

# March 2025 EQRS Stakeholder Meeting



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

*Today's focus:*

- *EQRS Overview*
- *EQRS Basics*
- *EQRS Facility Dashboard*

# Agenda

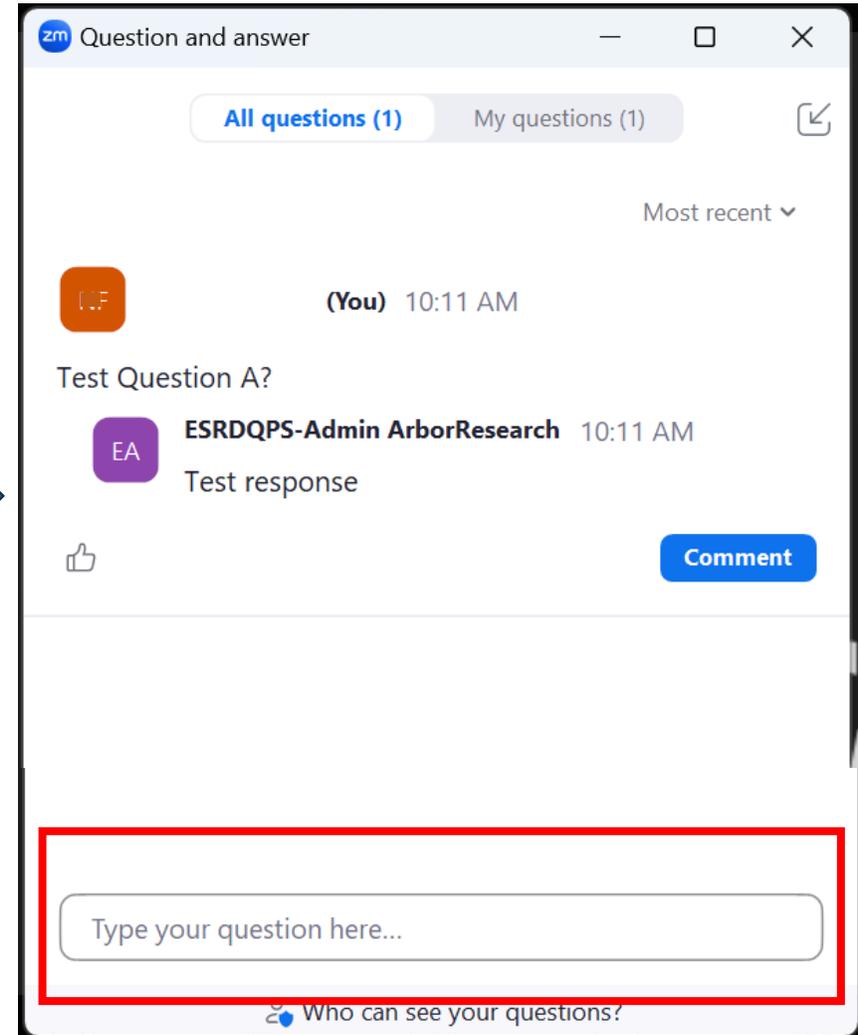
Topic	Speaker
Welcome	<b>Alissa Kapke, MS</b>
EQRS Overview	<b>Tricia Phulchand, BSN, RN</b>
EQRS Basics <ul style="list-style-type: none"><li>• Stopwatch</li><li>• CMS Forms</li></ul>	<b>Tricia Phulchand, BSN, RN</b>
EQRS Facility Dashboard	<b>Tricia Phulchand, BSN, RN</b>
Q & A	<b>Tricia Phulchand, BSN, RN</b>
Upcoming ESRD QIP & EQRS Events	<b>Alissa Kapke, MS</b>

# Submitting Questions

- Click on Q&A at bottom of your screen to submit a question.



- Type your question in the box in the middle of your screen.



**Please note that some questions may require additional research.  
Any unanswered questions can be submitted to  
[QualityNet Question and Answer Tool](#)**

# **EQRS Overview**

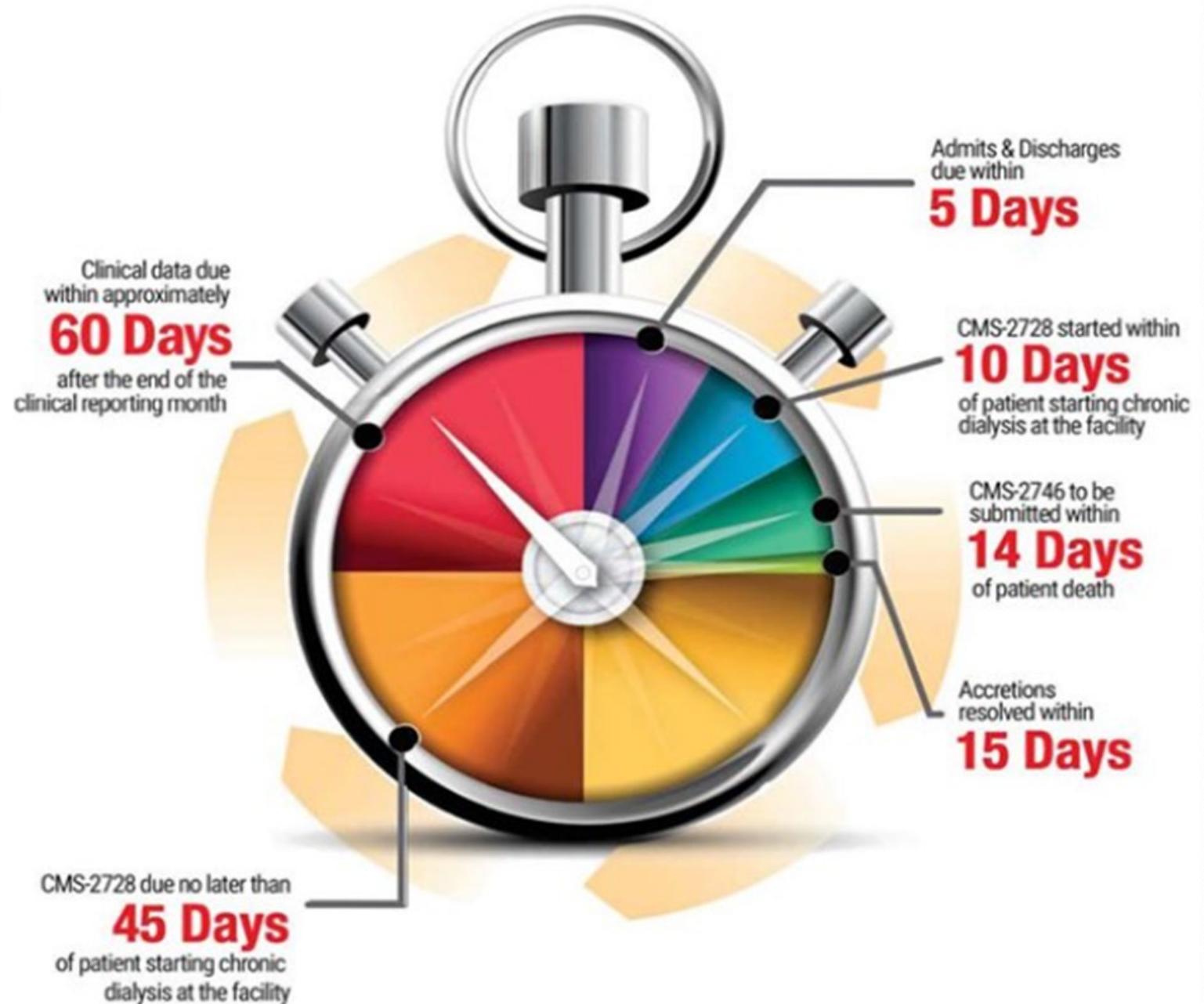
# What is EQRS?

- EQRS stands for the End Stage Renal Disease (ESRD) Quality Reporting System.
- It is the CMS patient registry used to track ESRD patients whether they are on dialysis or have received a kidney transplant.
- It is an essential data source for the ESRD Quality Incentive Program (QIP).
- It collects patient treatment and demographic information, clinical data, calculates Medicare coverage periods, and includes ESRD QIP measure scores and reports.



# **EQRS Basics**

# EQRS Stopwatch



# What CMS ESRD forms should be submitted in EQRS?

- Form CMS-2728: *ESRD Medical Evidence Report*
  - Initial 2728
    - When the patient is first diagnosed as ESRD including initiation of chronic dialysis or a kidney transplantation.
    - Provides medical evidence of ESRD for Medicare entitlement.
    - **Due within 45 days of patient being admitted to your facility.**
  - Re-Entitlement 2728
    - When a patient resumes chronic dialysis 3 or more years after receiving a transplant.
    - When a patient resumes chronic dialysis after 1 or more years after recovering native kidney function.
    - **Due within 45 days of patient being admitted to your facility.**
  - Supplemental 2728
    - When a newly diagnosed chronic patient moves from in-center hemodialysis to a home modality (home hemodialysis or peritoneal dialysis) within the first 90 days of chronic dialysis start date.
    - When a newly diagnosed chronic patient is transplanted within the first 90 days of chronic dialysis start date.
    - **Due within 45 days of patient changing to a home modality or receiving a kidney transplant.**

# CMS forms (continued)

- Form CMS-2746: *ESRD Death Notification*
  - Notifies Medicare of the date and cause of an ESRD patient's death.
  - **Due within 14 days of a patient's death.**
- Form CMS-2744
  - The survey is a CMS Office of Management and Budget reporting requirement for all dialysis and transplant facilities to provide information to CMS.
    - 2744A: *ESRD Facility Survey (Dialysis Units)*
      - Captures all activity including patient admissions and discharges, Medicare coverage, vocational rehabilitation, facility treatment, number of home training days, and staffing data for the previous year (January 1- December 31).
    - 2744B: *ESRD Facility Survey (Transplant Hospitals)*
      - Captures all activity including transplants performed, Medicare status, and waitlist information for the previous year (January 1- December 31).
  - **Due annually.**

# Difference between Save and Submit for Forms CMS-2728/CMS-2746

- Save:
  - Allows changes to be made to the 2728s and 2746s.
  - Forms in saved status are **not considered submitted** and would be considered late if not submitted by their due date.
- Submit:
  - Double-check everything before submitting.
  - There's no turning back now!!!

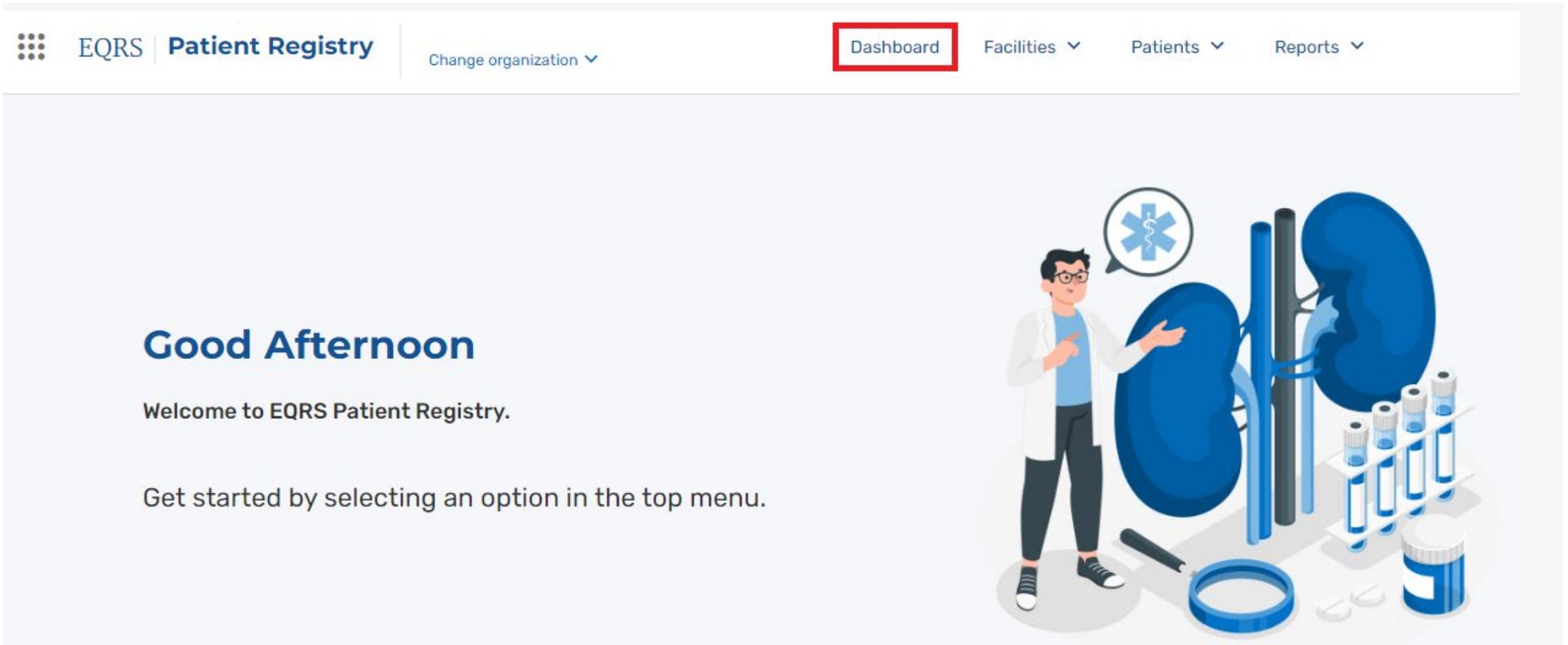
# Form CMS-2746 FAQs

- Do I need to complete a Form CMS-2746 if a patient was hospitalized on January 5<sup>th</sup> and died on February 8<sup>th</sup>?
  - No; if a patient was not treated at your dialysis facility for 30 days or more, your facility is not required to complete a Form CMS-2746.
- Do I need to complete a Form CMS-2746 if a patient discontinued dialysis on January 12<sup>th</sup> and died on February 4<sup>th</sup>?
  - Yes; your facility must submit the form since the patient died within 30 days of receiving treatment at your dialysis facility.
- A patient transferred to another certified outpatient dialysis facility and died in less than 30 days after being discharged from my dialysis facility. Do I need to complete a Form CMS-2746?
  - No; when a patient permanently transfers to another certified dialysis facility, the new dialysis facility is responsible for completing the Form CMS-2746.

# **EQRS Facility Dashboard**

# Facility Dashboard

- Provides an overview of any outstanding data that needs to be submitted in EQRS.



The screenshot shows the top navigation bar of the EQRS Patient Registry. On the left, there is a hamburger menu icon, the text "EQRS Patient Registry", and a "Change organization" dropdown. On the right, there are four menu items: "Dashboard" (highlighted with a red box), "Facilities" with a dropdown arrow, "Patients" with a dropdown arrow, and "Reports" with a dropdown arrow.

**Good Afternoon**

Welcome to EQRS Patient Registry.

Get started by selecting an option in the top menu.



An illustration of a male doctor in a white lab coat and glasses, pointing towards a large blue kidney diagram. The diagram shows the kidney's connection to the spine and bladder. To the right, there are several test tubes in a rack and a pill bottle. A speech bubble above the doctor contains a blue medical symbol (Rod of Asclepius).

# Facility Dashboard

Overview		
<b>Form 2728</b>		
New	Due	Past due
0	3	0
<b>Form 2746</b>		
Due	Past due	
0	0	
<b>Accretions</b>		
Unresolved		
0		
<b>System Discharges</b>		
2025	2024	
0	0	
<b>Clinical Depression Screenings</b>		
Required Screenings	Upcoming Screenings	
108	0	
<b>Form 2744 Status</b>		
2024		
Missing		
<b>Clinical Data</b>		
Due in February	Due in March	
0	0	
<b>SDOH Patient Screening</b>		
2025		
100		
<b>Dialysis Facility Transplant Waitlist</b>		

## Missing required facility contacts

Your facility is missing the required Disaster Contact, Disaster Contact Back-up, and Primary Facility Contact. Please go to the "Contact Information" section under your facility details to add the contact information.

## Facility Dashboard Overview

### Upcoming Reminders

- 04/01/2025 2:59 am EDT - Clinical Data submission deadline for the January 2025 clinical period.
- 04/29/2025 8:00 pm EDT - Clinical Data submission deadline for the February 2025 clinical period.
- 03/03/2026 2:59 am EST - Commitment to Health Equity Attestation reporting period closes for the January 1 - December 31, 2025 assessment period.
- 03/03/2026 2:59 am EST - SDOH Screening Positive Rate reporting period closes for the January 1 - December 31, 2025 assessment period.
- 03/03/2026 2:59 am EST - Clinical Depression Screening reporting period closes for the January 1 - December 31, 2025 assessment period.

# Facility Dashboard – Upcoming Reminders

## Missing required facility contacts

Your facility is missing the required Disaster Contact, Disaster Contact Back-up, and Primary Facility Contact. Please go to the “Contact Information” section under your facility details to add the contact information.

## Facility Dashboard Overview

### Upcoming Reminders

- **04/01/2025 2:59 am EDT** - Clinical Data submission deadline for the January 2025 clinical period.
- **04/29/2025 8:00 pm EDT** - Clinical Data submission deadline for the February 2025 clinical period.
- **03/03/2026 2:59 am EST** - Commitment to Health Equity Attestation reporting period closes for the January 1 - December 31, 2025 assessment period.
- **03/03/2026 2:59 am EST** - SDOH Screening Positive Rate reporting period closes for the January 1 - December 31, 2025 assessment period.
- **03/03/2026 2:59 am EST** - Clinical Depression Screening reporting period closes for the January 1 - December 31, 2025 assessment period.

# Facility Dashboard – Forms CMS-2728/CMS-2746

## Overview

### Form 2728

New	Due	Past due
0	3	0

### Form 2746

Due	Past due
0	1

- Form 2728
  - New
    - Forms that are within 10 calendar days of the patient's admit date.
  - Due
    - Forms that are more than 10 calendar days, but less than 45 calendar days of the patient's admit date.
  - Past Due (LATE)
    - Forms that are more than 45 calendar days of the patient's admit date which means the form is LATE.
- Form 2746
  - Due
    - Forms that are within 14 calendar days of the patient's date of death.
  - Past Due (LATE)
    - Forms that are more than 14 calendar days after the patient's date of death which means the form is LATE.

# Addressing Forms CMS-2728 from the Facility Dashboard

- Click on the number below *New*, *Due* or *Past Due* to address outstanding Form CMS-2728s.
- To access the *Manage Form 2728* screen in the patient's record, click on **Manage Form 2728s** under Navigation.
- To view the patient's record, click on the EQRS ID number located under *EQRS Patient ID*.

The screenshot displays the EQRS Patient Registry interface. At the top, there are navigation tabs for 'EQRS' and 'Patient Registry', along with a 'Change organization' dropdown. On the right, there are additional navigation options: 'Dashboard', 'Facilities', 'Patients', and 'Reports'. A search bar is present with the placeholder text 'Enter CCN or NPI'. The main content area is divided into two sections: 'Overview' and 'Form 2728 Records'. The 'Overview' section shows counts for 'Form 2728' (New: 0, Due: 3, Past due: 0) and 'Form 2746' (Due: 0, Past due: 1). The 'Form 2728 Records' section includes filters for '2728 Type' (All Available) and '2728 Form State' (All Available), and a '2728 Status' dropdown set to 'Due'. Below the filters is a table of records. The table has columns for EQRS Patient ID, Patient Name, Due Date, Type, Status, Form State, and Navigation. Three records are listed, each with a 'Manage Form 2728s' link in the Navigation column. A red box highlights the 'Due' count in the overview and the 'EQRS Patient ID' column in the table. Another red box highlights the 'Navigation' column and the 'Manage Form 2728s' links. At the bottom, there is a pagination control showing 'Showing 1 to 3 of 3 results' and a 'Page Size' dropdown set to 10.

EQRS Patient Registry Change organization Dashboard Facilities Patients Reports

Collapse

Overview

Form 2728

New: 0 Due: 3 Past due: 0

Form 2746

Due: 0 Past due: 1

Form 2728 Records

2728 Type: All Available

2728 Form State: All Available

2728 Status: Due

Search:

EQRS Patient ID	Patient Name	Due Date	Type	Status	Form State	Navigation
3100000001	BUTTER, SALTED	02/22/2025	Initial	Due	Saved	Manage Form 2728s
3100000002	ICE CREAM, VANILLA	02/27/2025	Initial	Due	Saved	Manage Form 2728s
3100000003	WAFER, CHOCOLATE	03/13/2025	Initial	Due	Saved	Manage Form 2728s

Showing 1 to 3 of 3 results Page Size: 10 Prev 1 Next

# Addressing Forms CMS-2746 from the Facility Dashboard

- Click on the number below *Due* or *Past Due* to address outstanding Forms CMS-2746.
- To access the Form CMS-2746, click on **Form 2746** under *Navigation*.
- To view the patient's record, click on the EQRS ID number located under *EQRS Patient ID*.

The screenshot displays the Facility Dashboard interface. On the left, the 'Overview' section shows counts for Form 2728 (New: 0, Due: 3, Past due: 0) and Form 2746 (Due: 0, Past due: 1). The 'Form 2746 Records' section on the right includes filters for '2746 Status' (set to 'Past Due') and '2746 Form State' (set to 'All Available'). Below the filters is a search bar and a table of records. The table has columns for EQRS Patient ID, Patient Name, Due Date, Status, Form State, and Navigation. A single record is shown for 'ICE CREAM, STRAWBERRY' with EQRS Patient ID '31000000057', Due Date '10/25/2024', Status 'Past Due', and Form State 'Saved'. The EQRS Patient ID, Patient Name, and the 'Form 2746' link in the Navigation column are highlighted with red boxes. The table shows 'Showing 1 to 1 of 1 results' and 'Page 1'.

EQRS Patient ID	Patient Name	Due Date	Status	Form State	Navigation
31000000057	ICE CREAM, STRAWBERRY	10/25/2024	Past Due	Saved	Form 2746

# Facility Dashboard – Form CMS-2744

Form 2744 Status
2024 <b>Missing</b>
Form 2744 Status
2024 <b>Draft</b>
Form 2744 Status
2024 <b>Submitted for Review</b>
Form 2744 Status
2024 <b>Accepted</b>
Form 2744 Status
2024 <b>Rejected</b>
Form 2744 Status
2024 <b>Finalized</b>

- **Missing**
  - Your form has not been added, generated and saved.
- **Draft**
  - Your form has been generated and saved.
- **Submitted for Review**
  - Your form has been submitted to your ESRD Network for review.
- **Accepted**
  - Your form has been accepted by your ESRD Network.
- **Rejected**
  - Your form has been rejected by your ESRD Network.
  - Additional work/revision is needed.
- **Finalized**
  - Your form has been FINALIZED by your ESRD Network.
  - You are DONE until next year’s Form CMS-2744 is due.

# Facility Dashboard – Accretions

- Accretion:
  - An ESRD patient was identified in another CMS database and appears to be associated with your facility but is not currently admitted to your facility in EQRS.

Overview		
Form 2728		
New	Due	Past due
0	3	0
Form 2746		
	Due	Past due
	0	0
Accretions		
Unresolved		
1		

## Accretion Records

View the list of [Accretion records](#) in EQRS.

- Click the number under Unresolved.
- Click on Accretion records.

# Action List (Accretion Records)

- Click the **Accretion link** in the Action Type section.

## Action List – 1 Records Found Help

Filter Actions

**Action Type \***  
Accretion

**Action Status \***  
 New  
 Under Investigation  
 Escalated  
 Reassigned

**Assigned To \***  
 Facility

**Clear Filter** **Filter**

### Action List

Below is a list of accretions that match your filters. You may adjust your filters as much as you need.

Action Type	Assigned To	Days Open
<a href="#">Accretion: CHOCOLATE MILKSHAKE</a>	ABC DIALYSIS CENTER	10

SSN:XXX-XX-0001      Page Size

Showing 1 to 1 of 1 results      10

« Prev 1 Next »

# View Accretion

Accretion Details ∨

Key Patient Information ∧

**First Name:** CHOCOLATE  
**Last Name:** MILKSHAKE  
**Sex at Birth:** Male  
**Date of Birth:** 11/21/1942  
**State:**  
**Zip Code:** 17366  
**Social Security Number:** XXX-XX- 0001  
**Medicare Claim Number:**  
**Medicare Beneficiary Identifier:**

Facility & Treatment Information ∧

**Facility:** ABC DIALYSIS  
**CCN:** 123456  
**Treatment:** HEMODIALYSIS  
**Treatment Start Date:** 01/21/2025

Comment History ∧

Name	Comment	Date
No Results Found		

Add a Comment

Accretion Actions ∧

**Assign Action Status \***

# Select an Action Status

Accretion Details

Key Patient Information

First Name: CHOCOLATE  
Last Name: MILKSHAKE  
Sex at Birth: Male  
Date of Birth: 11/21/1942  
State:  
Zip Code: 17366  
Social Security Number: XXX-XX- 0001  
Medicare Claim Number:  
Medicare Beneficiary Identifier:

Facility & Treatment Information

Facility: ABC DIALYSIS  
CCN: 123456  
Treatment: HEMODIALYSIS  
Treatment Start Date: 01/21/2025

Comment History

Accretion Actions

Assign Action Status \*

Assign to Network  
Investigate  
Accept

Submit

- **Assign to Network**
  - The patient is unknown to the facility and assistance is needed from the local ESRD Network.
- **Investigate**
  - This informs other users that the accretion is “under investigation” by you.
- **Accept**
  - You agree with the external source and will admit the patient to your facility in EQRS.

# Click Submit

**View Accretion** Help

[Expand All](#)

Accretion Details

Key Patient Information

Facility & Treatment Information

Comment History

Accretion Actions

**Assign Action Status \***

Accept

**Cancel** **Submit**

# Accretion: Admit Patient

Complete the patient admission process.

Accretion under investigation

## Admit Patient Help

Complete the sections below to admit a patient in EQRS.  
\* indicates required fields. Expand All

**Patient Information**

<b>Patient's first name *</b>	<b>Middle initial</b>
CHOCOLATE	
<b>Patient's last name *</b>	<b>Suffix</b>
MILKSHAKE	
<b>Date of birth *</b>	<b>Sex Assigned at Birth *</b>
Month: 11    Day: 21    Year: 1942	Male
<b>Social Security Number *</b>	<input type="checkbox"/> N/A
xxxxx0001	
<b>Medicare Beneficiary Identifier *</b>	<input type="checkbox"/> N/A
AB1C2D3EFG	

# System Discharges

- A patient was admitted to another facility which has caused EQRS to discharge the patient from your facility.
- Click the number under the System Discharge section to view the name of the patient.
- To access the Admissions section of the patient's record, click on **Admit/Discharge Records** under *Navigation*.
- To view the patient's record, click on the EQRS ID number located under *EQRS UPI*.

**System Discharge Records**

Discharge Year: 2025 Search:

EQRS UPI	Patient Name	Discharge Date	Navigation
31000000001	Patient, Itsa	02/02/2025	Admit / Discharge Records

Showing 1 to 2 of 2 results Page Size 10

System Discharges

2025	2024
1	0

# Admissions Page

- Click on the *Admit Date* to your facility.

MANAGE PATIENT

## View Patient Admissions (Itsa Patient - 31000000001)

[? Help](#) ▾

Patient

Patient History

**Admissions**

Treatments

Infections

Vaccinations

Form 2728

Coverage

Admit Date ▾	Admit Reason ▾	Discharge Date ▾	Discharge Reason ▾	Facility Name ▾	Facility CCN ▾	Facility NPI ▾
<a href="#">02/03/2025</a>	Transfer In			ACME DIALYSIS	012345	
<a href="#">02/11/2016</a>	New ESRD Patient	02/02/2025	System Discharge	ABC DIALYSIS	123456	

Page Size

◀ Prev 1 Next ▶

Showing 1 to 4 of 4 results

10 ▾

# Edit Admission Information

- Click **Edit**.

View Admission Information (02/11/2016)

 Edit

 Delete

 Help ▾

Admission information ^

**Admit date:**

02/11/2016

**Facility CCN:**

123456

**Discharge date:**

02/02/2025

**Admit reason:**

New ESRD Patient

**Facility NPI:**

**Discharge reason:**

System Discharge

**Submit date:**

02/24/2016

**Facility name:**

ABC Dialysis

**Transfer discharge**

**subcategory:**

N/A

# Update Discharge Information

Edit Admission Information (02/11/2016) [Help](#)

Admission Information

**Admit Facility \***  
Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number

ABC DIALYSIS

**Admit Date \***  
Month: 02 Day: 11 Year: 2016

**Discharge Date**  
Month: 02 Day: 02 Year: 2025

**Admit Reason \***  
New ESRD Patient

**Discharge Reason**  
Transfer

- Acute
- Death
- Delayed Function Resolved following a Transplant
- Delayed Function Unresolved following a Transplant
- Discontinue
- Involuntary
- Lost to Follow Up
- Other
- Recovered Function of Original Kidney
- Transfer
- Transplant in US
- Transplant outside US

**Transfer Discharge Subcategory**  
Dialysis Facility

**Cancel** **Submit**

- Select the appropriate *Discharge Reason*.
- Click **Submit**.

# Corrected System Discharge

MANAGE PATIENT

## View Patient Admissions (Itsa Patient - 31000000001)

[Help](#)

Patient

Patient History

Admissions

Treatments

Infections

Vaccinations

Form 2728

Coverage

Admit Date	Admit Reason	Discharge Date	Discharge Reason	Facility Name	Facility CCN	Facility NPI
<a href="#">02/03/2025</a>	Transfer In			ACME DIALYSIS	012345	
<a href="#">02/11/2016</a>	New ESRD Patient	02/02/2025	Transfer	ABC DIALYSIS	123456	

Page Size

« Prev 1 Next »

Showing 1 to 4 of 4 results

10

# Clinical Depression Screenings

Overview		
Form 2728		
New	Due	Past due
0	0	0
Form 2746		
	Due	Past due
	0	0
Accretions		
Unresolved		
0		
System Discharges		
2025	2024	
0	0	

- Click the number under *Required Screenings* to see the list of patients requiring screening.

## Clinical Depression Screenings

Required Screenings

94

Upcoming Screenings

0

# Clinical Depression Screenings

- Select **Depression Screening Status**.
- Select **Assessment Period**.
- To access the *Clinical Depression Screening and Follow-Up Reporting* screen, click on **Reporting Options** under *Navigation*.
- To view the patient's record, click on the EQRS ID number located under *EQRS Patient ID*.

## Clinical Depression Screening Records

The records below include only those patients who may be treated for at least 90 days within the assessment period, and who meet the age requirement according to the following rules:

Age 12 by 2024-10-31, for assessment period 2024-01-01 to 2024-12-31

Age 12 by 2025-10-31, for assessment period 2025-01-01 to 2025-12-31

<b>Depression Screening Status</b> Required Screenings All Available Required Screenings Upcoming Screenings	<b>Assessment Period</b> All Open Periods All Open Periods 2024-01-01 - 2024-12-31 2025-01-01 - 2025-12-31
--	--

Search

EQRS Patient ID	Patient Name	Status	Assessment Period	Navigation
3100000005	BUTTER, SALTED	Required	2024-01-01 - 2024-12-31	<a href="#">Reporting Options</a>
3100000021	ICE CREAM, VANILLA	Required	2025-01-01 - 2025-12-31	<a href="#">Reporting Options</a>
3100000007	WAFER, CHOCOLATE	Required	2024-01-01 - 2024-12-31	<a href="#">Reporting Options</a>
3100000007	WAFER, CHOCOLATE	Required	2025-01-01 - 2025-12-31	<a href="#">Reporting Options</a>

# Clinical Depression Screenings

- Click **Report** under *Actions*.

## Clinical Depression Screening and Follow-Up Reporting

### FACILITY

Facility CCN, NPI, and name:

(123456 9876543210) ABC DIALYSIS

Assessment period

01/01/2025 - 12/31/2025

01/01/2024 - 12/31/2024

### PATIENT

[Facility history](#)

Depression screening status

Required

Patient name search

ICE CREAM, VANILLA



UPI	Patient name	Screening status	Last updated	Actions
310000000021	ICE CREAM, VANILLA	Required		<a href="#">Report</a>

# Submit Clinical Depression Screening

## Clinical Depression Screening and Follow-Up Reporting for ICE CREAM, VANILLA

In order to comply with QIP requirements, you must submit Clinical Depression Screening and Follow-Up Plan information for each eligible patient at least once during the calendar year.

Clinical Depression Screening reporting period closes for the

January 1 - December 31, 2025 assessment period on 03/03/2026 2:59 am EST

- Only required to be submitted for patients age 12 or older
- Only required to be submitted for patients treated at the facility for 90 days or longer
- Only required of facilities with at least 11 eligible patients during the assessment period selected
- Only required of facilities with a CCN open date prior to September 1 of the assessment year selected

**Please select one of the following options describing the clinical depression screening and (when necessary) the follow up plan documented for the patient.**

- Screening for clinical depression is documented as being positive, and a follow-up plan is documented ⓘ
- 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 ⓘ
- Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given ⓘ
- Screening for clinical depression is documented as negative, and a follow-up plan is not required
- Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible ⓘ
- Clinical depression screening not documented, and no reason is given

Cancel

Submit

- Review the clinical depression screening options.
- Make the appropriate selection.
- Click **Submit**.

# Clinical Data

- Click the number under "Due in <month>".
- To access the *Manage Patient Clinical Values* screen, click on **Manage Clinical** under *Navigation*.
- To view the patient's record, click on the EQRS ID number located under *EQRS Patient ID*.

The screenshot displays the 'Clinical Data Records' interface. At the top, there are filter dropdowns for 'Clinical Data Status' (set to 'Due in Mar'), 'Clinical Period' (set to 'All Available'), 'State' (set to 'All Available'), and 'Collection Type' (set to 'All Available'). A search bar is also present. Below the filters is a table with the following columns: EQRS Patient ID, Patient Name, Status, Clinical Period, State, Collection Type, and Navigation. The table contains four rows of data. To the left of the table, there is a summary section titled 'Clinical Data' with two counts: 'Due in February' (0) and 'Due in March' (133), where the number 133 is highlighted with a red box.

EQRS Patient ID	Patient Name	Status	Clinical Period	State	Collection Type	Navigation
3100000021	ICE CREAM, VANILLA	Due in Mar	December	Missing	HD	<a href="#">Manage Clinical</a>
3100000021	ICE CREAM, VANILLA	Due in Mar	December	Missing	VA	<a href="#">Manage Clinical</a>
3100000007	WAFER, CHOCOLATE	Due in Mar	December	Missing	HD	<a href="#">Manage Clinical</a>
3100000007	WAFER, CHOCOLATE	Due in Mar	December	Missing	VA	<a href="#">Manage Clinical</a>

**Clinical Data**

Due in February: 0

Due in March: 133

# Clinical Data

- Enter and submit clinical data for each collection type for each patient.

## Manage Patient Clinical Values



Info

No clinical data for selected facility, patient, and clinical month.

### Patient Search

Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number \*

ABC DIALYSIS



Collection Type \*

Hemodialysis



Clinical Month \*

December 2024 (Open)



Last Name Group



Patient Clinical Status



Search Patients

Select Patient

ICE CREAM, VANILLA (310000000021)



EQRS Patient ID

[310000000021](#)

Patient Name

VANILLA ICE CREAM

Date of Birth

10/11/1944

Medicare Beneficiary Identifier

No Clinical Data Available for All Collection Types

Save

Reset

Submit

Delete

# SDOH Patient Screenings

- Click the number under the *SDOH Patient Screening*.
- To access the SDOH screening page, click on **Enter Screening Data** under *Actions* column.
- To view the patient's record, click on the EQRS ID number located under *Patient* column.

## Social Drivers of Health Patient Screenings

The records below include only those patients whose data has not been submitted in the selected assessment period.

Patient

Search patients (EQRS ID or name)

Assessment Period

01/01/2025 - 12/31/2025

64 results

Patient ^	Assessment Period ^	Submission Due Date ^	Actions
BUTTER, SALTED <a href="#">31000000001</a>	01/01/2025 - 12/31/2025	03/03/2026	<a href="#">Enter Screening Data</a>
ICE CREAM, VANILLA <a href="#">31000000021</a>	01/01/2025 - 12/31/2025	03/03/2026	<a href="#">Enter Screening Data</a>
PATIENT, ITSA <a href="#">31000000010</a>	01/01/2025 - 12/31/2025	03/03/2026	<a href="#">Enter Screening Data</a>
WAFER, CHOCOLATE <a href="#">31000000007</a>	01/01/2025 - 12/31/2025	03/03/2026	<a href="#">Enter Screening Data</a>

SDOH Patient Screening

2025

64

03 25 2025

EQRS Stakeholder Meeting – March 2025

# SDOH 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"/>

- Select **Yes**: If the patient was screened for all SDOH factors.
- Select **No**: If the patient was not screened for all SDOH factors.

# SDOH Screening: 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

# SDOH Screening: Patient was Screened

\*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**.

# Dialysis Facility Transplant Waitlist

- Allows dialysis facilities to view the waitlist statuses of its dialysis patients.
- The waitlist report can be downloaded by clicking **Download CSV**.

## Dialysis Facility Transplant Waitlist

Dialysis Facility Records

FILTER BY

Patient

Transplant Center

Waitlist Status

Search patients (EQRS ID or name)

Search transplant center

--

[Reset all](#)

3 results

[Download CSV](#)

Patient	Patient Date of Birth	Waitlist Status	Active / Inactive Date	Inactive Reason	Waitlisted Date	Waitlist Removal Date	Removal Reason	Most Recent 272 Dialysis Start Da	Transplant Center
BUTTER, SALTED 31000000001	03/14/1955	Removed	01/18/2021		04/30/2019	07/11/2022	Candidate Condition Deteriorated, Too Sick To TX	07/10/2017	ABC Hospital Transplant Center
WAFER, VANILLA 31000000022	05/29/1960	Removed	12/30/2019		04/21/2015	03/13/2023	Refused Transplant	10/23/2012	ABC Hospital Transplant Center
WATERMELON, GREEN 310000000054	06/15/1955	Active	08/13/2024		08/13/2024			04/13/2023	ABC Hospital Transplant Center

Dialysis Facility Transplant Waitlist

Items per page 5 1 - 3 of 3

1

Go to page 1 Go

1 - 3 of 3



# Coming Soon

# Upcoming Events & Deadlines

- Clinical data submission deadlines
- National Healthcare Safety Network (NHSN) data submission deadlines

# EQRS Clinical Data Submission Deadlines

Data Submission Schedule for 2025 EQRS Clinical Data	
Reporting Month	Data Submission Deadline
January 2025	March 31, 2025, at 11:59 p.m. PT
February 2025	April 30, 2025, at 11:59 p.m. PT
March 2025	June 2, 2025, at 11:59 p.m. PT
April 2025	June 30, 2025, at 11:59 p.m. PT

**Note:** For additional information on the ESRD QIP measures, refer to the [Calendar Year \(CY\) 2025 ESRD QIP Technical Measure Specifications](#).

# EQRS Depression Screening and Follow-Up Submission Deadline

## EQRS Submission Schedule for 2025 Depression Screening and Follow-Up Assessments

Assessment Period	Data Submission Deadline
January 1 – December 31, 2025	March 2, 2026, at 11:59 p.m. PT

**Note:** For additional information on the Clinical Depression Screening and Follow Up measure, refer to the [CY 2025 ESRD QIP Technical Measure Specifications](#).

# ICH CAHPS Attestation Submission Deadline

## EQRS Submission Schedule for 2025 In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Attestation

Attestation Year	Data Submission Deadline
January 1 – December 31, 2025	March 2, 2026, at 11:59 p.m. PT

**Note:** For additional information on the ICH CAHPS Survey measure, refer to the [CY 2025 ESRD QIP Technical Measure Specifications](#).

# NHSN ESRD Data Submission Deadlines

## Data Submission Schedule for 2024 and 2025 NHSN ESRD Data: Dialysis Events, Bloodstream Infections, and COVID-19 Vaccination Coverage Among Healthcare Personnel

Quarter/Year	Reporting Months	Data Submission Deadline
4/2024	October-December	March 31, 2025, at 11:59 p.m. PT
1/2025	January-March	June 30, 2025, at 11:59 p.m. PT
2/2025	April-June	September 30, 2025, 11:59 p.m. PT
3/2025	July-September	December 31, 2025, at 11:59 p.m. PT
4/2025	October-December	March 31, 2026, 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.**

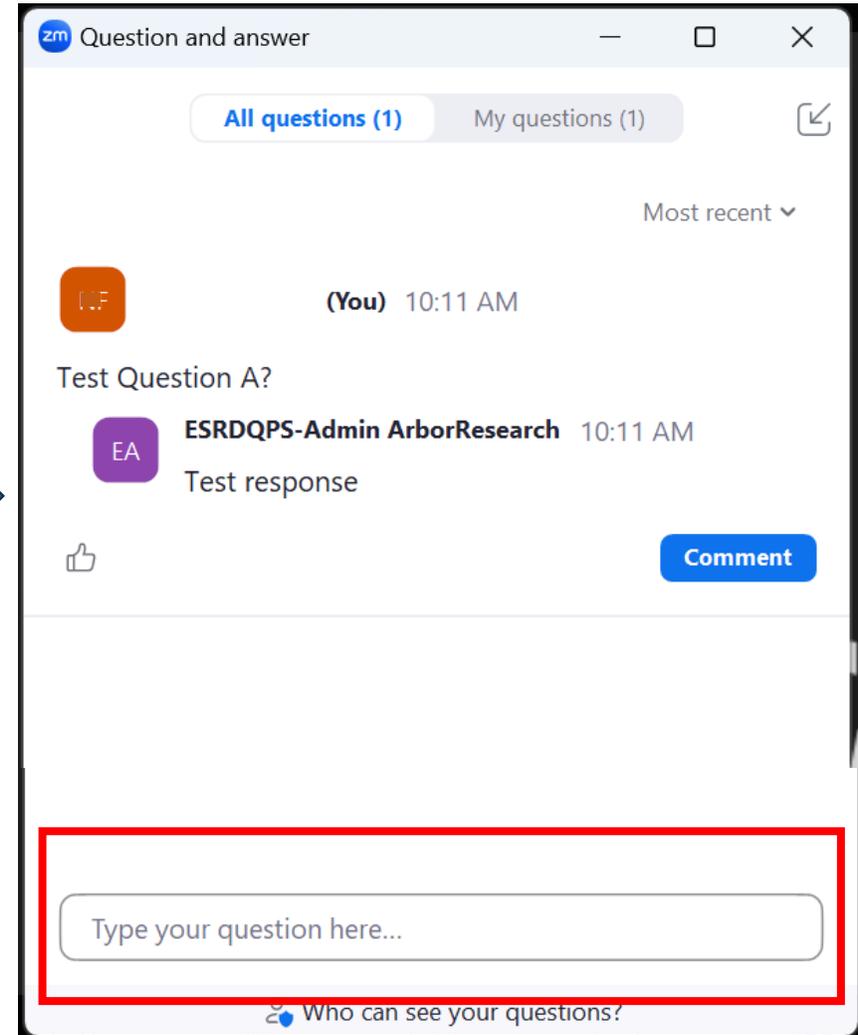
**Note:** For additional information on the NHSN measures, refer to the [CY 2025 ESRD QIP Technical Measure Specifications](#).

# Submitting Questions

- Click on Q&A at bottom of your screen to submit a question.



- Type your question in the box in the middle of your screen.



**Please note that some questions may require additional research.  
Any unanswered questions can be submitted to  
[QualityNet Question and Answer Tool](#)**

# Submitting Additional Questions

**For additional help, contact:**

- **QualityNet Help Desk**

- **Email:**

- [qnetsupport-esrd@cms.hhs.gov](mailto:qnetsupport-esrd@cms.hhs.gov)

- **Online Ticket submission:**

- [https://cmsqualitysupport.servicenowservices.com/ccsq\\_support\\_central](https://cmsqualitysupport.servicenowservices.com/ccsq_support_central)

- **Phone**

- 1-(866)-288-8912

# Upcoming ESRD QIP & EQRS Events

Save the Dates!

All Events are Scheduled to begin at 2 p.m. ET	
April EQRS Stakeholder Meeting	TBD

# 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 March 2025 EQRS Stakeholder Meeting

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