

# ESRD QIP Summary: Payment Years 2014 – 2018



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>. For more information about specifications on each measure (including exclusions), see [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061\\_TechnicalSpecifications.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.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](mailto:ESRDQIP@cms.hhs.gov).

	PY 2014	PY 2015	PY 2016	PY 2017	PY 2018
Measures	<b>3 Clinical</b> <ul style="list-style-type: none"> <li>Hgb &gt;12 g/dL</li> <li>URR</li> <li>VAT</li> </ul> <b>3 Reporting</b> <ul style="list-style-type: none"> <li>NHSN</li> <li>ICH CAHPS</li> <li>Mineral Metabolism</li> </ul>	<b>6 Clinical</b> <ul style="list-style-type: none"> <li>Hgb &gt;12 g/dL</li> <li>VAT Measure Topic (fistula, catheter)</li> <li>Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis)</li> </ul> <b>4 Reporting</b> <ul style="list-style-type: none"> <li>NHSN</li> <li>ICH CAHPS</li> <li>Mineral Metabolism</li> <li>Anemia Management</li> </ul>	<b>8 Clinical</b> <ul style="list-style-type: none"> <li>Hgb &gt;12 g/dL</li> <li>VAT Measure Topic (fistula, catheter)</li> <li>Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis)</li> <li>NHSN Bloodstream Infection in Hemodialysis Outpatients</li> <li>Hypercalcemia</li> </ul> <b>3 Reporting</b> <ul style="list-style-type: none"> <li>ICH CAHPS</li> <li>Mineral Metabolism</li> <li>Anemia Management</li> </ul>	<b>8 Clinical</b> <ul style="list-style-type: none"> <li>VAT Measure Topic (fistula, catheter)</li> <li>Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis)</li> <li>NHSN Bloodstream Infection in Hemodialysis Outpatients</li> <li>Standardized Readmission Ratio</li> <li>Hypercalcemia</li> </ul> <b>3 Reporting</b> <ul style="list-style-type: none"> <li>ICH CAHPS</li> <li>Mineral Metabolism</li> <li>Anemia Management</li> </ul>	<b>11 Clinical</b> <ul style="list-style-type: none"> <li>NHSN Bloodstream Infection in Hemodialysis Outpatients</li> <li>ICH CAHPS</li> <li>Standardized Readmission Ratio</li> <li>Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis, pediatric peritoneal dialysis)</li> <li>Standardized Transfusion Ratio</li> <li>VAT Measure Topic (fistula, catheter)</li> <li>Hypercalcemia</li> </ul> <b>5 Reporting</b> <ul style="list-style-type: none"> <li>Mineral Metabolism</li> <li>Anemia Management</li> <li>Pain Assessment and Follow-Up</li> <li>Clinical Depression Screening and Follow-Up</li> <li>NHSN Healthcare Personnel Influenza Vaccination</li> </ul>
Performance Period	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016 (NHSN HCP reporting measure: 10/1/2015 – 3/31/2016)
Comparison Period	July 1, 2010 – June 30, 2011	CY 2011 (achievement), CY 2012 (improvement)	CY 2012 (achievement), CY 2013 (improvement) <i>Note: No improvement scoring for NHSN Bloodstream Infection</i>	CY 2013 (achievement), CY 2014 (improvement) <i>Note: NHSN Bloodstream Infection uses CY 2014 for both</i>	CY 2014 (achievement), CY 2015 (improvement) <i>Note: ICH CAHPS uses CY 2015 for both</i>
Performance Standard	National Performance Rate (July 1, 2010 – June 30, 2011)	National Performance Rate (CY 2011)	National Performance Rate (CY 2012); National Performance Rate (May – Dec. 2012) for Hypercalcemia; National Performance Rate (CY 2014) for NHSN Bloodstream Infection	National Performance Rate (CY 2013); National Performance Rate (CY 2014) for NHSN Bloodstream Infection	National Performance Rate (CY 2014); National Performance Rate (CY 2015) for ICH CAHPS
Weighting	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%	Clinical: 75%, Reporting: 25% (Hypercalcemia clinical measure @ 2/3 of each remaining clinical measure)	Clinical: 75%, Reporting: 25% (Hypercalcemia clinical measure @ 2/3 of each remaining clinical measure)	Clinical: 90% (Safety Subdomain 20%; Patient and Family Engagement/Care Coordination Subdomain 30%; Clinical Care Subdomain 50%) Reporting: 10%
Minimum Data Requirements	Facility needs <b>either</b> (i) 11 cases for at least one clinical measure or (ii) to qualify for at least one reporting measure.	Facility needs <b>both</b> (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure. <i>Note: The 11 case minimum now also applies to reporting measures.</i>	Facility needs <b>both</b> (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure.	Facility needs <b>both</b> (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure.	Facility needs <b>both</b> (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure.
Low-Volume Facility Score Adjustment	None	Applied to clinical measures with 11 – 25 cases	Applied to clinical measures with 11 – 25 cases	SRR: 11 – 41 index discharges; all other clinical measures: 11 – 25 cases	SRR: 11 – 41 index discharges; STrR: 10 – 21 patient-years at risk; all other clinical measures: 11 – 25 cases
Minimum Total Performance Score	53 Points	60 Points	54 Points	60 points	Not yet established

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.