

End Stage Renal disease (ESRD) Quality Incentive Program (QIP)

Facility performance in 2016 will be scored according to the PY 2018 rule and released in December 2017;

Facility performance in 2017 will be scored according to the PY 2019 rule and released in December 2018.

	PY 2018	PY 2019
Measures	<p>11 Clinical</p> <ul style="list-style-type: none"> • NHSN Bloodstream Infection in Hemodialysis Outpatients • ICH CAHPS • Standardized Readmission Ratio • Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis, pediatric peritoneal dialysis) • Standardized Transfusion Ratio • VAT Measure Topic (fistula, catheter) • Hypercalcemia <p>5 Reporting</p> <ul style="list-style-type: none"> • Mineral Metabolism • Anemia Management • Pain Assessment and Follow-Up • Clinical Depression Screening and Follow-Up • NHSN Healthcare Personnel Influenza Vaccination 	<p>8 Clinical</p> <ul style="list-style-type: none"> • NHSN Bloodstream Infection in Hemodialysis Outpatients • ICH CAHPS • Standardized Readmission Ratio • Kt/V Dialysis Adequacy (comprehensive) • Standardized Transfusion Ratio • VAT Measure Topic (fistula, catheter) • Hypercalcemia <p>5 Reporting</p> <ul style="list-style-type: none"> • Mineral Metabolism • Anemia Management • Pain Assessment and Follow-Up • Clinical Depression Screening and Follow-Up • NHSN Healthcare Personnel Influenza Vaccination
Performance Period	CY 2016 (NHSN HCP reporting measure: 10/1/2015 – 3/31/2016)	CY 2017 (NHSN HCP reporting measure: 10/1/2016 – 3/31/2017)
Comparison Period	CY 2014 (achievement), CY 2015 (improvement) <i>Note: ICH CAHPS uses CY 2015 for both</i>	CY 2015 (achievement), CY 2016 (improvement)
Performance Standard	National Performance Rate (CY 2014); National Performance Rate (CY 2015) for ICH CAHPS	National Performance Rate (CY 2015)
Weighting	Clinical: 90% (Safety Subdomain 20%; Patient and Family Engagement/Care Coordination Subdomain 30%; Clinical Care Subdomain 50%) Reporting: 10%	Clinical: 90% (Safety Subdomain 20%; Patient and Family Engagement/Care Coordination Subdomain 30%; Clinical Care Subdomain 50%) Reporting: 10%
Minimum Data Requirements	Facility needs both (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure.	Facility needs both (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure.
Low-Volume Facility Score Adjustment	SRR: 11 – 41 index discharges; STrR: 10 – 21 patient-years at risk; 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	49 points	60 points

For more information about the program, see the [ESRD QIP section of CMS.gov](#). For more information about specifications on each measure (including exclusions), see the [technical specifications](#) archived on the ESRD QIP section. If you have questions about the program after reviewing this content, you may reach the CMS ESRD QIP staff via email at ESRDQIP@cms.hhs.gov.

Dialysis Facility Compare (DFC) and Star Ratings Overview

Facility performance in 2016 will be released in October 2017;

Facility performance in 2017 will be released in October 2018.

	2016 Performance (released in October 2017)	PROPOSED 2017 Performance (released in October 2018)
Measures Reported in Star Ratings	<ul style="list-style-type: none"> • Standardized Transfusion Ratio (STrR) • Standardized Mortality Ratio (SMR) • Standardized Hospitalization Ratio (SHR) • Percentage of adult hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis • Percentage of pediatric hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis • Percentage of adult peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis • Percentage of adult dialysis patients who had hypercalcemia • Percentage of adult dialysis patients who received treatment through arteriovenous (AV) fistula • Percentage of adult patients who had a catheter left in vein longer than 90 days for their regular hemodialysis treatment 	<ul style="list-style-type: none"> • Standardized Transfusion Ratio (STrR) – revised measure • Standardized Mortality Ratio (SMR) – revised measure • Standardized Hospitalization Ratio (SHR) – revised measure • Percentage of adult hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis • Percentage of pediatric hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis • Percentage of adult peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis • Percentage of adult dialysis patients who had hypercalcemia • Standardized Fistula Rate (NQF #2977), replacing measure NQF #0257 • Long-Term Catheter Rate (NQF #2978), replacing measure NQF #0256 • Standardized Readmission Ratio • Percentage of pediatric peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis • Patient Experience Survey Data – ICH-CAHPS Data • National Healthcare Safety Network Standardized Bloodstream Infection Ratio
Measures Reported in DFC But Not Included in Star Ratings	<ul style="list-style-type: none"> • Standardized Readmission Ratio • Hgb >12.0g/dL • Hgb <10.0 g/dL • Serum Phosphorus • Percentage of pediatric peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis • Patient Experience Survey Data – ICH-CAHPS Data • National Healthcare Safety Network Standardized Bloodstream Infection Ratio 	<ul style="list-style-type: none"> • Hgb >12.0g/dL • Hgb <10.0 g/dL • Serum Phosphorus • Measurement of nPCR for Pediatric HD Patients (NQF #1425)
Performance Period	CY 2016 (SMR CY 2013-2016)	CY 2017 (SMR CY 2014-2017)
Comparison Period	Baseline Year for Star Ratings 2014	Baseline Year for Star Ratings TBD
Performance Standard	NA	NA
Weighting	NA	NA
Minimum Data Requirements	11 patients in the facility for most measures 3 expected deaths for SMR 5 patient years at risk for SHR 11 index discharges for SRR	11 Patients in the facility for most measures 3 expected deaths for SMR 5 patient years at risk for SHR 11 index discharges for SRR
Low-Volume Facility Score Adjustment	NA	NA
Minimum Total Performance Score	NA	NA