

**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
<b>Measures</b>	<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                             <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; 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                             <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; 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                             <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>Performance Period</b>	CY 2019	CY 2020	CY 2021	CY 2022
<b>Baseline Period</b>	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 2017)	National Performance Rate (CY 2018)	National Performance Rate (CY 2019)	National Performance Rate (CY 2020)
<b>Weighting</b>	<b>Patient &amp; Family Engagement:</b> 15% <b>Care Coordination:</b> 30% <b>Clinical Care:</b> 40% <b>Patient Safety:</b> 15%	<b>Patient &amp; Family Engagement:</b> 15% <b>Care Coordination:</b> 30% <b>Clinical Care:</b> 40% <b>Patient Safety:</b> 15%	<b>Patient &amp; Family Engagement:</b> 15% <b>Care Coordination:</b> 30% <b>Clinical Care:</b> 40% <b>Patient Safety:</b> 15%	<b>Patient &amp; Family Engagement:</b> 15% <b>Care Coordination:</b> 30% <b>Clinical Care:</b> 40% <b>Patient Safety:</b> 15%
<b>Minimum Data Requirements</b>	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>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>
<b>Minimum Total Performance Score</b>	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](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](#).