

# **ESRD QIP Proposed Rule & Preview Period Webinar for CY 2026**



**Tuesday, July 15, 2025**  
**2:00 to 3:30 p.m. Eastern Time**  
End-Stage Renal Disease (ESRD)  
Quality Incentive Program (QIP)

# Speakers

## **Alissa Kapke, MS**

*ESRD QPS Project Director*

*Arbor Research Collaborative for Health*

## **Golden Horton, MS**

*ESRD QIP Program Lead*

*Centers for Clinical Standards and Quality*

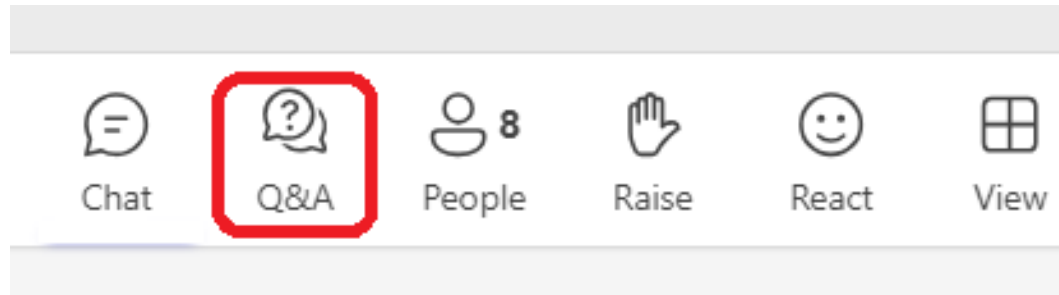
*Centers for Medicare and Medicaid Services*

# Welcome and Today's Agenda

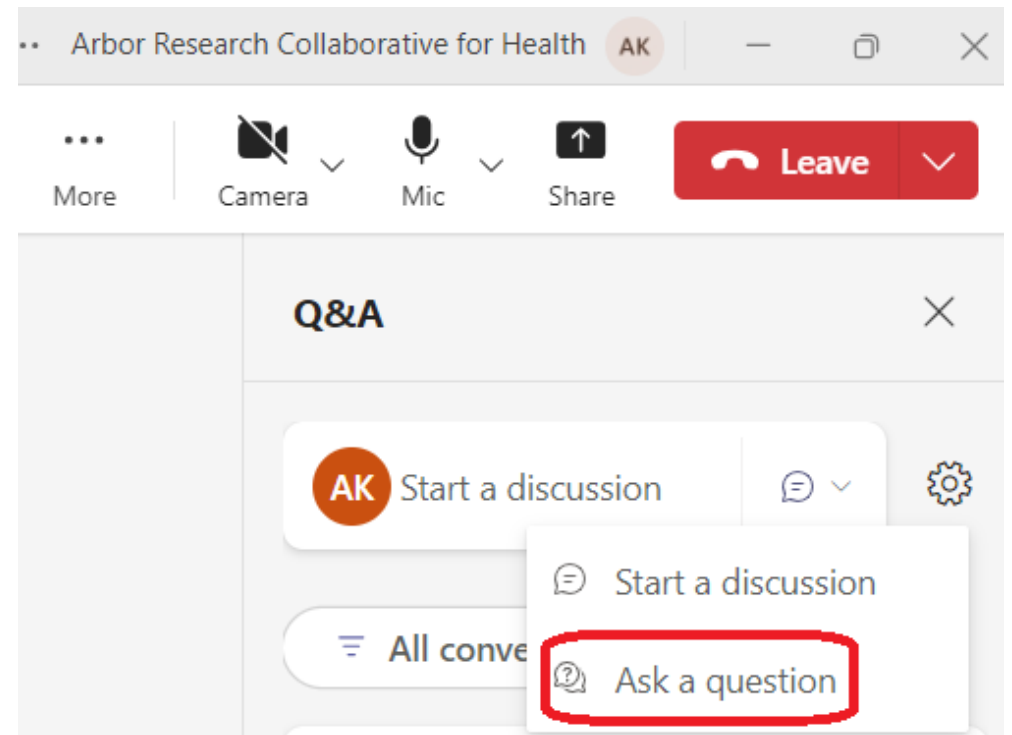
| Topic                                            | Speaker                                 |
|--------------------------------------------------|-----------------------------------------|
| Welcome & Agenda                                 | <b>Alissa Kapke, MS, Arbor Research</b> |
| CY 2026 ESRD QIP Proposed Rule Updates           | <b>Golden Horton, MS, CMS</b>           |
| Process for Submitting Comments on Proposed Rule | <b>Golden Horton, MS, CMS</b>           |
| Proposed Rule Q&A                                | <b>Golden Horton, MS, CMS</b>           |
| ESRD QIP User Interface Overview                 | <b>Alissa Kapke, MS, Arbor Research</b> |
| PY 2026 ESRD QIP Reports                         | <b>Alissa Kapke, MS, Arbor Research</b> |
| Submitting Preview Period Inquiries              | <b>Alissa Kapke, MS, Arbor Research</b> |
| Upcoming ESRD QIP Reporting Deadlines            | <b>Alissa Kapke, MS, Arbor Research</b> |
| Q&A                                              | <b>Alissa Kapke, MS, Arbor Research</b> |
| Additional Resources                             | <b>Alissa Kapke, MS, Arbor Research</b> |

# Submitting Questions

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

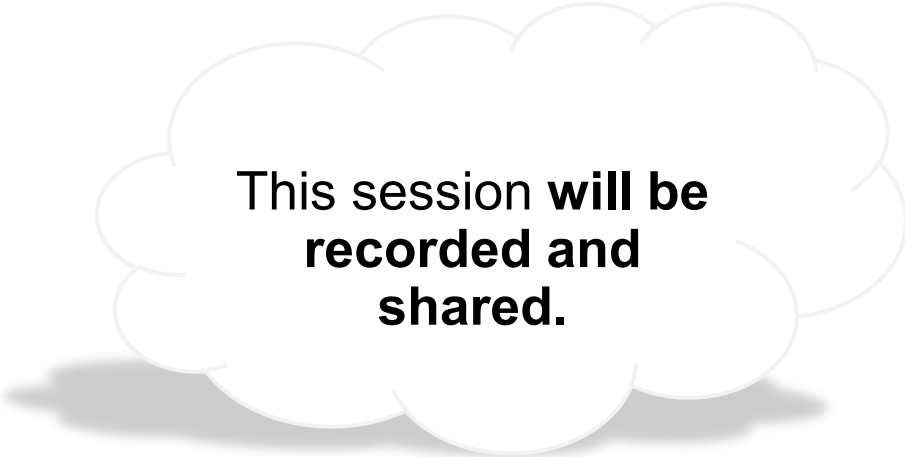


- Under Q&A, select Ask a question.
- Type your question in box on right hand side of your screen.



# Housekeeping

- Participants will be **muted by default**.
- Please note that the **Q&A** feature will be used throughout the session, including for any **questions for our presenters**.
- If you experience any **technical challenges**, you may request support using the **Chat** feature.
- Our project team always is available to answer questions via email at: [ESRDQPS-Admin@arborresearch.org](mailto:ESRDQPS-Admin@arborresearch.org).



This session **will be recorded and shared**.

# Disclaimer

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# Purpose

- Discuss details of the Centers for Medicare and Medicaid Services (CMS) Calendar Year (CY) 2026 ESRD Prospective Payment System (PPS) Proposed Rule that pertain directly to the ESRD QIP Program.
- Describe steps facilities should take during the ESRD QIP Payment Year (PY) 2026 Preview Period to review reports and submit inquiries.

# Objectives

Attendees will be able to:

- Recognize statutory and legislative components for the ESRD QIP.
- Understand the proposals in the CY 2026 ESRD PPS Proposed Rule for the ESRD QIP program.
- Review the steps required to submit a comment.
- Access resources for the ESRD QIP PY 2026 Preview Period.



# Proposed Rule Information

## Administrative Procedures Act Guidance

- Because CMS must comply with the Administrative Procedures Act, we are 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 comment submission process, as described in this webinar.

# Acronyms and Abbreviations

|                  |                                                                                |                |                                             |
|------------------|--------------------------------------------------------------------------------|----------------|---------------------------------------------|
| <b>BSI</b>       | Bloodstream Infection                                                          | <b>NHSN</b>    | National Healthcare Safety Network          |
| <b>CC</b>        | Carbon Copy                                                                    | <b>PAMA</b>    | The Protect Access to Medicare Act of 2014  |
| <b>CCN</b>       | CMS Certification Number                                                       | <b>PD</b>      | Peritoneal Dialysis                         |
| <b>CCSQ</b>      | Center for Clinical Standards and Quality                                      | <b>PLR</b>     | Patient List Report                         |
| <b>CMS</b>       | Centers for Medicare & Medicaid Services                                       | <b>POC</b>     | Point of Contact                            |
| <b>CY</b>        | Calendar Year                                                                  | <b>PPPW</b>    | Percentage of Prevalent Patients Waitlisted |
| <b>EOCT</b>      | End-Stage Renal Disease Outreach, Communication, and Training                  | <b>PPS</b>     | Prospective Payment System                  |
| <b>EQRS</b>      | End-Stage Renal Disease Quality Reporting System                               | <b>PSC</b>     | Performance Score Certificate               |
| <b>ESRD</b>      | End-Stage Renal Disease                                                        | <b>PSR</b>     | Performance Score Report                    |
| <b>ET</b>        | Eastern Time                                                                   | <b>PSSR</b>    | Performance Summary Score Report            |
| <b>FHIR</b>      | Fast Healthcare Interoperability Resources                                     | <b>PT</b>      | Pacific Time                                |
| <b>HARP</b>      | Healthcare Quality Information System Access Roles and Profile                 | <b>PY</b>      | Payment Year                                |
| <b>HCP</b>       | Healthcare Personnel                                                           | <b>Q&amp;A</b> | Question and Answer                         |
| <b>HD</b>        | Hemodialysis                                                                   | <b>QIP</b>     | Quality Incentive Program                   |
| <b>HHS</b>       | Health and Human Services                                                      | <b>RFI</b>     | Request for Information                     |
| <b>HIT</b>       | Health Information Technology                                                  | <b>SDOH</b>    | Social Drivers of Health                    |
| <b>ICH CAHPS</b> | In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems | <b>SHR</b>     | Standardized Hospitalization Ratio          |
| <b>MAC</b>       | Medicare Administrative Contractor                                             | <b>SRR</b>     | Standardized Readmission Ratio              |
| <b>MBI</b>       | Medicare Beneficiary Identifier                                                | <b>STrR</b>    | Standardized Transfusion Ratio              |
| <b>MedRec</b>    | Medication Reconciliation                                                      | <b>TPS</b>     | Total Performance Score                     |
| <b>MIPPA</b>     | Medicare Improvements for Patients and Providers Act of 2008                   | <b>UFR</b>     | Ultrafiltration Rate                        |
| <b>mTPS</b>      | Minimum TPS                                                                    | <b>UI</b>      | User Interface                              |

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# **ESRD QIP**

## **Legislative Drivers and Statutory Foundations**

# ESRD QIP Legislative Drivers

The ESRD QIP is described in section 1881(h) of the Social Security Act, as added by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

- The program's intent is to promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care.
- Section 1881(h) authorizes payment reductions of up to 2 percent if a facility does not meet or exceed the minimum Total Performance Score (TPS).

The Protect Access to Medicare Act of 2014 (PAMA) added section 1881 (h)(2)(A)(iii).

- The ESRD QIP must include measures specific to the conditions treated with oral-only drugs. These measures are required to be outcome-based, to the extent feasible.

# Statutory Overview

MIPPA requires the Health and Human Services (HHS) Secretary to create an ESRD QIP that will:

- Use measures that are consistent with the [authorizing legislation](#).
- Establish performance standards.
- Specify the performance period.
- Develop a methodology for calculating TPS.
- Apply an appropriate payment percentage reduction.
- Publicly report results.

# Guidance

- During today's call, we will discuss the proposed updates for the ESRD QIP in the CY 2026 ESRD PPS Proposed Rule, published on July 2, 2025.
- The information provided is offered as an informal reference and does not constitute official CMS guidance.
- CMS encourages stakeholders, advocates, and others to refer to the proposed rule located in the [Federal Register](#).

# **CY 2026 ESRD QIP Proposals**

# Proposed Rule Summary

The CY 2026 ESRD PPS **Proposed** Rule includes the following:

- Removal of the Facility Commitment to Health Equity (FCHE) reporting measure beginning in PY 2027
- Removal of two patient Social Drivers of Health (SDOH) reporting measures beginning in PY 2027
- Modification of the In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) measure beginning in PY 2028
- Requests for Information (RFIs) on topics relevant to ESRD QIP



**Proposal to Remove the  
Facility Commitment to Health  
Equity Reporting Measure  
Beginning with PY 2027**

# Proposal Overview and Rationale

- Beginning with PY 2027, CMS is proposing to remove the FCHE reporting measure from the ESRD QIP.<sup>1</sup>
- CMS's priority is a continued focus on measurable clinical outcomes as well as identifying quality measures on the topics of prevention, nutrition, and well-being.
- This measure removal makes room in the program's measure set to:
  - Enhance the program's focus on other clinical outcomes.
  - Shift dialysis facility leadership focus to other priority quality and safety areas.<sup>2</sup>

<sup>1</sup>CY 2026 Proposed Rule for End-Stage Renal Disease (ESRD) Prospective Payment System; 90 FR 29342, p.29343.

<sup>2</sup>CY 2026 Proposed Rule for End-Stage Renal Disease (ESRD) Prospective Payment System; 90 FR 29342, p.29363.

**Proposal to Remove Two  
Patient Social Drivers of  
Health (SDOH) Reporting  
Measures  
Beginning with PY 2027**

# Proposal Overview

- Beginning with PY 2027, CMS proposes to remove the following patient SDOH measures:
  - Screening for SDOH reporting measure
  - Screen Positive Rate for SDOH reporting measure<sup>1</sup>

<sup>1</sup>CY 2026 Proposed Rule for End-Stage Renal Disease (ESRD) Prospective Payment System; 90 FR 29342, p.29343.

# Proposal Rationale

- Some facilities are concerned with the resources needed for manual screening, data storage, staff training, and workflow changes.
- These measures document an administrative process and report aggregate level results, but do not show whether patients are connected to services or benefit from these screenings.
- Removal of these measures would alleviate the burden on dialysis facilities, allowing dialysis facilities to focus resources on other clinical outcomes.
- This change will remove the patient burden associated with repeated SDOH screenings across multiple healthcare facilities.<sup>1</sup>

<sup>1</sup>CY 2026 Proposed Rule for End-Stage Renal Disease (ESRD) Prospective Payment System; 90 FR 29342, p.29363.

**Proposal to Modify the  
ICH CAHPS Measure  
Beginning with PY 2028**

# Proposal Overview

- Reduce the length of the ICH CAHPS Survey by removing 23 questions which CMS identified as appropriate for removal:<sup>1</sup>
  - Removal of four questions, which are unnecessary for the psychometric function of the Quality of Dialysis Center Care and Operations (QDCCO) multi-item measure
  - Removal of all six questions that make up the Nephrologists' Communication and Caring (NCC) multi-item measure
  - Removal of the nephrologist rating question
  - Removal of two core questions not currently used in public reporting measures
  - Removal of nine questions from the About You section and one question from the mail survey proxy series
  - Consolidation of the race and ethnicity questions into one question

# Proposal Rationale

- In recent years, commenters have raised concerns about patient survey fatigue due to the survey's length and twice-yearly frequency.
  - Survey response rates continue to slowly decline, and it is believed that the length of the survey could be a contributing factor.<sup>1</sup>
- Several case-mix adjuster questions showed little impact on survey responses and were removed to shorten the survey.
  - New case-mix adjusters for the revised survey include overall health, overall mental health, age, sex, education, language survey was conducted in, whether someone helped complete the survey, total years on dialysis, and whether diabetes was the primary cause of ESRD.<sup>2</sup>

<sup>1</sup>CY 2026 Proposed Rule for End-Stage Renal Disease (ESRD) Prospective Payment System; 90 FR 29342, p.29364.

<sup>2</sup>CY 2026 Proposed Rule for End-Stage Renal Disease (ESRD) Prospective Payment System; 90 FR 29342, p.29365.



# Measure Domains and Measure Weights Used to Calculate TPS

| Measures by Domain                                  | Measure Weight as Percent of TPS for PY 2028 |
|-----------------------------------------------------|----------------------------------------------|
| <b>Patient and Family Engagement Measure Domain</b> | <b>15.00</b>                                 |
| ICH CAHPS measure                                   | 15.00                                        |
| <b>Care Coordination Measure Domain</b>             | <b>30.00</b>                                 |
| SHR clinical measure                                | 7.50                                         |
| SRR clinical measure                                | 7.50                                         |
| PPPW measure                                        | 7.50                                         |
| Clinical Depression Screening and Follow-Up measure | 7.50                                         |
| <b>Clinical Care Measure Domain</b>                 | <b>35.00</b>                                 |
| Kt/V Dialysis Adequacy Measure Topic                | 11.00                                        |
| Long-Term Catheter Rate clinical measure            | 12.00                                        |
| STrR clinical measure                               | 12.00                                        |

# Measure Domains and Measure Weights Used to Calculate TPS (cont.)

| Measures by Domain                         | Measure Weight as Percent of TPS for PY 2028 |
|--------------------------------------------|----------------------------------------------|
| <b>Safety Measure Domain</b>               | <b>10.00</b>                                 |
| NHSN BSI clinical measure                  | 10.00                                        |
| <b>Reporting Measure Domain*</b>           | <b>10.00</b>                                 |
| Hypercalcemia reporting measure            | 3.33                                         |
| MedRec reporting measure                   | 3.33                                         |
| COVID-19 HCP Vaccination reporting measure | 3.33                                         |

\*Reflects proposal to remove FCHE and 2 SDOH measures

# Requests for Information on Topics Relevant to ESRD QIP

- CMS is requesting information on two topics to inform future revisions to the ESRD QIP:
  - The current state of health information technology (HIT) use in dialysis facilities, including electronic health records, to further ongoing CMS efforts to facilitate successful adoption and integration of Fast Healthcare Interoperability Resources® (FHIR) and FHIR-based technologies and standardized data for patient assessment instruments.
  - Potential measurement concepts that could be developed into ESRD QIP measures in the future, such as measures of **interoperability**, **well-being**, **nutrition**, **physical activity**, and **chronic kidney disease**.

# **ESRD QIP PY 2028 Payment Reduction Scale**

# PY 2028 Payment Reduction Scale

We estimate that a facility must meet or exceed a minimum Total Performance Score (mTPS) of 56 to avoid a payment reduction.

| Estimated Payment Reduction Scale for PY 2028 Based on the Most Recently Available Data |               |
|-----------------------------------------------------------------------------------------|---------------|
| Total performance score                                                                 | Reduction (%) |
| 100-56                                                                                  | 0%            |
| 55-46                                                                                   | 0.5%          |
| 45-36                                                                                   | 1.0%          |
| 35-26                                                                                   | 1.5%          |
| 25-0                                                                                    | 2.0%          |

# CY 2026 ESRD PPS Proposed Rule Summary

Additional information on the CY 2026 ESRD PPS Proposed Rule is available on these websites:

|                         |                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Federal Register</b> | <a href="https://www.federalregister.gov/documents/2025/07/02/2025-12368/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis">https://www.federalregister.gov/documents/2025/07/02/2025-12368/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis</a> |
| <b>CMS.gov</b>          | <a href="https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-end-stage-renal-disease-esrd-prospective-payment-system-proposed-rule-cms-1830">https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-end-stage-renal-disease-esrd-prospective-payment-system-proposed-rule-cms-1830</a>                                   |

# CY 2026 ESRD PPS Proposed Rule

To participate in the comment period, please use the link below and follow the instructions in the proposed rule.

<http://www.regulations.gov/commenton/CMS-2025-0240-0002>

# Commenting



# Public Role in Rulemaking

CMS writes the proposed rule and displays it in the *Federal Register*.

CMS publishes the proposed rule in the *Federal Register*.

Public comment period on the proposed rule opens.

CMS reviews all public comments.

CMS publishes the final rule in the *Federal Register* (becomes regulation).

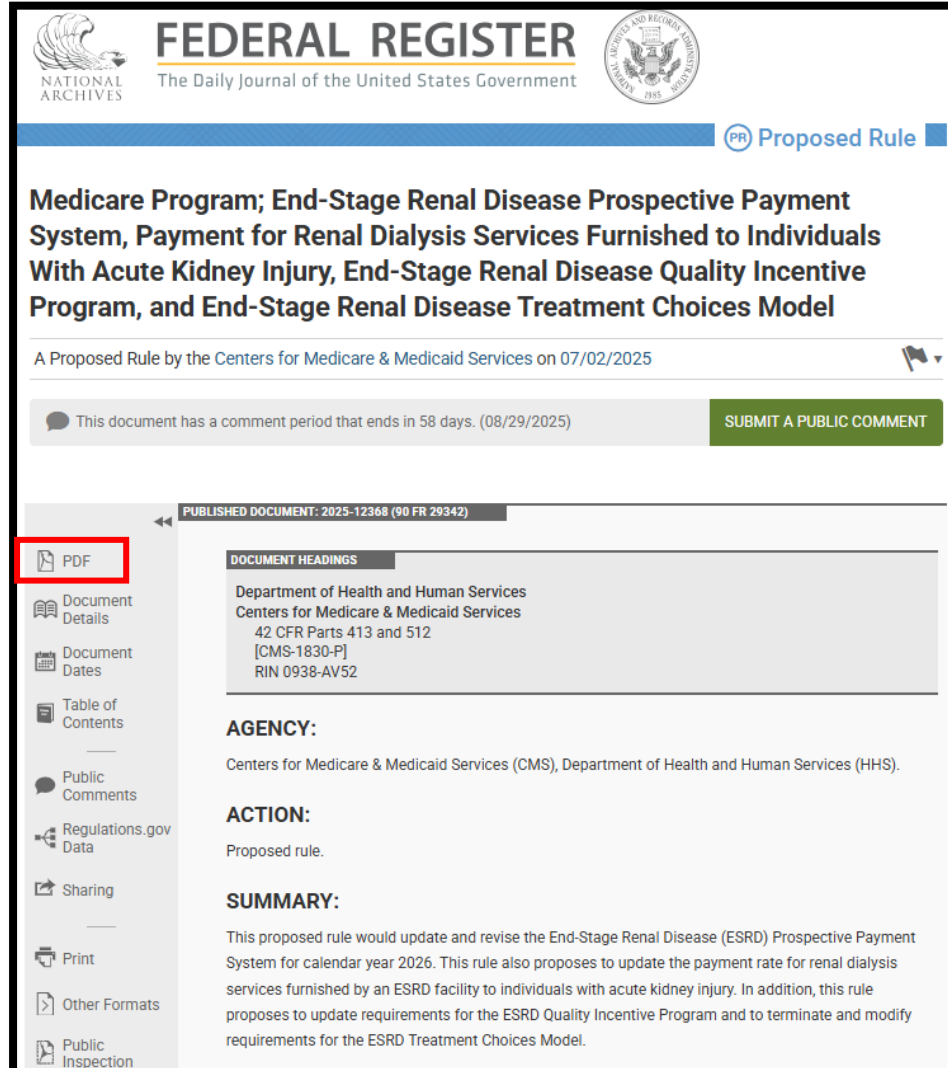
## **Your Comments Matter**

The comment period is open until August 29, 2025

# Submitting Comments

- Comments must be received by August 29, 2025.
- CMS encourages submission of electronic comments to [Regulations.gov](https://www.regulations.gov).
  - Comments may also be submitted by regular mail, express mail, or overnight mail to the [designated addresses provided](#).

# Locating the Rule



The screenshot displays the Federal Register website interface. At the top, the 'FEDERAL REGISTER' logo is visible, along with the text 'The Daily Journal of the United States Government'. A blue banner indicates 'Proposed Rule'. The main title of the rule is 'Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model'. Below the title, it states 'A Proposed Rule by the Centers for Medicare & Medicaid Services on 07/02/2025'. A comment period notice indicates 'This document has a comment period that ends in 58 days. (08/29/2025)' with a 'SUBMIT A PUBLIC COMMENT' button. On the left sidebar, the 'PDF' option is highlighted with a red box. The main content area shows 'DOCUMENT HEADINGS' for the Department of Health and Human Services, Centers for Medicare & Medicaid Services, 42 CFR Parts 413 and 512, [CMS-1830-P], RIN 0938-AV52. Below this, the 'AGENCY:' is listed as Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS). The 'ACTION:' is listed as Proposed rule. The 'SUMMARY:' section begins with 'This proposed rule would update and revise the End-Stage Renal Disease (ESRD) Prospective Payment System for calendar year 2026. This rule also proposes to update the payment rate for renal dialysis services furnished by an ESRD facility to individuals with acute kidney injury. In addition, this rule proposes to update requirements for the ESRD Quality Incentive Program and to terminate and modify requirements for the ESRD Treatment Choices Model.'

From the [Federal Register](#), you can scroll down the page or select the PDF option.

# To Comment



**FEDERAL REGISTER**  
The Daily Journal of the United States Government

**Proposed Rule**

**Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model**

A Proposed Rule by the Centers for Medicare & Medicaid Services on 07/02/2025

This document has a comment period that ends in 58 days. (08/29/2025)

**SUBMIT A PUBLIC COMMENT**

**PUBLISHED DOCUMENT: 2025-12368 (90 FR 29342)**

**DOCUMENT HEADINGS**

Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
42 CFR Parts 413 and 512  
[CMS-1830-P]  
RIN 0938-AV52

**AGENCY:**  
Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

**ACTION:**  
Proposed rule.

**SUMMARY:**  
This proposed rule would update and revise the End-Stage Renal Disease (ESRD) Prospective Payment System for calendar year 2026. This rule also proposes to update the payment rate for renal dialysis services furnished by an ESRD facility to individuals with acute kidney injury. In addition, this rule proposes to update requirements for the ESRD Quality Incentive Program and to terminate and modify requirements for the ESRD Treatment Choices Model.

To submit your comment electronically, click on the green **SUBMIT A PUBLIC COMMENT** box.

# Enter Your Comment

Enter your comment in the **Comment** field and **Add a file**, if needed.

 You are submitting an official comment to Regulations.gov.  
Comments are due 09/04/2020 at 11:59 pm -0400.

**regulations.gov**  
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Thank you for taking the time to create a comment. Your input is important. Regulations.gov has provided [tips for submitting an effective comment](#).

Once you have filled in the required fields below you can preview and/or submit your comment to the Centers for Medicare Medicaid Services for review. All comments are considered public and will be posted online once the Centers for Medicare Medicaid Services has reviewed them.

You can view [alternative ways to comment](#) or you may also comment via Regulations.gov at, <http://www.regulations.gov/#/submitComment;D=CMS-2020-0079-0002>.

**Comment\***  
.....

Upload File(s)

 Add a file

Note: You can attach your comment as a file and/or attach supporting documents to your comment. [Attachment Requirements](#).

# Submit Your Comment

What is your comment about?

Upload File(s) [+ Add a file](#) Note: You can attach your comment as a file and/or attach supporting documents to your comment. [Attachment Requirements](#).

Email   
this will NOT be posted on regulations.gov

☒ Opt to receive email confirmation of submission and tracking number?

Tell us about yourself! I am...\*

☐ An Individual ☒ An Organization ☐ Anonymous

Organization Type\*

Organization Name\*

You are filing a document into an official docket. Any personal information included in your comment text and/or uploaded attachment(s) may be publicly viewable on the web.

☒ I read and understand the statement above.

[SUBMIT COMMENT](#) [Preview Comment](#)

Please review the [Regulations.gov privacy notice](#) and [user notice](#).

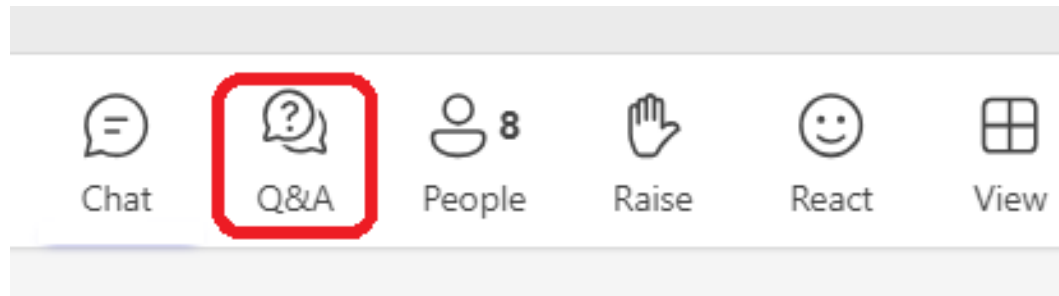
Enter your information.

Select the **I read and understand the statement above** box.

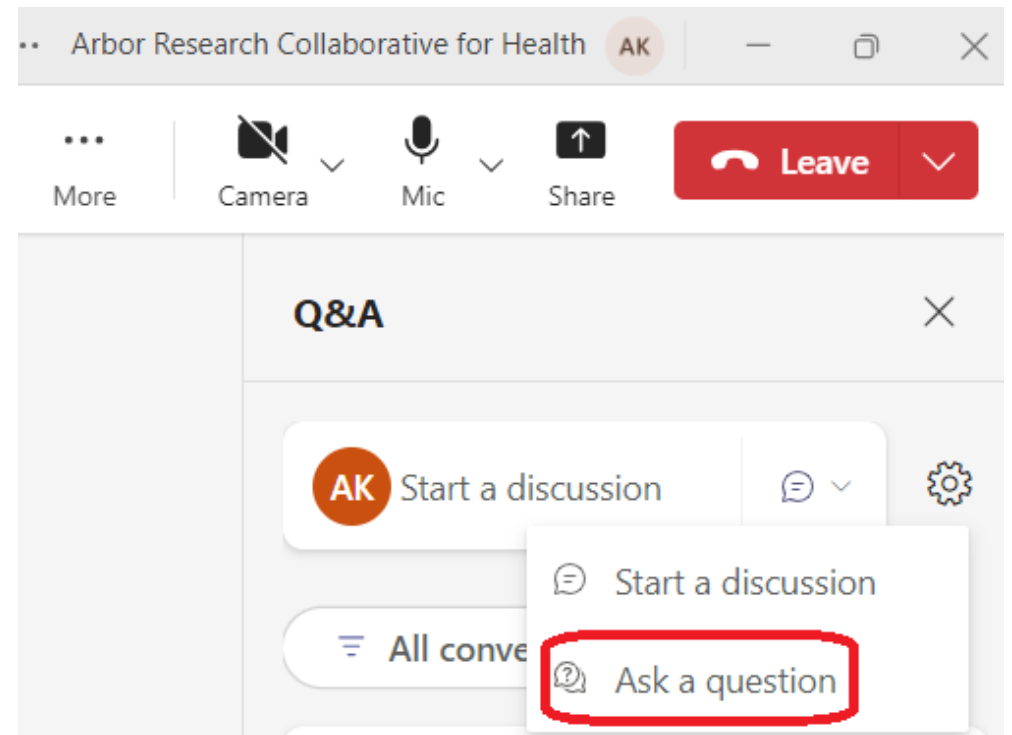
Select the **SUBMIT COMMENT** button.

# Live Questions & Answers

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



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



# Resources

| Resource                     | Location                                                                                                                                               |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| General ESRD QIP Information | <a href="#">ESRD QIP Section on CMS.gov</a>                                                                                                            |
| ESRD QIP Measures            | <a href="#">Technical Specifications on CMS.gov</a><br><a href="#">ESRD QIP Measures on CMS.gov</a><br><a href="#">ESRD QIP Measures on QualityNet</a> |
| ESRD Public Reporting        | <a href="#">Dialysis Facility Compare</a>                                                                                                              |
| ESRD Stakeholder Partners    | <a href="#">Partners in ESRD Care</a>                                                                                                                  |
| ESRD Proposed Rule           | <a href="#">ESRD PPS Proposed Rule</a>                                                                                                                 |

Contact us via the [QualityNet Question & Answer \(Q&A\) Tool](#).

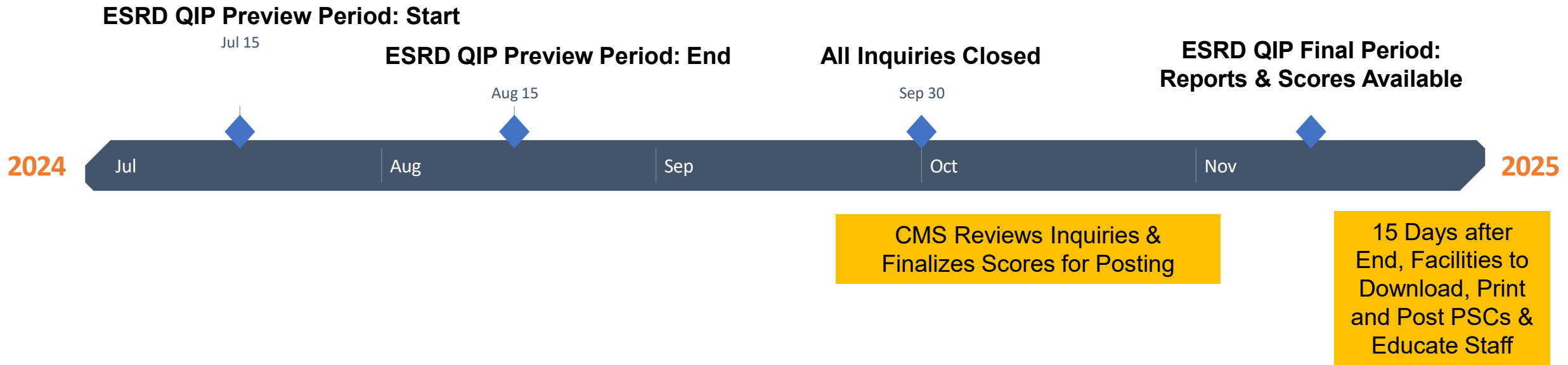




# **Payment Year 2026 ESRD QIP Preview Period: Basics**

# When is the PY 2026 Preview Period?

The preview period started on **July 15, 2025**, and ends on **August 15, 2025**, at **11:59 p.m. PT**.



# Why the PY 2026 Preview Period Matters

- Payments depend on scores reported during the Preview Period.
- Correcting inaccurate scores **MUST** occur during the Preview Period.
- Facilities that do not achieve the minimum TPS of 53 points will incur a payment reduction. Payment reduction categories are determined as follows:

| Total Performance Score (TPS)                  | Payment Reduction |
|------------------------------------------------|-------------------|
| 100-53<br>(Score meets or exceeds minimum TPS) | No reduction      |
| 52-43<br>(1 to 10 points below minimum TPS)    | 0.5%              |
| 42-33<br>(11 to 20 points below minimum TPS)   | 1.0%              |
| 32-23<br>(21 to 30 points below minimum TPS)   | 1.5%              |
| 22-0<br>(31 or more points below minimum TPS)  | 2.0%              |

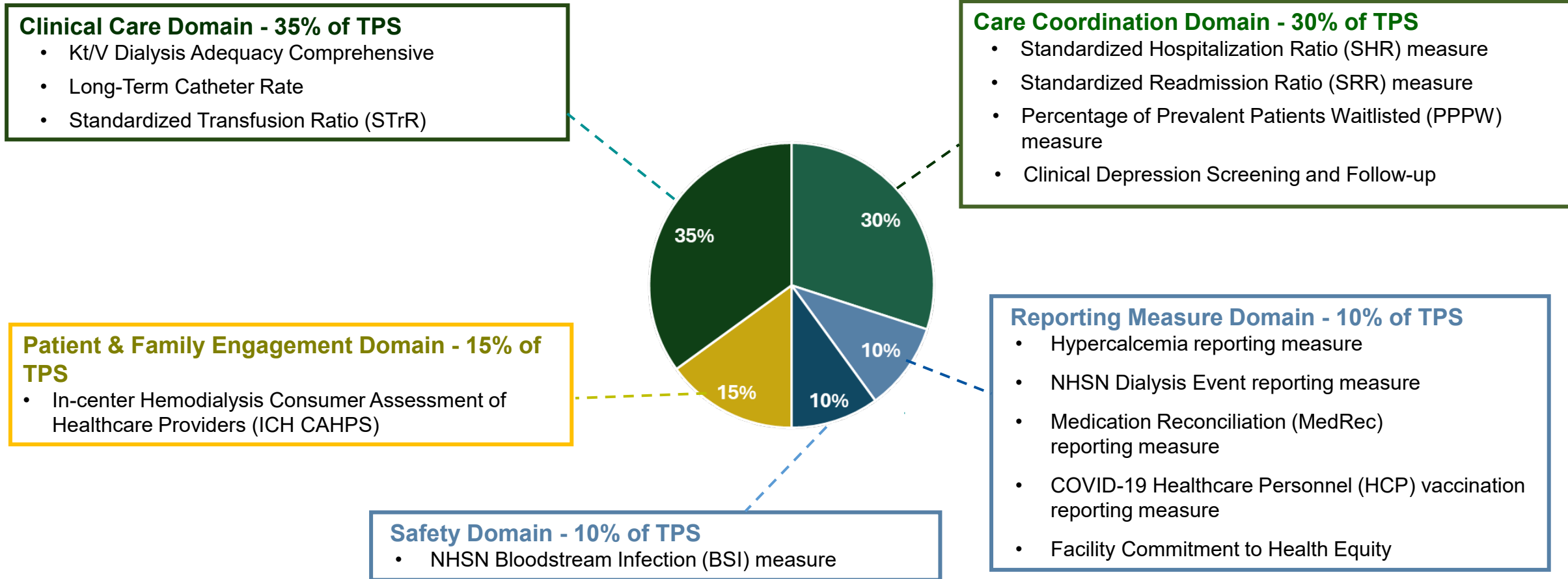


# **PY 2026 Preview Period: What's New?**

# Measure Change Overview

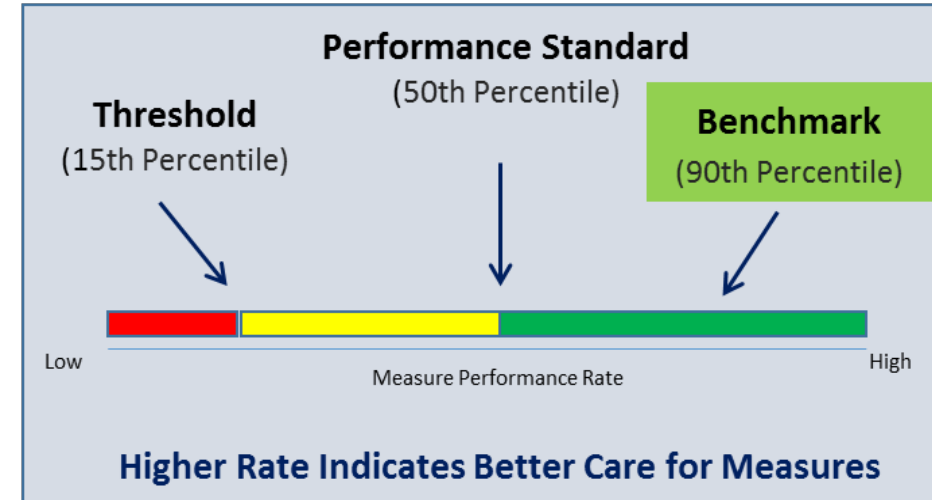
- The **ESRD QIP scoring for PY 2026** includes the following changes from PY 2025:
  - Clinical Depression Screening and Follow-up was converted from a reporting measure to a clinical measure.
  - Standardized Fistula Rate clinical measure was removed.
  - Ultrafiltration Rate reporting measure was removed.
  - Facility Commitment to Health Equity reporting measure was added.
- For more details, refer to the calendar year (CY) 2024 ESRD Prospective Payment System (PPS) Final Rule posted to the [\*\*Federal Register\*\*](#) website.

# PY 2026 Performance Measures Overview

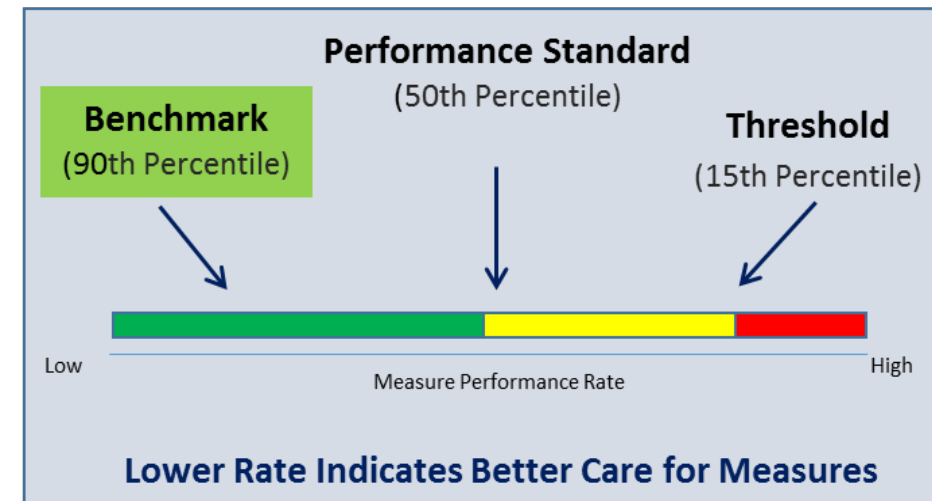


# PY 2026 Clinical Measures: Directionality

- Kt/V Dialysis Adequacy (Comprehensive)
- Clinical Depression Screening and Follow-up
- ICH CAHPS
- PPPW



- Long-Term Catheter Rate
- NHSN BSI
- STrR
- SRR
- SHR



# PY 2026 Preview Performance Score Report (PSR) Updates

- Your PY 2026 Preview PSR contains results and scores based on data submitted for each eligible PY 2026 measure.
- Per the CY 2024 ESRD PPS Final Rule:
  - The mTPS is 53 for PY 2026 to avoid an ESRD QIP penalty.
  - PY 2026 performance standards are calculated using CY 2022 data.

Additional information is available on the CMS.gov website in the *PY 2026 Guide to the ESRD QIP Performance Score Report*, coming to the [Resources](#) page of CMS.gov.



# Preview Period Report Updates

For additional details on PY 2026 ESRD QIP scoring policies, refer to the CY 2024 ESRD PPS Final Rule document on the *Federal Register* [website](#).



End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report  
Payment Year: 2026  
Facility: 012345



Report Run Date: 07/11/2025

Clinical Care Domain

Improvement Period: 01/01/2023-12/31/2023  
Performance Period: 01/01/2024-12/31/2024

Table 1 - Clinical Care Domain Measures and Measure Topics

| Clinical Care Measures/Measure Topics | Improvement Period Numerator | Improvement Period Denominator | Improvement Period Rate/Ratio | Performance Period Numerator | Performance Period Denominator | Performance Period Rate/Ratio | Achievement Threshold | Benchmark | Improvement Score | Achievement Score | Measure Score | Measure Weight (% of Domain) |
|---------------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------------|--------------------------------|-------------------------------|-----------------------|-----------|-------------------|-------------------|---------------|------------------------------|
| Standardized Transfusion Ratio        | -                            | -                              | No Rate                       | -                            | -                              | No Rate                       | 48.29                 | 8.86      | No Score          | No Score          | No Score      | 0.00%                        |
| Kt/V Comprehensive                    | 506                          | 526                            | 96.20%                        | 411                          | 421                            | 97.62%                        | 94.33%                | 99.42%    | 4                 | 6                 | 6             | 48.71%                       |
| Long Term Catheter                    | 66                           | 542                            | 12.18%                        | 44                           | 438                            | 10.05%                        | 18.35%                | 4.69%     | 2                 | 6                 | 6             | 51.29%                       |

Eligible Clinical Care Measures/Measure Topics: 2 of 3  
Weighted Clinical Care Domain Score: 60.000

Notes:

- "N/A" indicates the value is not applicable to the measure/measure topic scoring calculation.

# Report Updates: Sample PSR



## End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report

Payment Year: 2026

Facility: 012345



Report Run Date: 06/16/2025

### Preview Performance Score

Table 8 - Preview Performance Score Details

| Category                                                     | Facility Score  | State Average Score* | National Average Score* | Facility Measure Weights | Facility Weighted Score |
|--------------------------------------------------------------|-----------------|----------------------|-------------------------|--------------------------|-------------------------|
| <b>Total Performance Score Before Applicable Deductions+</b> | <b>53</b>       | <b>58</b>            | <b>54</b>               | <b>N/A</b>               | <b>N/A</b>              |
| <b>Clinical Care Measure Domain (38.75%)</b>                 | <b>60.000</b>   | <b>59.351</b>        | <b>49.403</b>           | <b>N/A</b>               | <b>23.2500</b>          |
| Kt/V Comprehensive                                           | 6               | 7                    | 6                       | 48.71%                   | 2.9226                  |
| Standardized Transfusion Ratio                               | No Score        | 6                    | 6                       | 0.00%                    | -                       |
| Long Term Catheter Rate                                      | 6               | 5                    | 3                       | 51.29%                   | 3.0774                  |
| <b>Care Coordination Measure Domain (33.75%)</b>             | <b>22.333</b>   | <b>43.520</b>        | <b>42.963</b>           | <b>N/A</b>               | <b>7.5375</b>           |
| Percentage of Prevalent Patients Waitlisted                  | 0               | 2                    | 4                       | 20.56%                   | 0.0000                  |
| Standardized Hospitalization Ratio                           | 0               | 4                    | 3                       | 29.44%                   | 0.0000                  |
| Standardized Readmission Ratio                               | 2               | 5                    | 5                       | 29.44%                   | 0.5888                  |
| Clinical Depression Screening and Follow Up                  | 8               | 6                    | 6                       | 20.56%                   | 1.6448                  |
| <b>Patient And Family Engagement Domain (0.00%)</b>          | <b>No Score</b> | <b>30.270</b>        | <b>46.382</b>           | <b>N/A</b>               | <b>-</b>                |
| ICH CAHPS                                                    | No Score        | 3                    | 5                       | -                        | -                       |
| <b>Safety Domain (13.75%)</b>                                | <b>60.000</b>   | <b>60.982</b>        | <b>57.320</b>           | <b>N/A</b>               | <b>8.2500</b>           |
| NHSN Bloodstream Infection                                   | 6               | 6                    | 6                       | 100.00%                  | 6.0000                  |
| <b>Reporting Measure Domain (13.75%)</b>                     | <b>100.000</b>  | <b>98.226</b>        | <b>95.856</b>           | <b>N/A</b>               | <b>13.7500</b>          |
| Facility Commitment to Health Equity (FCHE) Reporting        | 10              | 10                   | 10                      | 20.00%                   | 2.0000                  |
| Hypercalcemia Reporting                                      | 10              | 10                   | 10                      | 20.00%                   | 2.0000                  |
| NHSN Dialysis Event Reporting                                | 10              | 10                   | 10                      | 20.00%                   | 2.0000                  |
| Medication Reconciliation Reporting                          | 10              | 10                   | 10                      | 20.00%                   | 2.0000                  |
| COVID-19 Healthcare Personnel (HCP) Vaccination Reporting    | 10              | 10                   | 9                       | 20.00%                   | 2.0000                  |

\* State and National Average Scores are unweighted

Minimum Total Performance Score: 53 points

Extraordinary Circumstance Exception Approved:

+Total Performance Score Before Applicable Deductions: 53 points

Reduction for Noncompliance with CMS EQRS or NHSN Validation Studies: 0 points

Total Performance Score: 53 points

Total Payment Reduction: No Reduction

Please consult the CMS ESRD Measures Manual (<https://www.cms.gov/files/document/esrd-measures-manual-v91.pdf>) and the CMS ESRD QIP Guide to the PSR (<https://qualitynet.org/esrd/esrdqipreports>) for additional details on scoring calculations.

# Report Updates: Supplemental Reports

The following reports are also available in EQRS:

- PY 2026 Preview Patient List Report (PLR)
- PY 2026 Preview Performance Score Summary Report (PSSR);  
only available to Corporate POCs

# Report Updates: Preview Patient List Report (PLR)

## Contents

- List of patients that were included in the measure calculation
  - Each patient identified by name, Medicare Beneficiary Identifier (MBI), MBI History, and EQRS Patient ID
- Indication of which patients were included in the numerator and denominator

## Purpose

- To better understand which data were used in the measure calculations
- To confirm that the data used in the measure calculations are correct

If the data in the report appear incorrect and not due to an error on the part of the facility:

- Submit an inquiry with specific patient information for clarification/confirmation.

**The EQRS Patient ID is the only patient identifier that should be used in inquiries.**

# Report Updates Sample PLR

|    |                                                                                                                                                                                                                                            |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | A                                                                                                                                                                                                                                          |
| 1  | <b>ESRD QIP PY 2026 Preview Patient List Report</b>                                                                                                                                                                                        |
| 2  | <b>Report Parameters</b>                                                                                                                                                                                                                   |
| 3  | <b>Facility:</b> 123456                                                                                                                                                                                                                    |
| 4  | <b>Payment Year:</b> 2026                                                                                                                                                                                                                  |
| 5  | <b>Measurement Period:</b> Improvement 01/01/2023-12/31/2023, Performance 01/01/2024-12/31/2024                                                                                                                                            |
| 6  |                                                                                                                                                                                                                                            |
| 7  | <b>Warning!</b> This report contains sensitive information; Personally Identifiable Information (PII) or Protected Health Information (PHI).                                                                                               |
| 8  | Please ensure that these reports are handled appropriately and disposed of properly to avoid any potential PII or PHI exposure or expose the individual to any potential                                                                   |
| 9  | Identiv Theft risk                                                                                                                                                                                                                         |
| 10 | Generated on 07/08/2025 02:55 AM                                                                                                                                                                                                           |
| 11 |                                                                                                                                                                                                                                            |
| 12 |                                                                                                                                                                                                                                            |
| 13 |                                                                                                                                                                                                                                            |
| 14 |                                                                                                                                                                                                                                            |
| 15 |                                                                                                                                                                                                                                            |
| 16 |                                                                                                                                                                                                                                            |
| 17 |                                                                                                                                                                                                                                            |
| 18 |                                                                                                                                                                                                                                            |
| 19 |                                                                                                                                                                                                                                            |
| 20 |                                                                                                                                                                                                                                            |
| 21 |                                                                                                                                                                                                                                            |
| 22 |                                                                                                                                                                                                                                            |
| 23 |                                                                                                                                                                                                                                            |
| 24 |                                                                                                                                                                                                                                            |
|    | <div><div>&lt; &gt;</div><div>Report Parameters</div><div>Catheter Rate</div><div>KtV Comprehensive</div><div>NHSN BSI</div><div>NHSN DE</div><div>PPPW</div><div>Standardized</div><div>⋮</div><div>+</div><div>⋮</div><div>◀</div></div> |

# Report Updates: Sample PLR

|    | A           | B          | C                  | D                 | E                           | F                  | G                             | H          | I          | J                                     | K                               | L                              |                     |
|----|-------------|------------|--------------------|-------------------|-----------------------------|--------------------|-------------------------------|------------|------------|---------------------------------------|---------------------------------|--------------------------------|---------------------|
|    | Patient MBI | Patient ID | Patient First Name | Patient Last Name | MBI History                 | Measurement Period | Month Included in Denominator | Kt/V Value | Kt/V Date  | Kt/V Modality as of Kt/V Reading Date | Included in Numerator?          |                                |                     |
| 1  |             |            |                    |                   |                             |                    |                               |            |            |                                       |                                 |                                |                     |
| 2  | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 3  | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 4  | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 5  | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 6  | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 7  | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 8  | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 9  | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 10 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 11 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 12 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 13 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 14 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 15 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 16 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 17 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 18 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 19 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 20 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 21 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 22 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 23 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 24 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 25 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 26 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 27 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 28 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 29 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 30 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 31 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 32 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 33 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 34 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 35 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 36 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 37 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 38 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 39 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 40 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 41 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 42 | xxxxxx      | xxxxxxxx   | ABC                | XYZ               | -                           | Improvement        | 2019.9                        | 1.7        | 09/06/2019 | ICHD                                  | Y                               |                                |                     |
| 43 |             |            |                    |                   |                             |                    |                               |            |            |                                       |                                 |                                |                     |
| 44 | <           | >          | Report Parameters  | Catheter Rate     | Fistula Rate (Standardized) | KtV Comprehensive  | NHSN BSI                      | NHSN DE    | PPPW       | Standardized Transfusion Ratio        | Standardized Hospitalization Ra | Standardized Readmission Ratio | Clinical Depression |

# Report Updates: PSSR

## Contents

- Summarized view of TPS and measure scores for all selected facilities (Summary Measure Score and TPS tab)
- Measure specific results presented in separate tabs

## Purpose

Can be used to view results for multiple facilities

**Note:** PSSRs are available to Corporate POCs, CMS, and CMS Support users.

# Updated PY 2026 Preview Period Materials

- ESRD QIP Preview Period supporting materials are available on MyCROWNWeb.org using the following link: <https://mycrownweb.org/education/> and via the QualityNet website: <https://qualitynet.cms.gov/esrd/esrdqip/resources#tab2>
- 2026 supporting materials include the following:
  - *PY 2026 Guide to the ESRD QIP Performance Score Reports*
  - *PY 2026 ESRD QIP User Interface (UI) Quick Start Guide*

| File Name                                                                  | File Type | File Size |                          |
|----------------------------------------------------------------------------|-----------|-----------|--------------------------|
| PY 2025 Guide to the ESRD QIP Performance Score Reports (PSRs) (July 2024) | PDF       | 350 KB    | <a href="#">Download</a> |
| PY 2025 ESRD QIP User Interface Quick Start Guide (July 2024)              | PDF       | 428 KB    | <a href="#">Download</a> |



# **What Every Facility or Organization Should Do in the PY 2026 ESRD QIP Preview Period**



# The Three A's:

1. **Access** Your Results
2. **Assess** Your Reports
3. **Ask** Questions and Follow Up

# Access Your Results

## Accessing

Accessing the  
ESRD QIP User  
Interface

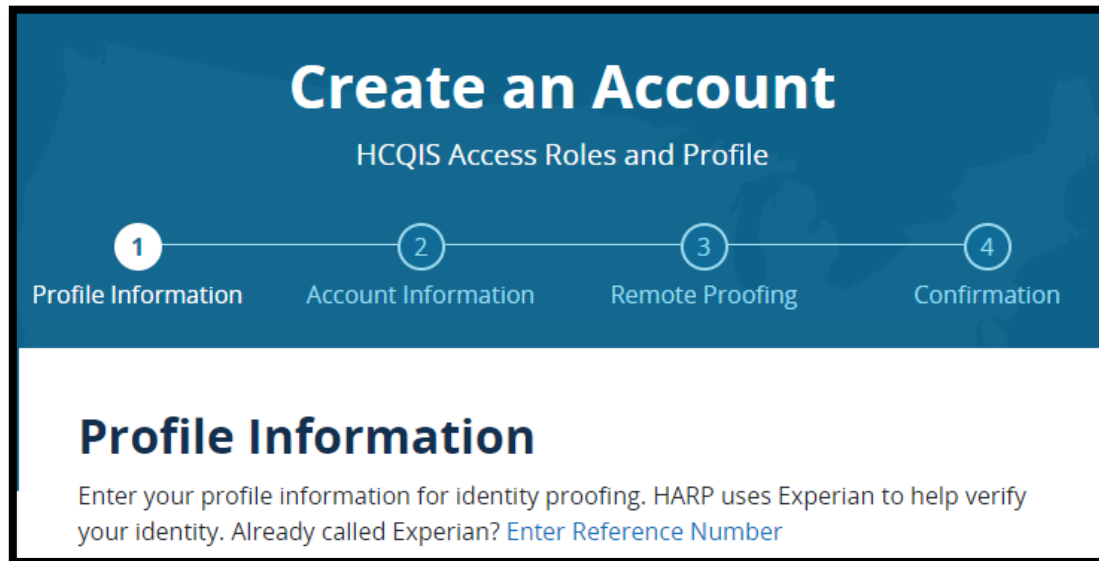
## Understanding

Understanding  
User Roles and  
Functionality

## Viewing

Viewing Scores  
and Feedback

# Establish a HARP Account



- Complete the Healthcare Quality Information System Access Roles and Profile (HARP) account registration process, if needed.
- A single HARP account is needed to access multiple CMS applications.
- Register for a HARP account:  
<https://harp.cms.gov/register/profile-info>
- Access HARP training materials:  
<https://mycrownweb.org/harp-training/>

**Note:** In order to complete remote identity proofing, you will be asked 4 to 5 questions about past addresses, employers, and possibly loans.

**Please note this is not a credit check.**

# Access EQRS

Log in to EQRS with HARP account at <https://eqrs.cms.gov/globalapp/>.

- Review the applications listed on the My Access screen in EQRS for QIP.
- Submit a request for QIP access, if needed.

The screenshot shows the EQRS Patient Registry interface. At the top, there's a header with the EQRS logo, 'Patient Registry' text, and the user's organization 'ABC Dialysis Facility (123456)' with a 'Change organization' link. On the left, a sidebar contains navigation links: 'MANAGE ACCESS' (with sub-links 'My access', 'Request access', and 'Pending requests'), and 'PROFILE' (with 'Profile information'). The main content area is titled 'My access' and includes a sub-header 'Click each application to view your approved roles and the organizations you have access to.' Below this, there are two cards: 'Patient Registry' with a 'View access' link, and 'QIP' with a 'View access' link.

EQRS | Patient Registry | ABC Dialysis Facility (123456)  
[Change organization](#) ▼

**MANAGE ACCESS**

- My access
- Request access
- Pending requests

**PROFILE**

- Profile information

## My access

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

**Patient Registry**

[View access](#)

**QIP**

[View access](#)

# Requesting ESRD QIP UI Role

Click on **Request Access** if you do not see the QIP application under **My access**.

The screenshot displays the EQRS Patient Registry interface. At the top, the header includes the EQRS logo, the text 'Patient Registry', and the facility name 'ABC Dialysis Facility (123456)' with a 'Change organization' dropdown. The left sidebar contains a 'MANAGE ACCESS' section with three items: 'My access', 'Request access' (highlighted with a red box), and 'Pending requests'. Below this is a 'PROFILE' section with 'Profile information'. The main content area is titled 'My access' and contains the instruction 'Click each application to view your approved roles and the organizations you have access to.' Below this instruction is a card for 'Patient Registry' with a 'View access' link.

EQRS | Patient Registry | ABC Dialysis Facility (123456)  
[Change organization](#) ▼

**MANAGE ACCESS**

- My access
- Request access**
- Pending requests

**PROFILE**

- Profile information

**My access**

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

**Patient Registry**

[View access](#)

# Select Organization

Next, select the organization category for the role you would like to request.

MANAGE ACCESS

My access

Request access

Pending requests

1

Organization Category

2

Organization role

3

Review and submit

Select the organization category for which you are requesting a role to.

☒ Facility

☐ Corporation

☐ Network

☐ Transplant

For CMS use only.

☐ CMS

☐ CMS Support

# Select Application

Select the **QIP** application and click **Continue**.

MANAGE ACCESS

My access

Request access

Pending requests

PROFILE

Profile information

1

Organization Category

2

Organization role

3

Review and submit

Select the organization category for which you are requesting a role to.

☒ Facility

☐ Corporation

☐ Network

☐ Transplant

For CMS use only.

☐ CMS

☐ CMS Support

Please select the application you are requesting role to.

☐ Patient Registry

☒ QIP

Continue



# ESRD QIP UI Facility Roles

| ESRD QIP Role                                                                                                                                                                                                 | Scores and Feedback | Inquiries                 | Reports                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Facility Point of Contact (POC)</b> <ul style="list-style-type: none"><li>• A single user can be the Facility POC for multiple facilities.</li><li>• A facility may have multiple Facility POCs.</li></ul> | View scores         | View and submit inquiries | View and download reports: Patient List Report (PLR), Performance Score Report (PSR), Performance Score Certificate (PSC) |
| <b>Facility Viewer</b> <ul style="list-style-type: none"><li>• A facility may have multiple Facility Viewers.</li></ul>                                                                                       | View scores         | View submitted inquiries  | View and download reports (PSR and PSC only)                                                                              |

Note: These are facility-level roles. Additional roles are available for Corporate, Network, CMS, and CMS Support users.

# ESRD QIP UI Corporate Role

| ESRD QIP Role                                                                                                   | Scores and Feedback | Inquiries                 | Reports                                                                                   |
|-----------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|-------------------------------------------------------------------------------------------|
| Corporate POC <ul style="list-style-type: none"><li>An organization may have multiple Corporate POCs.</li></ul> | View scores         | View and submit inquiries | View and download all reports: PLR, PSR, PSC, and Performance Score Summary Report (PSSR) |

Note: A Corporate-level role can view and access materials for all facilities owned by an organization.

# Select Role

- Search for your organization by CCN or facility name in the box below.
- Select one of the three roles below under ‘Select a Role.’
- Click **Add**.

The screenshot displays a web interface for managing access. On the left is a sidebar with two main sections: 'MANAGE ACCESS' and 'PROFILE'. Under 'MANAGE ACCESS', there are links for 'My access', 'Request access', and 'Pending requests'. Under 'PROFILE', there is a link for 'Profile information'. The main content area features a three-step process bar at the top: 1. Organization Category (active), 2. Organization role, and 3. Review and submit. Below this, a text prompt asks the user to search by CCN, DBA name, or NPI number. A search box contains the text '123456, ABC Dialysis Center' with a magnifying glass icon. To the right of the search box, under the heading 'Role', there is a list of three roles: 'Select a Role', 'Facility POC', and 'Facility Viewer'. The 'Select a Role' option is highlighted with a grey background. Below these roles is a fourth option, 'Security Official'. A grey 'Add' button is positioned to the right of the role list.

**MANAGE ACCESS**

- My access
- Request access
- Pending requests

**PROFILE**

- Profile information

1 Organization Category — 2 Organization role — 3 Review and submit

Please search by using the organization's CCN, DBA name or NPI number and then select the role you are requesting for.

Search for organization

123456, ABC Dialysis Center

Role

- Select a Role
- Facility POC
- Facility Viewer
- Security Official

Add

# Submit Request

- Click **Add** to select role.
- Review the selected role and click **Submit Request**.

MANAGE ACCESS

My access

Request access

Pending requests

PROFILE

Profile information

1

Organization Category

2

Organization role

3

Review and submit

Please search by using the organization's CCN, DBA name or NPI number and then select the role you are requesting for.

Search for organization

Role

123456, ABC Dialysis Facility

Facility POC

Add

Review selected roles

| Organization          | Role requested | CCN    | NPI        | Actions |
|-----------------------|----------------|--------|------------|---------|
| ABC Dialysis Facility | Facility POC   | 123456 | 0123456789 | Remove  |

< Previous

Submit request

Note: Access step-by-step HARP account registration and EQRS role request instructions via <https://mycrownweb.org/harp-training/>.

# Accessing the ESRD QIP UI

Under the QIP application, select **View access**.

**MANAGE ACCESS**

- My access
- Request access
- Pending requests

**PROFILE**

- Profile information

## My access

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

**Patient Registry**

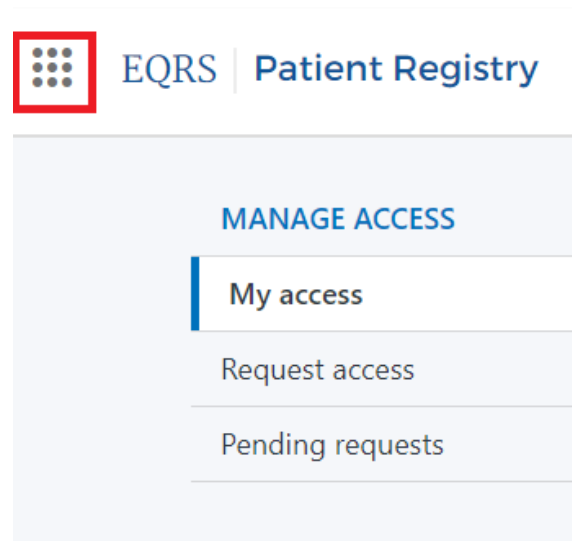
[View access](#)

**QIP**

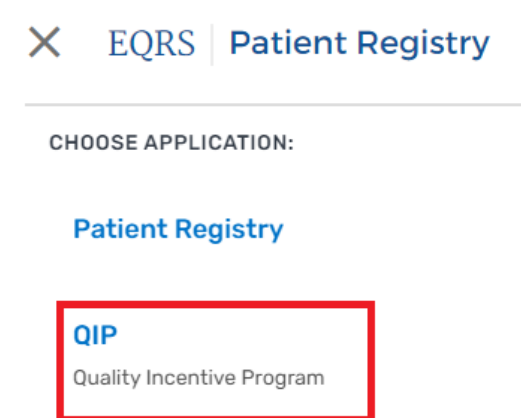
[View access](#)

# Accessing the QIP UI

If you were previously signed in to the Patient Registry, you must first toggle to the QIP application by clicking the 9 dots in upper left-hand corner.



In the dropdown box, under CHOOSE APPLICATION: select **QIP**.



# Accessing the QIP UI

After selecting QIP, you will be prompted to start typing or click on the down arrow and select the CCN you wish to view. Once you select the CCN, select **Go to QIP**.

Switch to QIP

Please select an organization you want to view in the QIP application:

Search by organization name, DBA name, or CMS Certification Number (CCN):

ABC Dialysis Center

Cancel Go to QIP >

# Welcome to the ESRD QIP UI

The ESRD QIP UI is now viewable. Navigate to the desired tabs.

 EQRS | **Quality Incentive Program**

ABC DIALYSIS FACILITY (123456)

[Change organization](#) ▼

Scores and Feedback

Preview Period Inquiries

View/Download Reports

## Welcome to the ESRD Quality Incentive Program (QIP)

Preview Period PY2026

\* **Start Date:** 06/29/2025, 11:59 PM EDT

\* **End Date:** 08/15/2025, 11:59 PM PDT

XX days YY hours

REMAINING IN THE PREVIEW PERIOD FOR SUBMITTING INQUIRIES

\*Dates subject to change

### QIP Scores & Feedback

Below you'll find a list of facilities that are in your purview. Choose a facility to view QIP scores and results.

Filter Facilities

Facilities

Runs

Score Details



# Scores and Feedback Overview

- The Scores and Feedback screen provides users with the ability to view the following:
  - Total Performance Score (TPS)
  - Measures Summary (an overview of the measures that contribute to a TPS)
- The Scores and Feedback screen provides an overview of score details, including individual measure scores, TPS, and payment reduction percentage.
- Users can:
  - See results for facilities within their purview.
  - Set filters to help refine search results.
- Users with purview over multiple facilities can view the Scores and Feedback summary for one facility at a time.
- All ESRD QIP UI roles can view Scores and Feedback.

# Using Filter Facilities Option

- Users with access to multiple facilities can set filters to assist with search efforts.
  - Facilities within a user's purview are automatically displayed in the table of results.
- Enter Facility Name, Facility CMS Certification Number (CCN), or Dialysis Organization.
- Click **Apply Filter**. (Click **Clear Filter** to remove all filters and results.)

The screenshot displays the 'Filter Facilities' interface. On the left is a sidebar with navigation links: 'Scores and Feedback', 'Preview Period Inquiries', and 'View/Download Reports'. The main panel is titled 'Filter Facilities' and contains a search bar labeled 'Facility Name, Facility CCN or Dialysis Organization' with the placeholder text 'Your Dialysis Facility, 111111, Dialysis Organization Name'. Below the search bar is a note: 'Enter at least 3 characters to search for a facility'. There are three filter sections: 'Payment Year' with a dropdown showing '2026', 'Network' with a dropdown showing 'Select a Network', and 'State' with a dropdown showing 'Select a State'. At the bottom are two buttons: 'Clear Filter' and 'Apply Filter'. A red arrow points to the 'Apply Filter' button.

# Select Facility

- The ESRD QIP UI automatically displays a list of facilities within a facility-level user's purview.
- The Scores and Feedback screen displays score details for one facility at a time.
- Users can switch between facilities by clicking the radio button next to the facility information.

### Facilities

This is a list of all the facilities you have permission to view. Choose a facility and scroll down to view all available QIP data for that facility.

| Select                           | Facility CCN | Facility Name       | Network Name | Organization      | State |
|----------------------------------|--------------|---------------------|--------------|-------------------|-------|
| <input checked="" type="radio"/> | 123456       | ABC DIALYSIS CENTER | Network 99   | ABC Dialysis, Inc | AK    |

# View Facility Run

Review the information in the Runs section to ensure that you are accessing the most recent results, or results pertaining to the run you wish to review.

Runs: Facility 123456, ABC Dialysis Center

Below is a list of all available data for Facility 123456, ABC DIALYSIS. Please select a run and scroll down to view the run's score details.

| Select                           | Score Run ID | TPS | Run Type | Run Status | Run Date   |
|----------------------------------|--------------|-----|----------|------------|------------|
| <input checked="" type="radio"/> | 6            | N/A | Preview  | Completed  | 07/10/2025 |

Showing 1 to 1 of 1 results

Page Size  
10

◀ Prev 1 Next ▶

# Review TPS

Navigate to the Score Details section to view a synopsis of the TPS and Measure Summary.

## Score Details: Run 2026

**Run Type:** Preview

**Run Date:** 7/10/2025

**Payment Year:** 2026

Total Performance Score:

**59**

OUT OF 100

Reduction %:

**0.0%**

|                            |                                                                                                                                                                                                                                                                                                                  |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Facility:</b>           | ABC Dialysis Center                                                                                                                                                                                                                                                                                              |
| <b>CCN:</b>                | 123456                                                                                                                                                                                                                                                                                                           |
| <b>Network:</b>            | Network 99                                                                                                                                                                                                                                                                                                       |
| <b>State:</b>              | AK                                                                                                                                                                                                                                                                                                               |
| <b>Certification Date:</b> | 01/01/1990                                                                                                                                                                                                                                                                                                       |
| <b>Organization:</b>       | ABC Dialysis, Inc                                                                                                                                                                                                                                                                                                |
| <b>Org. Code:</b>          | ABC                                                                                                                                                                                                                                                                                                              |
| <b>Services Provided:</b>  | <ul style="list-style-type: none"><li>• In-Center Hemodialysis</li><li>• Accepts Pediatrics</li><li>• Isolation Stations</li><li>• Accepts Transients</li><li>• Home Peritoneal Dialysis Training and Support</li><li>• In-Center Peritoneal Dialysis</li><li>• Home Hemodialysis Training and Support</li></ul> |

# Review Measures Summary

Navigate to the *Measure Summary* section for a synopsis of the measures and scores contributing to your facility's performance. Measure rates and/or numerators and denominators are provided in your PSR in the View/Download Reports section.

## Measure Summary ?

**No Score:** If a facility is ineligible, it will receive a No Score for this measure. This will not affect the TPS calculation.

| Measure Name                                      | Score    | Measure Type |
|---------------------------------------------------|----------|--------------|
| Clinical Depression Screening and Follow Up ?     | No Score | Clinical     |
| COVID-19 Healthcare Personnel (HCP) Vaccination ? | 8 of 10  | Reporting    |
| Facility Commitment to Health Equity ?            | No Score | Reporting    |
| Hypercalcemia ?                                   | No Score | Reporting    |
| ICH CAHPS ?                                       | No Score | Clinical     |
| Kt/V Comprehensive ?                              | No Score | Clinical     |
| Long Term Catheter Rate ?                         | No Score | Clinical     |
| Medical Reconciliation Reporting ?                | No Score | Reporting    |
| NHSN Bloodstream Infection ?                      | 10 of 10 | Clinical     |
| NHSN Dialysis Event ?                             | 10 of 10 | Reporting    |
| Percentage of Prevalent Patients Waitlisted ?     | No Score | Clinical     |
| Standardized Hospitalization Ratio ?              | No Score | Clinical     |
| Standardized Readmission Ratio ?                  | No Score | Clinical     |
| Standardized Transfusion Ratio ?                  | No Score | Clinical     |

Page Size

◀ Prev 1 Next ▶

Showing 1 to 14 of 14 results

25



# Corporate Users: Scores and Feedback Screen

- The steps to access the Scores and Feedback screen are the same for all users.
- The Filter Facilities section is automatically expanded for corporate-level users.
- Enter a search criteria to display data in the Facilities section.

**QIP Scores & Feedback**

Below you'll find a list of facilities that are in your purview. Choose a facility to view QIP scores and results.

**Filter Facilities**

Facility Name, Facility CCN or Dialysis Organization

Enter at least 3 characters to search for a facility

Payment Year \* 2026

Network Network 7

State FL

[Clear Filter](#) [Apply Filter](#)

**Facilities**

This is a list of all the facilities you have permission to view. Choose a facility and scroll down to view all available QIP data for that facility.

| Select                           | Facility CCN | Facility Name                  | Network Name | Organization              | State |
|----------------------------------|--------------|--------------------------------|--------------|---------------------------|-------|
| <input checked="" type="radio"/> | 111111       | ABC Dialysis Center of Florida | Network 7    | ABC Dialysis Organization | FL    |
| <input type="radio"/>            | 222222       | XYZ Dialysis Center of Florida | Network 7    | XYZ Dialysis Organization | FL    |

« Prev 1 Next »

# Scores and Feedback Summary

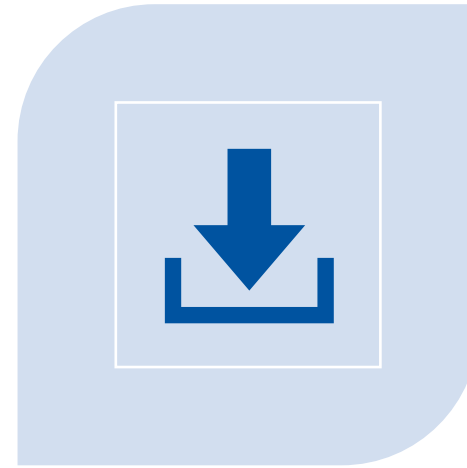
- The Scores and Feedback screen provides an overview of the following:
  - TPS
  - Measures Summary
- To access:
  1. Log in to EQRS with HARP account via <https://eqrs.cms.gov/globalapp/>.
  2. Click on **QIP Scores**.
  3. Select Facility, if needed.
  4. Review TPS and Measures Summary.
- All ESRD QIP UI roles can view Scores and Feedback.



# Assess Your Reports



**REPORTS DESCRIPTION**



**VIEWING/DOWNLOADING  
REPORTS**

# View/Download Reports Overview

- The View/Download screen provides users with the ability to view and download the following reports (based on role and availability):
  - PSR
  - PLR
  - PSSR (available for Corporate POCs, CMS and CMS Support users)
  - PSC (available after the preview period)
- All ESRD QIP roles can view and download reports (based on availability).
- To obtain reports not listed in the ESRD QIP UI, contact the CCSQ Service Center at:  
[https://cmsqualitysupport.servicenowservices.com/ccsq\\_support\\_central](https://cmsqualitysupport.servicenowservices.com/ccsq_support_central).

# Reports Description

| Report     | Report Description                                                                                                                                                                                                                                                                                                                                               |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PSR</b> | Includes facility CCN, achievement and improvement scores for each clinical measure, scores for each reporting measure, adjusted performance rates or ratios for clinical measures, performance standards applied, state average and national average measure scores, TPS, text indicating ECE months applied (if applicable), and payment reduction percentage. |
| <b>PLR</b> | Lists all patients whose data is used to calculate a facility's ESRD QIP measure rates, and details associated with these patients, including information on whether the patient or patient-month was used in the numerator calculation, and whether the data were used in the improvement or achievement period.                                                |

# Reports Description

| Report Name | Report Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PSSR</b> | This Excel workbook includes a summary measure score tab displaying facility name and CCN, certification date, facility ownership information, individual measure scores, facility TPS, national average TPS, and payment reduction percentage. Additionally, individual measure tabs display measure level details such as achievement, improvement and overall measure scores, national average measure score, unadjusted and adjusted performance rate, national median rate, and number of eligible cases. |
| <b>PSC</b>  | Contains the facility's name, address, CCN, and the TPS for the given PY and how it compares to the national average TPS. There is an English and Spanish version for each facility. This is only available during the <u>Final period</u> .                                                                                                                                                                                                                                                                   |

# Click View/Download Reports

- Click on View/Download Reports.
- Enter your Facility name, CCN, or organization.
- Select a Report Name.
- Click **Apply Filter**.

The screenshot displays the 'View/Download Reports' interface. On the left is a sidebar menu with three items: 'Scores and Feedback', 'Preview Period Inquiries', and 'View/Download Reports', which is currently selected. The main content area is titled 'View/Download Reports' and contains the following elements:

- A header bar: 'Select your Facility and Payment Year'.
- A checkbox: 'This is an Organizational level search. Choose additional filters.'
- A search input field: 'Facility Name, Facility CCN or Dialysis Organization\*' with a search icon and a note 'Enter at least 3 characters to search for a facility'.
- Two input fields: 'Payment Year\*' (containing '2026') and 'Period\*' (containing 'PREVIEW').
- Two buttons: 'Clear Filter' and 'Apply Filter'.
- A 'Report Name' dropdown menu that is open, showing options: 'Select a Report', 'Select a Report', 'PLR', and 'PSR' (which is highlighted).

Below the main form, there is a summary section with three input fields: 'Payment Year\*' (2026), 'Period\*' (PREVIEW), and 'Report Name' (PSR). At the bottom of this section are two buttons: 'Clear Filter' and 'Apply Filter'. A red arrow points to the 'Apply Filter' button.

# Select Facility and Payment Year

- Users who have access to multiple facilities can set filters to assist with search efforts.
- Enter Facility Name, Facility CCN or Dialysis Organization.
- Select a report name and click on **Apply Filter**.

Select your Facility and Payment Year

☐ This is an Organizational level search. **Choose additional filters.**

Facility Name, Facility CCN or Dialysis Organization\*

ABC Dialysis Center, 123456, ABC Dialysis Corporation

Enter at least 3 characters to search for a facility

Payment Year\*      Period\*      Report Name

2026      PREVIEW      Select a Report

Clear Filter      **Apply Filter** ←

# Select Available Reports

Click the hyperlink of the report you would like to view to download the file.

Select available reports ^

Below is a list of reports for payment year 2026 available for view or download. Please note that you may need to download [Adobe Acrobat Reader](#) to view the data.

| Facility Name       | CCN    | Report Name                      | PY   | Period  | Available Reports                                 |
|---------------------|--------|----------------------------------|------|---------|---------------------------------------------------|
| ABC Dialysis Center | 123456 | Performance Score Summary Report | 2026 | preview | <a href="#">ALL-CCNS-PREVIEW-PSSR-PY2026.xlsx</a> |

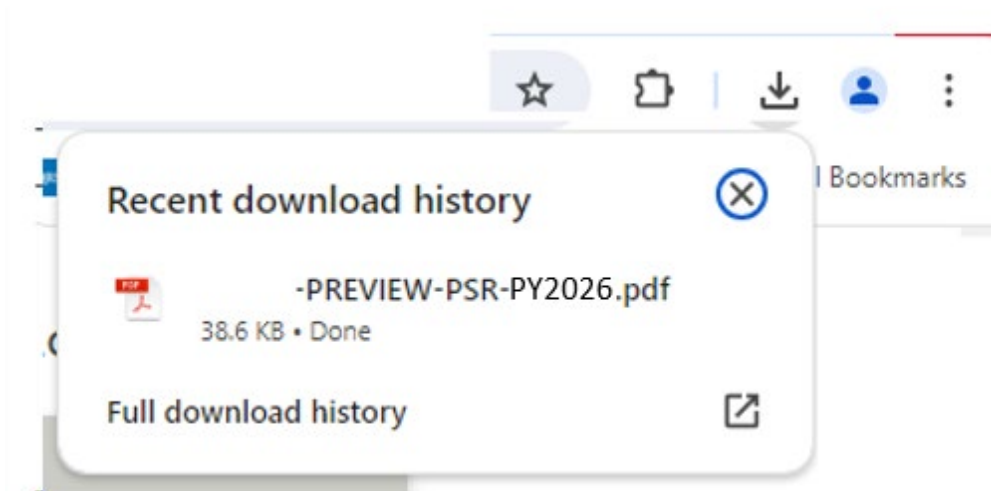
Showing 1 to 1 of 1 results

Page Size  
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◀ Prev 1 Next ▶

# Report Downloads

You can see the downloaded report at the top of your browser.  
Click on the downloaded report or desired action to open or save the file.





# Review Preview Period Reports

For additional details on PY 2026 ESRD QIP scoring policies, refer to the CY 2024 ESRD PPS Final Rule documents, published in the [Federal Register](#).



End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report  
Payment Year: 2026  
Facility: 012345



Report Run Date: 07/11/2025

## Clinical Care Domain

Improvement Period: 01/01/2023-12/31/2023

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

Table 1 - Clinical Care Domain Measures and Measure Topics

| Clinical Care Measures/Measure Topics | Improvement Period Numerator | Improvement Period Denominator | Improvement Period Rate/Ratio | Performance Period Numerator | Performance Period Denominator | Performance Period Rate/Ratio | Achievement Threshold | Benchmark | Improvement Score | Achievement Score | Measure Score | Measure Weight (% of Domain) |
|---------------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------------|--------------------------------|-------------------------------|-----------------------|-----------|-------------------|-------------------|---------------|------------------------------|
| Standardized Transfusion Ratio        | -                            | -                              | No Rate                       | -                            | -                              | No Rate                       | 48.29                 | 8.86      | No Score          | No Score          | No Score      | 0.00%                        |
| Kt/V Comprehensive                    | 506                          | 526                            | 96.20%                        | 411                          | 421                            | 97.62%                        | 94.33%                | 99.42%    | 4                 | 6                 | 6             | 48.71%                       |
| Long Term Catheter                    | 66                           | 542                            | 12.18%                        | 44                           | 438                            | 10.05%                        | 18.35%                | 4.69%     | 2                 | 6                 | 6             | 51.29%                       |

Eligible Clinical Care Measures/Measure Topics: 2 of 3

Weighted Clinical Care Domain Score: 60.000

### Notes:

- "N/A" indicates the value is not applicable to the measure/measure topic scoring calculation.

# Corporate Users: Reports Screen

- The steps to access the View/Download Reports screen are the same for all users.
- The Select your Facility and Payment Year section is automatically expanded for corporate-level users.
- Enter facility details to display reports for a single facility.
- Select: “This is an organizational-level search.” This displays reports for multiple facilities and reveals additional filters to focus the search on a particular state, Network, report type, or a combination of the three.

# Corporate Users: Reports Search

## Single Facility

2024

PREVIEW

Select a report

Organization Name\*

Network

State

Select a Network

Select a State

Clear Filter

Apply Filter

Select available reports

Below is a list of reports for payment year 2022 available for view or download. Please note that you may need to download [Adobe Acrobat Reader](#) to view the data.

Displaying first 100 facilities only. Please refine your search.

| Facility Name       | CCN    | Report Name                      | PY   | Period  | Available Reports              |
|---------------------|--------|----------------------------------|------|---------|--------------------------------|
| ABC DIALYSIS CENTER | 001111 | Performance Score Summary Report | 2024 | preview | 001111-PREVIEW-PSSRPY2023.xlsx |
| ABC DIALYSIS CENTER | 012501 | Performance Score Report         | 2024 | preview | 012501-PREVIEW-PSR-PY2023.xlsx |
| ABC DIALYSIS CENTER | 012501 | Patient List Report              | 2024 | preview | 012501-PREVIEW-PLR-PY2023.xlsx |
| ABC DIALYSIS CENTER | 012502 | Performance Score Report         | 2024 | preview | 012502-PREVIEW-PSR-PY2023.xlsx |
| ABC DIALYSIS CENTER | 012502 | Patient List Report              | 2024 | preview | 012502-PREVIEW-PLR-PY2023.xlsx |
| ABC DIALYSIS CENTER | 012505 | Performance Score Report         | 2024 | preview | 012505-PREVIEW-PSR-PY2023.xlsx |
| ABC DIALYSIS CENTER | 012505 | Patient List Report              | 2024 | preview | 012505-PREVIEW-PLR-PY2023.xlsx |
| ABC DIALYSIS CENTER | 012506 | Performance Score Report         | 2024 | preview | 012506-PREVIEW-PSR-PY2023.xlsx |
| ABC DIALYSIS CENTER | 012506 | Patient List Report              | 2024 | preview | 012506-PREVIEW-PLR-PY2023.xlsx |

## Organizational-Level

### Single facility search.

Select your Facility and Payment Year

☐ This is an Organizational level search. Please choose additional filters.

Facility Name, Facility CCN or Dialysis Organization\*

Payment Year \*

Period \*

Report Name

2024

PREVIEW

Select a Report

Clear Filter

Apply Filter

Select available reports

Below is a list of reports for payment year 2022 available for view or download. Please note that you may need to download [Adobe Acrobat Reader](#) to view the data.

| Facility Name       | CCN    | Report Name                      | PY   | Period  | Available Reports               |
|---------------------|--------|----------------------------------|------|---------|---------------------------------|
| ABC DIALYSIS CENTER | 123456 | Performance Score Summary Report | 2024 | preview | 001111-PREVIEW-PSSR-PY2023.xlsx |

# View/Download Reports Summary

The View/Download Reports screen displays reports based on user roles and availability. To access:

1. Log in to EQRS with the HARP account via <https://eqrs.cms.gov/globalapp/>.
2. Click on **QIP Scores**.
3. Click on **View/Download Reports**.
4. Select Facility, if needed.
5. Select available reports.
6. View or download selected reports.

# Ask Questions and Follow-Up: How to Submit, Save, and Reply to Inquiries

Inquiry Process Overview and Recommendations

Submitting Inquiries

Checking the Status of Inquiries

Inquiries Summary

# Inquiries Overview

- The Preview Period Inquiries section allows users to submit inquiries during the 30-day preview period regarding your facility's QIP scores.
- Users may submit and reply to as many inquiries as necessary during the preview period.

The screenshot displays the EQRS Quality Incentive Program interface. At the top, there is a navigation bar with the EQRS logo, the text "EQRS | Quality Incentive Program", and a "CMS Support (QIP) Change organization" link. Below this, a sidebar on the left contains three menu items: "Scores and Feedback", "Preview Period Inquiries" (which is highlighted with a red rectangular border), and "View/Download Reports". The main content area on the right is titled "QIP Inquiries" and contains the text: "You may submit an inquiry to CMS in order to gain more information about your QIP scores, or attempt to affect your QIP score, if you believe that the score is incorrect." Below this text is a grey bar labeled "Preview Period PY2026" with an upward-pointing arrow icon on the right side.

# Inquiries Overview (cont.)

- Inquiries are submitted by Facility and Corporate POCs. Other users can view submitted inquiries based on their role:
  - Facility-level users: View inquiries submitted for a facility within their purview.
  - Corporate-level users: View inquiries submitted for all facilities within an organization.
- Facility and Corporate POCs can draft and save inquiries, but saved inquiries are not viewed by other users and are not “Submitted.”
- Users will receive an email notification once an inquiry has been updated; however, users are encouraged to check on the inquiry’s status in the QIP UI.

# Inquiries Overview (cont.)

- Inquiries are submitted through an email-like form in the ESRD QIP UI that includes the following fields:
  - From
  - CC
  - Subject (50 characters maximum)
  - Message (25,000 characters maximum)
  - File attachment (10 megabytes maximum per message)
- Use the ESRD QIP UI to submit and reply to preview period inquiries.
  - Responses to inquiries can be submitted after the close of the preview period.
- The “New Inquiry” submission feature will be disabled once the preview period ends.



# Inquiry Submission Recommendations

- Research and submit inquiries as soon as possible to provide enough time for necessary communications.
- Include as much information as possible and add the following:
  - CCN(s) of the facility/facilities that are believed to be impacted.
  - When applicable, evidence of organizational-level issue or error being reported.
  - Indication of which records and why if questioning the use of specific data.
    - Use the EQRS ID included in the PLR when referring to specific patients.
  - Attachments (optional).
- Direct questions about NHSN data to the NHSN Help Desk at (877) 681-2901 or [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

# Click Preview Period Inquiries

- Navigate to Preview Period Inquiries in QIP UI.
- Click **Create new inquiry** to submit an inquiry during preview period.

The screenshot displays the 'QIP Inquiries' interface. On the left is a sidebar with three menu items: 'Scores and Feedback', 'Preview Period Inquiries' (which is highlighted with a dark vertical bar), and 'View/Download Reports'. The main content area is titled 'QIP Inquiries' and contains a paragraph explaining that users can submit inquiries to CMS for more information or to correct scores. Below this text is a blue button labeled 'Create new inquiry', which is highlighted with a red rectangular box. Underneath the button is a section titled 'Preview Period PY2026' with a collapse arrow. This section contains fields for 'Start Date' and 'End Date', followed by 'days' and 'hours' labels, and a note: 'REMAINING IN THE PREVIEW PERIOD FOR SUBMITTING INQUIRIES'. Below this is a 'Filter Inquiries' section with a collapse arrow. It includes a search bar labeled 'Facility Name, Facility CCN or Dialysis Organization' with a magnifying glass icon and a placeholder text 'Enter at least 3 characters to search for a facility'. At the bottom, there are three input fields: 'Inquiry ID', 'Inquiry Subject', and 'Inquiry Status' (which has a dropdown arrow and the text 'Select Inquiry Status').

NOTE: Start date, end date, and days and hours remaining will be displayed once preview period begins.

# Enter Message

Enter message under Create an Inquiry.

- Locate a facility in your purview.
- **From** field is pre-populated and cannot be changed.
- **CC** field is optional.
- **Subject** field is optional but recommended.
- **Message** field is mandatory.

**Note: Do not enter PHI/PII in subject line or message.**

Create an Inquiry

Facility Name, Facility CCN or Dialysis Organization \*

ABC Dialysis Center, 123456, ABC Dialysis Organization

Enter at least 3 characters to search for a facility

From \*

TestUser@testemail.com

CC

Subject (50 Characters Limit)

Message \* (25000 Characters Limit)

Type your inquiry here.

Upload an attachment

Only the following file types can be accepted: .pdf, .jpg, .png, .txt, .tiff, .xlsx, .xls, .docx, .doc, csv, .zip. Total file size limited to 10 MB per message.

Clear Form

Save as Draft

Send Inquiry

# Attach Supporting Documents

If you would like to attach supporting documentation with your inquiry, select **Upload an attachment**.

- Browse for the desired file(s).
- Click **Open** to attach the file(s).



The screenshot shows a web form interface. At the top, it says "Message \* (25000 Characters Limit)". Below this is a large text area with the placeholder text "Type your inquiry here.". At the bottom left of the form, there is a button labeled "Upload an attachment" which is highlighted with a red rectangular border. Below the button, a small line of text specifies the accepted file types and size limit: "Only the following file types can be accepted: .pdf, .jpg, .png, .txt, .tiff, .xlsx, .xls, .docx, .doc, csv, .zip. Total file size limited to 10 MB per message."

# Save Inquiry as Draft

- After starting an inquiry, click **Save As Draft**.
- The QIP UI prepopulates fields with saved data when the EQRS user returns to submit saved inquiries.
- Once you have saved your draft, you will receive confirmation, and you may continue to edit your draft or navigate back to your inquiry screen.

The screenshot shows a web form titled "Create an Inquiry". It contains the following fields and elements:

- Facility Name, Facility CCN or Dialysis Organization \***: A search bar with the text "ABC DIALYSIS CENTER, 123456, ABC Dialysis Organization" and a magnifying glass icon. Below it, a small note says "Enter at least 3 characters to search for a facility".
- From \***: A text field containing "testuser@testmail.com".
- CC**: An empty text field.
- Subject (50 Characters Limit)**: An empty text field.
- Message \* (25000 Characters Limit)**: A large text area containing the text "This is my inquiry.".
- Upload an attachment**: A button with a plus icon.
- Only the following file types can be accepted: .pdf, .jpg, .png, .txt, .tiff, .xlsx, .xls, .docx, .doc, .csv, .zip. Total file size limited to 10 MB per message.
- Clear Form**: A blue button.
- Save as Draft**: A blue button with a red border, highlighted in the image.



Your inquiry was saved successfully.

You may continue editing your draft, or [return to all inquiries](#)

# Click Send Inquiry

Click on **Send inquiry** to submit your inquiry to CMS.

- **Message** field and **Upload an Attachment** option are enabled.
- The latest message in the thread displays at the top.
- **Inquiry ID, Facility, From,** and **Date Sent** fields and previously sent messages are not editable.

### Create an Inquiry

Facility Name, Facility CCN or Dialysis Organization \*

ABC DIALYSIS CENTER, 123456, ABC Dialysis Organization

Enter at least 3 characters to search for a facility

From \*

testuser@testmail.com

CC

Subject (50 Characters Limit)

Message \* (25000 Characters Limit)

This is my inquiry.

Upload an attachment

Only the following file types can be accepted: .pdf, .jpg, .png, .txt, .tiff, .xlsx, .xls, .docx, .doc, .csv, .zip. Total file size limited to 10 MB per message.

Clear Form

Save as Draft

Send Inquiry

# Thread Reply Sent Successfully

Once inquiry is submitted, system will display a message indicating your inquiry was sent successfully.

**REMINDER:** Please check on an inquiry's status in the ESRD QIP UI until the inquiry is Closed.

### QIP Inquiries

Return to all inquiries

Re: Inquiry related to Kt/V Performance Score11/14/2022 ^

Inquiry ID: 10022  
Facility:  
From: test.uvtuser251@test.com  
Date Sent: 08/03/2023  
Message:  
Here is my reply...

 Your message was sent successfully.  
You may [begin a new inquiry](#), or [return to all inquiries](#)

Re: Inquiry related to Kt/V Performance Score08/03/2023 v

Re: Inquiry related to Kt/V Performance Score08/03/2023 v

Re: Inquiry related to Kt/V Performance Score08/03/2023 v

Re: Inquiry related to Kt/V Performance Score08/03/2023 v

Return to all inquiries

# Inquiries Screen: Filters

If you have submitted one or more inquiries, you may filter your inquiries by **Inquiry ID**, **Inquiry Subject**, **Inquiry Status**, or **Date**.

Filter by date by entering start and end date of inquiry submitted or updated date:

Filter Inquiries

Facility Name, Facility CCN or Dialysis Organization

ABC DIALYSIS CENTER, 123456, ABC Dialysis Organization

Enter at least 3 characters to search for a facility

Inquiry ID

Inquiry Subject

Inquiry Status

Select Inquiry Status

INQUIRY SUBMITTED/UPDATED DATE RANGE

Date Range Start

Date Range End

07/15/2024

07/31/2024

Clear Filter

Apply Filter

Filter by inquiry status by *Inquiry Status* selecting an option from the dropdown box:

Filter Inquiries

Facility Name, Facility CCN or Dialysis Organization

Enter at least 3 characters to search for a facility

Inquiry ID

Inquiry Subject

Inquiry Status

Waiting on Facility

INQUIRY SUBMITTED/UPDATED DATE RANGE

Date Range Start

Date Range End

MM/DD/YYYY

MM/DD/YYYY

Clear Filter

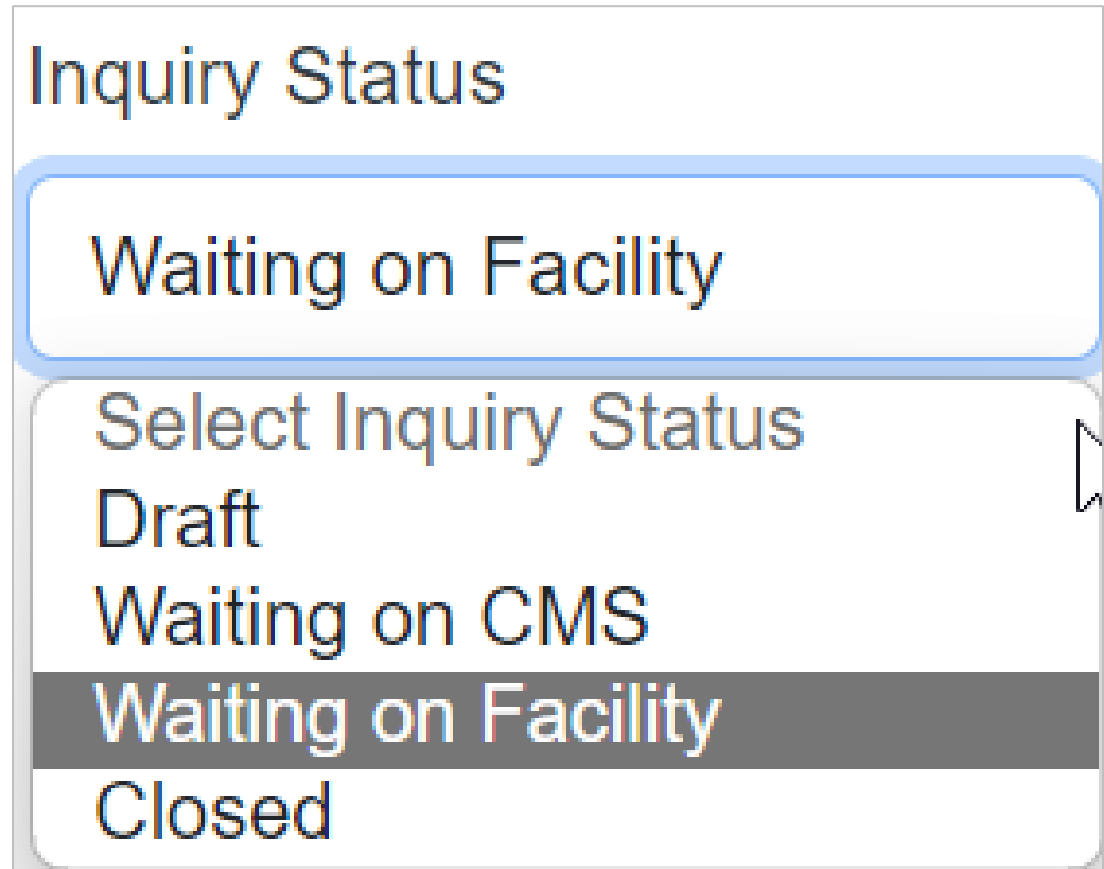
Apply Filter



# Inquiries Screen: Inquiry Status

Inquiry Status options you may filter include:

- **Draft:** Inquiry has not been submitted.
- **Waiting on CMS:** Facility has submitted an inquiry or sent a follow-up response and is waiting for CMS to respond.
- **Waiting on Facility:** CMS has responded and is waiting for facility to review and/or provide supporting documentation.
- **Closed:** CMS has responded to the inquiry and closed the ticket.



The screenshot shows a web interface for filtering inquiry status. At the top, there is a header "Inquiry Status". Below it is a dropdown menu. The menu is currently open, showing a list of status options. The first option is "Waiting on Facility", which is highlighted with a blue border. Below it is the text "Select Inquiry Status". The remaining options are "Draft", "Waiting on CMS", "Waiting on Facility" (which is highlighted with a dark grey background), and "Closed". A mouse cursor is visible on the right side of the dropdown menu, pointing at the "Waiting on Facility" option.

Inquiry Status

Waiting on Facility

Select Inquiry Status

Draft

Waiting on CMS

Waiting on Facility

Closed

# Inquiries Screen: Filter Results

- Filtered results can be sorted by clicking the arrows next to the column header.
- Click on **Inquiry ID** number to view the inquiry thread.

View Inquiries

This table displays current payment year inquiries by default unless filters are selected. Please select an inquiry ID to view all details including messages and attachments related to that inquiry.

| Inquiry ID            | Facility            | CCN    | Subject | Date Created | Date Updated | Inquiry Status |
|-----------------------|---------------------|--------|---------|--------------|--------------|----------------|
| <a href="#">10590</a> | ABC DIALYSIS CENTER | 123456 |         | 07/15/2024   | 07/20/2024   | Waiting on CMS |
| <a href="#">10589</a> | ABC DIALYSIS CENTER | 123456 | test    | 07/18/2024   | 07/20/2024   | Waiting on CMS |
| <a href="#">10588</a> | ABC DIALYSIS CENTER | 123456 |         | 07/23/2024   | 07/25/2024   | Waiting on CMS |
| <a href="#">10587</a> | ABC DIALYSIS CENTER | 123456 |         | 07/25/2024   |              | Draft          |

Page Size

Showing 1 to 4 of 4 results

10

◀◀

Prev

1

Next

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# Corporate Users: Inquiries Screens

- The steps to access the Preview Period Inquiries screen are the same for all users.
- The Filter Inquiries section is automatically expanded for corporate-level users.
- Click on **Create new inquiry** or enter a search criteria to display previously submitted inquiries.

### Filter Inquiries

Facility Name, Facility CCN or Dialysis Organization

Enter at least 3 characters to search for a facility

| Inquiry ID           | Inquiry Subject      | Inquiry Status      |
|----------------------|----------------------|---------------------|
| <input type="text"/> | <input type="text"/> | Waiting on Facility |

INQUIRY SUBMITTED/UPDATED DATE RANGE

| Date Range Start                        | Date Range End                          |
|-----------------------------------------|-----------------------------------------|
| <input type="text" value="MM/DD/YYYY"/> | <input type="text" value="MM/DD/YYYY"/> |

# Corporate Users: Previously Submitted Inquiries

- Corporate Facility and Corporate POCs can view both organization-level inquiries for their organization and facility-level inquiries under their purview.

Below is the list of inquiries meeting your filter criteria. Please select an inquiry ID to view all communication and attachments related to that message thread.

| Inquiry ID            | Facility/Organization | CCN/Org Code | Subject                                   | Date Created | Date Updated | Inquiry Status |
|-----------------------|-----------------------|--------------|-------------------------------------------|--------------|--------------|----------------|
| <a href="#">10022</a> |                       |              | Inquiry related to KI/V Performance Score | 08/14/2023   | 08/15/2023   | Waiting on CMS |
| <a href="#">10023</a> |                       |              | Inquiry related to KI/V Performance Score | 08/14/2023   | 08/14/2023   | Waiting on CMS |
| <a href="#">10021</a> |                       |              | New Inquiry Subject HEIST 414090          | 08/14/2023   | 08/14/2023   | Waiting on CMS |
| <a href="#">10020</a> |                       |              | New Inquiry Subject HEIST                 | 08/14/2023   | 08/14/2023   | Closed         |
| <a href="#">10019</a> |                       |              | test subject                              | 08/14/202    | 08/14/2023   | Waiting on CMS |
| <a href="#">10018</a> |                       |              | New Inquiry Subject HEIST 433084          | 08/14/2023   | 08/14/2023   | Waiting on CMS |
| <a href="#">10017</a> |                       |              | New Inquiry Subject HEIST 697675          | 08/14/2023   | 08/14/2023   | Waiting on CMS |
| <a href="#">10016</a> |                       |              | New Inquiry Subject HEIST 180440          | 08/14/2023   | 08/14/2023   | Waiting on CMS |
| <a href="#">10015</a> |                       |              | New Inquiry Subject HEIST 391705          | 08/14/2023   | 08/14/2023   | Waiting on CMS |
| <a href="#">10014</a> |                       |              | New Inquiry Subject HEIST 786611          | 08/14/2023   | 08/14/2023   | Waiting on CMS |

Page Size

Showing 1 to 10 of 24 results 10

Prev 1 2 3 Next

# Corporate Users: Create New Inquiry

Click on **Create new inquiry**.

## QIP Inquiries

You may submit an inquiry to CMS in order to gain more information about your QIP scores, or attempt to affect your QIP score, if you believe that the score is incorrect.

Create new inquiry

Preview Period PY2026

**Start Date:** 06/29/2025, 11:59 PM EDT  
**End Date:** 08/15/2025, 11:59 PM PDT

32 days 10 hours  
REMAINING IN THE PREVIEW PERIOD FOR SUBMITTING INQUIRIES

Filter Inquiries

Facility Name, Facility CCN or Dialysis Organization



Enter at least 3 characters to search for a facility

Inquiry ID

Inquiry Subject

Inquiry Status

Select Inquiry Status



# Corporate Users: Facility-Level Inquiries

If the inquiry is for a single facility, do not click on “This is an organizational-level inquiry.” Instead, use the Facility selection contextual search box.

Quality Incentive Program

DaVita  
Change organization ▾

Scores and Feedback

Preview Period Inquiries

View/Download Reports

by Circumstance Exceptions

## QIP Inquiries

You may submit an inquiry to CMS in order to gain more information about your QIP scores, or attempt to affect your QIP score, if you believe that the score is incorrect.

[Return to all inquiries](#)

### Create an Inquiry

☐ This is an Organizational level Inquiry.

Upload an attachment below that includes the affected CCNs

Facility Name, Facility CCN or Dialysis Organization \*

Enter at least 3 characters to search for a facility

From \*

impltestuser14@mailinator.com

CC

Subject (50 Characters Limit)

# Corporate Users: Organizational-Level Inquiries

If the inquiry is an organizational-level inquiry, click the box next to: “This is an organizational-level inquiry.” This will hide the Facility selection contextual search box.

### QIP Inquiries

You may submit an inquiry to CMS in order to gain more information about your QIP scores, or attempt to affect your QIP score, if you believe that the score is incorrect.

[Return to all inquiries](#)

Create an Inquiry

☒ This is an Organizational level Inquiry.  
Please upload an attachment below that includes the affected CCNs

Organization Name \*

From \*

test.test1cpoc@gmail.com

CC

Subject (50 Characters Limit)

Message \* (25000 Characters Limit)

Upload an attachment

Only the following file types can be accepted: .pdf, .jpg, .png, .txt, .rtf, .doc, .xls, .xlsx, .docx, .docm, .xps, .zip. Total file size limited to 10 MB per message.

[Clear Form](#)

[Save as Draft](#)

[Send Inquiry](#)

# Corporate Users: Inquiries

- The remaining steps for attaching files, submitting an inquiry, or saving a draft inquiry are the same as for a Facility POC.
- Replying to a message thread is similar to the process for a Facility POC except when selecting an organizational inquiry, which uses the organization name instead of the facility name.



# Inquiries Summary

- POCs may submit and/or reply to as many inquiries as necessary during the preview period.
- The QIP UI features one inquiry type. To access:
  1. Log in to EQRS with the HARP account via <https://eqrs.cms.gov/globalapp/>.
  2. Click on **QIP**.
  3. Click on **Preview Period Inquiries**.
  4. Click on **Create New Inquiry** or review previously submitted inquiries.
- Facility and Corporate POCs submit inquiries.
- Previously submitted inquiries are viewable in the ESRD QIP UI.

# Trouble Accessing ESRD QIP Reports?

## Having technical issues with accessing your reports in EQRS?

Contact the Center for Clinical Standards and Quality (CCSQ) Service Center Monday–Friday 8 a.m. to 8 p.m. ET:

- Phone: **(866) 288-8912**
- Email: [qnetsupport-esrd@cms.hhs.gov](mailto:qnetsupport-esrd@cms.hhs.gov)
- CCSQ Support Central:  
[https://cmsqualitysupport.servicenowservices.com/ccsq\\_support\\_central](https://cmsqualitysupport.servicenowservices.com/ccsq_support_central)

## **Post Preview Period Activities:**

- **Finalizing ESRD QIP Scores**
- **Posting Performance Score Certificates**
- **Preparing for Upcoming Deadlines**



# Finalizing ESRD QIP Scores

CMS will review any outstanding inquiries, then finalize facility PSRs.

- PSRs will outline your facility's information.
- PSRs will be posted for download via the ESRD QIP UI.
- Once issued as final, a PSR cannot be changed.



In late 2025, each facility's PSC is scheduled to be available for download via the ESRD QIP UI.



In late 2025, final measure scores and payment reductions will be made available to facilities confidentially via PSRs.

# Posting Performance Score Certificates

- **It is the facility's responsibility to print and display its PSC when it becomes available. The PSC must be:**
  - Posted **within 15 business days** of its availability via the ESRD QIP UI and remain posted throughout the year until the next payment year PSC is available.
  - Displayed in a **prominent patient area**.
  - Posted in **English** and **Spanish**.
- Your patients may have questions about the certificate.
  - CMS recommends that you educate your staff about the posted certificate so that they can answer patient questions.

# Recap: Facility Responsibilities

- Establish a HARP account, if needed.
- Update your EQRS role to access the ESRD QIP UI.
- Access ESRD QIP resources via <https://qualitynet.cms.gov/esrd/esrdqip>.
- Access your facility's Preview PSR starting on **July 15, 2025**.
- Submit inquiries before the preview period's scheduled end date of **August 15, 2025, at 11:59 p.m. PT**.
- Download, print, and post your English and Spanish PSCs within 15 business days of their availability via the ESRD QIP UI.
- Educate your staff about the ESRD QIP so that they can answer patient questions about the publicly posted certificate.

# Upcoming EQRS and NHSN Deadlines



# ESRD QIP Reporting Deadlines and Information

- Clinical Data Submission Deadlines
- Clinical Depression Screening Deadlines
- ICH CAHPS Attestation Submission Deadline
- EQRS Additional Information
- NHSN Data Submission Deadlines
- NHSN Additional Information



# EQRS Clinical Data Submission Deadlines

| Data Submission Schedule for 2025 EQRS Clinical Data |                                      |
|------------------------------------------------------|--------------------------------------|
| Reporting Month                                      | Data Submission Deadline             |
| April 2025                                           | June 30, 2025, at 11:59 p.m. PT      |
| May 2025                                             | July 31, 2025, at 11:59 p.m. PT      |
| June 2025                                            | September 2, 2025, at 11:59 p.m. PT  |
| July 2025                                            | September 30, 2025, at 11:59 p.m. PT |
| August 2025                                          | October 31, 2025, at 11:59 p.m. PT   |
| September 2025                                       | December 1, 2025, at 11:59 p.m. PT   |
| October 2025                                         | December 31, 2025, at 11:59 p.m. PT  |
| November 2025                                        | February 2, 2026, at 11:59 p.m. PT   |
| December 2025                                        | March 2, 2026, at 11:59 p.m. PT      |

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

# EQRS Clinical Depression Screening and Follow-Up Submission Deadline

| EQRS Submission Schedule for<br>2025 Clinical 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 Depression Screening and Follow Up measure, refer to the [Calendar Year 2025 ESRD Technical Measure Specifications](#).

# ICH CAHPS Attestation Submission Deadline

| EQRS Submission Schedule for<br>2025 In-Center Hemodialysis Consumer Assessment<br>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 [Calendar Year 2025 ESRD Technical Measure Specifications](#).

# EQRS Data Reporting: Additional Information

EQRS data submission deadlines are listed on [MyCROWNWeb.org](https://mycrownweb.org/education/eqrs-submission-deadlines-for-cy-2025-data/):  
<https://mycrownweb.org/education/eqrs-submission-deadlines-for-cy-2025-data/>

Additional information on EQRS data reporting requirements is available on [MyCROWNWeb.org](https://mycrownweb.org/):

- [EQRS Data Submission Stopwatch](#)
- [EQRS Data Management Guidelines](#)
- [ESRD QIP Successful Reporting Guide](#)

# NHSN ESRD Data Submission Deadlines

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

| Quarter | 2025 Reporting Months | Data Submission Deadline             |
|---------|-----------------------|--------------------------------------|
| 1       | January-March         | June 30, 2025, at 11:59 p.m. PT      |
| 2       | April-June            | September 30, 2025, at 11:59 p.m. PT |
| 3       | July-September        | December 31, 2025, at 11:59 p.m. PT  |
| 4       | 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 [Calendar Year 2025 ESRD Technical Measure Specifications](#).

# NHSN Deadlines: Additional Information

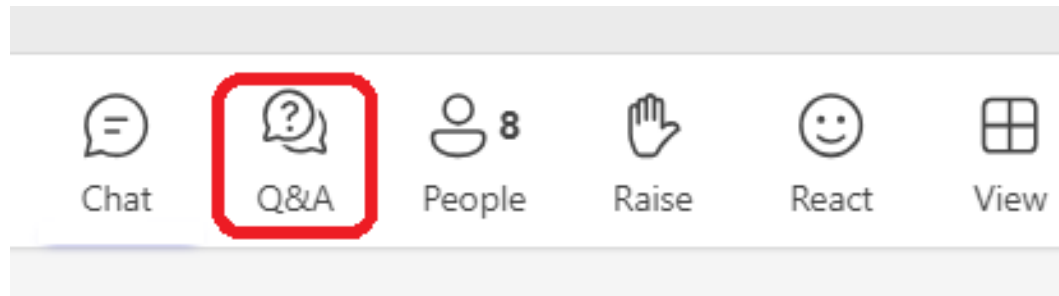
NHSN data submission deadlines are listed on  
[MyCROWNWeb.org: NHSN Deadlines for CY 2025 Data](#)

For questions about NHSN, contact the NHSN Help Desk:

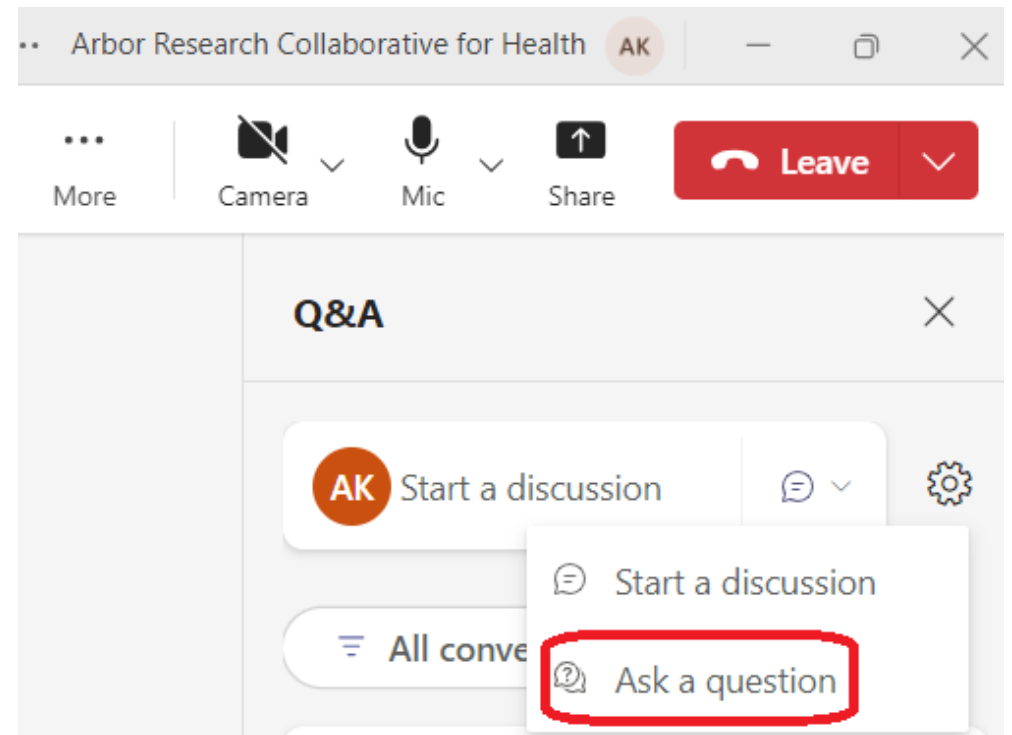
- Email: **NHSN@CDC.gov**
- [NHSN-ServiceNow Customer Service Portal](#)

# Live Questions & Answers

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



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



# Online EQRS & QIP Resources

| Resource                                                     | URL                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMS.gov: ESRD QIP Section                                    | <a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html">www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html</a>                                            |
| CMS ESRD Measures Manual                                     | <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06_MeasuringQuality">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06_MeasuringQuality</a>                 |
| Technical Specifications for ESRD QIP Measures               | <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications</a> |
| QualityNet.cms.gov: ESRD QIP Section                         | <a href="https://qualitynet.cms.gov/esrd/esrdqip">https://qualitynet.cms.gov/esrd/esrdqip</a>                                                                                                                                                         |
| Extraordinary Circumstances Exceptions Policy                | <a href="https://qualitynet.cms.gov/esrd/esrdqip/participation#tab5">https://qualitynet.cms.gov/esrd/esrdqip/participation#tab5</a>                                                                                                                   |
| Guide to the Performance Score Report and ESRD QIP UI Guide  | <a href="https://qualitynet.cms.gov/esrd/esrdqip/reports">https://qualitynet.cms.gov/esrd/esrdqip/reports</a>                                                                                                                                         |
| HARP Account Registration and EQRS Role Request Training     | <a href="https://mycrownweb.org/harp-training/">https://mycrownweb.org/harp-training/</a>                                                                                                                                                             |
| Care Compare                                                 | <a href="https://www.medicare.gov/care-compare/">https://www.medicare.gov/care-compare/</a>                                                                                                                                                           |
| ESRD National Coordinating Center                            | <a href="http://esrdncc.org">esrdncc.org</a>                                                                                                                                                                                                          |
| Medicare Improvements for Patients and Providers Act of 2008 | <a href="http://www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf">www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf</a>                                                                                                      |
| MyCrownWeb.org                                               | <a href="http://www.MyCROWNWeb.org">http://www.MyCROWNWeb.org</a>                                                                                                                                                                                     |
| ESRD Network Directory                                       | <a href="https://esrdncc.org/en/ESRD-network-map/">https://esrdncc.org/en/ESRD-network-map/</a>                                                                                                                                                       |



# Online PY 2026 Preview Period Resources

- ESRD QIP Preview Period supporting materials are available on MyCROWNWeb.org using the following link: <https://mycrownweb.org/education/> and via the QualityNet website: <https://qualitynet.cms.gov/esrd/esrdqip/resources#tab2>
- 2026 supporting materials include the following:
  - *PY 2026 Guide to the ESRD QIP Performance Score Reports*
  - *PY 2026 ESRD QIP User Interface (UI) Quick Start Guide*

| File Name                                                                  | File Type | File Size |                          |
|----------------------------------------------------------------------------|-----------|-----------|--------------------------|
| PY 2025 Guide to the ESRD QIP Performance Score Reports (PSRs) (July 2024) | PDF       | 350 KB    | <a href="#">Download</a> |
| PY 2025 ESRD QIP User Interface Quick Start Guide (July 2024)              | PDF       | 428 KB    | <a href="#">Download</a> |

# Online or Phone-based Support

| Question Type                                                                                                                             | Contact Information                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>General ESRD QIP questions and EQRS training-related questions</b><br>(Use the ESRD QIP UI to submit formal preview period inquiries.) | QualityNet Q&A Tool:<br><a href="https://cmsqualitysupport.servicenowservices.com/qnet_qa">https://cmsqualitysupport.servicenowservices.com/qnet_qa</a>                                                                                                                                                                                                                                    |
| <b>EQRS system-related questions or issues</b>                                                                                            | CCSQ Service Center: <ul style="list-style-type: none"><li>• Phone: 1-866-288-8912</li><li>• Email: <a href="mailto:qnetsupport-esrd@cms.hhs.gov">qnetsupport-esrd@cms.hhs.gov</a></li><li>• CCSQ Support Central:<br/><a href="https://cmsqualitysupport.servicenowservices.com/ccsq_support_central">https://cmsqualitysupport.servicenowservices.com/ccsq_support_central</a></li></ul> |



**Thank You**