PY 2026 ESRD QIP Fact Sheet

In 2022, the Centers for Medicare & Medicaid Services (CMS) established six pillars to support the CMS Strategic Plan, the CMS National Quality Strategy, and the CMS Meaningful Measures 2.0 framework. CMS designed these six pillars to promote quality outcomes, safety, equity, and accessibility for all individuals, especially for people in historically underserved and under-resourced communities:

- Advance equity
- Expand access
- Engage partners
- Drive innovation
- Protect Programs
- Foster excellence

CMS strives to ensure that each of these pillars works together to improve health outcomes, advance health equity, and expand coverage for all beneficiaries. These pillars share a common goal — the provision of high-quality services in renal dialysis facilities.

The End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) promotes high-quality care for outpatient dialysis facilities that treat patients with ESRD. The first of its kind in Medicare, this program changes the way CMS pays for the treatment of patients who receive dialysis by linking a portion of payment directly to facilities' performance on quality care measures. These types of programs are known as "pay-for-performance" or "value-based purchasing" programs.

The ESRD QIP reduces payments to renal dialysis facilities that do not meet certain performance standards on applicable measures. The maximum payment reduction CMS can apply to any facility is two percent. This reduction applies to all payment for services performed by the facility receiving the reduction during the applicable payment year (PY).

For more information about the ESRD QIP, visit Medicare's ESRD QIP web page. If you have questions about the program after reviewing this content, contact the CMS ESRD QIP Team via the QualityNet Question and Answer Tool.

ESRD QIP Final Rules Governing PY 2026

This Fact Sheet is an informal reference only and does not constitute official CMS guidance. For additional information on renal dialysis care regulations, please refer to the calendar year (CY) 2024 ESRD Prospective Payment System (PPS) Final Rule, published November 6, 2023, in the *Federal Register*. This final rule applies updates and revisions to the ESRD PPS for CY 2024 that governs ESRD QIP PYs 2025, 2026, and 2027. Additionally, the final rule outlines how CMS will implement program policies. Policies pertaining to PYs 2025 and 2026 also appear in the CY 2023 ESRD PPS Final Rule, published November 7, 2022, in the *Federal Register*. The CY 2024 ESRD PPS final rule details the following:

- **Selected Measures:** 14 total measures (four Care Coordination, three Clinical Care, one Patient & Family Engagement, one Safety, and five Reporting) for assessing the quality of ESRD care
- **Performance Period:** Timeframe during which CMS will collect data to evaluate facility performance
- **Methodology:** The process used to score facility performance
- **Payment Reduction Scale:** Scale used to determine payment reductions for facilities not meeting established performance standards

The final rules address public comments to earlier proposed rules. CMS has responded to those comments in the most current final rule.

Measuring Quality

Section 153(c) of the Medicare Improvements for Patients and Providers Act (MIPPA) requires CMS to use certain types of quality measures as part of the ESRD QIP. These include the following:

- Measures on anemia management that reflect the labeling approved by the Food and Drug Administration for administration of erythropoiesis-stimulating agents
- Measures on dialysis adequacy
- Other measures including iron management, bone mineral metabolism, vascular access, and patient satisfaction, as specified by the Secretary of the Department of Health and Human Services (HHS)

Note: CY 2024 is the performance period for PY 2026. For PY 2026, CMS has selected 14 measures for evaluating each facility. Each measure is assigned to one of the five ESRD QIP measure domains: Care Coordination, Clinical Care, Patient & Family Engagement, Safety, and Reporting

The five ESRD QIP measure domains align with CMS's Meaningful Measures Initiative, which strives to identify the highest priorities for quality measurement and improvement. Within each domain, each measure is assigned an individual measure weight that contributes to the facility score; the resulting measure scores are combined to establish the facility's Total Performance Score (TPS). Please refer to the *Facility Scoring* section of this document for additional details pertaining to the individual measure percentage weights. Each of the 14 measures is classified as either a "clinical" measure or a "reporting" measure:

- Nine of the measures are "clinical" measures. The clinical measures evaluate the quality of services provided to patients by how well facilities meet clinical performance goals during the performance period (CY 2024 for PY 2026). CMS uses clinical measure outcomes from reported data to calculate measure scores.
- Five of the measures are "reporting" measures. The reporting measures evaluate the completeness of the data that are required to be submitted by facilities in the ESRD Quality Reporting System (EQRS) or the National Healthcare Safety Network (NHSN) system for the specified performance period. CMS uses reporting measures rates from reported data to calculate measure scores.

Not all facilities will be eligible for a TPS in PY 2026. To receive a TPS, a facility must be eligible to receive a score on at least one measure in two domains. For each measure, facilities must meet the minimum data requirements to receive a score. The Standardized Hospitalization Ratio (SHR) measure has a minimum data requirement of five patient-years at risk. The Standardized Readmission Ratio (SRR) measure has a minimum data requirement of 11 index discharges.

The In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS®) Survey measure requires facilities to have 30 or more survey-eligible patients to receive a score on the measure. For the Standardized Transfusion Ratio (STrR) measure, the minimum data requirement is 10 patient-years at risk. For all other clinical measures, the minimum data requirement is 11 qualifying patients.

If a facility does not receive a TPS, this does not indicate that the facility provided low-quality care. It could mean that they did not treat enough eligible patients to receive a TPS. For additional information about exclusion criteria and measure calculations, refer to the CMS ESRD QIP CY 2024 Measure Technical Specifications.

Care Coordination Measure Domain

The Care Coordination Measure domain has changed for PY 2026 and is now composed of four clinical measures. The Clinical Depression Screening and Follow-Up measure will be moved to this domain and will be converted from a reporting measure to a clinical measure beginning with PY 2026.
This domain still represents 30 percent of a facility's TPS. The Care Coordination Measure domain requires facilities to submit the following data:

1. **SRR**: The SRR evaluates the unplanned patient readmissions to the hospital. A lower rate is desired.[1]
2. **SHR**: The SHR evaluates the hospitalization occurrences on a risk-adjusted basis. A lower rate is desired.[2]
3. **Percentage of Prevalent Patients Waitlisted (PPPW):** PPPW evaluates the percentage of patients on the kidney or kidney-pancreas transplant waitlist. A higher rate is desired.
4. **Clinical Depression Screening and Follow-Up:** This evaluates the percentage of eligible patients for which a facility reports one of four conditions related to clinical depression screening and follow-up in EQRS. A higher rate is desired.[3]

Data to assess performance on these measures are extracted from EQRS, Medicare claims, Organ Procurement and Transplant Network, Nursing Home Minimum Dataset, CMS Medical Evidence Forms, Medicare hospice claims, Enrollment Data Base (EDB), and other CMS ESRD administrative databases.

Clinical Care Measure Domain

The Clinical Care Measure domain has changed for PY 2026 and is now composed of three clinical measures. The Standardized Fistula Rate (SFR) was removed from this domain and from the entire ESRD QIP measure set beginning with PY 2026.[4] The Clinical Care Measure domain reflects quality measurement based on the CMS Meaningful Measures 2.0 framework and still represents 35 percent of a facility's TPS. The Clinical Care domain requires facilities to submit:

1. **Kt/V Dialysis Adequacy: Comprehensive**: This evaluates the percentage of patients whose delivered dose of dialysis met the specified threshold. A higher rate is desired.
2. **Vascular Access Type: Hemodialysis Vascular Access**: This evaluates the vascular access used to deliver hemodialysis.
    - **Long-Term Catheter Rate**: This evaluates the percentage of adult hemodialysis patient-months that used a catheter for three months or longer. A lower rate is desired.
3. **Standardized Transfusion Ratio (STrR)**: This evaluates the number of red blood cell transfusion events. A lower rate is desired.[5]

Data to assess performance on these measures are extracted from EQRS, Medicare claims, EDB, Long Term Care Minimum Data Set, and other CMS ESRD administrative databases.

Patient & Family Engagement Measure Domain

The Patient & Family Engagement Measure domain for PY 2026 remains unchanged and is composed of one clinical measure, the ICH CAHPS Survey measure. The ICH CAHPS Survey measure assesses

[1] The SRR measure is expressed as a rate. The SRR is expressed as a risk-standardized rate by multiplying the facility SRR by the national average readmission rate. The SRR measure has a covariate adjustment applied for patient history of COVID-19.
[2] The SHR measure is expressed as a rate. The SHR is expressed as a risk-standardized rate by multiplying the facility SHR by the national average hospitalization rate. The SHR measure has a covariate adjustment applied for patient history of COVID-19.
[3] The Clinical Depression and Follow-up measure facilities are required to select condition 1, 2, 4, or 5 for all eligible patients to be counted in the numerator, as specified in the CY 2024 Technical Measure Specifications.
[4] The SFR measure was removed from the ESRD QIP measure set under measure removal factor 3, which allows measures to be removed when the measure no longer aligns with current clinical guidelines or practice.
[5] STrR is expressed as a risk-standardized rate by multiplying the facility STrR by the national average transfusion rate. The STrR measure has a covariate adjustment applied for patient history of COVID-19.

patients' self-reported experience of care. The higher the ICH CAHPS Survey scores, the better the facility will score towards the TPS. This domain represents 15 percent of a facility's TPS.

Data to assess performance on this measure will be extracted from the ICH CAHPS Survey, EQRS, and other CMS ESRD administrative databases.

Performance on this measure is calculated using data on the ICH CAHPS Survey administered by the facility, the reporting of facility survey administration in EQRS, and validation against other CMS ESRD administrative databases.

Safety Measure Domain

The Safety Measure domain for PY 2026 remains unchanged and is composed of one clinical measure, the NHSN Bloodstream Infection (BSI) in Hemodialysis Patients measure. The NHSN BSI in Hemodialysis Patients measure evaluates the number of BSIs incurred by in-center hemodialysis patients. The lower the BSI ratio, the better the facility will score towards the TPS. This domain represents 10 percent of the facility's TPS.

Data to assess performance on this measure will be extracted from NHSN, EQRS, EDB, Medicare claims, and other CMS ESRD administrative data.

The NHSN BSI in Hemodialysis Patients measure requires facilities to enter data according to the Centers for Disease Control and Prevention (CDC) *Dialysis Event Surveillance Protocol*. Facilities that do not submit 12 months of data in accordance with the *Dialysis Event Surveillance Protocol* will receive zero points for this measure. Quarterly reporting in NHSN (as specified on the MyCROWNWeb.org web page) is required. A facility will receive maximum points by meeting the CDC deadlines and by having a lower number of BSIs. For additional information on how to report and submit data to NHSN, visit the CDC NHSN Training web page.

Reporting Measure Domain

The Reporting Measure Domain has changed for PY 2026. This domain is now composed of five reporting measures. The Ultrafiltration Rate (UFR) will be removed from this domain and the entire ESRD QIP measure set beginning with PY 2026[6]. A new measure, the Facility Commitment to Health Equity measure, will be added to this domain starting with PY 2026. Lastly, the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure will be updated to align with updated measure specifications developed by the CDC. This domain still represents 10 percent of the facility's TPS. The Reporting Measure Domain requires facilities to submit the following data:

1. **Hypercalcemia** examines the percentage of patient-months of uncorrected calcium values reported by the facility. A higher rate is desired.
2. **NHSN Dialysis Event Reporting Measure** examines the percentage of months of Dialysis Event Reporting data reported to NHSN by the facility. A higher rate is desired. Quarterly reporting to NHSN (as specified on the MyCROWNWeb.org web page) is required, and a facility will receive maximum points by meeting the CMS deadlines for quarterly data submissions.[7]
3. **Medication Reconciliation (MedRec)** examines facility reporting of the percentage of MedRecs performed and documented by an eligible professional. This measure is scored based on the number of eligible patient-months. A higher rate is desired.

[6] The UFR measure was removed from the ESRD QIP measure set under measure removal factor 2, which allows measures to be removed when the measure does not result in better or intended patient outcomes.

[7] The NHSN Dialysis Event Reporting measure requires facilities to enter data according to the CDC *Dialysis Event Surveillance Protocol*. For this measure, facilities that submit reporting for 100 percent of the eligible months will be awarded 10 points. Facilities that submit reporting for less than 100 percent but no less than 50 percent of eligible months will be awarded two points, and facilities that report less than 50 percent of the eligible months will receive 0 points for this measure. For additional information on how to submit data to NHSN, visit the CDC NHSN Training web page.

4. **COVID-19 HCP Vaccination** examines the percentage of months of COVID-19 HCP vaccination data reported to NHSN by the facility. Reporting for at least one week of data collection a month for each of the three months in a quarter, as specified in the *NHSN HCP COVID-19 Vaccination Protocol* is required. A facility will receive maximum points by meeting the CDC data submission deadlines and reporting requirements.[8] A higher rate is desired.
5. **Facility Commitment to Health Equity** assesses facility commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for all populations. Facilities are scored on affirmative attestations submitted for all elements in five domains. Each domain represents a competency aimed at achieving health equity and is worth two points for a total of 10 possible points. To receive the full 10 points, facilities must complete and attest to all elements in each domain. A higher rate is desired.

Data to assess performance on these measures will be extracted from EQRS, EDB, facility medical records, Medicare claims, NHSN, and other CMS ESRD administrative data.

Facility Scoring

Performance Period

The performance period for PY 2026 is CY 2024, and the baseline period for determining improvement scores is CY 2023. This allows enough time for CMS to:

1. Ensure that claims used in calculations are complete and accurate.
2. Calculate facility performance scores.
3. Allow facilities to view their performance scores before public release and obtain additional information if needed.

For additional PY 2026 scoring policies, refer to the CY 2023 and 2024 ESRD PPS Final Rules, published online at the *Federal Register*.

Scoring for Clinical Measures

CMS will evaluate facility performance against each measure. The performance period for the PY 2026 clinical measures will be CY 2024 and the baseline period for determining improvement scores will be CY 2023. CY 2022 will be the baseline period for establishing the achievement thresholds and benchmarks. Facilities will be awarded achievement and improvement points for each measure based on their position within the achievement and improvement ranges. The final score will be determined by the higher of the achievement or improvement score.

The **achievement range** begins at the achievement threshold, which is defined as the 15th percentile of facilities during the baseline period (CY 2022 for PY 2026). It ends at the benchmark, which is defined as the 90th percentile of facilities during the baseline period. A facility will receive an achievement score of zero points if its performance on that measure falls below the achievement threshold, one to nine points if the facility's performance falls within this range, and 10 points if it is at or above the benchmark.

The **improvement range** begins at the facility's prior performance rate on the measure during the improvement period (CY 2023 for PY 2026) and ends at the benchmark. A facility will receive an improvement score of zero points if its performance falls below the facility's comparison rate, and one to nine points if its performance falls within this range.

[8] For additional information on HCP COVID-19 Vaccination data reporting to NHSN and for guidance documents including definitions for up-to-date vaccination, visit the Weekly HCP COVID-19 Vaccination web page.

Scoring for Reporting Measures

Facilities are scored on the reporting measures based on whether they submit certain reporting data and meet the reporting requirements for those data. For the Hypercalcemia, NHSN Dialysis Event Reporting, MedRec, COVID-19 HCP Vaccination, and Facility Commitment to Health Equity reporting measures, facilities may be able to earn partial points for satisfying some of the reporting requirements. For additional information, please refer to the *CMS ESRD QIP CY 2024 Measure Technical Specifications* and the *CMS ESRD Measures Manual for the 2024 Performance Period*.

Measure Weighting

The 14 measures for PY 2026 do not contribute equally to the TPS. Each facility's score will be calculated according to the following domain weights:

- Clinical Care Measure Domain – 35 percent
- Care Coordination Measure Domain – 30 percent
- Patient & Family Engagement Measure Domain – 15 percent
- Safety Measure Domain – 10 percent
- Reporting Measure Domain – 10 percent

In CY 2019, the ESRD PPS final rule finalized a policy to assign weights to individual measures and to allow weight redistribution for unscored measures. If a facility does not meet the eligibility requirements for a measure, the facility is not scored on the measure. If a facility is not scored on any measures (or measure topics) in a domain, then that domain's weight is redistributed evenly across the remaining domains and then evenly across the eligible measures within those domains. Table 1 on the following page lists the measure weights as a percent of the TPS.

Table 1: ESRD QIP Measure Domains and Weights as a Percent of TPS

Measure Weights as a Percent of TPS		
Measure Topics by Domain	**Measure Weight as a Percent of Domain**	**Measure Weight as a Percent of TPS**
Care Coordination Measure Domain		
SRR measure	30.00%	9.00%
SHR measure	30.00%	9.00%
PPPW measure	20.00%	6.00%
Clinical Depression Screening and Follow-Up measure	20.00%	6.00%
		30% of TPS
Clinical Care Measure Domain		
Kt/V Dialysis Adequacy - Comprehensive measure	31.43%	11.00%
Long-term Catheter Rate measure	34.29%	12.00%
STrR measure	34.29%	12.00%
		35% of TPS
Patient & Family Engagement Measure Domain		
ICH CAHPS Survey measure	100.00%	15.00%
		15% of TPS
Safety Measure Domain		
NHSN BSI in Hemodialysis Patients measure	100.00%	10.00%
		10% of TPS

Measure Weights as a Percent of TPS		
Measure Topics by Domain	**Measure Weight as a Percent of Domain**	**Measure Weight as a Percent of TPS**
Reporting Measure Domain		
Facility Commitment to Health Equity measure	20.00%	2.00%
Hypercalcemia measure	20.00%	2.00%
MedRec measure	20.00%	2.00%
NHSN Dialysis Event Reporting measure	20.00%	2.00%
COVID-19 HCP Vaccination measure	20.00%	2.00%
		10% of TPS

Calculating a Facility's Total Performance Score

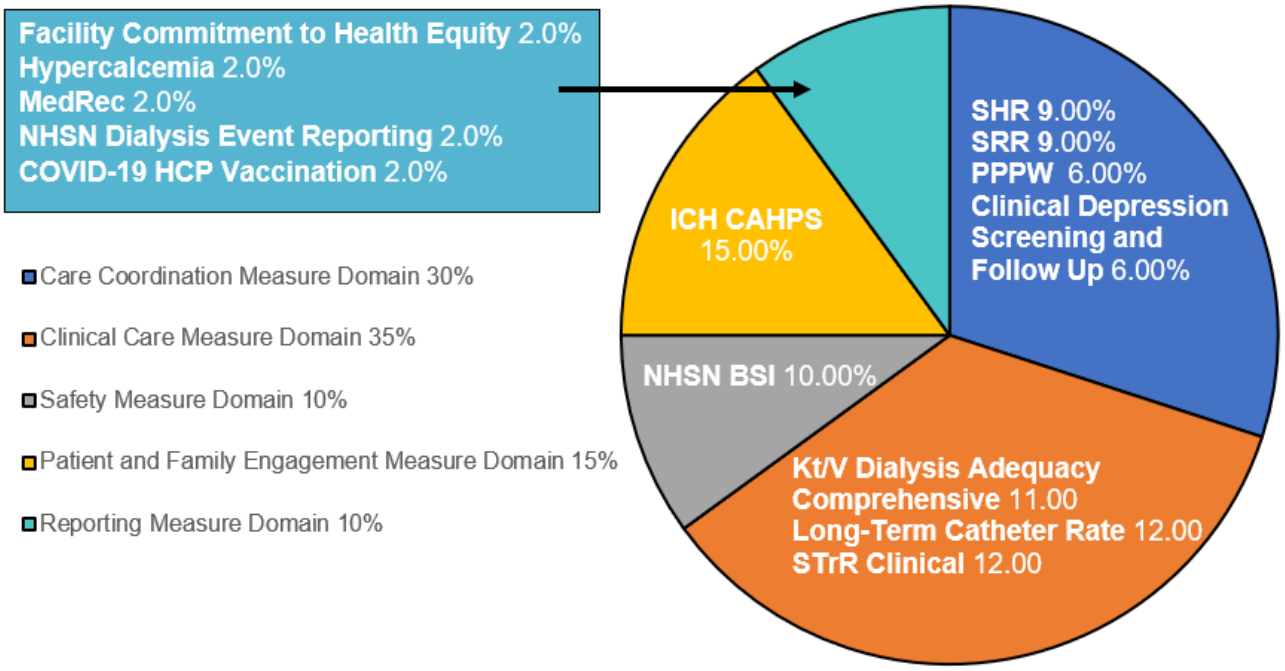
A facility's TPS in PY 2026 is calculated by the following steps:

1. Multiply each measure score by its appropriate weight.
2. Add these weighted measure scores.
3. Multiply the sum of the weighted measure scores by 10.

A facility's TPS can range from zero–100 points.

Image 1 below illustrates the measure weights by domain that CMS uses for calculating PY 2026 performance scores and payment reductions.

Image 1: Measure Weights by Domains



Section 153(c) of MIPPA directs the Secretary of HHS to develop a method to assess the quality of dialysis care provided by facilities and to link this performance to possible payment reductions. To receive full payment for PY 2026, facilities must have a TPS of at least 53 points. Facilities that fail to meet this standard may receive a payment reduction of up to two percent. This payment reduction will apply to all Medicare payments to that facility for services rendered in CY 2026.

Scale for Payment Reductions

PY 2026 payment reductions will apply to a facility according to the following chart.

Total Performance Score	Payment Reduction
100–53	No reduction
52–43	0.5%
42–33	1.0%
32–23	1.5%
22–0	2.0%

Preview Period

Facilities will have the opportunity to preview their scores and any resulting payment reductions prior to public release. The PY 2026 ESRD QIP preview period will last for approximately 30 days and is scheduled to occur in the summer of 2025. During this time, facilities may submit an unlimited number of inquiries about how the program calculates measure results. If a facility believes an error has occurred on the scoring calculations or the data used for a facility's results, the facility can submit inquiries to CMS about their preview period results and/or scores during the preview period via the ESRD QIP user interface in EQRS.