

## 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  |
|---|---|--|
| <b>Measures</b>                             | <b>11 Clinical</b> <ul style="list-style-type: none"> <li>• NHSN BSI</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> | <b>7 Clinical</b> <ul style="list-style-type: none"> <li>• ICH CAHPS</li> <li>• Standardized Readmission Ratio</li> <li>• Kt/V Dialysis Adequacy (comprehensive)</li> <li>• Standardized Transfusion Ratio</li> <li>• VAT Measure Topic (fistula, catheter)</li> <li>• Hypercalcemia</li> </ul> <b>2 Safety</b> <ul style="list-style-type: none"> <li>• NHSN BSI Measure Topic (NHSN BSI clinical, Dialysis Event reporting)</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> |
| <b>Performance Period</b>                   | CY 2016<br>(NHSN HCP reporting measure: 10/1/2015 – 3/31/2016)  | CY 2017<br>(NHSN HCP reporting measure: 10/1/2016 – 3/31/2017)   |
| <b>Comparison Period</b>                    | CY 2014 ( <b>achievement</b> ), CY 2015 ( <b>improvement</b> )<br><i>Note: ICH CAHPS uses CY 2015 for both</i>  | CY 2015 ( <b>achievement</b> ), CY 2016 ( <b>improvement</b> )   |
| <b>Performance Standard</b>                 | National Performance Rate (CY 2014);<br>National Performance Rate (CY 2015) for ICH CAHPS   | National Performance Rate (CY 2015)  |
| <b>Weighting</b>                            | <b>Clinical: 90%</b> (Safety Subdomain 20%; Patient and Family Engagement/Care Coordination Subdomain 30%; Clinical Care Subdomain 50%)<br><b>Reporting: 10%</b>  | <b>Clinical: 75%</b><br>(Patient and Family Engagement/Care Coordination Subdomain 42%; Clinical Care Subdomain 58%);<br><b>Safety: 15%; Reporting: 10%</b>  |
| <b>Minimum Data Requirements</b>            | Facility needs to qualify for at least one measure in the Clinical Measure Domain <b>and</b> at least one measure in the Reporting Measure Domain.  | Facility needs to qualify for at least one measure in the Clinical Measure Domain <b>and</b> at least one measure in the Reporting Measure Domain.   |
| <b>Low-Volume Facility Score Adjustment</b> | SRR: 11 – 41 index discharges;<br>STrR: 10 – 21 patient-years at risk;<br>all other clinical measures: 11 – 25 cases  | SRR: 11 – 41 index discharges;<br>STrR: 10 – 21 patient-years at risk;<br>all other clinical measures: 11 – 25 cases   |
| <b>Minimum Total Performance Score</b>      | 49 points   | 60 points  |

For more information about the program, see the [ESRD QIP section of CMS.gov](http://www.cms.gov/ESRDQIP). 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](mailto: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<br>(released in October 2017)   | <i>PROPOSED</i> 2017 Performance<br>(released in October 2018)   |
|---|--|--|
| Measures Reported in Star Ratings                         | <ul style="list-style-type: none"> <li>• Standardized Transfusion Ratio (STrR)</li> <li>• Standardized Mortality Ratio (SMR)</li> <li>• Standardized Hospitalization Ratio (SHR)</li> <li>• Percentage of adult hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis</li> <li>• Percentage of pediatric hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis</li> <li>• Percentage of adult peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis</li> <li>• Percentage of adult dialysis patients who had hypercalcemia</li> <li>• Percentage of adult dialysis patients who received treatment through arteriovenous (AV) fistula</li> <li>• Percentage of adult patients who had a catheter left in vein longer than 90 days for their regular hemodialysis treatment</li> </ul> | <ul style="list-style-type: none"> <li>• Standardized Transfusion Ratio (STrR) – revised measure</li> <li>• Standardized Mortality Ratio (SMR) – revised measure</li> <li>• Standardized Hospitalization Ratio (SHR) – revised measure</li> <li>• Percentage of adult hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis</li> <li>• Percentage of pediatric hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis</li> <li>• Percentage of adult peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis</li> <li>• Percentage of adult dialysis patients who had hypercalcemia</li> <li>• Standardized Fistula Rate (NQF #2977), replacing measure NQF #0257</li> <li>• Long-Term Catheter Rate (NQF #2978), replacing measure NQF #0256</li> <li>• Standardized Readmission Ratio</li> <li>• Percentage of pediatric peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis</li> <li>• Patient Experience Survey Data – ICH-CAHPS Data</li> <li>• National Healthcare Safety Network Standardized Bloodstream Infection Ratio</li> </ul> |
| Measures Reported in DFC But Not Included in Star Ratings | <ul style="list-style-type: none"> <li>• Standardized Readmission Ratio</li> <li>• Hgb &gt;12.0g/dL</li> <li>• Hgb &lt;10.0 g/dL</li> <li>• Serum Phosphorus</li> <li>• Percentage of pediatric peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis</li> <li>• Patient Experience Survey Data – ICH-CAHPS Data</li> <li>• National Healthcare Safety Network Standardized Bloodstream Infection Ratio</li> </ul>  | <ul style="list-style-type: none"> <li>• Hgb &gt;12.0g/dL</li> <li>• Hgb &lt;10.0 g/dL</li> <li>• Serum Phosphorus</li> <li>• Measurement of nPCR for Pediatric HD Patients (NQF #1425)</li> </ul>   |
| 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                                      | N/A  | N/A  |
| Weighting   | N/A  | N/A  |
| Minimum Data Requirements                                 | 11 patients in the facility for most measures<br>3 expected deaths for SMR<br>5 patient years at risk for SHR<br>11 index discharges for SRR   | 11 Patients in the facility for most measures<br>3 expected deaths for SMR<br>5 patient years at risk for SHR<br>11 index discharges for SRR   |
| Low-Volume Facility Score Adjustment                      | N/A  | N/A  |
| Minimum Total Performance Score                           | N/A  | N/A  |