

ESRD QIP Summary: Payment Years (PY) 2024 – 2027

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 2024*	PY 2025*	PY 2026	PY 2027
Measures	<p>1 Patient & Family Engagement</p> <ul style="list-style-type: none"> In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey <p>4 Care Coordination</p> <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 <p>5 Clinical Care</p> <ul style="list-style-type: none"> Kt/V Dialysis Adequacy (comprehensive) Vascular Access Type <ul style="list-style-type: none"> Standardized Fistula Rate (SFR) Long-term Catheter Rate (LTC) Standardized Transfusion Ratio (STrR) Hypercalcemia Ultrafiltration Rate (UFR) <p>3 Safety</p> <ul style="list-style-type: none"> NHSN Blood Stream Infection (BSI) Clinical NHSN Dialysis Event Reporting Medication Reconciliation (MedRec) 	<p>1 Patient & Family Engagement</p> <ul style="list-style-type: none"> ICH CAHPS <p>3 Care Coordination</p> <ul style="list-style-type: none"> SRR SHR PPPW <p>3 Clinical Care</p> <ul style="list-style-type: none"> Kt/V Dialysis Adequacy (comprehensive) Vascular Access Topic <ul style="list-style-type: none"> SFR LTC STrR <p>1 Safety</p> <ul style="list-style-type: none"> NHSN BSI Clinical <p>6 Reporting</p> <ul style="list-style-type: none"> Clinical Depression Screening and Follow-Up Hypercalcemia UFR NHSN Dialysis Event Reporting MedRec COVID-19 Healthcare Personnel (HCP) Vaccination 	<p>1 Patient & Family Engagement</p> <ul style="list-style-type: none"> ICH CAHPS <p>4 Care Coordination</p> <ul style="list-style-type: none"> SRR SHR PPPW Clinical Depression Screening and Follow-Up <p>3 Clinical Care</p> <ul style="list-style-type: none"> Kt/V Dialysis Adequacy (comprehensive) LTC STrR <p>1 Safety</p> <ul style="list-style-type: none"> NHSN BSI clinical <p>5 Reporting</p> <ul style="list-style-type: none"> Hypercalcemia NHSN Dialysis Event Reporting MedRec COVID-19 HCP Vaccination Facility Commitment to Health Equity 	<p>1 Patient & Family Engagement</p> <ul style="list-style-type: none"> ICH CAHPS <p>4 Care Coordination</p> <ul style="list-style-type: none"> SRR SHR PPPW Clinical Depression Screening and Follow-Up <p>3 Clinical Care</p> <ul style="list-style-type: none"> Kt/V Dialysis Adequacy Topic (includes 4 individual Kt/V measures: adult HD Kt/V, pediatric HD Kt/V, adult PD Kt/V, pediatric PD Kt/V) LTC STrR <p>1 Safety</p> <ul style="list-style-type: none"> NHSN BSI clinical <p>5 Reporting</p> <ul style="list-style-type: none"> Hypercalcemia MedRec COVID-19 HCP Vaccination Facility Commitment to Health Equity Screening for Social Drivers of Health (SDOH) Screen Positive Rate for SDOH
Performance Period	CY 2022	CY 2023	CY 2024	CY 2025
Baseline Period	CY 2019 (achievement) CY 2019 (improvement)	CY 2019 and CY 2021 (achievement) CY 2022 (improvement)	CY 2022 (achievement) CY 2023 (improvement)	CY 2023 (achievement) CY 2024 (improvement)
Performance Standard	National Performance Rate (CY 2019)	National Performance Rate (CY 2019 and 2021)	National Performance Rate (CY 2022)	National Performance Rate (CY 2023)
Weighting	Patient & Family Engagement: 15% Care Coordination: 30% Clinical Care: 40% Safety: 15%	Patient & Family Engagement: 15% Care Coordination: 30% Clinical Care: 35% Safety: 10% Reporting: 10%	Patient & Family Engagement: 15% Care Coordination: 30% Clinical Care: 35% Safety: 10% Reporting: 10%	Patient & Family Engagement: 15% Care Coordination: 30% Clinical Care: 35% Safety: 10% Reporting: 10%
Minimum Data Requirements	Facility needs to qualify for at least one measure in two out the four domains	Facility needs to qualify for at least one measure in two out of the five domains	Facility needs to qualify for at least one measure in two out of the five domains	Facility needs to qualify for at least one measure in two out of the five domains
Low-Volume Facility Score Adjustment	<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 STrR: 10-21 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 STrR: 10-21 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 STrR: 10-21 patient-years at risk All other clinical measures: 11-25 cases
Minimum Total Performance Score (TPS)	57 points	55 points	53 points	51 points

*Please refer to the [CY 2022 ESRD PPS final rule](#) and the [CY 2023 ESRD PPS final rule](#) for additional information related to operational system issues and the effects of the COVID-19 Public Health Emergency on the ESRD QIP. FOR ADDITIONAL DETAILS: About the **program**: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index>; About **specifications** on each measure (including exclusions): https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications. Questions remaining after reviewing this content should be submitted via the [QualityNet Question and Answer Tool](#).

