



## **End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS)**

### **ESRD Outreach, Communication, and Training (EOCT)**

### **Payment Year (PY) 2025 Preview Period Webinar Question and Answer Summary Document**

#### **Speakers**

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**This Q&A summary was modified to reflect the most up-to-date information pertaining to EQRS features and functions. As of the posting date, this document will not be updated any further. This document was modified for grammar. It answers provider questions submitted during the event. Subject-matter experts developed the responses during and after the event.**

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**Question 1: How can I obtain the slides from the July 16, 2024, PY 2025 Preview Period Webinar?**

The payment year (PY) 2025 Preview Period Webinar event materials are available on the Events page of the MyCROWNWeb website (<https://mycrownweb.org/events/>). The materials include the slides, recording, and transcript.

**Question 2: How is the total performance score (TPS) calculated?**

To qualify for a Total Performance Score (TPS) for Payment Year (PY) 2025, the facility must have earned a score on at least one measure in two of the five domains. A facility that does not meet the requisite number of scored domains will receive a TPS of “No Score”. A facility’s individual measure scores are used to determine the facility’s five measure domain scores, which are then used to determine the facility’s TPS.

The five measure domains (and weights as of TPS) are listed below: Patient and Family Engagement Measure Domain (15%); Care Coordination Measure Domain (30%); Clinical Care Measure Domain (35%); Safety Measure Domain (10%); Reporting Measure Domain (10%).

More details regarding the methodology for calculating domain scores and TPS are described in section 4.2 of the [ESRD Measures Manual](#).

**Question 3: What does “improvement” and “performance” mean when looking at the score report for the patient list?**

QIP clinical measures are scored using data from both the improvement period and the performance period. For Payment Year (PY) 2025, improvement period is calendar year (CY) 2022, and performance period is CY 2023. A facility's score for each clinical measure is calculated using the achievement and improvement scoring methodology. For more details please refer to section 4.2.1 of the [ESRD Measures Manual](#).

**Question 4: How many inquiries can you submit?**

There is no limit to the number of inquiries you can submit during the preview period.

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**Question 5: How are the improvement and performance scores calculated?**

QIP clinical measures are scored using data from both the improvement period and the performance period. For Payment Year (PY) 2025, improvement rate is calculated using data from calendar year (CY) 2022, and performance rate is calculated using data from CY 2023.

**Question 6: What does it mean when a measure's score is “N/A?”**

If your facility does not meet the measure eligibility requirements, N/A is assigned for the score. Please see the [CY 2023 Technical Measure Specifications](#) for the individual measure eligibility criteria.

**Question 7: Where can we find the patient list reports (PLRs)?**

You must have the FPOC (Facility Point of Contact) or CPOC (Corporate Point of Contact) role in order to access the patient list reports. For more information, please see the [ESRD QIP UI Quick Start Guide](#).

**Question 8: How do you appeal a performance score?**

Please submit an inquiry during the preview period using the ESRD QIP User Interface (UI) (<https://eqrs.cms.gov/globalapp/>). For assistance with submitting questions, you may review the [ESRD QIP UI Quick Start Guide](#).

**Question 9: How are the Clinical Depression Screening and Follow-up scores determined?**

The Clinical Depression Screening and Follow-up reporting measure is scored based on how many of a facility's eligible patients have depression screening and follow-up data entered into EQRS. A facility must enter one of six reporting options for each eligible patient into EQRS at least once before the end of the December clinical month in order to receive credit for that patient. The score is calculated by dividing the number of successfully reported patients at a facility by the number of eligible patients at that facility, multiplying that result by 10, and rounding to the nearest whole integer (halves rounded up).

**Question 10: How is the score calculated when a facility is not eligible for some of the measures within a domain?**

Facilities are eligible for a Total Performance Score (TPS) when they receive a score on at least one measure in at least two of the five measure domains. When a facility is eligible for at least one but fewer than all of

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the measures within a domain, the weights of the missing measures are split evenly among the measures in that domain for which a facility is eligible. When a facility is not eligible for any of the measures within a domain, the weight of that domain is split evenly among the measure domains for which a facility is eligible.

**Question 11: Are the measures different for home programs and in center programs?**

Home dialysis facilities and In-center dialysis facilities are scored the same in ESRD QIP. However, a facility that treats mostly home dialysis patients may be eligible for different measures than a facility that treats In-center dialysis patients only. If a measure is not eligible (facility receives “No Score” for the measure), it does not necessarily have a negative impact on the facility's QIP score calculation, as the weights for the domain-specific scores and Total Performance Score (TPS) are redistributed in the event of missing measures.