Transcript

July 15, 2025, 2:00PM EST

Alissa Kapke 0:35

Hello everyone, we will get started in just a moment.

Hello and welcome to the ESRD Quality Incentive Program Proposed Rule and preview period webinar for Calendar Year 2026.

My name is Alissa Kapke, and I am the ESRD Quality Program Support Project Director and I'm from Arbor Research Collaborative for Health. I will be presenting today along with Golden Horton, who is the ESRD QIP Program lead from the CCSQ Centers for Medicare and Medicaid Services.

Today we have a packed agenda, so Golden will be presenting the Calendar Year 2026 ESRD QIP Proposed Rule updates and walk through the process of submitting comments.

Then, we will review any questions received in the Q&A box pertaining to the Proposed Rule and then following Golden's presentation, In that Q&A, I will cover in the overview of the ESRD QIP user interface and ESRD QIP Payment Year 2026 reports.

Next, I will cover how to submit inquiries in the ESRD QIP user interface and following the preview period overview, we will review upcoming reporting deadlines and then have another Q&A session to address any questions you may have related to the preview period reports or the inquiry process.

If you would like to submit questions, you may click on the Q&A box at the top of your screen and we're showing what that looks like here on this slide. Under Q&A, you can select "Ask a question" and then type your question in the box in the right-hand side of your screen.

Throughout the presentation, we will do our best to answer questions during the presentation, but as I mentioned, we'll also have a Q&A session where we can go over any unanswered questions or commonly asked questions that we're seeing.

I'll also note that in the chat we're providing there should be a link to the slides that are posted on mycrownweb.org.

Few housekeeping items here. Participants are all muted and the Q&A feature as I mentioned will be used throughout the session but if you do experience any technical challenges, we ask that you use the chat feature for assistance. And you

may also try emailing if you have an issue and can't use the chat. We've provided an e-mail address there so we can respond there.

And before we get started, I would like to review the disclaimer. The slides presented today are current at the time of publication and are uploaded. If Medicare policy requirements or guidance changes following the date of posting, this presentation will not necessarily reflect those changes given that it will remain as an archived copy, and it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations and/or other policy materials are provided as summary information.

No material contained herein is intended to replace either written laws or regulations. In the event of any discrepancy between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules or regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

For today's presentation, we will discuss the details of the ESRD Proposed Rule for Calendar Year 2026 that pertain directly to the ESRD Quality Incentive Program. Then, as I mentioned, in the second half of today's presentation I will be covering the ESRD QIP Payment Year 2026 preview period, including how to review reports and submit inquiries.

So our objectives for today's presentation include providing you all with information on the ESRD QIP requirements and policies and proposals that related to the ESRD QIP that are presented in the ESRD PPS Proposed Rule.

Also, we will review how to submit public comment and access resources for the ESRD QIP Payment Year 2026 preview period.

Now I will hand the presentation off to Golden.

Horton, Golden (CMS/CCSQ) 6:22

Thank you, Alyssa. Good afternoon. I'm Golden Horton, the ESRD Quality Incentive Program Lead. Thank you for joining today's call. I hope you find the information shared informative and valuable.

Administrative Procedures Act guidance: Because CMS must comply with the Administrators Procedures Act, we're not able to provide additional information, clarification, or guidance related to the Proposed Rule. We encourage stakeholders

to submit comments or questions through the formal comments submission process as described in this webinar.

Next slide please.

For your information, we have added the acronyms and abbreviations that will be used during today's webinar. Next slide.

First we will review the ESRD QIP legislative drivers and statutory foundations. Next slide.

The ESRD QIP is a CMS program established through the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). Its primary goal is to promote high quality care for patients with ESRD by linking payment to performance.

Facilities that fail to meet a minimum total performance score, or known as the TPS, will receive up to a 2% reduction in Medicare payments. The Protecting Access to Medicare Act of 2014 amended the Social Security Act by adding Section 1881. The addition requires that the ESRD QIP includes outcome-based measures for conditions treated with only oral medications as feasible.

Next slide please.

The MIPPA specifies the ESRD QIP must establish performance standards for each measure: specify the performance period for each payment year, develop a methodology for calculating the total performance score, apply a payment reduction percentage, and publicly report facility level results.

Next slide please.

In today's presentation, we will discuss the proposals for the ESRD QIP that are published in the Calendar Year 2026 ESRD PPS Proposed Rule. Please note that the information given is meant as an informal reference and it is not official CMS guidance.

We encourage you to refer to the Proposed Rule located in the Federal Register. Next slide please.

Next, I will provide a summary of the proposals in the Calendar Year 2026 Proposed Rule related to the ESRD QIP.

Next slide.

The Calendar Year 2026 ESRD PPS Proposed Rule includes proposals covering Payment Years 2027 and 2028. CMS has undertaken efforts to review the existing measure set to ensure continued clinical impact and effectiveness of the measures on facility performance.

Therefore, beginning in Payment Year 2027, we are proposing to remove 3 reporting measures including the Facility Commitment to Health Equity measure, Screen for Social Drivers of Health measure and the Screen Positive Rate for Social Drivers of Health.

Additionally, beginning in Payment Year 2028, we are proposing to modify the ICH CAHPS clinical measure. This Proposed Rule also includes requests for information on topics related to the ESRD QIP, which I will discuss in more detail later in this presentation.

Next slide please.

First, I will discuss the proposal to remove the Facility Commitment to Health Equity, or FCHE, reporting measure.

Next slide please.

Horton, Golden (CMS/CCSQ)   12:02

Alrighty, beginning in payment year 2027, CMS is proposing to remove the Facility Commitment to Health Equity or the FCHE reporting measure. This proposal is in alignment with current CMS priorities, which are focused on measurable clinical outcomes and will allow for dialysis facility leadership to shift focus to other priority, quality and safety areas.

Next slide please.

The Proposal to Remove Two Patient Social Drivers of Health Reporting Measures beginning with Payment Year 2027, is what we will discuss next.

Next slide.

In the Calendar Year 2026 ESRD Proposed Rule, we are also proposing to remove the two patient-level social determinants of health, or SDOH, reporting measures. If this proposal is finalized, it will be effective starting in Payment Year 2027.

Next slide please.

CMS is proposing to remove these two SDOH reporting measures due to feedback we have received from facilities regarding the resources needed to perform these screenings as well as the staff training and data storage required. While these measures require facilities to perform the SDOH screenings, the results from these measures do not show whether the patients benefit from these screenings. By removing these measures, we will reduce the burden on dialysis facilities, enabling them to allocate resources to other clinical outcomes. Additionally, this change will

lessen the patient burden associated with repeated SDOH screenings across multiple healthcare facilities.

Next slide, please.

Lastly, CMS is proposing to modify the ICH CAHPS clinical measure for payment year 2028. To ensure that the revised ICH CAHPS survey is reflected in the updated ICH CAHPS clinical measure beginning with Payment Year 2028, we're proposing to implement the revised ICH CAHPS survey beginning in Calendar Year 2026 spring survey. The proposal would update the ICH CAHPS measure by removing 23 questions from the ICH CAHPS survey, which have been identified as appropriate for removal based on psychometric analysis and discussions with the technical expert panel for ESRD entities, survey experts, large dialysis organizations, focus groups with dialysis patients, and discussions with the CAHPS historian.

The revised survey removes 4 questions from the multi-item quality of dialysis, center care and operations measures as well as the two nephrologist focus measure, which are the nephrologist communication and caring measure comprised of six questions and the overall rating of nephrologists, which is one question.

The survey also removes two core questions not currently used in public reporting measures, nine questions in the 'About You' section, one question from the Mail Survey Proxy series, and consolidates the race and ethnicity questions into one question.

The ICH CAHPS clinical measure will continue to be calculated using two rolling semi-annual surveys and will be publicly reported for all eligible facilities with 30 or more completed surveys over the reporting period.

Next slide please.

In recent years, stakeholders have expressed growing concerns about patient survey fatigue, particularly citing the length of survey and its twice yearly administration. We continue to observe declining survey response rates and the survey's length is believed to be a contributing factor to this trend.

CMS also evaluated the impact of questions included in the survey for case mix adjustment and removed several questions with minimal impact on the survey responses. This revised survey uses a refined set of case mix adjusters listed on this slide, which were determined to be more predictive and relevant.

Next slide, please.

Taking into account the proposed changes we just covered, we are showing the proposed individual measures and domain weights for payment year 2028. The

proposed domain weights have not changed from recent payment years.

On this slide, we are displaying the weights for three of the five domains. The patient and family engagement measure will account for 15% of the total performance score or TPS and consists of the modified ICH CAHPS measure.

The care coordination measure domain is weighted at 30% of the TPS and includes 4 measures, each weighted at 7.5%, and the clinical care measure domain is weighted at 35% of the TPS and includes the dialysis adequacy topic measure with a weight of 11%, the long-term catheter rate measure with a weight of 2%, and the standardized transfusion ratio measures also weighted at 12%. And the next slide will show the remainder of the domains.

Remaining 2 domains include safety measure domain and reporting measure domain, each contributing 10% of the total performance score. The safety domain consists of a single measure, which is the NHSN and bloodstream infection clinical measure. The reporting measure domain has three measures each equally weighted, and includes the hypercalcemia reporting measure, the medication reconciliation reporting measure, and the NHSN COVID-19 healthcare personnel vaccination reporting measure.

Next slide, please.

CMS is requesting feedback to inform future revisions to ESRD QIP measures and policy. First, CMS is committed to improving healthcare quality through measurement, transparency, and public reporting of quality data.

And to enhancing healthcare data exchange by promoting the adoption of interoperability health information technology that enables information exchange through the use of FHIR standards. To do so, we are seeking feedback on the current state of health IT.

Including EHRs and ESRD facilities. For example, what health IT does your facility use to maintain patient records? What challenges or barriers does your facility encounter when submitted submitting quality data as a part of the ESRID QIP?

What types of technical support, guidance, or workforce training, and/or other resources would be more beneficial for the implementation of FHIR based technology in your facilities for the submission of the data to CMS?

CMS is also interested in receiving feedback on future measures including those related to interoperability to well-being, nutrition, physical activity and measures related to chronic kidney disease, particularly those that encourage early detection, early and appropriate treatment, and delay of progression of ESRD.

Next slide please.

The ESRD Payment Year 2028 Payment Reduction Scale. Next, we will cover the proposed payment year reduction scales.

Next slide please.

For Payment Year 2028, we estimate that QIP eligible facilities must meet or exceed total performance scores of 56 points to avoid a payment reduction. For every 10 points below the minimum TPS, the payment reduction increases by 0.5%.

A maximum payment reduction of 2% for those facilities receiving a TPS between 0 and 25 points.

Note that Payment Year 2027 will be addressed in the finalized rule. Next slide, please.

On this slide, we are displaying the link to the Proposed Rule in the Federal Register, as well as the link to the fact sheets summarizing the proposals in this rule. Please note, that we will be posting these slides as we already have done on the mycrownweb.org, so we encourage you – like a few of you folks have today to download them – to access the link. We welcome your feedback for Calendar Year 2026 ESRD PPS rule.

Next slide please.

If you wish to participate in the comment period, you may use the link on the slide to navigate to the comments section. Next slide please.

So next I will cover the comment period process, including how to submit a comment.

First, I will give you an overview of the public role in the rulemaking process. CMS writes and then publishes the Proposed Rule in the Federal Register. Once the rule is published, we have a 60-day comment period. For this rule, the comment period ends on August the 29th.

After the period closes, CMS reviews all comments that have been made. Once this final rule is displayed in the Federal Register, it becomes regulation.

Next slide please.

As I mentioned, comments must be received by August the twenty-ninth. CMS encourages you to submit electronic comments using the link provided in these slides or in the Federal Register, but you may also submit comments by regular mail, express mail, or overnight mail using the address designated in the rule.

Next slide, please. Perfect.

Here's the screenshot of what you will see when you navigate to the Proposed Rule in the Federal Register. From here, you can scroll down the page to review the rule or select the PDF option to download the rule.

Next slide, please.

To submit an electronic comment, click the green box that says submit a public comment.

Next slide.

You then need to enter your comment in the comment field, and if you would like to add an attachment, you may select the Add File option which is in the green box on the bottom of the screen.

Once you have entered all of your information, select the I read and understand the statement above box. Then select the green Submit Comment button on the bottom of your screen.

All right. I've said a whole lot, and I know we have some things in the chat and folks were making sure that they have access to the slides. Alissa, do we have any questions that have been answered that we would like to read aloud?

Alissa Kapke   23:31

Yes, thanks, Golden. We have a few. There are a few people that have asked about what would happen if the proposal to remove the three reporting measures, the two SDOH patient measures and the facility commitment to health equity measure, if those are removed, how are the remaining reporting measures weighted? And I've answered that the plan is to keep the reporting domain at 10%.

And then those 3 remaining reporting measures would then be weighted equally at 3.33%. And Golden, will this then be outlined in the final rule if this proposal is finalized?

Horton, Golden (CMS/CCSQ)   24:18

Correct. This will be outlined in the finalized rule or the final rule if these changes are adopted.

Alissa Kapke   24:19

OK. We had another question about ICH CAHPS, and I can just read this one and the answer, is the requirement for 30 responses, is that for both the spring and fall together or is it 30 for the spring and 30 for the fall? And similar to in prior payment

years, this measure just requires 30 across the two reporting periods.

I'm looking to see, it looks like for the most part, I think the access – a few people were having access issues to the slides—but we did provide the link. Hopefully those of you who can't see the slides have been able to download the slides that we provided in the chat.

It does look like there's a few questions in the chat. I'm just taking a look at those now.

There's a question about the COVID-19 vaccination measure and why it is staying in the QIP but removed from other programs. Is that something you're able to answer, Golden?

Horton, Golden (CMS/CCSQ)   25:41

Yeah, yeah. We're still looking at refining our measure set in the coming years. We do feel like right now with COVID-19 is important to our dialysis facility population at this time. However, we again, we are continuing to refine and take a look at our measure set. COVID-19 was not included during this year's Proposed Rule.

Alissa Kapke   26:06

OK, thanks Golden. We have a question, and hopefully this will be addressed in the second half of the presentation. Where can I go for help with reading and understanding preview reports as a new clinical director?

We will be going over how to download these reports and there's a guide to the performance score report, there is an ESRD measures manual and technical specifications, so we will be covering resources and if you have the copy of the slides you'll see the links to those as well.

I'm not seeing many other questions and I know we do have a packed agenda, so I'm just scrolling through to make sure.

Horton, Golden (CMS/CCSQ)   26:50

Awesome. And while you're reviewing, Alissa, just again want to stress that we look forward to your comments and feedback on this rule. Again, the directions are in the slide deck, so please feel free to comment and give your thoughts on what the things that we're currently proposing.

Alissa Kapke   27:09

Oh, I do see one good question here. The SDOH and other measures proposed to be removed for Payment Year '27, are they still being counted in Payment Year '26? Payment Year '26 does not have the two patient SDOH measures; it just has the facility commitment to health equity measure, and we will be scoring that measure. That is in the reports that you're downloading now, and they will count towards your final scores.

All right.

I see a few people asking for the link to the slides. They are in the chat, but we can also put it in the Q&A for those of you—I know sometimes it's hard to see the chat, so we'll post them in the Q&A as well.

OK. With that, I think we can move on, thank you all for the great questions too. Oh, and here are some resources. As I mentioned, there is a QIP section on cms.gov. Then we also have technical specifications for each payment year, and we have a measures manual, we have sections on both Quality Net and cms.gov that cover the ESRD QIP measures. Then there's also ESRD public reporting on the Dialysis Facility Care Compare site and there's a link there.

And then there's a few additional links, as well as a link to the ESRD Proposed Rule. And then at the bottom, if you have any questions that weren't answered today or you think of questions later, please go ahead and submit those to the Quality Net question and answer tool using the link on this slide.

All right.

And now we will cover the Payment Year 2026 Preview Period basics.

We want to go to the next slide. Here we're showing a timeline. So today marked the first day of the preview period and the preview period is 30 days long, it ends on August 15th. And so during this time you can submit inquiries, as many as you want, and CMS will be working on responding to those inquiries throughout the preview period.

CMS aims to have all of these inquiries answered by September 30th, which is about 45 days following the closure of the Preview Period. Once the inquiries are closed, the final scores are calculated, and we have a final period that happens right around towards the end of November and that is when and you'll get an announcement. We'll be sending those out through the through the listserv, the ESRD QIP listserv. We'll be announcing when those reports will be published in the UI and then once those performance score reports are posted, you have 15 days then to download those and print and post them and have them posted in the dialysis facility.

Next slide.

We go, yeah. Oh, so why is the preview period so important? Well, first, please note that payment calculations for Payment Year 2026 are directly tied to the scores reported during this time.

Additionally, it is important to keep in mind that this is the only window in which corrections to inaccurate scores can be made. Once the preview period closes, you may no longer submit inquiries contesting your facility's results.

Facilities that do not achieve the minimum TPS of 53 points will receive a payment reduction of up to 2% and then for every 10 points below the minimum TPS, facilities will receive an additional .5% payment reduction as we're showing on this slide. Next slide, please.

So what's new for this payment here? Go to the next slide.

First, I'll review the changes to the measures and scoring for payment year 26. There were four changes to measures. We have the clinical depression measure, which was changed from a reporting measure to a clinical measure, and it was moved to the care coordination domain. CMS also added the Facility Commitment to Health Equity measure. And as we stated earlier, this is the only payment year this will be included...if policies are finalized and this is in the reporting domain.

And CMS removed 2 measures, including the standardized fistula rate and the ultra-filtration rate reporting measure. Next slide.

On this slide, we provide an overview of the QIP measures and the domains each measure belongs to, as well as the weight as a percent of the total performance score for each domain. We encourage you to visit the CMS ESRD measures manual to learn more about each of these measures, including the data sources used, numerator, denominator, and measure exclusion details. As we're showing here for Payment Year '26, there are five domains. We have the clinical care domain, care coordination domain, patient and family engagement domain, safety domain, and reporting measure domain.

The domain weights have not changed from Payment Year '25 and are displayed on this slide. Additionally, as in last payment year, facilities must be scored for at least two of the five domains in order to receive a total performance score. Next slide.

And here we're showing the directionality of the clinical measures and their effects on the performance standards in relationship to measure rates and ratios for the K2 over V dialysis adequacy measure, ICH CAHPS measure, clinical depression. and the

percentage of prevalent patient waitlisted or PPPW measure. A higher percentage rate indicates better care. In the bottom diagram we display the measures where lower percentage rate indicates better care and these measures include the long term catheter rate measure, the NHSN bloodstream infection, standardized transfusion ratio, and the standardized readmission ratio, and standardized hospitalization ratio measures.

And So now let's cover the report updates for Payment Year '26.

First, we'll talk about the Preview Performance Score Report, or PSR.

The PSR contains your facility's individual measure scores, including the total performance score and then the payment reduction percentage. These are results and scores based on the data submitted for each eligible Payment Year '26 measure. The PSR also provides an explanation of how your measure scores were weighted and then how they translate into your TPS. As mentioned earlier, the minimum TPS, which is used to determine the cut point for payment reductions, is 53.

And was determined using Calendar Year 2022 data. Additional information about the PSR is contained in the Guide to the Payment Year 2026 Performance Score Report, which is available on the Quality Net website and mycrownweb.org. And actually I will caveat that we are still in the process of getting it posted to Quality Net, but in a few slides, I will be providing the link to the guide on mycrownweb.org.

The next slide. So once you've logged into the quick user interface and downloaded your PSR, please closely review it for accuracy. Here on this slide, we're showing the first page of a sample PSR with fake data.

For clinical care measures, including those shown in table one of your PSR, the improvement in performance rates or ratios and improvement in achievement scores will be displayed if your facility was eligible for the measure.

And then in the last column of each table shows the measure weight as a percentage of the individual domain weight.

Next slide. Then on the last page of the PSR, which I'm showing on the slide here of a just a sample PSR, you'll see a summary of the facility scores, the measure weights and weighted scores, as well as the state and national average scores.

Your facility was not eligible for a measure. You'll see no score displayed under the facility score column, and I'd just like to highlight that this is not the same as receiving zero points for the measure. If your facility receives no score for a measure or set of measures, the weight of those measures are redistributed to the remaining eligible measures, and you can find more details on the reweighting methodology in

the Measures manual, and you'll see there is a link to the manual on the bottom of the last page of your Performance score report. Finally, below the table, you'll see the minimum total performance score. If your facility received an ECE, the months will be displayed there. You'll see the TPS payment reduction and then the payment reduction percentage.

If your facility is not eligible to receive a TPS and payment reduction, you'll see no score and no reduction displayed.

All right, so in addition to the preview PSR, we have authorized users are able to access available patient list reports, which we call PLRs, and these are provide a list of patients who are included in each of the measure calculations.

Additionally, if you are a corporate POC, you may access the Preview Performance Score Summary Report or PSSR and report access and the ability to perform certain tasks within the ESRD QIP user interface are based on a user's role and I'll be covering that shortly.

Next, I will go over the patient list report in more detail. As I mentioned, this contains a list of patients who are included in each of the measure calculations.

And the purpose of this report is to help provide you with a better understanding of which patients and which data were included in each of the measure calculations.

And then it also provides you then with a means to confirm that the data we're using the measure calculation are correct.

If the data in the report appears incorrect, please submit an inquiry with the specific patient information for clarification. In your inquiry, please identify the patient using the patient ID provided in the report.

Next slide. So here we're looking at a sample PLR. Unlike the PSR, this is an Excel spreadsheet, and it separates the data into tabs that can be accessed by clicking on the tabs at the bottom. In this first tab, you'll see an overview of the report parameters, and we encourage you to review this to ensure you have the correct report. Take a look at the facility payment year and then the measurement period, which are displayed on rows four and five of the report.

Next slide.

And as you navigate through each tab of the PLR, you will see that the reports include details such as patient MBI, patient ID, the first and last name, as well as MBI history and measurement period. You will be able to use the information in this report to identify which patients were included in the calculations.

And then you can also filter. One thing that's helpful is if you'd like to see which

patients were included in a specific measurement period, you can filter by measurement period, which in this slide is column F and you can then select performance period or improvement period.

As I mentioned earlier, if you have questions upon review and you'd like to refer to a specific patient, please use the patient ID which is column B on this slide, or you can refer to the row number in the spreadsheet of your inquiry.

Finally, we have the Preview PSSR and this contains measure performance rates and scores for each facility for the given payment year. It is a summarized view of the measure results for all selected facilities and can be used to view results for multiple facilities.

Again, this is only available to corporate points of contacts, and CMS, and CMS support users.

Next slide.

To help you better understand your PSR, as I mentioned earlier, we do have the guide to the ESRD QIP Performance Score Report and that is available to download on mycrownweb.org right now and you can use the link that's on this slide. And we also have the ESRD QIP User Interface Guide which is available to download on mycrownweb.org as well, but I will note that the user interface guide has not changed, so if you already have that guide, you can go ahead and use the version that you have. These guides will also be posted on Quality Net and we're just showing what that will look like in Quality Net. You can click on the download next to it and like I said, if you want to go ahead and download the UI Quick Start guide, the second one here that will apply to Payment Year '26 as well. And the Payment Year '26 guide to PSR should be there soon.

Next I will cover how to access your reports in the QIP user interface.

Great. So many of you know by now that EQRS users can view QIP scores and submit inquiries via EQRS. So for this portion of the presentation, we'll talk about QIP roles and functionality, go over how to access the QIP UI, view scores and feedback, view and download reports, and submit, save and reply to inquiries. This training will cover the tasks that will be performed by facility and corporate level users in the UI. Please be aware that any data shown as part of today's training are fictitious.

And also, CMS periodically makes updates to enhance the system performance and user experience. So screenshots you see in today's training are subject to change.

So first, let's cover how to access your QIP scores and reports. So next slide.

The first step you'll need to do is access the QIP UI and the first thing you'll need to

access the UI is to complete the Healthcare Quality Information System Account Roles and Profile, better known as HARP, account registration.

If you already have a HARP account, you are all set. You do not need to complete the registration process again. You only need one HARP account to access multiple areas within EQRS. For the step-by-step instructions on how to establish a HARP account, please visit mycrownweb.org and go to the education page to access the HARP training materials or use the links provided on this slide.

Next slide.

So after you have your HARP account, you'll then need to request an ESRD QIP role. You can check your existing access and submit new access requests by visiting the Global App link provided on this slide if you already have access to the patient registry or EQRS and QIP, you will see them listed under 'My Access' with the links you can click on to access each application, and on this slide we are showing what that would look like if you already have access to both applications.

This is what you'll see under 'My Access' if you have access to the patient registry but not QIP.

To request access to the QIP application, click on 'Request Access' under 'Manage Access'.

And once you select 'Request Access', if you want to go to the next slide, you must indicate the organization category. You will make the selection that applies to your level of access, and here we're showing what you would select if you are requesting facility level access. And please note an incorrect submission in the request may result in your request being rejected and that could delay your access to the QIP application. Also if you're a user who has multiple roles or would like to request multiple roles, you will need to do the request for each role separately.

Next slide.

Next you will need to, oh back up one, sorry.

Next you'll need to select the application. So here on this slide we are requesting a facility level role for the QIP application and once you do that you can click the 'Continue' button. Next slide.

And as I mentioned, it is important to ensure you are requesting access for the appropriate role. So on this slide we're showing the different QIP UI roles at the facility level, and then what tasks can be completed based on the role selected and access granted.

So if you are a facility point of contact or POC, you may view scores, view and submit

inquiries, view and download reports in the QIP UI and that includes all three reports, PSR, PLR, and then the PSC during the final period.

All facilities must have at least one POC, and a POC can serve as a POC for multiple facilities.

Then we have the facility viewer role, back up one slide.

A facility can have multiple facility viewers, and these individuals can view scores, inquiries, and download PSRs and PSCs, but as a viewer, you are not able to make queries to CMS or download and view the patient list reports which have sensitive patient information.

Next slide.

The QIP UI also has corporate level roles called the Corporate POC and an organization may have one or multiple corporate POCS and these users can view and access materials for all facilities owned by the organization. Individuals with this role can view scores, view and submit organization and facility-specific inquiries to CMS, as well as view and download all reports and you'll see there's one additional report which I mentioned earlier, and that is the PSSR.

Next slide.

So after you've selected your QIP application. You'll then need to search for your organization, and you do this by entering your facility CCN or facility name, and then you'll select the desired role.

So once you have selected your organization and role, click the 'Add' button, which we've displayed here in the middle of the screen, and the system will then allow you to click the 'Submit Request' button to submit the role request to your facilities security official for approval.

Next slide.

And now I will cover how to use the QIP UI once your request for access to the application is approved. So first, click on the 'View Access' link in the QIP application box on the right-hand side.

I do want to mention that if you wish to select the QIP application, but you were previously signed into the patient registry, you'll first need to toggle to the QIP application in order to view your QIP reports and scores. So here we show on the left, what you would see in this situation. So next EQRS you can see the patient registry is displayed. So in order to switch the QIP application, you click on those nine dots, click on the upper left-hand corner, which we've highlighted in the red box and then after you click on this you will see the drop-down box with two options, patient

registry or QIP. Select QIP to change over to the QIP application.

Under switch to QIP, you will be prompted to enter your facility CCN or name and once you enter this information, select 'Go to QIP' in the box below. And again this step is only necessary if you have access to the patient registry and you were logged into that when you last used EQRS.

OK, next slide. Once you're in the QIP application, the QIP user interface will appear and display the scores and feedback screen by default. On this page you will also see the start and end dates of the preview period, which we note on this slide are subject to change.

As I mentioned earlier, they're actually July 15th through August 15th.

You also see a countdown of days and hours. If you want to go back, you'll see a countdown. Here we have XX and YY. Those will reflect the actual hours and days left of the preview period, and those will be updated every time you log into the UI.

And then you can toggle to other screens on the left hand side as needed.

Next slide.

All users with a QIP role can access the scores and feedback screen, and this screen provides users with a quick access to synopsis of scores and summaries related to a facility or facilities within their purview. Users can search or select for their facility to find details about their TPS, and a summary of the QIP measures contributing to their scores.

Users with purview over multiple facilities can view the scores and feedback data on the screen for one facility at a time, and users can either select their facilities from a list or by conducting a search.

In the next slide, we will look at the steps you'll need to access this screen, the scores and feedback screen. If you have access to multiple facilities, you can set filters to assist with your search efforts. So to filter facilities, enter facility name, facility CCN, or dialysis organization, and then click 'Apply Filter'. If you wish to set a different filter, you will first need to click on the 'Clear Filter' button to remove all existing filters and results.

The scores and feedback screen displays the list of facilities within the facility levels users per view, and in this example the user only has access to one facility. However, if you have access to multiple facilities, you'll either see all CCNS displayed in this list or you'll see your filtered list, and then you can select which facility to view by clicking on the radio button on the left of each individual facility. We show the red box here.

The search option automatically displays if that facility has 10 or more, the user has 10 or more facilities.

Next slide.

After you've selected your facility, then you Scroll down to the run screen to view the details and ensure you have selected the correct report. During the preview period, you will see the preview run under run type. In this last column, the run date is listed and you may see more than one run date, and in that case you would want to select 'Most Recent Run' to view any changes that may have been applied to your facility scores.

And then next, you would scroll down to the score details for an overview of your preview results. In here you will find your facility's total performance score, payment reduction percentage, and additional facility details including the network, the state, facility certification date, services provided by the facility, and this information is obtained from EQRS.

Next slide.

When you Scroll down to the measure summary section, you'll find a summary of the measure scores and in Payment Year '26 we have 14 measures that are contributing to the up to 14 measures. I should say you may not be eligible for each measure that contributes to your total performance score.

And next I'd like to show how the corporate POCs will use the screen. Corporate POCs view the same summary overview as a facility POC, and the only difference is that the filter facility section is automatically expanded and does require an entry in order to display facilities for the user.

Here we're showing an example of filtering all facilities in Network 7 and once you apply that filter, the table below will display the facilities based on your filter criteria. Slide.

Just to recap quickly here, the scores and feedback screen in the UI provide a summary of your total performance score and the measures that contributed to that calculation. To access the screen, you first need to log in to EQRS and click View Access under the QIP application and then select your facility.

And remember, all users with a QIP user role can access this screen. All right, next slide.

Next, we will talk about how to review your reports. Next slide.

To review your reports, you'll go to the View and Download screen. And Please note, as I mentioned earlier, the PSC will not be available during the preview period, but

you will be able to view this during the final period, which will occur at the end of this year.

So all users with a QIP role can access the View Download Report screen, but the reports are viewable based on your EQRS role and availability. If you do not have access to your facilities reports in the QIP UI, but you should, please contact the CCSQ Service Center for assistance.

And we have provided the link on this slide.

The next few slides provide descriptions of the reports available for download.

Please, as I mentioned, please carefully review these reports and if you have questions, you may submit an inquiry now and through August 15th and provide as much detail as possible regarding your questions.

Even including the table number if you're referring to the PSR or the patient ID and measurement period if you're referring to the PLR. Next slide.

And we have the PSSR and the PSC. The PSSR is only available for corporate level users and then the PSC is available at the end of the year and that just will display your facility's total performance score.

Next slide.

Now let's look at how to view and download reports and this is as a facility point of contact or POC. So after logging into EQRS and navigating to the QIP application, the screen will refresh and display the QIP user interface and then you would click on View and Download Reports. From this screen, enter your CCN or facility name and select either the PSR or PLR and then apply the filter. Note that if your facility was eligible in earlier payment years, you may select an earlier payment year to download prior years reports, but the system will default to the current payment year and period.

Next slide.

And then just remember, if you have access to multiple facilities, you may need to use a search option. And when using the search option search option, enter the search criteria, select payment year and the name of the report you'd like to generate and then click Apply filter which we are showing on this slide.

So now, navigate to the Select Available Reports section and you'll see the list of available reports for the payment year that you selected. If you selected the PSR and PLR, both will be listed, and you can download these both from the screen by clicking the hyperlink next to the report name.

Also note at this time you will only see the preview reports for Payment Year '26. You

will only be able to download final reports during the final period, which is later this year.

And these final reports will include any score changes or suppressions applied after the preview period.

Slide.

OK, so when you download your reports, you will see them displayed at the top of your Internet browser. And we're just showing an example of what you'll see on your screen if you've downloaded a PSR and then you can just click on that report to open or save the file.

We do recommend when you're accessing EQRS to use Google Chrome for optimal performance when you're accessing and downloading these reports, and if you're having any issues downloading the reports, you can contact the CCSQ Service Center for assistance.

So after downloading your reports, closely review them for accuracy and to better understand the measures contributing to your facility's performance. Please review the payment year and CCN at the top of the report to ensure you're looking at the correct facility and year and then when reviewing the numerator and denominators, I'll just note that if you see a dash, this just means your facility was not eligible and no rate will be displayed for the rate and no score is displayed for the score. In this sample, PSR facility was not eligible for STRR.

So, they do have the dash and then no rate and score. And I'll just note that it's not shown on this slide, but if you're a smaller facility, you may have received a small facility adjustment and you'll see a footnote next to your rate indicating that.

And, next slide.

Corporate POCs will follow the same steps as similar steps I should say as facility POCs when viewing scores and downloading reports. So as a corporate POC you would select your facility and payment year.

And this is automatically expanded, requiring the user to search for facilities. Corporate level users do have the option to conduct a single facility level search or conduct an organizational level search. Selecting an organizational level search will result in the display data for multiple facilities.

So next slide here you'll see two search options for the corporate POCS. The image to the left shows a single facility search and then where in this case you would enter the facility name and payment year to do the search. Then on the right-hand side we show a corporate POC performing an organizational level search. The corporate

POCS have the option to check 'This is an organizational level search' at the top of the screen and then once that check box is selected, additional fields will appear, including search fields for network and state.

So to recap, the View and Downloads report screen can be accessed by all users that have a QIP role, but the reports are displayed based on your individual role and availability. To access reports, log in to EQRS, navigate to the QIP application, and click View Download Reports on the left-hand side of the screen, and then you select your facility and desired report to initiate the download process. And again, we recommend using Chrome to optimize performance.

Next slide.

So next we'll cover submitting inquiries during the preview period.

The preview period inquiry screen in the QIP UI allows users to gain more information about their QIP scores and also allows facilities to submit a question and supporting documentation if you believe your QIP score is inaccurate.

Next slide.

Inquiries can only be submitted by the facility and corporate POCs, but other QIP users can view submitted inquiries to help provide additional support if needed. Facility POCs and viewers can view submitted inquiries within their purview or scope, and corporate level users can view inquiries submitted for all facilities within an organization. Then we have network level users, who can view inquiries for all facilities within their network service area. Additionally, the ESRD QIP UI presents POCs the ability to draft and save inquiries, but please note that information entered in a saved inquiry is only viewable by the person who saved that information. POCs can submit and reply to as many inquiries as necessary, but it is important that they check on the status of a submitted inquiry in the UI until that inquiry is closed.

Next slide. The inquiry screen is a form-like interface that includes a form field which is automatically populated from the e-mail address that is associated with the user's account. We also have a CC field to allow the user to inform another person of an inquiry, a subject line message section, and a file attachment option. The system will also allow you to reply to an existing inquiry if you need to reply to a question from CMS or if you have follow-up question regarding the response you received from CMS.

Please note, the ability to submit new inquiries will be disabled once the preview period ends. Also, please log in early and often during the preview period to submit and reply to your inquiries.

Next slide.

It is important to submit your inquiries as soon as possible and this will allow time for any necessary communication to take place. So when submitting your inquiries, we also encourage you to include as much information as possible.

It is important if you are submitting on the behalf of multiple facilities to include the CCNs you believe to be impacted, and you can include attachments to further support your inquiry, but we ask that you please be careful to avoid attaching PHI or PII.

And then if you have questions specifically regarding your NHSN data, we do provide the link to the NHSN help desk and you can contact them regarding the data issues. Next slide.

If you would like to submit an inquiry during the preview period, you'll log into EQRS and access the QIP application, and then you'll click on the Preview Period Inquiries link on the left-hand side of the screen.

Then click on 'Create New' in the 'Create New Inquiry' box that we're showing here. It's this blue box, and that will begin the process of submitting your inquiry.

The message portion of the UI displays an e-mail like form and when you would like to submit an inquiry, select the facility for which you are submitting the inquiry and review the from field to ensure your e-mail address is correctly populated.

And it cannot be changed, so if you do see an incorrect information in that e-mail address, we ask that you please contact the CCSQ help desk to resolve that. The CC field, as I mentioned, is optional and the subject line is not mandatory, but we do recommend it. The message field is a required field, and you can enter up to 25,000 characters in that message box.

Next slide.

So when creating an inquiry, you can upload an attachment to support the inquiry itself. The accepted file types are listed in the UI, and the system can accept up to 10 megabytes per message. Again, please carefully review your document before attaching it to ensure, to the extent possible, that you are not providing any PHI or PII in the attachment.

If you are not ready to submit, you can save it as a draft. For a saved inquiry, follow the same steps to create an inquiry. However, instead of clicking the Send button, you'll click Save as draft. You can then return to submit your inquiry whenever you are ready.

Next slide.

And then, once you've typed your message, you've uploaded any needed attachments, and you're ready to send, click the Send Inquiry button that you see at the bottom of the screen.

And once you submit your inquiry, the system will refresh and you'll see this message in this green box that we're showing here stating that it was sent successfully. And we're showing here an example. Can we go back real quick?

We're just showing an example here where...a message was sent and then there were some follow-up responses from the CMS and the facility. So they are sorted in the order sent with the most recent at top at the top and you can just click on the down arrow to review these messages.

So when we say you know, just go check the UI, if you see these additional messages, please make sure you're reviewing those and responding if additional information is requested.

Next slide.

The system will allow you to filter inquiries, and we do have several filtering options. You can filter by the inquiry ID number, subject status, or you can apply a date range. So here we're showing 2 examples. On the left, we show how you can filter by the inquiry submitted, or updated start and end date. And this example...if you use this filter option, it will give all inquiries submitted or updated by these, that start and end date. So here it would be give you everything from July 15th through the 31st, then on the right hand side we filter by inquiry status and this is requesting that the system provide the user with all inquiries that have been submitted by the facility with a status of waiting on facility.

Next slide, we'll talk more about this inquiry status filter option. We have four different options for filtering by inquiry status. You may select 'Draft' to see any inquiries you have saved but not submitted. If you select 'Waiting on CMS', the system will filter on all inquiries you have submitted or sent a follow-up response, and you are now waiting for CMS to either respond or close the ticket. Then if you select waiting on facility, this indicates CMS has responded to the inquiry and is either waiting to see if you have any follow-up questions, or they've requested more information from you. Generally in this scenario, CMS will wait up to one week before closing out the ticket. And then finally you may filter on all tickets that have been closed by CMS. Well, you should receive e-mail notifications when your tickets have been updated by CMS, it is good practice to just double check, make sure you haven't received a response, and you didn't get a notification. And using this filter

option by the status of waiting on facility is good practice, just to ensure you're not missing any requests for additional information from CMS.

Next slide.

Once you apply your filter, you will see a table of the filtered results and as we're showing on the screenshot here, you'll see a system generated inquiry ID in the first column. Inquiry list includes the facility name and CCN, the subject line, date created, and then the status of the inquiry and you can sort by.

Any of these columns by clicking on the arrows in the column header.

Next slide.

For corporate level users, the steps to access inquiries are the same as all others other users, and for the corporate level users, you will automatically see the filter inquiry section expanded.

And on this screenshot, we're showing subtle differences in the previously submitted inquiry section compared to the facility level POCs. The information displayed in this section are the same, except the two of the columns have different headers as we're showing here.

Next slide.

Similar to facility POCS, corporate POCS can start the inquiry by clicking on Create new inquiry.

And next slide.

The UI will provide corporate users with the ability to indicate if they're submitting A facility level inquiry or an organizational level inquiry. If you are submitting an inquiry for the facility, do not click the box that says this is an organizational level inquiry checkbox. Instead use the facility selection search option and find your facility. Follow the same step as a facility POC then indicate who the message is from, including the subject message itself, and then add any necessary attachments.

Next slide. And then if you have an organizational level inquiry, if you think that your inquiry will affect the entire organization, or a large percentage of the facilities in your organization, you should select that this is an organizational level inquiry.

And once that box is checked, then the facility selection option will disappear and the inquiry that can then be submitted for the organization as opposed to a specified facility.

Excellent. The steps to save as well as attach files are the same as what we covered for in the facility POC section. Additionally, the steps for search and reply to inquiries are the same. The only difference is that a corporate POC can select facility level

inquiries and organizational level inquiries, which uses the organization name instead of facility name.

And just a quick summary, POCs may submit and reply to as many inquiries as necessary during the preview period. To submit the inquiry, you'll log into EQRS, go to the QIP application and navigate to the preview period inquiry section or screen. And then click on 'Create New Inquiry'. You must have the role of Facility POC or Corporate POC to submit inquiries and then once you've submitted the inquiries, they are viewable in the UI.

And as I mentioned, if you're having any issues with the UI, we encourage you to reach out to the service center. They're aware of the preview period starting and they're ready to answer any questions. We've got all of the contact information listed here on this slide.

In this next section, we'll just cover all the key follow-up activities and responsibilities you will need to know about for this preview period.

So following the close of the preview period, CMS will review any outstanding inquiries. Please note that the final scores, performance score reports and performance score certificates are not scheduled to be available until late 2025, so you will not see them in the UI until then.

And we will send out a notification prior to the final reports. These final reports will also, the final scores, I should say, will also be made publicly available on the CMS Care Compare website, and that's typically available in early 2026.

Next slide.

So once the performance score certificates are made available, facilities must download, print, and post both the English and Spanish versions in a prominent location of the facility, and these certificates must be posted within the first 15 business days of its availability and remain posted throughout the duration of 2026. CMS does encourage facility staff to review the certificate and facility performance in order to ensure they can understand and answer any questions that patients may have.

And now I will recap some of the key responsibilities and activities to ensure we have a smooth preview period. As a reminder, the preview period began today, July 15th, 2025. We encourage you, if you do not already have a HARP account, to create one as soon as possible.

And if necessary, update your EQRS role to make sure you have access to the QIP UI. All preview period inquiries must be submitted before the end of the preview period,

which is scheduled to end on August 15th, 2025 at 11:59 PM Pacific Time, or if you're on the East Coast, that would be August 16th at 2:59 AM Eastern Time. And as I mentioned, in late 2025, facilities must then log in again to the UI to download your PSC and get that posted within 15 days of availability.

And next slide.

OK. And then just before we get into the Q&A section, I'll just quickly go over some important EQRS and NHSN data submission deadlines.

Next slide just lists all the deadlines we'll cover, if you want to go to the next slide.

So we just completed reporting for the April 2025 EQRS Clinical month, which closed on June 30th. The May 2025 reporting month is closing on July 31st at 11:59 Pacific Time, and we would like to reiterate that once those clinical months close, you are no longer able to submit data for the month that closed.

Go to the next slide.

Next we have the clinical depression screening and follow-up assessments for Calendar Year '25. You can submit these screening results now and up until March 2nd, 2026 at 11:59 Pacific Time.

And we have the ICH CAHP attestations for Payment Year 2027, those are due by March 2nd, 2026.

This next slide shows some links to deadlines that are available on mycrownweb.org and then some other information and links to useful documents, including the ESRD QIP Successful Reporting Guide and the EQRS Data Management Guidelines.

And then we'll cover here. We've got the NHSN reporting deadlines and these are for Calendar Year 2025. So the quarter one deadline just passed, that was June 30th, 2025. Quarter two, which includes April through June of 2025, is due by September 30th. Please note that while the NHSN system does accept late data, any data reported after these deadlines or not according to the NHSN system requirements cannot be used in the ESRD QIP NHSN measure calculations.

And next slide just here as a link to the deadlines on mycrownweb.org. And then also if you have any questions about submitting your data, we encourage you to reach out to the NHSN customer service portal.

Or e-mail them using the e-mail address on this slide.

I think that wraps up our presentation.

We'll see if we have any questions. I'm sure I've seen some questions come through.

Oh, I see a question about the small facility footnote. If you don't see, there should be a little 'S' and that would be...you're only going to get a small facility adjustment

for your performance period rate. So if you see a little 'S' next to that rate, that means your facility received a small facility adjustment. If you did not receive one, then you won't see that footnote. If you have questions though, or you think your facility should have received one, you can submit an inquiry and include the measures you're asking about.

And that is different from the low volume payment adjustment. The ESRD QIP has a separate policy for just adjusting scores, based on the patient case numbers, and it differs per measure.

I see a question about the facility commitment to health equity reporting. That is, that is correct. That is the completion of the commitment to health equity attestation. There's two points awarded per domain area, so you can receive up to 10 points on that.

I do see a question and a response, but we do get a lot of questions about this, about, "What is a score of 0 versus no score?" If you receive no score, that does not count towards your total performance score calculation. What happens is the measure weight for that measure or set of measures is applied to the remaining eligible measures. If you get a zero, that is counted towards your total performance score.

Okay.

Link to the slides. I think we provided those

Let's see.

And if anyone wants to read out any questions that I might miss, please chime in here on our side.

I'll check the chat too. I think I saw some stuff come through chat.

OK. I don't see too many questions again if you, and if you're asking about specific facility, your specific scores in the Q&A I would just request that you submit that through the QIP UI so we can you know give you a more detailed response and do research.

I'm just going to scan through and make sure. Can you give me some examples of inquiries? An inquiry can you know if you don't understand your report, you can submit an inquiry and we're happy to provide more details so that you can understand your report.

It can also, as the response here says you know, if you think there's an error, please, you know, provide your rationale and attachments if you have them and so that we can review and provide responses.

All right. I don't think there's any other questions, so we can wrap up a few minutes early. Thank you all for attending and oh, I see. Let me just check.

Horton, Golden (CMS/CCSQ)   1:22:09

Alissa, I see one question I think in the chat. Since SDOH reporting remains mandatory in EQRS, but...will be discontinued for Payment Year 2027, is the facility required to submit this data in EQRS for Calendar Year 2025?
And that will be, yes, the proposal to remove these measures from the ESRD QIP for Payment Year 2027 scoring has not been finalized. I don't think we answered that question, but wasn't sure.

Alissa Kapke   1:22:44

Thank you. Yeah, I see some that I didn't see earlier in the chat. That's right. Yes.
So until the measures are finalized, as Golden said, the facility should continue to report the measure data. However, I will note um we didn't cover the deadlines in this presentation, but the deadline for reporting the SDOH measures, it ends with the closure of the December clinical month, so that will be in March, so if the policies are finalized. The reporting deadline does occur after the final rule comes out.
Where can I go with help reading and understanding preview reports as the new director? I think we covered that one. Yeah, we encourage you to review the guide and we're also open to feedback on the guide if others think. If you think that we can provide more detail, you can either submit that as an inquiry or submit it through the ServiceNow help desk. We would like to make sure that the guides that we're providing are helpful.
Is there anything else, Golden, that you saw?

Horton, Golden (CMS/CCSQ)   1:24:00

I see one question. How about CAHPS survey when CAHPS gets submitted? I'm not sure.
I guess that's a question or maybe we can provide a resource, or they can send us that and we can, that inquiry, and we can get back to them.

Alissa Kapke   1:24:19

Yeah, I think we need more details there. So, if you do have a question about your CAHP score or just more in general, you can submit like a general question through

the help desk, the ServiceNow, or if you have a question about your QIP score, you can submit that as an inquiry.

I see Jason from Fresenius saying reach out to him if you're from FMC. Thank you, Jason.

All right. Anything else, Golden?

Horton, Golden (CMS/CCSQ)   1:24:54
I think that's it.

Alissa Kapke   1:24:58
Okay, well, thank you. This was a lot of information and we're here to help. So. please reach out if you have questions via the different help desks, or you know of course, submit an inquiry if you have questions about your reports.
Thank you all for attending. Have a good afternoon.

Horton, Golden (CMS/CCSQ)   1:25:16
Thank you.

☐   stopped transcription