





Centers for Medicare & Medicaid Services (CMS)  
End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)  
Payment Year (PY) 2019 Final Measure Technical Specifications

| SPECIFICATION                 | DETAIL   |
|-------------------------------|--|
| <b>Additional Information</b> | <ol style="list-style-type: none"><li>1. Facilities are required to meet enrollment and training requirements, as specified at <a href="http://www.cdc.gov/nhsn/dialysis/enroll.html">http://www.cdc.gov/nhsn/dialysis/enroll.html</a> and <a href="http://www.cdc.gov/nhsn/Training/dialysis/index.html">http://www.cdc.gov/nhsn/Training/dialysis/index.html</a>.</li><li>2. A positive blood culture is considered a new event and counted only if it occurred 21 days or more after a previously reported positive blood culture in the same patient.</li><li>3. Patients receiving inpatient hemodialysis are excluded from the measure.</li><li>4. Patients receiving only home hemodialysis or peritoneal dialysis are excluded from the measure.</li><li>5. Facilities that do not submit 12 months of accurately reported data receive zero points for the measure.</li><li>6. For more information about the methodology used to calculate risk-adjusted standardized infection rates, please see <a href="http://www.cdc.gov/nhsn/dialysis/">http://www.cdc.gov/nhsn/dialysis/</a>.</li></ol> |





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| <b>Additional Information</b> | <ol style="list-style-type: none"><li>1. Facilities are required to register on the <a href="https://ichcahps.org">https://ichcahps.org</a> website in order to authorize a CMS-approved vendor to administer the survey and submit data on their behalf.</li><li>2. Facilities are required to administer the survey twice during the performance period, using a CMS-approved vendor.</li><li>3. K the date specified at <a href="https://ichcahps.org">https://ichcahps.org</a>.</li><li>4. Adult and pediatric facilities that treat fewer than 30 eligible patients during the eligibility period must attest to this in CROWNWeb in order to not receive a score on the measure; facilities that do not attest that they are ineligible will be considered eligible and will receive a score on the measure.</li><li>5. Facilities that do not administer two surveys during the performance period will receive a score of 0 on the measure.</li><li>6. Facilities that administer two surveys during the performance period but receive less than 30 completed surveys will not receive a score on the measure.</li><li>7. Additional specifications may be found at <a href="https://ichcahps.org">https://ichcahps.org</a>.</li></ol> |





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| <b>Data Source(s)</b>         | <ol style="list-style-type: none"><li>1. Medicare Claims</li><li>2. REMIS, CROWNWeb, Enrollment Data Base (EDB), and other CMS ESRD administrative data</li></ol>   |
| <b>Additional Information</b> | <ol style="list-style-type: none"><li>1. A hospitalization is counted as an event in the numerator if it (a) occurred within 4 to 30 days of an index hospital discharge; and (b) is not considered a “planned” readmission</li><li>2. Additional information about the measure can be found in the SRR Measure Methodology Report posted at <a href="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]</a>.</li></ol> |





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| <b>Additional Information</b> | <ol style="list-style-type: none"><li>1. Eligible transfusion events are those that do not have any claims pertaining to the comorbidities identified for exclusion, in the one year look back period prior to each observation window.</li><li>2. When a patient transfers from one facility to another, the patient continues to be attributed to the original facility for 60 days, at which point the patient is attributed to the destination facility.</li><li>3. A patient-month is considered eligible if it is within two months of a month in which a patient has \$900 of Medicare-paid dialysis claims or at least one Medicare inpatient claim.</li><li>4. Additional information about the measure can be found in the STrR Measure Methodology Report posted at <a href="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</a>.</li></ol> |







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| <b>Data Source(s)</b>         | <ol style="list-style-type: none"><li>1. Medicare Claims</li><li>2. REMIS, CROWNWeb, Enrollment Data Base (EDB), and other CMS ESRD administrative data (form 2728 to obtain the diagnosis date of ESRD and date of birth)</li></ol>  |
| <b>Additional Information</b> | <ol style="list-style-type: none"><li>1. Must be calculated using UKM or Daugirdas II method.</li><li>2. Dialysis sessions per week is calculated as the number of dialysis sessions in the claim divided by the time period covered by the claim, with no rounding for the number of sessions per week. Frequent dialysis is determined by (i) calculated sessions per week is 4 or more for claims greater than 7 days, and total sessions is 4 or more for claims with 7 days or fewer;(ii) Kt/V is 8.88 on claim; (iii) Other administrative data (e.g. CROWNWeb) indicates 4 or more sessions per week.</li><li>3. The reported spKt/V should not include residual renal function.</li><li>4. Patients with missing spKt/V values or spKt/V=9.99 (not reported) are included in the denominator.</li><li>5. For Peritoneal dialysis patients, if no Kt/V value is reported for a given patient in a claim month, the most recent Kt /V value in the prior 4 months (adult) or 6 months (pediatric) is applied to the calculation for that month. For all in-center Hemodialysis patients, Kt/V must be reported during claim month. For all Home HD patients, Kt/V must be reported within 4 months of claim through date.</li></ol> |









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| <b>Additional Information</b> | <ol style="list-style-type: none"><li>1. November and December of the previous year will be used in calculating the three-month rolling average for January and February of the baseline and performance period.</li><li>2. Includes all patients (i.e., not just those patients on Medicare).</li><li>3. The last value reported in the month is used for calculation.</li><li>4. Any value reported during the two months prior to the reporting month will be used to calculate the 3-month rolling average.</li><li>5. No interpolation between uncorrected serum calcium values for peritoneal dialysis patients.</li><li>6. The uncorrected serum calcium value reported by the facility is used. The facility may obtain this value from an external source.</li><li>7. “Uncorrected” indicates albumin is not considered in the calculation.</li><li>8. Patient-months with missing values in the reporting month and the two months prior are included in the denominator and the numerator to minimize any incentive favoring non-measurement of serum calcium in the preceding three months.</li></ol> |











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Last Revised: October 5, 2016

Rule of Record: CY 201 ESRD PPS Final Rule (201 )

**Clinical Depression Screening and Follow-Up Reporting Measure**

| <b>SPECIFICATION</b>          | <b>DETAIL</b>  |
|-------------------------------|--|
| <b>Description</b>            | Facility reports in CROWNWeb one of the six conditions below for each qualifying patient once before February 1, 2018.<br>Based on NQF #0418   |
| <b>Exclusions</b>             | <ol style="list-style-type: none"> <li>1. Patients who are younger than 12 years</li> <li>2. Patients treated at the facility for fewer than 90 days</li> <li>3. Facilities with a CCN open date on or after July 1, 2017</li> <li>4. Facilities treating fewer than 11 eligible patients during the performance period</li> </ol>   |
| <b>Data Source(s)</b>         | <ol style="list-style-type: none"> <li>1. REMIS, CROWNWeb, Enrollment Data Base (EDB), and other CMS ESRD administrative data</li> </ol>   |
| <b>Additional Information</b> | <ol style="list-style-type: none"> <li>1. Facilities must report one of the following conditions for each eligible patient before February 1, 2018:             <ol style="list-style-type: none"> <li>a) Screening for clinical depression is documented as being positive, and a follow-up plan is documented</li> <li>b) Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible</li> <li>c) Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given</li> <li>d) Screening for clinical depression is documented as negative, and a follow-up plan is not required</li> <li>e) Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible</li> <li>f) Clinical depression screening not documented, and no reason is given</li> </ol> </li> </ol> |



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Rule of Record: CY 2017 ESRD PPS Final Rule (2016)

**NHSN Healthcare Personnel Influenza Vaccination Reporting Measure**

| <b>SPECIFICATION</b>          | <b>DETAIL</b>   |
|-------------------------------|---|
| <b>Description</b>            | Facility submits Healthcare Personnel Influenza Vaccination Summary Report to CDC’s NHSN system, according to the specifications of the Healthcare Personnel Safety Component Protocol, by May 15, 2017<br>Based on NQF #0431   |
| <b>Exclusions</b>             | 1. Facilities with a CCN open date on or after January 1, 2017  |
| <b>Data Source(s)</b>         | 1. NHSN<br>2. REMIS, CROWNWeb, Enrollment Data Base (EDB), and other CMS ESRD administrative data (form 2744 to obtain facility type and certification date)  |
| <b>Additional Information</b> | 1. A “qualifying healthcare personnel” is defined as an employee, licensed independent practitioner, or adult student/trainee/volunteer who works in a facility for at least one day between October 1, 2016 and March 31, 2017 (designated as the “flu season”)<br>2. NHSN Summary Reports submitted by May 15, 2017 would document actions taken during the flu season that spans October 2016 to April 2017, and would count toward facilities’ PY 2019 NHSN Healthcare Personnel Influenza Vaccination reporting measure scores<br>3. Additional information about the Protocol and Summary Report can be found at: <a href="http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf">http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf</a> . |



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**NHSN Dialysis Event Reporting**

| <b>SPECIFICATION</b>          | <b>DETAIL</b>  |
|-------------------------------|--|
| <b>Description</b>            | Number of months for which facility reports National Healthcare Safety Network (NHSN) Dialysis Event data to the Centers for Disease Control and Prevention (CDC). |
| <b>Exclusions</b>             | 1. Facilities which do not treat in-center hemodialysis patients.<br>2. Facilities with a CMS open date on or after January 1, 2017.                               |
| <b>Data Source(s)</b>         | 1. CDC's NHSN<br>2. REMIS, CROWNWeb, Enrollment Data Base (EDB), and other CMS ESRD administrative data (form 2744 to obtain certification date)                   |
| <b>Additional Information</b> | 1. Facilities treating fewer than 11 in-center hemodialysis patients must attest to this fact in CROWNWeb to not be scored on this measure.                        |