconciliation 	1 Patient & Family Engagement <ul style="list-style-type: none"> • ICH CAHPS 4 Care Coordination <ul style="list-style-type: none"> • Standardized Readmission Ratio (SRR) • Standardized Hospitalization Ratio (SHR) • Percentage of Prevalent Patients Waitlisted (PPPW) • Clinical Depression Screening and Follow-Up 6 Clinical Care <ul style="list-style-type: none"> • Kt/V Dialysis Adequacy (comprehensive) • Vascular Access <ul style="list-style-type: none"> ○ Standardized Fistula Rate ○ Long-term catheter Rate • Standardized Transfusion Ratio (STrR) • Hypercalcemia • Ultrafiltration Rate (UFR) 3 Safety <ul style="list-style-type: none"> • NHSN Blood Stream Infection (BSI) clinical • NHSN Dialysis Event Reporting • Medication Reconciliation 	1 Patient & Family Engagement <ul style="list-style-type: none"> • ICH CAHPS 4 Care Coordination <ul style="list-style-type: none"> • Standardized Readmission Ratio (SRR) • Standardized Hospitalization Ratio (SHR) • Percentage of Prevalent Patients Waitlisted (PPPW) • Clinical Depression Screening and Follow-Up 6 Clinical Care <ul style="list-style-type: none"> • Kt/V Dialysis Adequacy (comprehensive) • Vascular Access <ul style="list-style-type: none"> ○ Standardized Fistula Rate ○ Long-term catheter Rate • Standardized Transfusion Ratio (STrR) • Hypercalcemia • Ultrafiltration Rate (UFR) 3 Safety <ul style="list-style-type: none"> • NHSN Blood Stream Infection (BSI) clinical • NHSN Dialysis Event Reporting • Medication Reconciliation
Performance Period	CY 2019	CY 2020	CY 2021	CY 2022
Baseline Period	CY 2017 (achievement) CY 2018 (improvement)	CY 2018 (achievement) CY 2019 (improvement)	CY 2019 (achievement) CY 2020 (improvement)	CY 2020 (achievement) CY 2021 (improvement)
Performance Standard	National Performance Rate (CY 2017)	National Performance Rate (CY 2018)	National Performance Rate (CY 2019)	National Performance Rate (CY 2020)
Weighting	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"> • at least one measure in two out of the four domains 	Facility needs to qualify for: <ul style="list-style-type: none"> • at least one measure in two out of the four domains 	Facility needs to qualify for: <ul style="list-style-type: none"> • at least one measure in two out of the four domains 	Facility needs to qualify for: <ul style="list-style-type: none"> • at least one measure in two out of the four domains
Low-Volume Facility Score Adjustment	<ul style="list-style-type: none"> • SRR: 11 – 41 index discharges • STrR: 10 – 21 patient-years at risk* • SHR: 5 – 14 patient-years at risk • All other clinical measures: 11 – 25 cases 	<ul style="list-style-type: none"> • SRR: 11 – 41 index discharges • SHR: 5 – 14 patient-years at risk • All other clinical measures: 11 – 25 cases 	<ul style="list-style-type: none"> • SRR: 11 – 41 index discharges • SHR: 5 – 14 patient-years at risk • All other clinical measures: 11 – 25 cases 	<ul style="list-style-type: none"> • SRR: 11 – 41 index discharges • SHR: 5 – 14 patient-years at risk • All other clinical measures: 11 – 25 cases
Minimum Total Performance Score	56 points	54 points	57 points	Not yet established

*The STrR measure changed from a clinical measure to a reporting measure for PY 2022 and subsequent years.

[FOR ADDITIONAL DETAILS: About the program: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html](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 Questions remaining after reviewing this content should be directed to CMSESRD QIP staff us via the [QualityNet Question and Answer Tool](#).