

CY 2026 ESRD PPS Final Rule, Final Performance Score Reports, and EQRS Updates

Wednesday, December 10, 2025

2:00 to 3:30 p.m. Eastern Time

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

Speakers



Golden Horton, MS

ESRD QIP Program Lead

Division of Chronic and Post Acute Care (DCPAC), CMS

Alissa Kapke, MS

ESRD Quality Program Support Project Director

Arbor Research Collaborative for Health

Acronyms



BSI	Bloodstream Infection	PD	Peritoneal Dialysis
CMS	Centers for Medicare & Medicaid Services	PLR	Patient List Report
COVID-19	Coronavirus Disease of 2019	POC	Point of Contact
CY	Calendar Year	PPPW	Percentage of Prevalent Patient Waitlisted
ECE	Extraordinary Circumstances Exceptions	PPS	Prospective Payment System
ESRD	End-Stage Renal Disease	PSC	Performance Score Certificate
EQRS	ESRD Quality Reporting System	PSR	Performance Score Report
FCHE	Facility Commitment to Health Equity	PSSR	Performance Summary Score Report
HCP	Healthcare Personnel	PY	Payment Year
HD	Hemodialysis	QIP	Quality Incentive Program
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems	SDOH	Social Drivers of Health
MedRec	Medication Reconciliation	SHR	Standardized Hospitalization Ratio
MIPPA	Medicare Improvements for Patients and Providers Act	SRR	Standardized Readmission Ratio
mTPS	Minimum Total Performance Score	STrR	Standardized Transfusion Ratio
NHSN	National Healthcare Safety Network	TPS	Total Performance Score

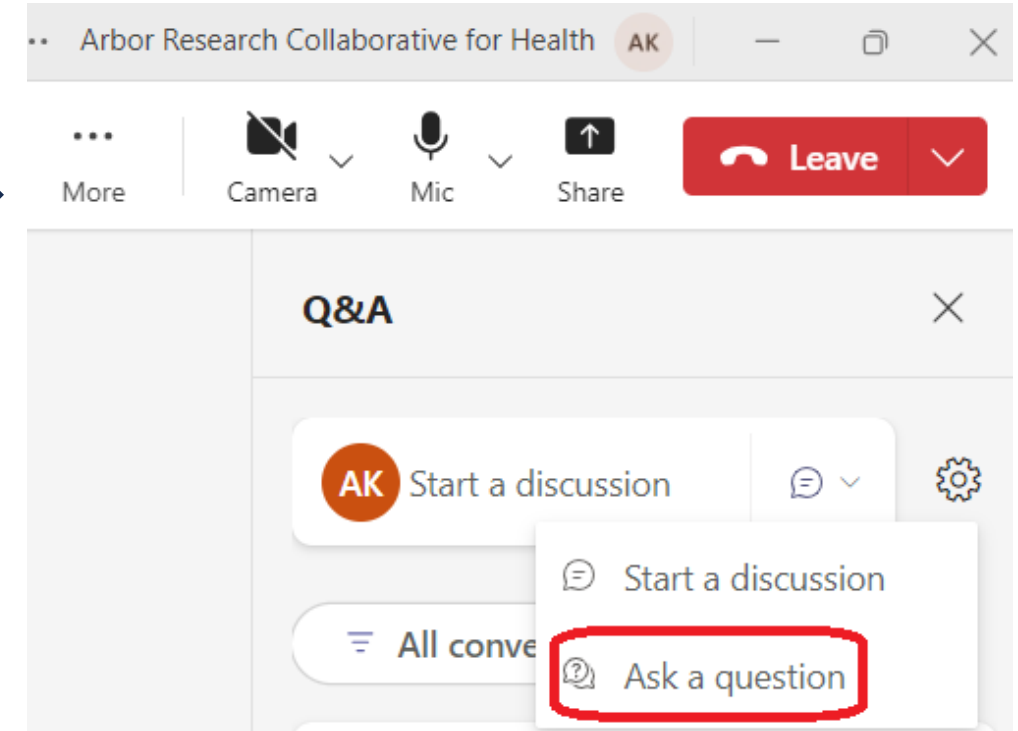
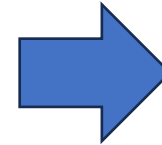
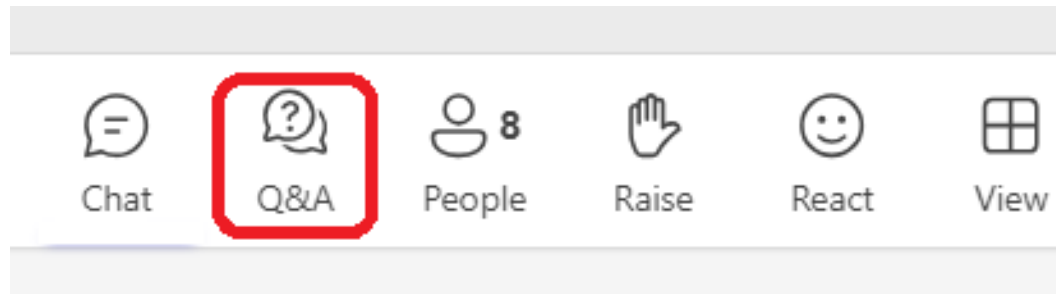
Agenda



Topic	Speaker
Welcome & Agenda	Alissa Kapke
CY 2026 ESRD QIP Finalized Proposals	Golden Horton
PY 2028 Performance Standards & Payment Reduction Scale	Golden Horton
Estimated Distribution of Payment Reductions	Golden Horton
ESRD QIP Resources	Golden Horton
PY 2026 Final Reports	Alissa Kapke
EQRS Resource Updates	Alissa Kapke
Upcoming ESRD QIP Reporting Deadlines	Alissa Kapke
Live Questions & Answers	

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.

Please note that some questions may require additional research.

Any unanswered questions can be submitted to

[QualityNet Question and Answer Tool](#).

Objectives

Attendees will be able to:

- Identify statutory and legislative components for the End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- Understand the finalized proposals in the calendar year (CY) 2026 ESRD Prospective Payment System (PPS) final rule for the ESRD QIP
- State the rationale for the finalized policies and their impact on the ESRD QIP
- Understand how to access Payment Year (PY) 2026 Final Reports
- Access new or updated resources for the ESRD QIP and EQRS.

Guidance

- During today's presentation, the Centers for Medicare & Medicaid Services (CMS) will discuss the finalized updates for the ESRD QIP in the CY 2026 ESRD PPS final rule, published on November 24, 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 final rule located in the [Federal Register](#).
 - In the PDF version, ESRD QIP begins in Section IV, on page 38.

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Statutory Foundations and Legislative Drivers

Golden Horton, MS

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 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 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.

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CY 2026 ESRD QIP Finalized Proposals

Final Rule Summary

Remove 3 Measures

Modify 1 Measure

Beginning in PY 2027, CMS will be removing the following measures:

- Facility Commitment to Health Equity Reporting (FCHE) Measure.
- Screening for Social Drivers of Health (SDOH) Reporting Measure.
- Screen Positive Rate for SDOH Reporting Measure.

Final Rule Summary

Remove One Measure

Modify One Measure

Beginning in PY 2028, CMS will modify the In-center Hemodialysis Consumer Assessment of Healthcare Providers (ICH CAHPS) Clinical Measure.

**Finalized Proposal to
Remove Three Reporting
Measures
Beginning with
PY 2027**

Removal of FCHE Reporting Measure

Rationale

Final Rule Action

- Beginning with PY 2027, CMS proposed to remove the FCHE reporting measure from the ESRD QIP.¹
- 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.²

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

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

Removal of Two SDOH Reporting Measures

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.¹

Final Rule Action

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

Reporting Measures

Rationale

Final Rule
Action

- Remove the FCHE Reporting measure, Screening for SDOH Reporting measure, and Screen Positive Rate for SDOH Reporting measure.
- Changes are effective in PY 2027.

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Finalized Proposal to Modify the ICH CAHPS Clinical Measure Beginning with PY 2028

Modify ICH CAHPS Clinical Measure

Rationale

- Reducing the survey by 23 questions aims to alleviate patient fatigue caused by its length.
- Response rates to the survey are gradually decreasing, with survey length considered a possible reason.
- Questions removed to make the survey more focused include:
 - Four Quality of Dialysis Center Care and Operations questions
 - All six Nephrologists' Communication and Caring measure questions
 - Nephrologist rating question
 - Two core questions not used in public reporting
 - Nine questions from the 'About You' section and one mail proxy question
 - Race and ethnicity items were combined into a single question
 - Case-mix adjuster questions with minimal survey impact

Final Rule Action

ICH CAHPS Clinical Measure

Rationale

Final Rule
Action

- Modify the ICH CAHPS clinical measure beginning with the PY 2028 ESRD QIP.

**Revisions to
Measure Domains and Measure
Weights
Used to Calculate the TPS for
PYs 2027 and 2028**

Measure Domains and Weights Used to Calculate TPS

Measure/Measure Topics by Domain	Domain/Measure Weight as Percent of TPS PY 2027/2028
Patient and Family Engagement Measure Domain	15.00
In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) measure	15.00
Care Coordination Measure Domain	30.00
Standardized Hospitalization Ratio (SHR) measure	7.50
Standardized Readmission Ratio (SRR) measure	7.50
Percentage of Prevalent Patient Waitlisted (PPPW) measure	7.50
Clinical Depression Screening and Follow-Up measure	7.50
Clinical Care Measure Domain	35.00
Kt/V Dialysis Adequacy measure Topic	11.00
Long-Term Catheter Rate measure	12.00
Standardized Transfusion Ratio (STrR) measure	12.00
Safety Measure Domain	10.00
NHSN Bloodstream Infection (BSI) measure	10.00
Reporting Measure Domain	10.00
Hypercalcemia measure	3.33
Medication Reconciliation (MedRec) measure	3.33
COVID-19 Healthcare Personnel (HCP) Vaccination measure	3.33

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PY 2028 Performance Standards and PY 2027/PY 2028 Payment Reduction Scales

Finalized Performance Standards for PY 2028 ESRD QIP Clinical Measures

Measure	Achievement Threshold (15 th Percentile)	Median (50 th Percentile)	Benchmark (90 th Percentile)
Long-Term Catheter Rate	18.35%*	11.04%*	4.69%*
Kt/V Dialysis Adequacy Measure Topic:			
Adult Hemodialysis (HD) Kt/V	96.08%	98.52%	99.73%
Pediatric Hemodialysis (HD) Kt/V	81.25%*	98.29%	100.00%*
Adult Peritoneal Dialysis (PD) Kt/V	87.37%	95.20%	99.04%*
Pediatric Peritoneal Dialysis (PD) Kt/V	66.49%*	83.04%	98.91%
Standardized Readmission Ratio	34.27*	26.50*	16.18*
NHSN BSI	0.642*	0.215*	0.00*
Standardized Hospitalization Ratio	166.60*	129.14*	87.98*
Standardized Transfusion Ratio	48.29*	26.19*	8.07
PPPW	8.12%*	16.73%*	33.90%*
Clinical Depression Screening and Follow-Up	89.11%	95.12%	100.00%*
ICH CAHPS: Quality of Dialysis Center Care and Operations	55.82%	64.90%	76.18%
ICH CAHPS: Providing Information to Patients	71.09%	77.84%	85.11%
ICH CAHPS: Overall Rating of Dialysis Center Staff	52.57%	65.70%	80.74%
ICH CAHPS: Overall Rating of the Dialysis Facility	56.24%	69.41%	83.83%

*Values are the same final performance standards for those measures for PY 2027. In accordance with our longstanding policy, we are using those numerical values for those measures for PY 2028 because they are higher standards than the PY 2028 numerical values for those measures.

PY 2027 Payment Reduction Scale

A facility must meet or exceed a minimum Total Performance Score (mTPS) of **56** to avoid a payment reduction for PY 2027.

Finalized Payment Reduction Scale for PY 2027 Based on CY 2023 Data	
Total Performance Score	Reduction (%)
100–56	0%
55–46	0.5%
45–36	1.0%
35–26	1.5%
25–0	2.0%

PY 2028 Payment Reduction Scale

A facility must meet or exceed a minimum Total Performance Score (mTPS) of **57** to avoid a payment reduction.

Finalized Payment Reduction Scale for PY 2028 Based on CY 2024 Data	
Total Performance Score	Reduction (%)
100–57	0%
56–47	0.5%
46–37	1.0%
36–27	1.5%
26–0	2.0%

Estimated Distribution of PY 2027 Payment Reductions

Total estimated payment reductions among 3,256 facilities expected to receive a payment reduction in PY 2027 is approximately \$21.6 million, with an estimated average of \$6,650 per facility.

Payment Reduction	Estimated Number of Facilities	Estimated Percent of Facilities*
0.0%	4,170	56.2%
0.5%	1,883	25.4%
1.0%	945	12.7%
1.5%	312	4.2%
2.0%	116	1.6%

*156 facilities not scored due to insufficient data

Estimated Distribution of PY 2028 Payment Reductions

Total estimated payment reductions among 3,160 facilities expected to receive a payment reduction in PY 2028 is approximately \$20.6 million, with an estimated average of \$6,527 per facility.

Payment Reduction	Estimated Number of Facilities	Estimated Percent of Facilities*
0.0%	4,265	57.4%
0.5%	1,865	25.1%
1.0%	902	12.2%
1.5%	294	4.0%
2.0%	99	1.3%

*157 facilities not scored due to insufficient data

QIP Resources

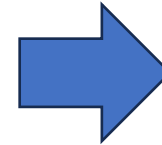
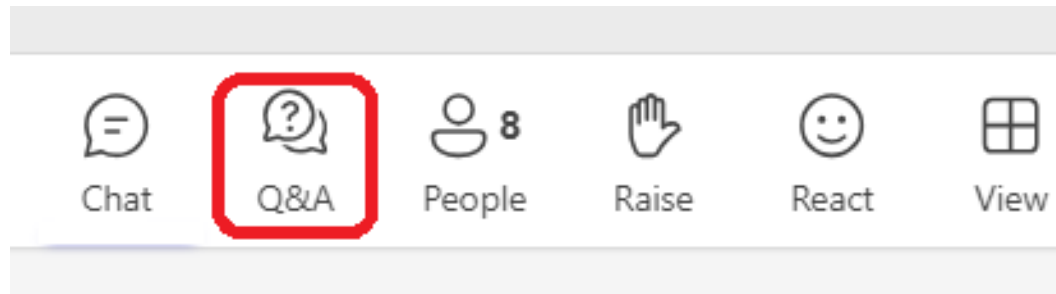


Resource	Location
General ESRD QIP Information	ESRD QIP Section on CMS.gov ESRD QIP Section on QualityNet
ESRD QIP Measures	Technical Specifications on CMS.gov ESRD QIP Measures on CMS.gov ICH CAHPS on CMS.gov ESRD QIP Measures on QualityNet
ESRD Public Reporting	Dialysis Facility Compare
ESRD Stakeholder Partners	Partners in ESRD Care
ESRD CY 2026 Final Rule	ESRD QIP Final Rule

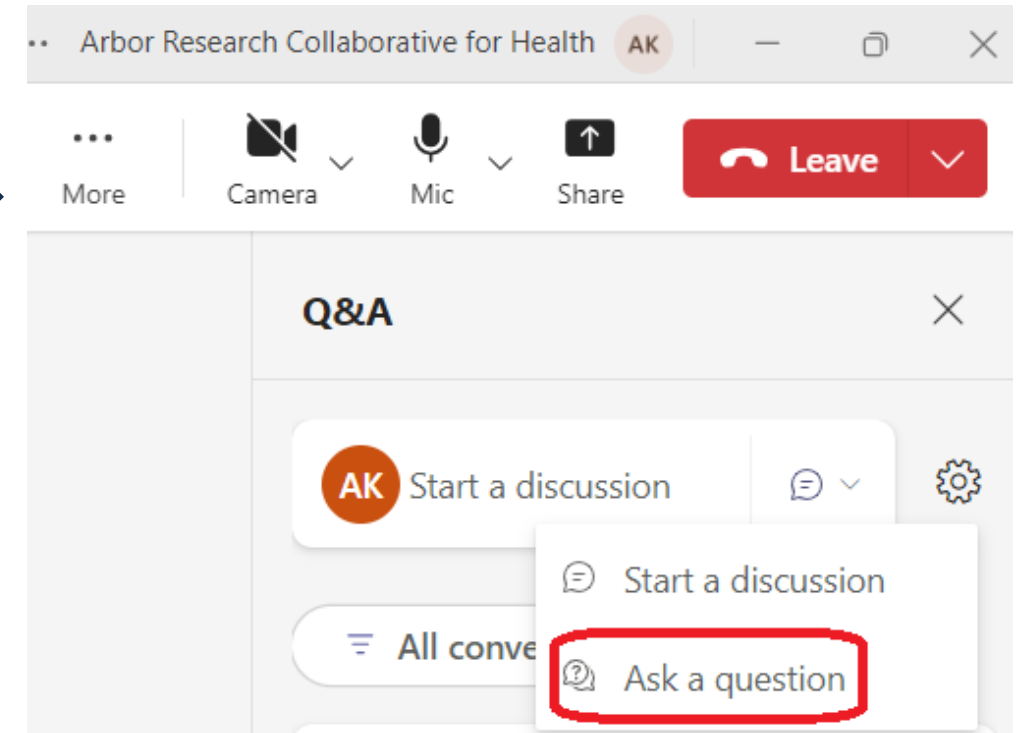
Contact us via the [QualityNet Question & Answer \(Q&A\) Tool](#).

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ESRD QIP PY 2026

Final Period

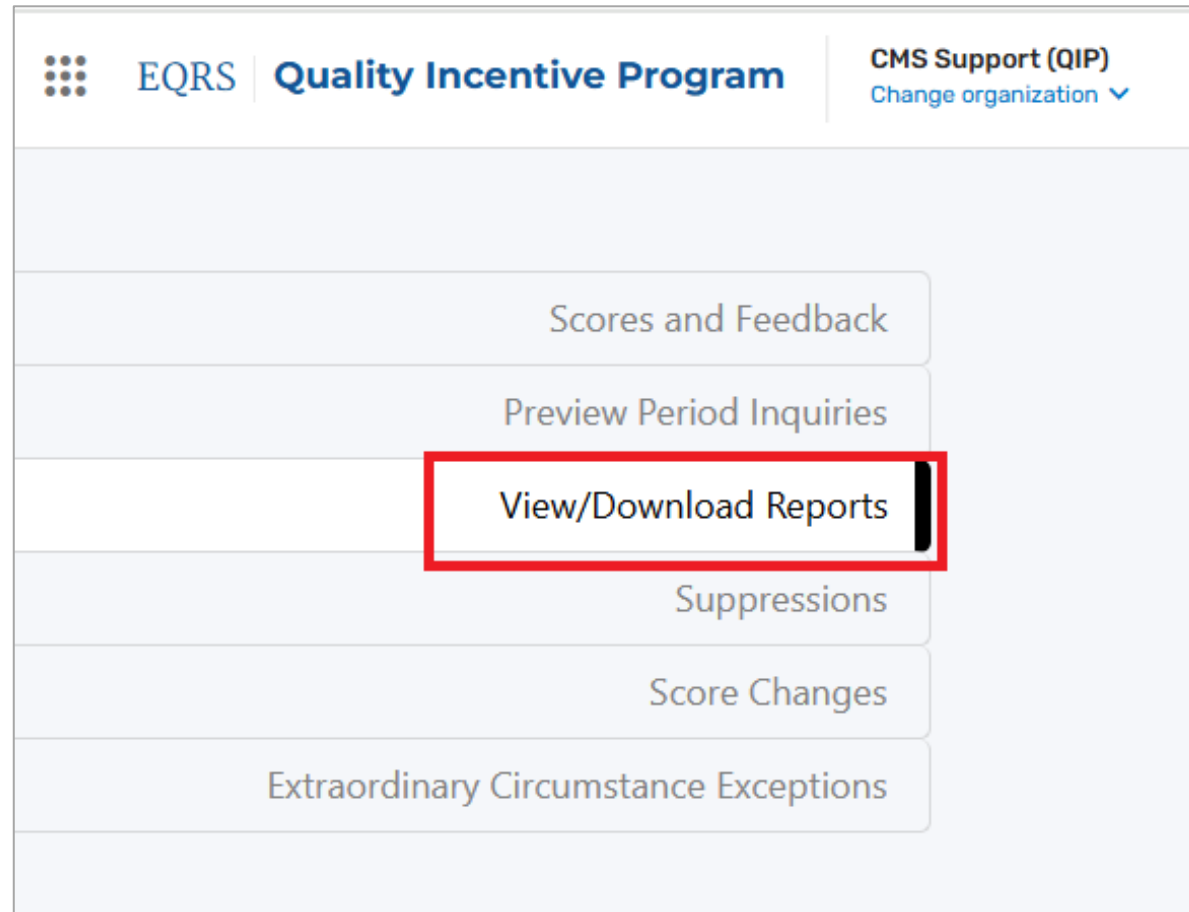
Alissa Kapke, MS

PY 2026 Final Reports

- **Final Performance Score Report (PSR)** reflects any applicable revisions to your facility's performance score from those displayed during the preview period.
- **Performance Score Certificate (PSC)** displays your TPS.
 - Facilities are required to download and print both the English and Spanish versions of their PSC and display them in a prominent patient location within the facility.
 - PSCs must be posted by **December 4, 2025**, which is 15 business days after they are available.
 - PSCs must remain posted throughout calendar year 2026 until next year's PSCs are available.

Downloading Final Reports

- Log in to the QIP User Interface in EQRS.
- Select View/Download Reports.



Downloading Final Reports

- Type your **Facility Name, CCN, or Dialysis Organization.**
- Select **2026** under **Payment Year.**
- Select **Final** under **Period.**
- Choose a report (PLR, PSR, or PSC) under **Report Name.**
- Click **Apply Filter.**

View/Download Reports

Below you'll find a list of facility reports that are in your purview. Choose a particular report to view or download.

Select your Facility and Payment Year

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

Facility Name, Facility CCN or Dialysis Organization*

ABC DIALYSIS, 012345, Independent

Enter at least 3 characters to search for a facility

Payment Year*2026

Period*FINAL

Report Name

Select a Report

Select a Report

PLR

PSR

PSC

Clear Filter

Apply Filter

Downloading Final Reports

- The report you selected will display at the bottom of the page. Note: If you leave the **Report Name** blank, all final reports will display.
- Click on the link under Available Reports to download your report.
- The PSC downloadable file includes both the English and Spanish versions.

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	012345	Performance Score Certificate	final		012306-PSC-PY2026.pdf

Showing 1 to 1 of 1 results

Page Size

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New EQRS Resources

Extraordinary Circumstances Exceptions (ECEs)

- Facilities may request exceptions when extraordinary circumstances occur beyond the control of the facility and have an effect upon their regular operations.
 - **Requests must be submitted within 90 days of the extraordinary circumstances.**
 - Months for which ECEs are granted are excluded from ESRD QIP measure calculations.
- ECEs can now be submitted in EQRS in the ECE section of the QIP User Interface.
- Available resources include a [User Guide](#) and a [Frequently Asked Question](#) document

New or Modified EQRS Components

- **Form 2728 and Form 2746 Dashboard**

- Purpose: Simplify the process of viewing saved or submitted forms in EQRS
- A News Flash explaining how to use the new dashboard is available [here](#).
- Information about recent changes to Form CMS-2728 is available [here](#) and about changes to Form CMS-2746 is available [here](#).

- **Emergency Dashboard**

- Purpose: Provide access to aggregated and summarized data and reporting from active or closed emergency incidents that are recorded in the Emergency Module.
- A News Flash explaining how to use the new dashboard is available [here](#).

- **Emergency Module**

- Purpose: Allow facilities and large dialysis organizations to provide real-time online reports and updates to the Kidney Community Emergency Response team during emergencies
- An Emergency Module User Guide is available [here](#).

New or Updated User or Quick Start Guides

- **Dialysis Facility Editor Quick Start Guide**

- Purpose: Provide how-to guide for using the facility editor resources in EQRS
- Resource is available [here](#).

- **EQRS Quick Start Guide**

- Purpose: Provide information to EQRS users. A new Emergency Section was added to the prior Quick Start Guide version.
- Updated resource is available [here](#).

- **Transplant Editor Quick Start Guide**

- Purpose: Support Transplant Hospitals, End Stage Renal Disease (ESRD) Networks and others that need to perform frequently used transplant-related tasks.
- An updated Quick Start Guide is available [here](#).

Keeping Track of EQRS Changes or New Resources

- **Sign up to receive messages from the EQRS mailing list**
 - Sign up [here](#).
 - Make sure messages from <cmslists@subscriptions.cms.hhs.gov> aren't being blocked or sent to a junk or spam folder.
 - Read the messages!
- **Check the website**
 - Use the Education and News sections on MyCROWNWeb.org.
 - Get ready to use a new website. MyCROWNWeb will be phased out in early 2026 and replaced by a website that complies with evolving CMS security requirements. More updates will be provided as the transition approaches.

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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
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 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 Clinical 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 2025 In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Attestation	
Attestation Year	Data Submission Deadline
January 1 – December 31, 2025	March 2, 2026, at 11:59 p.m. PT

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

EQRS Data Reporting: Additional Information

EQRS data submission deadlines are listed on [MyCROWNWeb.org](https://mycrownweb.org):

<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
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](#)

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Questions and Answers

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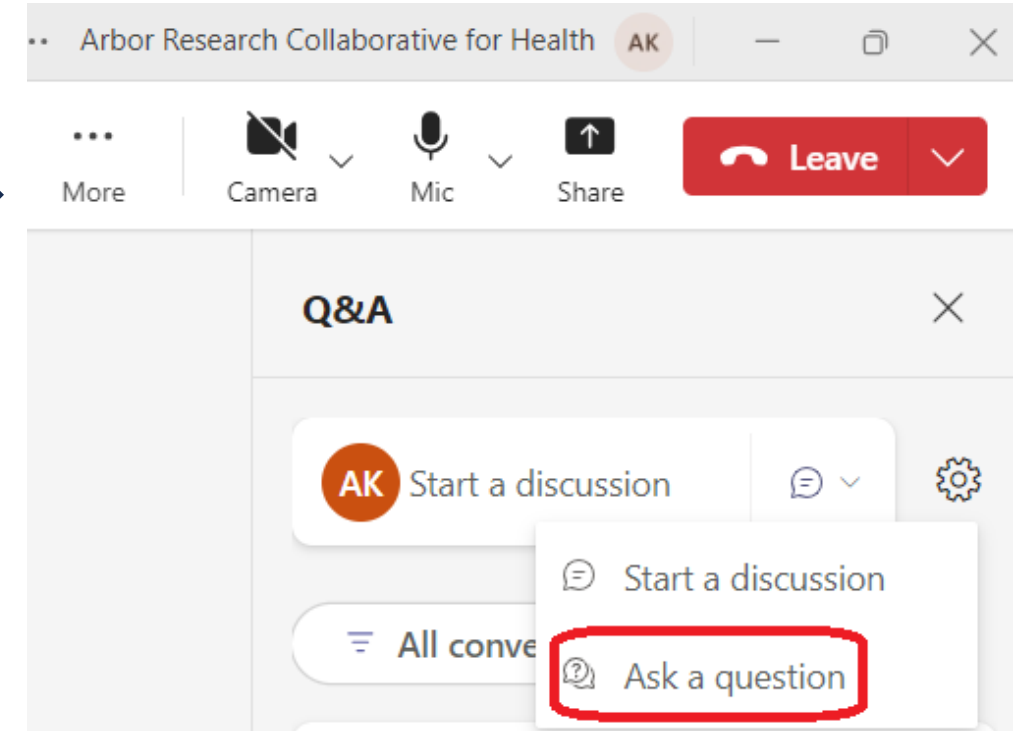
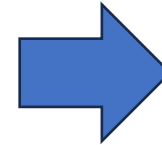
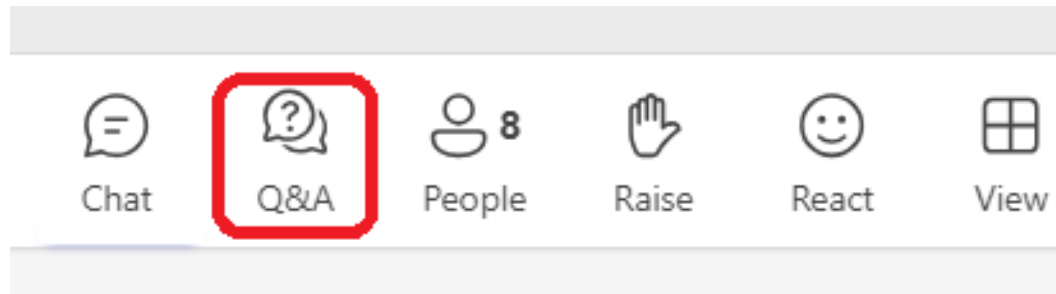
Thank you!



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