



End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)

Question and Answer Summary Document:

ESRD QIP Calendar Year (CY) 2026 Final Rule Webinar

This document is based on questions asked and answered during the December 10, 2025, CY 2026 ESRD Prospective Payment System (PPS) Final Rule, Final Performance Score Reports, and ESRD Quality Reporting System (EQRS) Updates Webinar. Event slides as well as an event recording and transcript are available on the events page of the [EQRS.CMS.gov](https://eqrs.cms.gov/events) website at: <https://eqrs.cms.gov/events>.

DISCLAIMER: The responses provided in this document reflect answers that were current and accurate as of the date on which the event referenced above occurred. Subsequent to the event, questions and answers were compiled and edited for clarity and completeness. We recommend that this question-and-answer document be relied on for the clearest answers to questions posed during the event.

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General Questions

Question 1. What period of time is covered by payment year (PY) 2027?

PY 2027 is based on calendar year 2025 performance.

Question 2. When will the finalized Centers for Medicare and Medicaid Services (CMS) ESRD Measures Manual for the 2026 Performance Period be available?

The finalized Technical Specifications for CY 2026 ESRD QIP are available at <https://www.cms.gov/files/document/esrd-qip-cy2026-final-technical-specifications.pdf>. The finalized Measures Manual for CY 2026 can be found at <https://www.cms.gov/files/document/esrd-measures-manual-v11-1.pdf>.

Question 3. How does COVID-19 vaccine information move from the National Healthcare Safety Network (NHSN) into the ESRD Quality Reporting System (EQRS)?

CMS receives the COVID-19 healthcare personnel vaccination data for the ESRD QIP from the Centers for Disease Control and Prevention (CDC). The information you report in the National Healthcare Safety Network (NHSN) is what's directly used in ESRD QIP scoring. It is not transferred into EQRS; therefore, you will not find COVID-19 healthcare personnel (HCP) vaccination data in EQRS.

Question 4. Regarding the new dashboards on EQRS, what happened to the Patient Activity Report? Can I still access that?

This was replaced with the Patient Events Summary Dashboard available in the EQRS Patient Registry. Explanations of most EQRS changes are provided in communications available in the News section of the EQRS.CMS.gov website (<https://eqrs.cms.gov/news>). If you have other questions, please submit them through the Q&A tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question.

Questions about Policy Changes

Question 5. It was mentioned in the proposed rule webinar in July that CMS was requesting information about future measure concepts (for example, interoperability, nutrition, and physical activity). Can you explain how these concepts will be measured?

CMS has not yet operationalized these concepts. We are currently assessing whether and how these could be implemented into the ESRD QIP program. CMS thanks everyone for their valuable feedback and suggestions that were submitted.

Questions about Policy Changes

Question 6. Is removal of COVID-19 HCP vaccination reporting being considered?

Question 7. CMS is continuing to refine the ESRD QIP measure set for future years. CMS does feel that the COVID-19 HCP vaccination measure is important to the dialysis facility population at this time. However, CMS is continuing to review and refine the QIP measure set based on updated clinical guidance.

Question 8. Our state has made it hard to obtain a COVID-19 vaccination without a preexisting condition. Will this measure continue to be a part of the QIP?

Changes to the ESRD QIP are announced in the final rule released each fall. CMS welcomes suggestions regarding how ESRD QIP measures might be changed. We welcome your feedback when the proposed rule is released.

Question 9. We are a small pediatric dialysis unit and have only 3 teenagers who qualify for the depression screening measure. Are we considered an exception for reporting?

Facilities need to treat at least 11 eligible patients during the performance period (which is the entire calendar year) in order to be scored on the Clinical Depression Screening and Follow-up measure. Patients younger than 12 are excluded from the measure; therefore, facilities do not need to report screening results for those patients. However, CMS encourages facilities to report screenings for all eligible patients. The patient and facility eligibility criteria for all measures are here:

<https://www.cms.gov/files/document/esrd-qip-cy2026-final-technical-specifications.pdf>.

Question 10. I understand the End-Stage Renal Disease Treatment Choices (ETC) program will end 12/31/25. Will the payment for performance continue until 06/30/2026, or later?

For information on the ETC program and payment policy, please refer to section V of the CY 2026 Final Rule:

<https://www.federalregister.gov/d/2025-20681/p-31>.

Question 11. When it is stated that 3 measures are being removed from QIP scoring for PY 2027, does this mean that we do not need to “worry” about capturing the most complete information for these measures for all of CY 2025?

Because these measures have been removed from the PY 2027 ESRD QIP measure set, submitted data for CY 2025 will not be used. The fields used for reporting these three measures in EQRS were removed from EQRS on January 1, 2026.

Question 12. I’m concerned that CMS increased the minimum Total Performance Score (mTPS) for CY 2025/PY 2027 from 51 to 56 without first making the proposal in the proposed rule. This moves the goalpost for all

facilities with only 1 month remaining in the year. Combined with the removal of three reporting measures, this change creates an unexpected precedent. It would be preferable that changes performed in this manner do not become standard practice.

The mTPS for PY 2027 was initially published as 51 in the CY 2025 final rule and subsequently updated to 56 in the CY 2026 Final Rule to account for the removal of the three reporting measures (Facility Commitment to Health Equity and two patient Social Drivers of Health measures). In accordance with statutory requirements, the mTPS in the CY 2025 Final Rule was determined using a proxy median score of 0 for the three new reporting measures. This policy was established to avoid penalizing facilities before baseline data was established. Assigning a score of 0 for the three new reporting measures resulted in a median reporting domain score of 50 and a mTPS of 51. After the three new measures were removed in the CY 2026 Final Rule, the remaining three reporting measures each had a median score of 10, raising the Reporting Domain score to 100. Because the reporting domain comprises 10% of the Total Performance Score, this change resulted in a five-point increase in the mTPS.

Questions about In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS)

Question 13. What will combining race and ethnicity into a single question look like?

You can visit the [In-Center Hemodialysis CAHPS Home](https://ichcahps.org) website and review the survey that CMS expects to implement in the spring of 2026: <https://ichcahps.org/Survey-and-Protocols>.

Question 14. How many patients must a facility have before it is required to administer the ICH-CAHPS survey?

In-center hemodialysis facilities that served 30 or more survey-eligible patients in a calendar year must administer the survey. Details on participation requirements are available online at: <https://ichcahps.org/General-Information/Announcements/entryid/794>. To avoid a potential QIP penalty, facilities must attest that they are not required to participate.

Question 15. Are ICH-CAHPS surveys required for the 0-18 year old pediatric population?

In-center hemodialysis patients will be eligible to be included in the sample for the semi-annual ICH-CAHPS survey if they're 18 years or older on the last day of the sampling window. Patients under 18 years of age when the survey period ends do not need to receive a survey. Additional details regarding eligibility requirements are available beginning on training slide 75 available at: https://ichcahps.org/Portals/0/TrainingMaterials/ICHCAHPS_SelfPacedIntroTraining_2025.pdf.

Question 16. Can the ICH-CAHPS Surveys be sent by mail rather than email? We had more success with our patients receiving them by mail.

It is permissible to have ICH-CAHPS administered through multiple methods. Details about survey administration are available on the ICH-CAHPS website at: <https://ichcahps.org/Survey-and-Protocols>.

Question 17. What is the subject line for the ICH-CAHPS email survey?

Currently there is not a web version of the ICH-CAHPS survey, so no surveys have been sent by email.

Question 18. Will CMS do an ICH-CAHPS email survey or on-line survey dry-run?

CMS plans to test a web-based survey, which is tentatively scheduled for spring 2027, though the date may shift.

Question 19. If a unit has not yet attested for ICH-CAHPS, can they still do so?

For CY 2025/PY 2027, you can begin submitting ICH-CAHPS attestations in EQRS starting in January 2026. Be sure to complete your submission by the deadline, which is March 2, 2026, at 11:59 PM PT.

Question 20. Since it is changing, how many returned surveys will be required for the revised ICH-CAHPS measure that's effective in CY 2028?

Dialysis facilities must have at least 30 completed ICH-CAHPS surveys across the spring and fall for each year to receive ICH-CAHPS patient survey ratings and an ICH-CAHPS QIP measure score. This requirement is unchanged from prior years.

Question 21. Do facilities that primarily treat pediatric patients need to continue to submit an attestation for the ICH-CAHPS?

Yes, adult and pediatric facilities that treat fewer than 30 eligible patients during the eligibility period must submit an attestation in EQRS in order to not receive a score on the measure. Facilities that do not attest that they are ineligible will be considered eligible and receive a score on the measure.