

End Stage Renal Disease Quality Incentive Program (ESRD QIP) Successful Reporting Guide

January 31, 2024

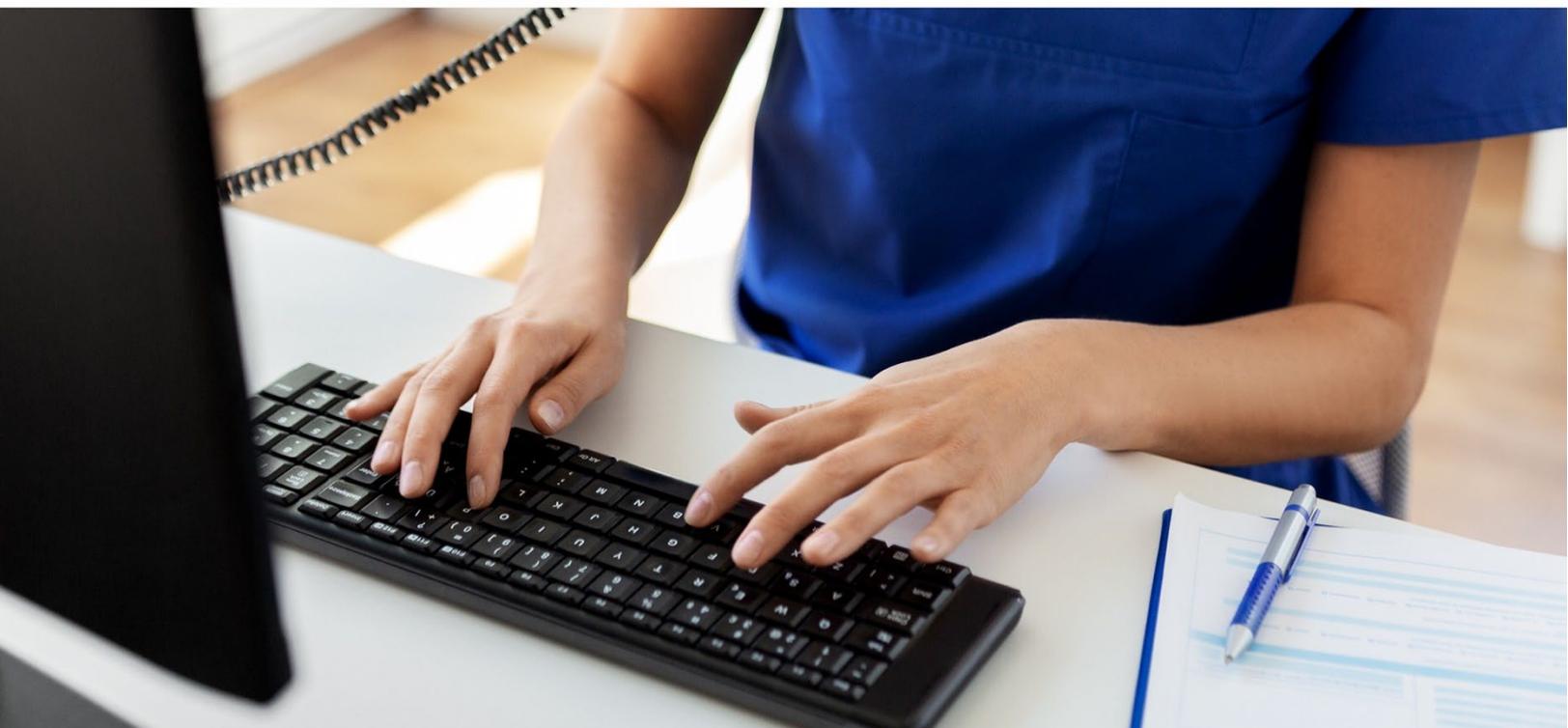


Table of Contents

| | |
|---|----|
| TABLE OF CONTENTS | 1 |
| ESRD QIP OVERVIEW | 3 |
| Introduction..... | 3 |
| Background..... | 3 |
| Facility Eligibility | 3 |
| ESRD QIP Scoring | 3 |
| Program Support..... | 5 |
| ESRD QIP DATA SUBMISSION PROCESSES..... | 6 |
| EQRS and NHSN Data Access..... | 6 |
| Managing EQRS Access/HARP Account Registration..... | 6 |
| Requesting an EQRS Role..... | 7 |
| EQRS Data Submission | 8 |
| CY 2024 EQRS Data Submission Deadlines..... | 9 |
| Managing NHSN Access | 10 |
| NHSN Facility Enrollment | 10 |
| NHSN FA Registration and Reassignment..... | 11 |
| CY 2024 NHSN Data Submission Deadlines..... | 12 |
| ICH CAHPS Survey Process | 12 |
| Extraordinary Circumstance Exceptions (ECE) Request Process | 13 |
| ESRD QIP MILESTONES..... | 14 |
| ESRD QIP Preview Period Activities..... | 14 |
| ESRD QIP Final Period Activities..... | 15 |
| ESRD QIP PUBLIC REPORTING | 16 |
| RESOURCES..... | 16 |
| APPENDIX | 20 |

ESRD QIP Overview

Introduction

Welcome to the End Stage Renal Disease Quality Incentive Program (ESRD QIP). Participating in the ESRD QIP allows you to showcase the high standard of care and performance your facility provides to the renal dialysis community. The information in this document outlines the program requirements and the tools needed to ensure your facility's success. This program reference guide is your resource for meeting the ESRD QIP requirements. Our goal is your success.

Background

The Centers for Medicare & Medicaid Services (CMS) established the ESRD QIP as part of Section 153(c) of the [Medicare Improvements for Patients and Providers Act \(MIPPA\)](#) of 2008. This legislation directs the Secretary of the Department of Health and Human Services to establish quality incentives for facilities furnishing renal dialysis services. The law outlines certain requirements regarding the selection of measures and scoring, the identification of standards and performance periods, and the opportunity for facility review of scores and public reporting. As the first federal value-based purchasing (VBP) program, ESRD QIP changed the way CMS pays for the treatment of ESRD patients by linking a portion of payment directly to facilities' performance on quality care measures. Section 153(c) of the 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

Facility Eligibility

Facility eligibility for the ESRD QIP is based on whether the facility receives payment from Medicare as “a provider of services or a renal dialysis facility for renal dialysis services” under the ESRD Prospective Payment System (PPS). Scoring eligibility for each payment year (PY) is determined by the standards established for each year. For PY 2026 (measuring 2024 performance) and subsequent years, facilities will be eligible to receive a Total Performance Score (TPS) if they receive at least one measure score in any two domains.

ESRD QIP Scoring

Through the ESRD QIP, CMS reduces payments (by up to 2 percent) to ESRD facilities whose overall applicable measure scores do not meet or exceed established performance standards. This reduction applies to all payments for services performed by the facility during the applicable PY. Measures are formalized for each PY through the [federal rulemaking process under the ESRD PPS](#). In turn, CMS publishes the calendar year (CY) ESRD PPS proposed and final rules on the [Federal Register](#) website every year and uses the CY ESRD PPS final rules to establish ESRD QIP requirements for each PY. An ESRD PPS rule often covers more than one ESRD QIP PY. For example, the CY 2022 ESRD PPS final rule established ESRD QIP requirements for PYs 2022–2025.

The ESRD QIP scores facility performance for each PY's measures using data submitted from reimbursement claims, In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Surveys, the [ESRD Quality Reporting System \(EQRS\)](#), and/or the Centers for Disease Control and Prevention's (CDC) [National Healthcare Safety Network \(NHSN\)](#) system. Each measure is assigned to an ESRD QIP measure domain (14 measures, assigned to one of five domains for PY 2026) and assigned an individual measure weight that contributes to the facility score; the resulting measure scores are combined to establish the facility's TPS.

The TPS is a single number from zero to 100 that represents how well a facility performed in the ESRD QIP and determines a facility's payment reduction, which can be up to 2 percent for an entire year. Along with other CMS ESRD programs, it reflects the quality of care provided by facilities. Each facility earns points for its performance based on one of two factors: how close the facility's performance is to the national median (achievement scoring) and how much the facility improved relative to its previous performance (improvement scoring). Since the score can be calculated differently for each facility, the TPS should not be used as a single marker when comparing facilities. If a facility receives no score, "N/S" will display in place of a score. The online [Care Compare](#) website can be used to compare quality of care and patient survey ratings among Medicare-certified dialysis facilities.

To receive a TPS, a facility must be eligible to receive a score on at least one measure in any two domains. Each measure is either classified as a **clinical measure** or a **reporting measure**. **Clinical measures** evaluate the quality of services provided to patients by how well facilities meet clinical performance goals during the performance period. CMS will award points for clinical measures based on the outcomes of reported data. CMS applies two scoring methods to calculate individual clinical measure scores: the achievement and improvement scoring methods. Facilities will be awarded achievement and improvement points for each measure based on their position within the achievement and improvement ranges. The final measure score will be determined by the higher of the achievement or improvement score.

- **Achievement scoring** compares facility performance to a set of values derived from all facilities nationally. Facilities receive achievement points on a measure based on the position within the achievement range. The achievement range begins at the achievement threshold, 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 0 points if its performance on that measure falls below the achievement threshold, 1–9 points if the facility's performance falls within this range, and 10 points if it is at or above the benchmark.
- **Improvement scoring** compares facility performance to the facility's individual performance during the prior year and compares the facility's measure rates during the performance period with its previous performance during the baseline period. 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 (90th percentile of performance rates nationally in 2022). A facility will receive an improvement score of 0 points if its performance falls below the facility's comparison rate and 1–9 points if its performance falls within this range.

Reporting measures evaluate the completeness of required data reported to CMS for the specified performance period. CMS awards points for reporting measures based on the rate of reported data. CMS will calculate points for individual reporting measures based on whether a facility reported required data in EQRS or the NHSN system, in accordance with the requirements for the specific measure. Reporting requirements vary across measures and facilities can earn partial points for satisfying some of the

reporting requirements. Additional information on ESRD QIP scoring, including ESRD QIP clinical measure scoring and TPS calculation examples, is available on the [Participation](#) page on [QualityNet.CMS.gov](#).

Scoring and payment-reduction methods can be viewed in the [CMS ESRD QIP Technical Measure Specifications](#) and [CMS ESRD Measures Manual](#). Facilities can preview their scores and any resulting payment reductions before public release during the annual preview period. If a facility believes there are errors in their scores, they can submit an inquiry to CMS for clarification or investigation before the end of the preview period via the ESRD QIP user interface (UI) in EQRS. For additional information on preview period activities, refer to the ESRD QIP Preview Period section of this guide, or refer to the [ESRD QIP Preview Period Resources](#) page located on [QualityNet](#).

A Special Note on PY 2026 Scoring

The performance period and reporting for the PY 2026 ESRD QIP measures is CY 2024. The minimum TPS (mTPS) to avoid a payment reduction for PY 2026 is 53. (See Table 2 in the Appendixes for the PY 2026 payment reduction scale.) For additional details on the PY 2026 ESRD QIP scoring, refer to the CY 2023 and CY 2024 ESRD PPS final rules published on the [Federal Register](#). For additional information on the PY 2026 ESRD QIP measures, refer to the [Payment Year Fact Sheet](#), which summarizes program details specific to the ESRD QIP measures according to payment year.

There are nine clinical measures and five reporting measures for PY 2026. For a list of these measures and additional scoring details, refer to Table 1 and Table 3 in the Appendixes.

Program Support

ESRD dialysis facilities can submit program-related questions to the ESRD QIP Team via the QualityNet [Question & Answer \(Q&A\) Tool](#).

ESRD QIP Data Submission Processes

EQRS and NHSN Data Access

The [EQRS](#) and [NHSN](#) systems are the two data repository systems renal dialysis facilities use to submit ESRD QIP data. These two reporting systems require facility personnel to register and enroll to allow data entry and submission. Some organizations submit data manually to EQRS; others submit via an automated electronic submission method using a Health Information Exchange (HIE) or Electronic Data Interchange (EDI). **Facility personnel should consult their organization for guidance on how data should be submitted for these data repository systems.** For additional details on data reporting tasks within EQRS, refer to the [EQRS Data Management Guidelines](#) on the Home page of www.MyCROWNWeb.org.

Managing EQRS Access/HARP Account Registration

To access EQRS, users must complete the [Healthcare Quality Information System Access Roles and Profile \(HARP\)](#) account registration process (Figure 1). HARP must be used to register for EQRS access and to maintain access to many CMS applications. Creating and maintaining a HARP account is the first part of obtaining access to EQRS. For security reasons, all users creating a HARP account must complete identity proofing and answer a series of personal questions to verify their identity during the HARP registration process.

To create a HARP account, complete the following steps:

1. Enter Profile Information (Name, Date of Birth, Email Address, Phone Number, Home Address, and Social Security Number).
2. Create Account Information (create a user ID, password, and challenge question).
3. Complete Remote Proofing by answering a series of questions to verify your identity. If manual proofing is required, view the instructions and video for [HARP Manual Proofing](#). Click on the Getting Started tab near the top of the page and scroll down to Scenario #3: Manual Identity Proofing section.
4. Confirm your account. You will receive a message on the screen that your account has been successfully created. You will receive an email containing your user ID and confirming that your account was created.
5. Log into [HARP](#) to set up two-factor authentication and complete setting up your account.

Figure 1: Register for a HARP Account

The screenshot shows the 'Create an Account' page for HARP on CMS.gov. The page is divided into four steps: 1. Profile Information, 2. Account Information, 3. Remote Proofing, and 4. Confirmation. The 'Profile Information' step is active. It includes a heading 'Profile Information' and instructions: 'Enter your profile information for identity proofing. HARP uses Experian to help verify your identity. Already called Experian? [Enter Reference Number](#)'. Below this, there is a link: 'Want to retry a previously failed registration attempt? [Retry Remote Proofing](#)'. A note states: 'All fields marked with an asterisk (*) are required.' The form contains several input fields: 'Legal First Name *', 'Legal Last Name *', 'Middle Name', 'Date of Birth *' (with a mm/dd/yyyy format and a calendar icon), 'Email Address *', 'Confirm Email Address *', 'Personal Phone Number' (with a () - - - format), 'Is your address in the United States? *' (with 'Yes' and 'No' radio buttons), 'Home Address Line 1 *', 'Home Address Line 2', 'City *', 'State *' (with a dropdown menu), 'Zip Code *', 'Zip Code Extension', and 'Social Security Number *'. At the bottom, there is a link: 'Don't want to enter your SSN? [Initiate Manual Proofing](#)'. A footer note says: 'By registering for HARP, you agree to the [Terms & Conditions](#)'. A 'Next >' button is located at the bottom right of the form area.

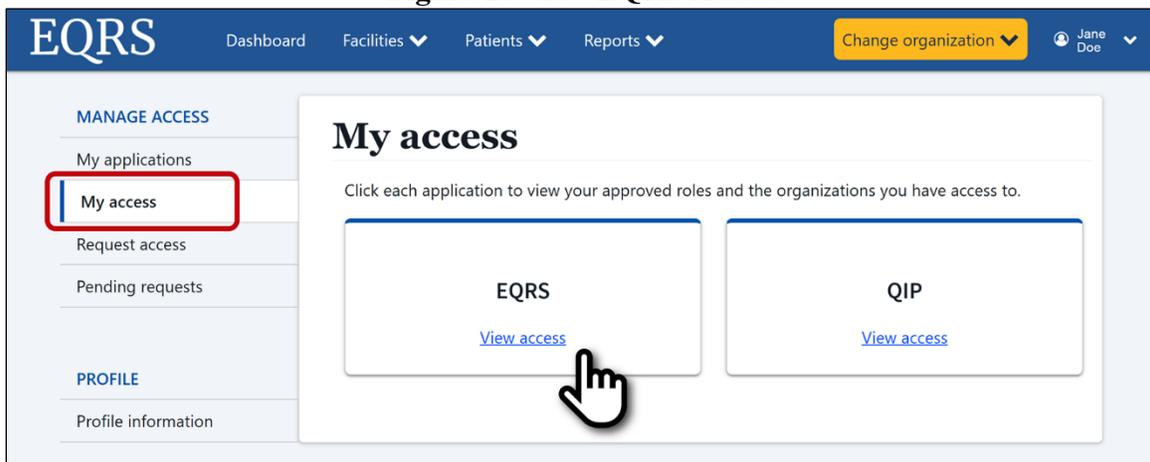
Additional information on the HARP process can be accessed on the [HARP Help FAQs](#) page. If you are having issues with registering for HARP or having other account issues, please contact the Center for Clinical Standards and Quality (CCSQ) Service Center. The CCSQ Service Center is available Monday–Friday 8 a.m. to 8 p.m. Eastern Time via phone at **866-288-8912**, online via the [CCSQ Support Center](#), or email via qnetssupport-esrd@cms.hhs.gov.

Requesting an EQRS Role

Once your HARP registration is complete, finish the second part of obtaining access to EQRS by requesting an EQRS Role.

1. To request an EQRS Role, log into [EQRS](#) using your HARP username and password.
2. Review the My Access section to see if EQRS is listed as an approved application (Figure 2).
3. If EQRS is listed, click View Access to review the access details and to confirm the facility you need to access is listed. If the facility you need to access is listed, you have successfully gained EQRS access. Then, you can begin EQRS data entry as needed.

Figure 2: View EQRS Access



If EQRS is not listed, or if the facility you need to access is not listed, complete the following steps:

1. Click **Request Access** under Manage Access.
2. Select the **Organization Category** for which you are requesting a role.
3. Select **EQRS** and click the Continue button. The Organization Role screen displays.
4. Search for your **Organization**, select the desired **Role**, and click **Add**. The screen refreshes and displays the Review Selected Roles section.
5. Review the selected role and click **Submit Request**. A *Submit Role* Request box displays.
6. Click **Yes** to continue. The system refreshes and displays a message confirming that your role request has been successfully submitted. Once your organization's Security Official reviews and approves your role request, you can access EQRS and begin data entry as needed.

For step-by-step instructions on how to complete the HARP account registration process and request an EQRS role, refer to the [HARP and EQRS Access Quick Start Guide](#) on the [Education](#) page on www.MyCROWNWeb.org.

Refer to Table 1: PY 2026 ESRD QIP Measures in the Appendixes for a list of measures that use EQRS as a data source.

EQRS Data Submission

EQRS opens for clinical data submission on the first day of the month and closes approximately two months after the end of the reporting month. Additionally, EQRS monthly data closures typically occur on the last day of the month. However, if the last day of the month falls on a Saturday, Sunday, or federal holiday, the month will close on the next federal business day. Dialysis facilities must submit EQRS data by the established deadlines to meet the CMS reporting requirements. Not meeting the required reporting deadlines puts the facility at risk of an ESRD QIP payment reduction. If your facility batch submits or uses the HIE or EDI methods, please follow the guidance provided by your organization. It is recommended that facilities complete large data submissions and audit batch submitted data before submission deadlines to ensure accurate and timely data submission.

CY 2024 EQRS Data Submission Deadlines

CY 2024 EQRS data submission deadlines are listed below in Tables 1–4 for EQRS Clinical Data, Clinical Depression Screening and Follow-Up, ICH CAHPS* Attestations and Commitment to Health Equity Attestations, and include the following ESRD QIP measures:

- Kt/V Dialysis Adequacy – Comprehensive
- Hemodialysis Vascular Access:
 - Long-term Catheter Rate
- Clinical Depression Screening and Follow-Up
- Facility Commitment to Health Equity (new ESRD QIP reporting measure beginning in PY 2026.)
- Hypercalcemia
- Medication Reconciliation (MedRec)

*ICH CAHPS Survey data is conducted through a third-party vendor. For additional information on data submission for the ICH CAHPS Survey, please refer to the ICH CAHPS Survey Process section of this guide.

Table 1: EQRS Clinical Data Submission Deadlines

| EQRS Data Submission Deadlines for 2024 Clinical Data | |
|--|--|
| Reporting Month | Data Submission Deadline |
| January | April 1, 2024, at 11:59 p.m. Pacific Time (PT) |
| February | April 30, 2024, at 11:59 p.m. PT |
| March | May 31, 2024, at 11:59 p.m. PT |
| April | July 1, 2024, at 11:59 p.m. PT |
| May | July 31, 2024, at 11:59 p.m. PT |
| June | September 3, 2024, at 11:59 p.m. PT |
| July | September 30, 2024, at 11:59 p.m. PT |
| August | October 31, 2024, at 11:59 p.m. PT |
| September | December 2, 2024, at 11:59 p.m. PT |
| October | December 31, 2024, at 11:59 p.m. PT |
| November | January 31, 2025, at 11:59 p.m. PT |
| December | February 28, 2025, at 11:59 p.m. PT |

Table 2: EQRS Clinical Depression Screening and Follow Up Submission Deadline
EQRS Data Submission Deadline for 2024 Clinical Depression Screening and Follow Up Assessments

| Assessment Period | Data Submission Deadline |
|----------------------------|-------------------------------------|
| January 2024-December 2024 | February 28, 2025, at 11:59 p.m. PT |

Table 3: EQRS ICH CAHPS Attestation Submission Deadline

| EQRS Data Submission Deadline for 2024 ICH CAHPS Attestations | |
|--|-------------------------------------|
| Attestation Period | Submission Deadline |
| January 2024-December 2024 | February 28, 2025, at 11:59 p.m. PT |

Table 4: EQRS Commitment to Health Equity Attestation Submission Deadline

| EQRS Data Submission Deadline for 2024 Commitment to Health Equity Attestations | |
|--|-------------------------------------|
| Attestation Period | Submission Deadline |
| January 2024-December 2024 | February 28, 2025, at 11:59 p.m. PT |

Managing NHSN Access

Each facility must be enrolled in the NHSN system and have a designated Facility Administrator (FA) to submit ESRD QIP data. Consult your organization to find out if your facility is already enrolled and has an active Facility Administrator to submit data in NHSN. If you are unsure of your facility’s enrollment status, consult your organization or complete the online [Am I Enrolled?](#) form to determine your facility’s enrollment status in NHSN.

NHSN Facility Enrollment

1. If your facility is not enrolled in NHSN, complete the five-step enrollment process listed below. Train and prepare.
 - Follow the [Outpatient Dialysis Facility Enrollment Checklist](#).
 - Complete any required [CDC Training](#) and [Outpatient Dialysis Center Practices Survey](#).
2. Register with Secure Access Management Service (SAMS).
 - Read and agree to the [NHSN Rules of Behavior](#).
 - After registration, you will receive the Welcome to NHSN! and Invitation to Register with SAMS email.
 - If your CMS Certification Number (CCN) will not validate, email NHSN at NHSN@CDC.gov with this subject line: Requesting Temporary Enrollment Number. Include your facility name, address, and CCN in the body of the email.
3. Register with SAMS Partner Portal & Identity Proofing Verification.
 - The email you provide SAMS must match the email provided when you enrolled your facility with NHSN.
 - Click on the link in the email from U.S. Centers for Disease Control and Prevention: SAMS Partner Portal – Invitation to Register to complete registration.
 - Complete identity proofing by following the instructions in the Identity Verification Request email from SAMS.
4. Access Approval and Account Activation.
 - Click on the link in the account activation notification email with subject U.S. Centers for Disease Control and Prevention: SAMS Partner Portal – SAMS Activity Authorization to access the SAMS Portal.

Note: NHSN login requires users to log in with a token (either a soft token delivered electronically or a hard token via a SAMS plastic grid card). Using one of these two token methods ensures a secure login.

5. Complete NHSN Enrollment and accept ‘NHSN Agreement to Participate and Consent’

- After successfully submitting the forms, the Facility Administrator and Primary Contact will receive an ‘NHSN Facility Enrollment Submitted’ email.

NHSN FA Registration and Reassignment

Registering as an FA to submit data to NHSN is part of the five-step enrollment/registration process that is listed above. However, if your facility is enrolled in NHSN but does not have a current or active FA, you must complete and submit the online [NHSN Facility Administrator Change Request Form](#) shown in Figure 3.

Helpful Tip: If the current NHSN Facility Administrator is unavailable, a new NHSN Facility Administrator should complete the form. Once the form is submitted, allow up to five business days for SAMS to verify and complete the change request. Additionally, when the FA role needs to be reassigned, the current FA (or any user with administrative rights) should follow these steps to ensure proper reassignment:

1. Log into NHSN.
2. Select Facility > Facility Info from the left navigation bar.
2. Go to the Contact Information section from the Edit Facility Information screen.
3. Find Facility Administrator on the list. Click the Reassign button on the far right of the screen.
4. Find and select an existing user who will be reassigned to this role. (This user must have administrative rights.)
5. Save the updated information on the Edit Facility Information page.

Figure 3: NHSN Facility Administrator Change Request Form

NHSN Facility Administrator Change Request Form

Form Approved
OMB No. 0920-0666
Exp. Date 12/31/22

Important Reminders for NHSN Facility Administrator

- The NHSN Primary Facility Contact information must be updated in the NHSN application if the listed contact is no longer active at the facility.
- NHSN users who are no longer active at the facility must be deactivated in the NHSN application to avoid unauthorized access to the facility data.

Please allow up to 5 business days for the change request to be verified and completed.
NHSN Email: NHSN@cdc.gov

All fields are required, unless marked optional.

Facility Name *

Facility Street Address *

City, State and Zip *

Date of Request *
(MM/DD/YYYY)

CY 2024 NHSN Data Submission Deadlines

Dialysis facilities must meet the NHSN data submission deadlines listed below to meet CMS reporting requirements. Please note, if the last day of the month is a Saturday, Sunday, or federal holiday, the deadline will occur on the next federal business day. Not meeting the required reporting deadlines puts your facility at risk for an ESRD QIP payment reduction. CY 2024 NHSN quarterly data submission deadlines are listed in Table 4 below and include the following ESRD QIP measures:

- NHSN Bloodstream Infection (BSI) in Hemodialysis Patients
- NHSN Dialysis Event Reporting
- COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)

Table 4: NHSN Data Submission Deadlines

| NHSN Data Submission Deadlines for 2024 ESRD QIP Data (BSI in Hemodialysis Patients, Dialysis Event Reporting, and COVID-19 Vaccination Coverage Among HCP) | | |
|--|------------------------------|--------------------------------------|
| Quarter | 2024 Reporting Months | Data Submission Deadline |
| 1 | January-March | July 1, 2024, at 11:59 p.m. PT |
| 2 | April-June | September 30, 2024, at 11:59 p.m. PT |
| 3 | July-September | December 31, 2024, at 11:59 p.m. PT |
| 4 | October-December | March 31, 2025, at 11:59 p.m. PT |

ICH CAHPS Survey Process

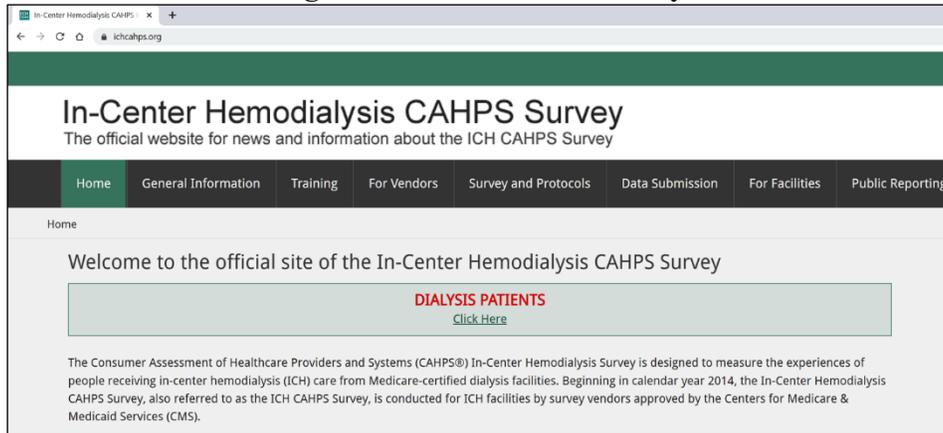
A third-party vendor administers the ICH CAHPS Survey twice a year (once in the spring and once in the fall) to hemodialysis patients for eligible renal dialysis facilities. The survey is designed to capture data reflecting patients' experience in the hemodialysis facility as they relate to the following:

- Communication and care provided by nephrologists
- Quality of the dialysis center's care and operations
- Providing information to patients

Data collected via the ICH CAHPS Surveys are calculated for the ICH CAHPS measure and assigned to the ESRD QIP Patient & Family Engagement Measure domain. Facilities excluded from administering the ICH CAHPS Survey must attest to this exclusion via EQRS. Attestations must be submitted by the end of February of the following year. For instance, facilities that served less than 30 survey-eligible patients and were excluded from the ICH CAHPS Survey in CY 2023 must submit an attestation to this exclusion in EQRS by the end of February 2025, for PY 2026. For additional information on the ICH CAHPS Survey measure, including facility and patient exclusions, refer to the [ESRD QIP Technical Measure Specifications](#).

To access private links on the ICH CAHPS website, facilities can designate a staff member to be an ICH CAHPS Survey Administrator by completing the [ICH CAHPS Facility Website User Credentials Registration Process](#). Additional information on the ICH CAHPS Survey, including comprehensive training, is available on the [ICH CAHPS](#) website (Figure 4).

Figure 4: ICH CAHPS Survey



Extraordinary Circumstance Exceptions (ECE) Request Process

In the event of an extraordinary circumstance, such as a natural disaster that prevented a renal dialysis facility from submitting data or accessing medical records, the facility may request an ECE. To request an ECE, a facility needs to download, complete, and submit an [ECE Form](#) from QualityNet (Figure 5). In addition to completing the form, the facility should submit any supporting documentation within 90 days of the extraordinary circumstance. These documents must be submitted to the ESRD QIP Team by one of the following methods:

- Email: QRFormsSubmission@HSAG.com
- Secure fax: 877-789-4443
- Managed File Transfer (MFT) to QRFormsSubmission@HSAG.com

Note: When sending via MFT, uncheck Require Registered Users.

Figure 5: Download an ECE Request Form

| File Name | File Type | File Size | |
|--|-----------|-----------|--------------------------|
| Extraordinary Circumstances Exceptions (ECE) Request Form | PDF | 277 KB | Download |
| Extraordinary Circumstances Exceptions (ECE) Quick Reference | PDF | 206 KB | Download |

CMS strives to complete its review of each request within 90 days of receipt. Facilities that are included under a blanket exception by CMS (due to widespread natural disasters such as hurricanes and tornadoes) will not be required to submit an ECE form. These facilities will be notified via the ESRD QIP QualityNet Mailer service if a blanket ECE is issued.

To sign up for ESRD QIP notifications via the ESRD QIP QualityNet Mailer service, go to <https://qualitynet.cms.gov/listserv-signup>. Enter your name and email under User Information, and select ESRD-QIP Notify: End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) Notifications under the Quality Reporting list (Figure 6).

Figure 6: Sign Up for ESRD QIP Notifications

User Information

Name *

Email *

Mailing Lists

Public Lists Private Lists

Enter the required fields and select one or more mailing lists to become automatically subscribed.

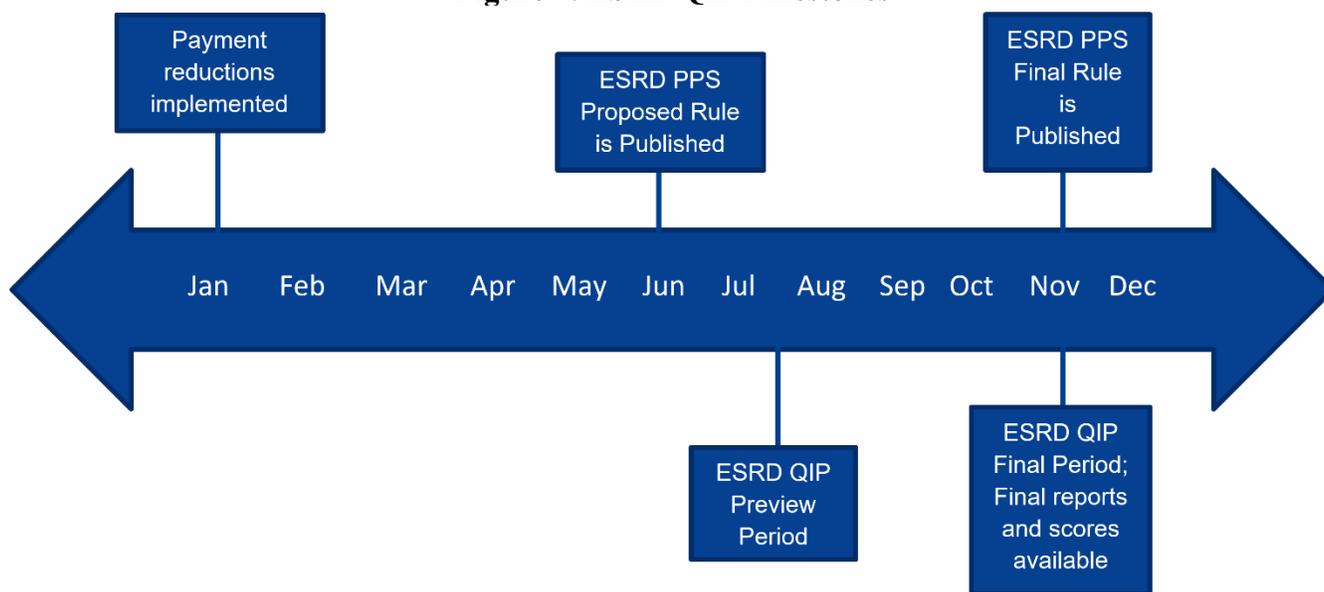
▼ Quality Reporting

ESRD-QIP Notify: End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) Notifications
News, information, announcements, and educational offerings/events regarding the ESRD Quality Incentive Program.

ESRD QIP Milestones

ESRD QIP activities are primarily organized by payment year. The major milestones for each payment year are the release of the ESRD PPS proposed rule (typically in June) and final rule (typically in November), the preview period to calculate and preview facility performance data (typically July–August), the “final period” to finalize performance data (typically in November), and implementation of payment reductions (starting January 1 of the following year). Refer to Figure 7 below for a typical timeline of ESRD QIP milestones.

Figure 7: ESRD QIP Milestones



ESRD QIP Preview Period Activities

The ESRD QIP preview period occurs once a year. Typically, it **begins mid-July** and **ends mid-August**. The preview period is open for approximately 30 days. During this time, facilities can preview their Performance Score Report (PSR), scores, and resulting payment reductions before public release. If a facility believes there are errors in their scores, they can contact CMS via the ESRD QIP UI in [EQRS](#) to clarify or investigate their scores before the preview period ends. CMS will evaluate all inquiries and make any necessary adjustments to facility scores.

CMS strongly recommends that all facilities preview their PSR, which displays the achievement and improvement scores for each clinical measure, earned performance scores for all measures, TPS, unadjusted performance rates or ratios for clinical measures, applied performance standards, national

average performance rates for clinical measures, payment reduction percentage, and explanations of the calculations used to generate the facility’s score. For additional information on the PSR, refer to the [PY 2024 ESRD QIP PSR Guide](#).

To view the ESRD QIP preview period reports and scores via the ESRD QIP UI in [EQRS](#), you must have a QIP role within EQRS. For instructions on obtaining access to EQRS, refer to the **Managing EQRS Access** section of this guide. If you have EQRS access but do not have the QIP role, you must request access via the Request Access link in EQRS (Figure 8). For complete instructions on requesting the QIP role in EQRS, refer to the [PY 2024 ESRD QIP UI Quick Start Guide](#). For ESRD QIP preview period training, including information on preview period activities, reports, and how to navigate the QIP UI in EQRS, refer to the [video](#) and [slides](#) available on the [Education](#) page on www.MyCROWNWeb.org.

Figure 8: Request a QIP role in EQRS

The screenshot shows the EQRS user interface for requesting access. The top navigation bar includes 'EQRS', 'Dashboard', 'Facilities', 'Patients', 'Reports', 'Change organization', and a user profile for 'Jane Doe'. The left sidebar has 'MANAGE ACCESS' with sub-items 'My applications', 'My access', 'Request access' (highlighted with a red box), and 'Pending requests'. Below that is 'PROFILE' with 'Profile information'. The main content area is a form titled 'Request access' with a progress indicator showing three steps: 1. Organization Category, 2. Organization role, and 3. Review and submit. The first step is active. The form asks the user to 'Select the organization category for which you are requesting a role to.' with radio buttons for 'Facility', 'Corporation', 'Network', and 'Transplant'. Below that, it asks 'For CMS use only.' with radio buttons for 'CMS' and 'CMS Support'. The final step is 'Please select the application you are requesting role to.' with radio buttons for 'EQRS' and 'QIP'. A hand cursor is pointing at the 'QIP' option. A 'Continue' button is located at the bottom right of the form.

ESRD QIP Final Period Activities

The ESRD QIP final period occurs once a year, typically in November. The final period marks the time when CMS has finalized ESRD QIP scores and PSRs and determined payment reductions for the upcoming payment year. Additionally, this is when facilities can access their final PSR and Performance Score Certificate (PSC) via the ESRD QIP UI in [EQRS](#). Reports are available in the ESRD QIP UI for up to three years, should facilities need access to these reports later.

The PSC is released after the preview period and becomes available when the final period occurs.

The PSC lists the facility’s TPS for the given payment year. Facilities are required to download and print both the English and Spanish versions and display them in a prominent patient location within the facility, within 15 business days after they become available (Figure 9). PSCs remain posted throughout the applicable payment year until the following payment year PSC is available. The PY 2024 PSC was required to be on display in the facility no later than December 4, 2023.

To view the final ESRD QIP reports and scores in the ESRD QIP UI in [EQRS](#), you must have a QIP role within EQRS. For instructions on obtaining access to EQRS, refer to the **Managing EQRS Access** section of this guide. If you have EQRS access but do not have the QIP role, you must request access via the Request Access link in EQRS (Figure 8). For complete instructions on requesting the QIP role in EQRS, refer to the [PY 2024 ESRD QIP UI Quick Start Guide](#). For ESRD QIP final period training, including information on accessing PSRs and PSCs in the ESRD QIP UI in EQRS, refer to the training [video](#) and [slides](#) available on the [Events](#) page on www.MyCROWNWeb.org.

Figure 9: English and Spanish PSCs



ESRD QIP Public Reporting

According to [MIPPA](#) of 2008, CMS is required to publicly report ESRD QIP facility performance for renal dialysis facilities, beneficiaries, and stakeholders. Publicly reporting data is intended to promote transparency and improve patients' ability to make informed decisions. CMS supports ESRD QIP data transparency to provide key consumer information in the following ways:

- CMS requires facilities to publicly post their PSC. (PSCs are available for download via the ESRD QIP UI in [EQRS](#).)
- CMS publishes ESRD QIP performance scores for each facility via the Performance Score Summary Report (PSSR) on the [Public Reporting & Certificates](#) page on CMS.gov.
- CMS posts dialysis facility data sets, including each facility's TPS and individual measure scores on the [Provider Data Catalog](#).
- CMS lists facility star ratings with individual quality ratings and patient survey star ratings on [Care Compare](#) on Medicare.gov.

Resources

ESRD QIP Team

General EQRS and ESRD QIP questions can be submitted online to the ESRD QIP Team via the QualityNet [Q&A Tool](#). Under **Program**, select ESRD QIP – End-Stage Renal Disease – Quality Incentive Program.

CCSQ

For technical issues with accessing reports in the ESRD QIP UI, please contact the CCSQ Service Center. The CCSQ Service Center is available Monday-Friday 8 a.m. to 8 p.m. Eastern Time and can be reached via phone at **866-288-8912**, online via the [CCSQ Support Center](#), or email via qnetsupport-esrd@cms.hhs.gov.

ESRD Networks

Contact your ESRD Network for assistance with completing CMS forms, resolving EQRS error messages when submitting patient data in EQRS, conducting quality improvement activities, and addressing patient grievances and facility concerns. Use the [ESRD Network Map](#) to find your ESRD Network's contact information.

MyCROWNWeb.org

[MyCROWNWeb.org](#) provides several tools to help the ESRD community become better users of the EQRS system. Visit the [Home](#) page for links to the [Latest Official News from CMS](#) and [Event Announcements](#).

EQRS Mailing List

Sign up for EQRS notifications including system updates, and enhancements, reporting requirements, newsletters, trainings, and more. Sign up by going to www.MyCROWNWeb.org. Enter the required fields on the left side of the page under Sign Up for EQRS Mailing List and click on Subscribe to start receiving notifications.

CMS ESRD Measures Manual

The [CMS ESRD Measures Manual](#) provides transparent and detailed descriptions of how ESRD QIP and dialysis facility measures are calculated, offering the public a comprehensive understanding of how CMS evaluates the quality of care provided by dialysis facilities. Links to the manuals are available on CMS.gov.

CMS ESRD QIP Technical Measures Specifications

The [ESRD QIP Technical Measures Specifications](#) contain measure descriptions, scoring methods, exclusions, and minimum data requirements for each ESRD QIP measure based on the CY ESRD PPS rules. The technical specifications document is an effective tool to help understand ESRD QIP reporting expectations. Access the ESRD QIP Technical Measures Specifications on CMS.gov.

Guide to the PSR

The [Guide to the ESRD QIP PSR](#) provides details on the methodology used in the ESRD QIP scoring process, with specific references to elements provided in the PSR. This guide helps facilities interpret the data reflected in the preview and final PSRs. An updated guide is available every year prior to the preview period on QualityNet.CMS.gov.

ESRD QIP UI Quick Start Guide

The [ESRD QIP UI Quick Start Guide](#) provides information for [EQRS](#) users on how to use the ESRD QIP UI in EQRS by outlining instructions on how to register for HARP, request an ESRD QIP UI role, access and navigate the ESRD QIP UI, including how to submit an inquiry to CMS during the ESRD QIP preview period. An updated quick start guide is released every year prior to the preview period and is available on QualityNet.CMS.gov.

EQRS Data Management Guidelines

The [EQRS Data Management Guidelines](#) describe standardized data management processes created, reviewed, and approved by CMS. EQRS users can reference this guidelines document when overseeing data entry and reporting efforts. The latest version of the EQRS Data Management Guidelines document is available on the Home page of www.MyCROWNWeb.org under Important Links.

ESRD QIP Mailing List

Sign up for ESRD-QIP Notifications to receive news, information, announcements, and educational offerings/events on the ESRD QIP by going to <https://qualitynet.cms.gov/listserv-signup>. Enter User Information (name and email) on the left side of the page, scroll to Quality Reporting and select ESRD QIP-Notify, and click Submit at the bottom of the page.

ESRD QIP Summary: PY 2022–2025

The [ESRD QIP Summary: Payment Years 2022–2025](#) document provides program details according to payment year including measures, performance, and baseline periods, weighting by domain, minimum data requirements to receive a TPS, Low-Volume Facility Score Adjustments, and mTPS.

Care Compare

[Care Compare](#) is a website where ESRD patients and stakeholders can view and compare quality data and patient survey ratings for Medicare certified dialysis facilities. These data are organized into a series of measures, to create a star rating system to help ensure safety, quality, and transparency for dialysis facilities; these data are then publicly reported on the Care Compare website to assist patients to make educated decisions about where to get their dialysis treatments.

HARP

[HARP](#) is a secure identity management portal provided by CMS, which allows individuals to access EQRS and other CMS applications. A HARP account must be created to obtain a user ID and password, which is needed to sign into EQRS. HARP also provides a single location for users to modify their user profile, change their password, update their challenge question, and add and remove two-factor authentication devices. For additional information and/or for help with HARP visit [HARP Help](#) on CMS.gov.

NHSN

A division of the CDC, the NHSN web-based application provides facilities with a reporting and tracking system for ESRD QIP NHSN measure data. The NHSN website provides detailed protocols, training, and guides on how to successfully enroll, register, and submit data to NHSN. Visit the [Dialysis Component](#) section of the NHSN website for additional information.

- NHSN Help Desk: email NHSN@CDC.gov or [NHSN-ServiceNow Customer Service Portal](#)
- SAMS Help Desk: call **877-681-2901** or email SamsHelp@CDC.gov

QualityNet: ESRD QIP Section

Established by CMS for ESRD providers and stakeholders, the QualityNet website provides ESRD QIP information, news, resources, past ESRD PPS proposed and final rule webinar materials, the ECE Request Form, data reporting tools, and more. Access the [ESRD QIP](#) section of QualityNet on QualityNet.CMS.gov.

Federal Register

The [***Federal Register***](#) is the official place of publication for the annual ESRD PPS proposed and final rules. CMS uses the annual ESRD PPS final rule to establish ESRD QIP requirements for each payment year. An ESRD PPS rule often covers more than one ESRD QIP payment year. For example, the CY 2022 ESRD PPS final rule established ESRD QIP requirements for PYs 2022–2025. The CY 2024 ESRD PPS Final Rule is available online at the [***Federal Register***](#). Previously published ESRD PPS proposed and final rules can be accessed via the **Search Federal Register Documents** feature on the [***Federal Register***](#).

Appendix

Table 1: PY 2026 ESRD QIP Measure Set Summary Table

| PY 2026 ESRD QIP Measure Set Summary Table | | | | |
|---|---------------------------------------|------------------------------------|---|--|
| Measure by Domain | Measure Weight as a Percent of Domain | Measure Weight as a Percent of TPS | Data Submission Requirements | Data Source(s) |
| Patient and Family Engagement Measure Domain | | | | |
| ICH CAHPS Survey measure (Clinical) | 100.00% | 15.00% | Biannually via ICH CAHPS Survey results | ICH CAHPS Survey, EQRS, other CMS ESRD administrative data |
| 15.00% of TPS | | | | |
| Care Coordination Measure Domain | | | | |
| Standardized Readmission Ratio (SRR) measure (Clinical) | 30.00% | 9.00% | N/A* | EQRS, Enrollment Data Base (EDB), other CMS ESRD administrative data |
| Standardized Hospitalization Ratio (SHR) measure (Clinical) | 30.00% | 9.00% | N/A* | EQRS, EDB, other CMS ESRD administrative data |
| Percentage of Prevalent Patients Waitlisted (PPPW) measure (Clinical) | 20.00% | 6.00% | N/A* | EQRS; OPTN; Nursing Home Minimum Dataset; CMS Medical Evidence Forms; Medicare hospice claims data |
| Clinical Depression Screening and Follow-Up measure (Clinical) | 20.00% | 6.00% | Annually in EQRS under Clinical Depression | EDB and other CMS ESRD administrative data |
| 30% of TPS | | | | |
| Clinical Care Measure Domain | | | | |
| Kt/V Dialysis Adequacy - Comprehensive measure (Clinical) | 31.43% | 11.00% | Monthly in EQRS under Manage Clinical | EDB, other CMS ESRD administrative data |
| Hemodialysis Vascular Access: • Long-term Catheter Rate measure (Clinical) | 34.29.00% | 12.00% | Monthly in EQRS in the Vascular Access Collection Type drop-down under Manage Clinical | EDB, other CMS ESRD administrative data |
| Standardized Transfusion Ratio | 34.29.00% | 12.00% | N/A* | EQRS, EDB, Long Term Care Minimum Data Set, other CMS |

PY 2026 ESRD QIP Measure Set Summary Table

| Measure by Domain | Measure Weight as a Percent of Domain | Measure Weight as a Percent of TPS | Data Submission Requirements | Data Source(s) |
|--|--|---|---|--|
| (STrR) Reporting measure (Clinical) | | | | ESRD administrative data |
| 35% of TPS | | | | |
| Safety Measure Domain | | | | |
| NHSN BSI in Hemodialysis Patients measure (Clinical) | 100.00% | 10.00% | Quarterly in NHSN for each month of data | NHSN, EDB; EQRS (to determine patient-minimum exclusion); and other CMS ESRD administrative data |
| 10% of TPS | | | | |
| Reporting Measure Domain | | | | |
| Facility Commitment to Health Equity measure (Reporting) | 20.00% | 2.00% | Annually in EQRS under Attestation | EQRS, EDB; other CMS administrative data |
| NHSN Dialysis Event Reporting measure (Reporting) | 20.00% | 2.00% | Quarterly in NHSN for each month of data | EQRS, EDB; other CMS administrative data |
| COVID-19 Vaccination Coverage Among HCP (Reporting) | 20.00% | 2.00% | Quarterly in NHSN for each month of data (one self-selected week per month) | EQRS, EDB; other CMS administrative data |
| MedRec measure (Reporting) | 20.00% | 2.00% | Monthly in EQRS under Manage Clinical | Facility medical records and other CMS ESRD administrative data |
| Hypercalcemia measure (Reporting) | 20.00% | 2.00% | Monthly in EQRS under Manage Clinical | EDB, other CMS ESRD administrative data |
| 10% of TPS | | | | |

*Indicates primary ESRD QIP data used for score calculations derived from sources other than EQRS or NHSN. For detailed information on ESRD QIP scoring for each measure, refer to the [CMS ESRD Measures Manuals](#).

Table 2: PY 2026 ESRD QIP Payment Reduction Scale

| PY 2026 TPS Range | Payment Reduction |
|--------------------------|--------------------------|
| 100-53 | 0% |
| 52-43 | 0.5% |
| 42-33 | 1.0% |
| 32-23 | 1.5% |
| 22-0 | 2.0% |

Table 3: PY 2026 ESRD QIP Summary Table

| PY 2026 ESRD QIP Summary Table | |
|--|--|
| Measures | <p>1 Patient & Family Engagement In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS)</p> <p>4 Care Coordination</p> <ul style="list-style-type: none"> • Standardized Readmission Ratio (SRR) • Standardized Hospitalization Rate (SHR) • Percentage of Prevalent Patient Waitlisted (PPPW) • Clinical Depression Screening and Follow-Up <p>3 Clinical Care</p> <ul style="list-style-type: none"> • Kt/V Dialysis Adequacy (comprehensive) • Vascular Access: <ul style="list-style-type: none"> ○ Long-term Catheter Rate • Standardized Transfusion Ratio (STrR) <p>1 Safety</p> <ul style="list-style-type: none"> • National Healthcare Safety Network (NHSN) Bloodstream Infection (BSI) in Hemodialysis Patients <p>5 Reporting</p> <ul style="list-style-type: none"> • Hypercalcemia • NHSN Dialysis Event Reporting • Medication Reconciliation (MedRec) • COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) • Facility Commitment to Health Equity |
| Performance Period | CY 2024 |
| Baseline Period | CY 2022 (achievement) CY 2023 (improvement) |
| Performance Standard | National Performance Rate (50 th percentile nationally in CY 2022) |
| Weighting | <p>Patient & Family Engagement: 15%</p> <p>Care Coordination: 30%</p> <p>Clinical Care: 35%</p> <p>Patient Safety: 10%</p> <p>Reporting Measure: 10%</p> |
| Minimum Data Requirements | Facility needs to qualify for at least one measure in two domains |
| Low-Volume Facility Score Adjustment | <ul style="list-style-type: none"> • SRR: 11 – 41 index discharges • STrR: 10-21 patient-years at risk • SHR: 5 – 14 patient-years at risk • All other clinical measures: 11 – 25 cases |
| Minimum Total Performance Score (TPS) | 53 points |

Table 4: Summary of PYs 2022–2026 Performance Period, Achievement, and Improvement Baseline Periods

| Payment Year | Performance Period | Achievement Baseline Period | Improvement Baseline Period | Exceptions |
|---------------------|---------------------------|--|------------------------------------|-------------------|
| PY 2026 | 1/1/2024 – 12/31/2024 | 1/1/2022 – 12/31/2022 | 1/1/2023 – 12/31/2023 | None |
| PY 2025* | 1/1/2023 – 12/31/2023 | 1/1/2019 – 12/31/2019 1/1/2021 – 12/31/2021 | 1/1/2022 – 12/31/2022 | None |
| PY 2024* | 1/1/2022 - 12/31/2022 | 1/1/2019 - 12/31/2019 | 1/1/2019 - 12/31/2019 | None |
| PY 2023* | 1/1/2021 – 12/31/2021 | 1/1/2019 – 12/31/2019 | 1/1/2019 – 12/31/2019 | None |
| PY 2022* | 1/1/2020 – 12/31/2020 | 1/1/2018 – 12/31/2018 | 1/1/2019 – 12/31/2019 | None |

*For details on the ESRD QIP scoring policies, refer to the CYs 2023 and 2024 ESRD PPS final rules published on the [Federal Register](#). For a summary of ESRD QIP payment years 2023–2026, refer to the [ESRD QIP Summary: Payment Years 2023-2026](#) PDF on CMS.gov.