

December 2024 EQRS Stakeholder Meeting



Hosted to Gather Feedback & Share Updates on End Stage Renal Disease Quality Reporting System (EQRS)

Today's focus:

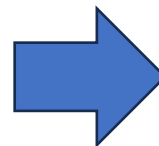
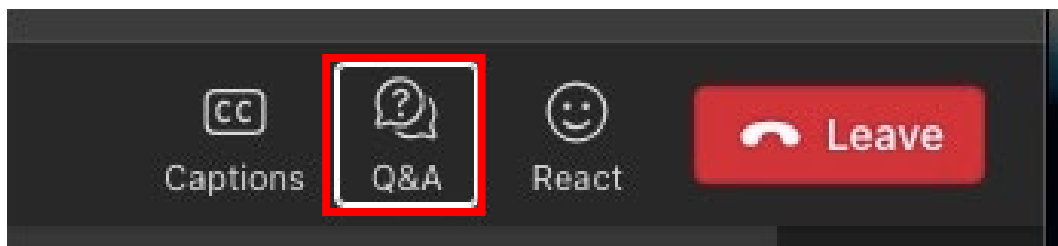
- *Facility Commitment to Health Equity Attestation*
- *Social Drivers of Health (SDOH) Patient Screening*

Agenda

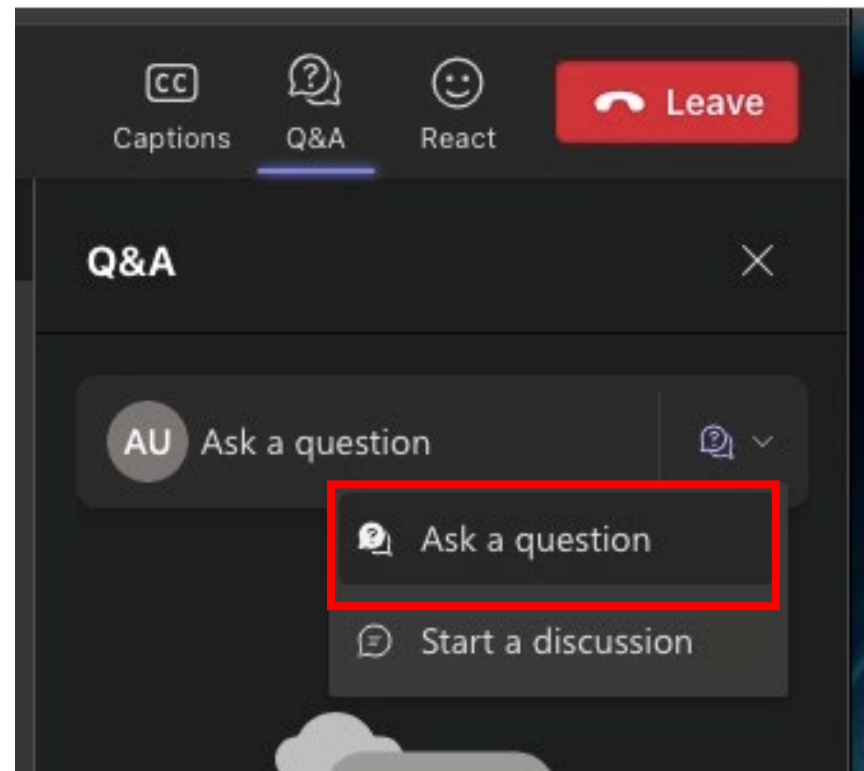
Topic	Speaker
Welcome	Alissa Kapke, MS
Facility Commitment to Health Equity Attestation	Tricia Phulchand, BSN, RN
Social Drivers of Health (SDOH) Patient Screening	Tricia Phulchand, BSN, RN
Frequently Asked Questions/Live Q&A	Alissa Kapke, MS
Upcoming Events & Deadlines	Alissa Kapke, MS
Upcoming ESRD QIP & EQRS Events	Alissa Kapke, MS

Submitting Questions

- Click on Q&A at top right of your screen to submit a question



- Under Q&A, select Ask a question.
- Type your question in box on right hand side of your screen.



Please note that some questions may require additional research.

Any unanswered questions can be submitted to

[QualityNet Question and Answer Tool](#)

Facility Commitment to Health Equity (FCHE) Reporting Measure

Background

- This measure assesses a dialysis facility's commitment to health equity using five attestation domains.
- CMS allows facilities flexibility to select their own screening tool or method to screen patients for SDOH (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety).
 - Multiple screening tools exist and are publicly available. Facilities can refer to the [Social Interventions Research and Evaluation Network \(SIREN\) website](#).

FCHE Reporting Measure Specifications

Numerator statement: Number of domains of commitment to advancing health equity of which the facility completes attestations. Attestation of all elements within a domain is required in order to qualify for the measure numerator.

Denominator statement: The denominator for each facility is 10, which represents 2 points for each of the following domains of commitment to advancing health equity:

1. Equity is a strategic priority
2. Data Collection
3. Data Analysis
4. Quality Improvement
5. Leadership Engagement.

FCHE Reporting Measure Exclusions

Facility Exclusions:

1. Facilities with a CMS Certification Number (CCN) certification date on or after September 1 of the performance period.
2. Facilities treating fewer than 11 eligible patients during the performance period.
3. Calculations will exclude the months covered by a granted Extraordinary Circumstances Exception (ECE).

Patient Exclusions:

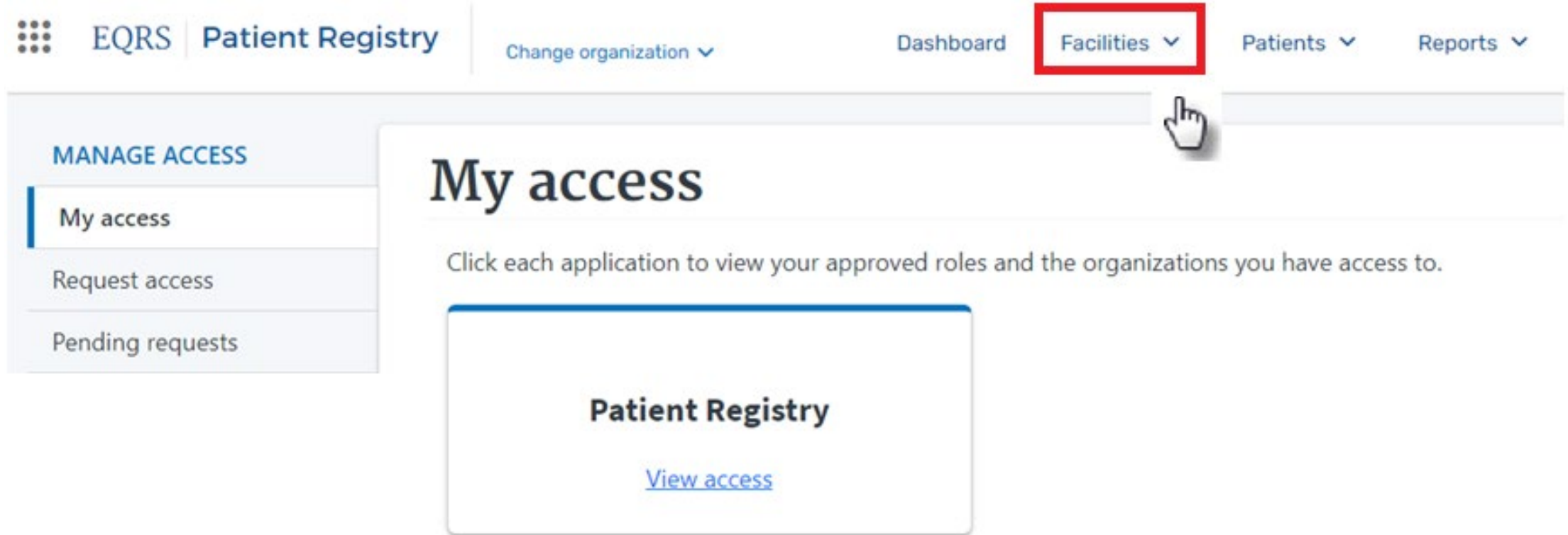
1. Patients treated at the facility for fewer than 90 days in the performance period.
2. Patients not on ESRD treatment as defined by a completed Form CMS-2728, an EQRS record, or a sufficient amount of dialysis reported on dialysis facility claims.

FCHE Reporting Measure Scoring

- Facilities will receive **two points** each for attesting to five different domains of commitment to advancing health equity **for a total of ten points**.
 - To receive full credit, facilities must attest to engaging in all activities in each domain.
 - Partial credit will not be given.
 - Blanks or “not applicable” will receive zero points.
- Please see the [Technical Specifications for ESRD QIP Measures](#) and [ESRD Measures Manual v9.1](#) for additional details.

Submitting FCHE Attestation

Click on Facilities



The screenshot displays the EQRS Patient Registry web application. The top navigation bar includes a logo, the text 'EQRS Patient Registry', a 'Change organization' dropdown, and several menu items: 'Dashboard', 'Facilities' (highlighted with a red box and a hand cursor), 'Patients', and 'Reports'. On the left, a 'MANAGE ACCESS' sidebar contains links for 'My access', 'Request access', and 'Pending requests'. The main content area is titled 'My access' and contains a message: 'Click each application to view your approved roles and the organizations you have access to.' Below this message is a card for 'Patient Registry' with a 'View access' link.

EQRS Patient Registry

Change organization ▾

Dashboard Facilities ▾ Patients ▾ Reports ▾

MANAGE ACCESS

- My access
- Request access
- Pending requests

My access

Click each application to view your approved roles and the organizations you have access to.

Patient Registry

[View access](#)

Click Attestation

The screenshot shows the EQRS Patient Registry interface. The top navigation bar includes the EQRS logo, the text 'Patient Registry', a 'Change organization' dropdown, and links to 'Dashboard', 'Facilities', 'Patients', and 'Reports'. On the left, a sidebar contains 'MANAGE ACCESS' (with 'My access' selected) and 'PROFILE' (with 'Profile information' selected). The main content area is titled 'My access' and includes a sub-header 'Click each application to view your approved roles and the organizations you have access to'. Below this are two cards: 'Patient Registry' and 'QIP', each with a 'View access' link. A dropdown menu is open over the 'QIP' card, listing 'Search Facilities', 'Form 2744', 'Medical Personnel', and 'Attestation'. The 'Attestation' option is highlighted with a red rectangular border.

EQRS Patient Registry [Change organization](#) [Dashboard](#) [Facilities](#) [Patients](#) [Reports](#)

MANAGE ACCESS

- My access**
- Request access
- Pending requests

PROFILE

- Profile information

My access

Click each application to view your approved roles and the organizations you have access to

Patient Registry
[View access](#)

QIP
[View access](#)

- Search Facilities
- Form 2744
- Medical Personnel
- Attestation**

Click Commitment to Health Equity



EQRS

Patient Registry

[Change organization](#) ▼

[Dashboard](#)

[Facilities](#) ▼

[Patients](#) ▼

[Reports](#) ▼

Facility Attestations

In-Center Hemodialysis CAHPS (ICH CAHPS)

Attest that facility treated fewer than 30 eligible patients during the calendar year

Commitment to Health Equity

Attest to whether the facility is reviewing and prioritizing equitable care

Click Start an Attestation

Commitment to Health Equity Attestation

This structural measure assesses facility commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for racial and ethnic minority groups, people with disabilities, members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community, individuals with limited English proficiency, rural populations, religious minorities, and people living near or below poverty level.

All submitted attestations remain editable while the submission period is open.

1. Select a facility

No valid facilities in user's scope.

ABC DIALYSIS

CCN: 123456 • EQRS Facility ID: 300000060

2. Start an Attestation

Assessment Period: 01/01/2024 - 12/31/2024

SUBMISSION PERIOD CLOSES

Select all that apply for each Domain

Domain 1: Equity is a Strategic Priority

Domain 1: Equity is a Strategic Priority

Facility commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your facility has a strategic plan for advancing healthcare equity and that it includes all of the following elements.

Select all that apply. If not applicable, leave blank.

- ☐ Our facility strategic plan identifies priority populations who currently experience health disparities.
 - ☐ Our facility strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.
 - ☐ Our facility strategic plan outlines specific resources which have been dedicated to achieving our equity goals.
 - ☐ Our facility strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.
-
- ☐ All the above; I attest that my facility has a strategic plan for advancing healthcare equity and that it includes all of the above elements.

Select all that apply for each Domain

Domain 2: Data Collection

Domain 2: Data Collection

Collecting valid and reliable demographic and social determinants of health data on patients served in a facility is an important step in identifying and eliminating health disparities. Please attest that your facility engages in the following activities.

Select all that apply. If not applicable, leave blank.

- ☐ Our facility collects demographic information, including self-reported race and ethnicity, and/or social determinant of health information on the majority of our patients.
 - ☐ Our facility has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.
 - ☐ Our facility inputs demographic and/or social determinant of health information collected from patients into structured interoperable data elements using EHR technology.
-
- ☐ All the above; I attest that my facility engages in all of the above activities.

Select “I attest...” or leave blank if not applicable

Domain 3: Data Analysis

Domain 3: Data Analysis

Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your facility engages in the following activities.

If not applicable, leave blank.

☐ I attest that our facility stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on facility performance dashboards.

Select “I attest...” or leave blank if not applicable

Domain 4: Quality Improvement

Domain 4: Quality Improvement

Health disparities are evidence that high-quality care has not been delivered equitably to all patients. Engagement in quality improvement activities can improve quality of care for all patients

If not applicable, leave blank.

☐ I attest that our facility participates in local, regional, or national quality improvement activities focused on reducing health disparities.

Select all that apply for each Domain

Domain 5: Leadership Engagement

Domain 5: Leadership Engagement

Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Please attest that your facility engages in the following activities.

Select all that apply. If not applicable, leave blank.

- ☐ Our facility senior leadership, such as, but not limited to, chief executives and the entire facility board of trustees, annually reviews our strategic plan for achieving health equity.
 - ☐ Our facility senior leadership, such as, but not limited to, chief executives and the entire facility board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.
-
- ☐ All the above; I attest that my facility engages in all of the above activities.

Check Confirmation and Submit Attestation

*Confirmation (Required)

☒ I confirm that the above is accurate and completed to the best of my knowledge.

Cancel

Submit Attestation



Submitted FCHE Attestations

Commitment to Health Equity Attestation

This structural measure assesses facility commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for racial and ethnic minority groups, people with disabilities, members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community, individuals with limited English proficiency, rural populations, religious minorities, and people living near or below poverty level.

All submitted attestations remain editable while the submission period is open.





1. Select a facility

ABC DIALYSIS

CCN: 123456 • EQRS Facility ID: 300000060

2. Start an Attestation

Submitted Attestations

Assessment Period 	Submission Period Status 	Date Submitted 	Last Edited 	Actions
01/01/2024 - 12/31/2024	<div>Open</div> Due 03/04/2025	11/07/2024	11/07/2024	<div>View/Edit</div> <div>▼</div>

Editing Submitted FCHE Attestations

[← Back to all Attestations](#)

Commitment to Health Equity Attestation

This structural measure assesses facility commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for racial and ethnic minority groups, people with disabilities, members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community, individuals with limited English proficiency, rural populations, religious minorities, and people living near or below poverty level.

All submitted attestations remain editable while the submission period is open.

1. Select a facility

ABC DIALYSIS

CCN: 123456 • EQRS Facility ID: 300000060

2. Start an Attestation

Submitted Attestations

Assessment Period ▾	Submission Period Status ▾	Date Submitted ▾	Last Edited ▾	Actions
01/01/2024 - 12/31/2024	<div>Open</div> Due 03/04/2025	11/07/2024	11/07/2024	<div>View/Edit</div> <div>▼</div>

Click Save Changes after edits have been completed

Domain 1: Equity is a Strategic Priority

Facility commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your facility has a strategic plan for advancing healthcare equity and that it includes all of the following elements.

Select all that apply. If not applicable, leave blank.

- ☒ Our facility strategic plan identifies priority populations who currently experience health disparities.
 - ☒ Our facility strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.
 - ☒ Our facility strategic plan outlines specific resources which have been dedicated to achieving our equity goals.
 - ☒ Our facility strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.
-
- ☒ All the above; I attest that my facility has a strategic plan for advancing healthcare equity and that it includes all of the above elements.

Cancel

Save Changes



Editing will ONLY be available during the Open Assessment Period Status

Submitted Attestations

Assessment Period ▴ ▾	Submission Period Status ▴ ▾	Date Submitted ▴ ▾	Last Edited ▴ ▾	Actions
01/01/2024 - 12/31/2024	<div>Open</div> Due	11/07/2024	11/18/2024	<div>View/Edit</div> <div>▼</div>

****Please note that the attestation for 2024 is due on 3/4/2025 at 2:59am Eastern Time****

Screening for Social Drivers of Health (SDOH) Reporting Measure

SDOH Screening Reporting Measure Specifications

Measure Description: The Screening for Social Drivers of Health measure assesses the percentage of patients, aged 18 years and older, screened for health-related social needs (HRSNs) (specifically, food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety) during established care in dialysis facilities.

Numerator Statement: Number of eligible patients who were screened for all five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety.

Denominator Statement: Number of eligible adult patients that have received care at the dialysis facility for at least 90 days during the performance period.

SDOH Screening Reporting Measure Exclusions

Facility Exclusions:

1. Facilities with a CCN certification date on or after September 1 of the performance period.
2. Facilities treating fewer than 11 eligible patients during the performance period.
3. Calculations will exclude the months covered by a granted ECE.

Patient Exclusions:

1. Patients treated at the facility for fewer than 90 days in the performance period.
2. Patients who are younger than 18 years on January 1 of performance period.
3. Patients who opt out of screening.
4. Patients who are unable to complete the screening during their admission and have no legal guardian or caregiver able to do so on the patient's behalf.
5. Patients not on ESRD treatment as defined by a completed Form CMS-2728, an EQRS record, or a sufficient amount of dialysis reported on dialysis facility claims.

SDOH Screening Reporting Measure Scoring

- Facilities must report data annually (once per calendar year).
- Facilities can receive up to 10 points based on the following equation:

$$\left[\frac{\text{Number of Eligible Patients for Whom a Facility Screened for all Five HRSNs During the Performance Period}}{\text{Total Number of Eligible Patients During the Performance Period}} \right] \times 10$$

- Please see the [Technical Specifications for ESRD QIP Measures](#) and [ESRD Measures Manual v9.1](#) for additional details.

Screen Positive Rate for SDOH Reporting Measure

Screen Positive Rate for SDOH Reporting Measure Specifications

Measure Description: The Screen Positive Rate for Social Drivers of Health is a structural measure that provides information on the percent of patients that were screened for all five HRSNs, and who screen positive for one or more of the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety. For ESRD QIP, facilities will receive credit for reporting 'Yes' or 'No' (non-missing) responses.

Numerator Statement: Number of eligible patients with 'Yes' or 'No' (non-missing) screening responses for each of the five HRSNs.

Denominator Statement: Number of eligible adult patients who have received care at the dialysis facility and have screenings for each of the five HRSNs during the performance period.

Screen Positive Rate for SDOH Reporting Measure Exclusions

Facility Exclusions:

1. Facilities with a CCN certification date on or after September 1 of the performance period.
2. Facilities treating fewer than 11 eligible patients during the performance period.
3. Calculations will exclude the months covered by a granted ECE.

Patient Exclusions:

1. Patients treated at the facility for fewer than 90 days in the performance period.
2. Patients who are younger than 18 years on January 1 of performance period.
3. Patients who opt out of screening.
4. Patients who are unable to complete the screening during their admission and have no legal guardian or caregiver able to do so on the patient's behalf.
5. Patients not on ESRD treatment as defined by a completed Form CMS-2728, an EQRS record, or a sufficient amount of dialysis reported on dialysis facility claims.

Screen Positive Rate for SDOH Reporting Measure Scoring


- Facilities must report data annually (once per calendar year).
- Facilities can receive up to 10 points based on the following equation:

$$\left[\frac{\text{Number of Eligible Patients for whom a Facility Reports "Yes" or "No" (non-missing) for each of the Five HRSNs During the Performance Period}}{\text{Total Number of Eligible Patients who were Screened for each of the Five HRSNs During the Performance Period}} \right] \times 10$$

- Please see the [Technical Specifications for ESRD QIP Measures](#) and [ESRD Measures Manual v9.1](#) for additional details.

Submitting SDOH Patient Screenings

Click Patients

 EQRS | **Patient Registry** [Change organization](#) ▾ [Dashboard](#) [Facilities](#) ▾ **[Patients](#)** ▾ [Reports](#) ▾

MANAGE ACCESS

- My access**
- [Request access](#)
- [Pending requests](#)

PROFILE

- [Profile information](#)

My access

Click each application to view your approved roles and the organizations you have access to.

Patient Registry
[View access](#)

Click Social Drivers of Health (SDOH) Patient Screening

The screenshot displays the EQRS Patient Registry interface. The top navigation bar includes the EQRS logo, the text 'Patient Registry', a 'Change organization' dropdown, and links for 'Dashboard', 'Facilities', 'Patients', and 'Reports'. The left sidebar contains a 'MANAGE ACCESS' section with 'My access' (selected), 'Request access', and 'Pending requests', and a 'PROFILE' section with 'Profile information'. The main content area is titled 'My access' and includes the instruction 'Click each application to view your approved roles and the organizations you have access to.' Below this is a card for 'Patient Registry' with a 'View access' link. A dropdown menu is open on the right, listing 'Search Patients', 'Admit a Patient', 'Manage Clinical', 'Clinical Depression', 'Social Drivers of Health (SDOH) Patient Screening' (highlighted with a red box), and 'Action List'.

EQRS | Patient Registry

Change organization ▼

Dashboard Facilities ▼ Patients ^ Reports ▼

MANAGE ACCESS

- My access
- Request access
- Pending requests

PROFILE

- Profile information

My access

Click each application to view your approved roles and the organizations you have access to.

Patient Registry

[View access](#)

- Search Patients
- Admit a Patient
- Manage Clinical
- Clinical Depression
- Social Drivers of Health (SDOH) Patient Screening**
- Action List

Select the Assessment Period

Social Drivers of Health (SDOH) Patient Screening

The Screening for Social Drivers of Health measure assesses the total number of patients, aged 18 years and older, screened for social risk factors (specifically, food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety) during an inpatient facility stay, or during established care in the case of dialysis facilities. The measure cohort includes patients who are admitted to an inpatient facility or who have established care in the case of dialysis facilities and are 18 years or older on the date of admission or on the date of established care in the case of dialysis facilities.

All submitted attestations remain editable while the submission period is open.

1. Select a facility

ABC DIALYSIS

CCN: 123456 • EQRS Facility ID: 300000060

2. Choose an assessment period

Assessment Period

Select one ^

All Assessment Periods

01/01/2025 - 12/31/2025 (Open)

Click Enter Screening Data

Patient

Screening Status

127 results

Patient ⓘ ^	Assessment Period ^	Submission Period Status ^	Last Edited ^	Date Submitted ^	Screening Status ^	Actions
MOUSE, MICKEY 1234567891	01/01/2025 - 12/31/2025	Open Due	--	--	⊖ Not submitted	Enter Screening Data
MOUSE, MINNIE 1987654321	01/01/2025 - 12/31/2025	Open Due	--	--	⊖ Not submitted	Enter Screening Data

Complete Patient Screening

*Has this patient been screened for the SDOH factors for assessment period 01/01/2025 - 12/31/2025 ?

☐ Yes ☐ No

If the patient was screened, was the screening result positive for the SDOH factors below?

SDOH FACTOR	YES	NO
Food Insecurity	<input type="radio"/>	<input type="radio"/>
Housing Instability	<input type="radio"/>	<input type="radio"/>
Transportation Needs	<input type="radio"/>	<input type="radio"/>
Utility Difficulties	<input type="radio"/>	<input type="radio"/>
Interpersonal Safety	<input type="radio"/>	<input type="radio"/>

Measure 1: Screening for SDOH

*Has this patient been screened for the SDOH factors for assessment period 01/01/2025 - 12/31/2025?

☐ Yes ☐ No

Select Yes: If you have screened for all SDOH factors
Select No: If you have not screened for all SDOH factors

If the patient was screened, was the screening result positive for the SDOH factors below?

SDOH FACTOR	YES	NO
Food Insecurity	<input type="radio"/>	<input type="radio"/>
Housing Instability	<input type="radio"/>	<input type="radio"/>
Transportation Needs	<input type="radio"/>	<input type="radio"/>
Utility Difficulties	<input type="radio"/>	<input type="radio"/>
Interpersonal Safety	<input type="radio"/>	<input type="radio"/>

If the Patient was not screened

- Indicate the reason the patient was not screened
 - Select No
 - Select the reason the patient was not screened
- Click Submit Screening

*Has this patient been screened for the SDOH factors for assessment period 01/01/2025 - 12/31/2025?

☐ Yes ☒ No

*Select a reason patient was not screened:

- ☐ Opted out from screening
- ☐ Patient was unable to complete screening during their admission and has no legal guardian or caregiver able to do so on the patient's behalf
- ☐ No screening was performed, with no reason given

Close

Submit Screening

Measure 2: SDOH Screen Positive Rate

*Has this patient been screened for the SDOH factors for assessment period 01/01/2025 - 12/31/2025?

☒ Yes ☐ No

If the patient was screened, was the screening result positive for the SDOH factors below?

SDOH FACTOR	YES	NO
Food Insecurity	<input checked="" type="radio"/>	<input type="radio"/>
Housing Instability	<input type="radio"/>	<input checked="" type="radio"/>
Transportation Needs	<input checked="" type="radio"/>	<input type="radio"/>
Utility Difficulties	<input type="radio"/>	<input checked="" type="radio"/>
Interpersonal Safety	<input checked="" type="radio"/>	<input type="radio"/>

Close

Submit Screening

- Select Yes
 - Indicate Yes or No for each SDOH Factor
 - No response = No Credit
- Click Submit Screening

Editing is ONLY available during the Open Assessment Period

Patient

Screening Status

All screening statuses

127 results

Patient ⓘ ^	Assessment Period ^	Submission Period Status ^	Last Edited ^	Date Submitted ^	Screening Status ^	Actions
MOUSE, MICKEY 1234567891	01/01/2025 - 12/31/2025	Open Due	01/15/2025	01/15/2025	✓ Submitted	View/Edit
MOUSE, MINNIE 1987654321	01/01/2025 - 12/31/2025	Open Due	--	--	✗ Not submitted	Enter Screening Data

FAQs

Question: What screening tools can facilities use for the SDOH measures?

Answer: Facilities can choose their own screening tool or method to screen patients. Potential sources of these data for incorporation in a tool could include administrative claims data, electronic clinical data, standardized patient assessments, or patient-reported data and surveys. Additionally, multiple screening tools exist and are publicly available. For example, facilities can refer to the Social Interventions Research and Evaluation Network (SIREN) website: <https://sirennetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison> for comprehensive information about the most widely used HRSN screening tools.

Question: Can you clarify the required frequency for the SDOH screening for patients in outpatient dialysis clinics?

Answer: Facilities are required to screen patients annually and enter this screening information in EQRS. Data entry for PY 2027 begins in January 2025 (assessment period January 1, 2025 to December 31, 2025).

FAQs (continued)

Question: When an organization has chosen an approved tool to use for SDOH screening of patients, must the tool be implemented identically to how it is published?

Answer: The tool you select for SDOH screening of patients does not need to be implemented identically to how it is published. However, in order to receive full credit on the ESRD QIP SDOH measures, patients must be screened for all five HRSNs which include: Food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety.

Question: For the Screening for SDOH reporting measure, if a patient answers the questions for 4 of the 5 domains, but opts out of the questions for the 5th domain, would this patient be excluded completely from the measure?

Answer: Yes, in this context, opt-out could mean the patient refused or that the patient declined to answer. If a patient refuses to answer one or more of the questions, you may select 'No', with reason 'Opted out from screening.' This would then exclude them from the measure. If the patient declines to answer or opts out of screening, they should not be screened.

FAQs (continued)

Question: For the Screen Positive Rate for SDOH reporting measure, the numerator statement in the Technical Specifications states, *Number of eligible patients with 'Yes' or 'No' screening responses for each of the five HRSNs*. Wouldn't a screen POSITIVE rate only assess the number of patients with 'Yes' for each of the five HRSNs?

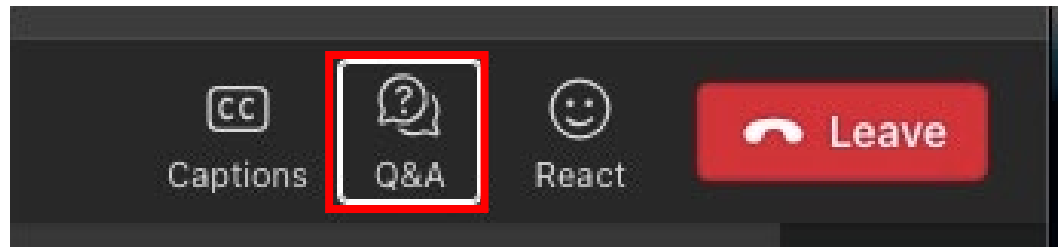
Answer: The ESRD QIP Screen Positive Rate for SDOH reporting measure scoring will be based strictly on whether or not you enter the screening results ('Yes' or 'No') for each of the 5 HRSNs in EQRS. CMS is not scoring facilities based on how many patients screen positive for the measure. The goal of this reporting measure is to ensure facilities enter the screening results for each HRSN in EQRS. If the facility does not provide a screening result (i.e. leaves the question blank in EQRS), they will not receive credit in the numerator for this measure.

Question: For the FCHE measure, if a facility selects that they participated in 3 of the 4 elements in Domain 1 (Equity), will they still receive the full 2 points for that domain?

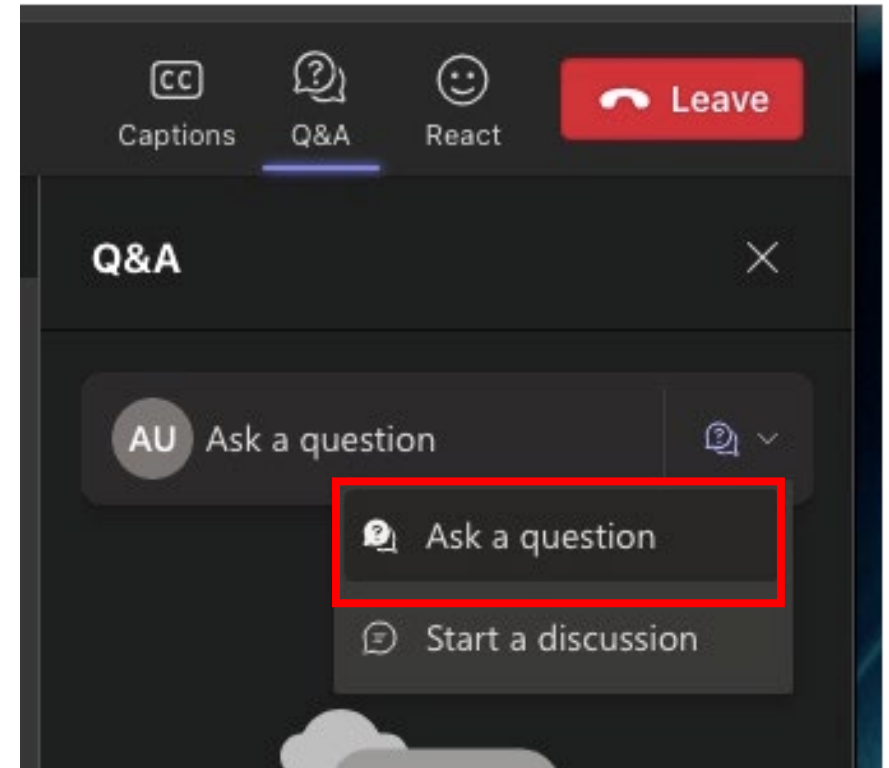
Answer: No, facilities must participate in all elements of a domain in order to receive 2 points for the domain.

Submitting Questions

- Click on Q&A at top right of your screen to submit a question



- Under Q&A, select Ask a question.
- Type your question in box on right hand side of your screen.



Please note that some questions may require additional research.

Any unanswered questions can be submitted to

[QualityNet Question and Answer Tool](#)



Coming Soon

Upcoming Events & Deadlines

- Clinical data submission deadlines
- Depression screening deadlines
- In-Center Hemodialysis Consumer Assessment of Healthcare Providers & Systems (ICH CAHPS) attestation submission deadline
- Facility Commitment to Health Equity attestation submission deadline
- National Healthcare Safety Network (NHSN) data submission deadlines

EQRS Clinical Data Submission Deadlines

Data Submission Schedule for 2024 EQRS Clinical Data	
Reporting Month	Data Submission Deadline
September 2024	December 2, 2024, at 11:59 p.m. PT
October 2024	December 31, 2024, at 11:59 p.m. PT
November 2024	February 3, 2025, at 11:59 p.m. PT
December 2024	March 3, 2025, at 11:59 p.m. PT

Note: For additional information on the ESRD QIP measures for PY 2026, refer to the [Calendar Year \(CY\) 2024 ESRD QIP Technical Measure Specifications](#).

EQRS Depression Screening and Follow-Up Submission Deadline

EQRS Submission Schedule for 2024 Depression Screening and Follow-Up Assessments

Assessment Period	Data Submission Deadline
January 1 – December 31, 2024	March 3, 2025, at 11:59 p.m. PT

Note: For additional information on the Clinical Depression Screening and Follow Up measure, refer to the [CY 2024 ESRD QIP Technical Measure Specifications](#).

ICH CAHPS Attestation Submission Deadline

EQRS Submission Schedule for 2024 In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Attestation

Attestation Year	Data Submission Deadline
January 1 – December 31, 2024	March 3, 2025, at 11:59 p.m. PT

Note: For additional information on the ICH CAHPS Survey measure, refer to the [CY 2024 ESRD QIP Technical Measure Specifications](#).

Facility Commitment to Health Equity Attestation Submission Deadline

EQRS Submission Schedule for Facility Commitment to Health Equity Attestation

Attestation Year	Data Submission Deadline
January 1 – December 31, 2024	March 3, 2025, at 11:59 p.m. PT

Note: For additional information on the Facility Commitment to Health Equity measure, refer to the [CY 2024 ESRD QIP Technical Measure Specifications](#).

NHSN ESRD Data Submission Deadlines

Data Submission Schedule for 2024 NHSN ESRD Data: Dialysis Events, Bloodstream Infections, and COVID-19 Vaccination Coverage Among Healthcare Personnel

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

Facilities must submit NHSN data by the established deadlines. Not meeting the required reporting deadlines puts your facility at risk for an ESRD QIP payment reduction.

Note: For additional information on the NHSN measures, refer to the [CY 2024 ESRD QIP Technical Measure Specifications](#).

Submitting Questions

For additional help, contact:

- **QualityNet Help Desk**

- **Email:**

- qnetsupport-esrd@cms.hhs.gov

- **Online Ticket submission:**

- https://cmsqualitysupport.servicenowservices.com/ccsq_support_central

- **Phone**

- [1-\(866\)-288-8912](tel:1-866-288-8912)

Upcoming ESRD QIP & EQRS Events

Save the Dates!

<i>All Events are Scheduled to begin at 2PM ET</i>	
EQRS Monthly Stakeholder Meeting -TBD	January 21, 2025

Event Slides and Recordings

Recordings and slides from all ESRD QIP and EQRS events are posted shortly after the events at: <https://mycrownweb.org/events/>

Post-Event Evaluation

Please complete a short post-event evaluation by clicking on the link in the Chat box. Your feedback will help improve future events.

Thank you for attending the December 2024 EQRS Stakeholder Meeting

Recordings and slides from all ESRD QIP and EQRS events are posted shortly after the events at: <https://mycrownweb.org/events/>