

Transcript

December 10, 2025, 6:59PM

AK **Alissa Kapke** 0:12

Hello, welcome to our annual webinar on the calendar year 2026 ESRD PPS Final Rule as it relates to the Renal Disease Quality Incentive Program, also known as the ESRD-QIP.

My name is Alissa Kapke and I am the Project Director for the ESRD Quality Program Support or QPS contract and I will be one of the presenters for today's webinar.

Today we are fortunate to have Golden Horton with us, who is the ESRD QIP program lead.

From the CMS Division of Chronic and Post Acute Care, or DCPAC, Golden will cover the new policies finalized in the rule that was published on November 24th. Before I hand things over to Golden, let me first cover a few housekeeping items.

The slides for today's presentation are available on the micronweb.org website, and you will also be able to access these presentation slides and other resources at cms.gov, which will be posted after the presentation.

For your convenience, we will include the links to these web pages in the chat box. Next slide.

Here I will pause for a moment as we are displaying a list of the acronyms that you will see throughout today's presentation.

Next slide. For today's presentation, Golden will cover the ESRD QIP finalized proposals from the calendar year 2026 ESRDPPS final rule. Golden will also cover the estimated distribution of payment reductions for payment years 27.

And 28. Additionally, she will review some of the ESRDQIP resources that are currently available to you online. After Golden's presentation, we will pause for a Q&A session for questions related to the final rule. Then I will.

Be presenting the payment year 2026 final reports, which were released in November, and briefly cover some of the EQRS resource updates and upcoming reporting deadlines. Finally, we will close the presentation with another Q&A session.

Throughout today's presentation, you may submit questions by clicking on Q&A at the top of your screen and then under Q&A, select Ask a question and then type

your question and hit enter. Next slide.

So next I will cover the objectives for today's presentation. By the end of this webinar, you should be able to identify statutory and legislative components for the ESRDQIP. You should understand the finalized proposals in the calendar year 2026 ESRDPPS Final Rule.

For the ESRDQIP and the rationale for each finalized policy. Additionally, you will obtain the resources needed to access your payment year 2026 final reports as well as additional resources that we have available for the ESRDQIP.

Next slide.

As a reminder, the content covered on today's call should not be considered official guidance. This webinar is only intended to provide information regarding program requirements. We ask that you please refer to the final rule located in the Federal Register to clarify and provide a more complete understanding.

of the modifications and proposals for the program and the link is included on this slide.

Next site.

And now I will hand the presentation over to Golden.

Hello, I am Golden Horton, the ESRD QIP lead. Thank you for joining us today. I hope you find today's webinar helpful and insightful. I will first review the ESRD QIP legislative drivers and statutory foundations.

Next slide please.

On this slide, you'll see references to the foundational legislative drivers of the ESRD QIPP, which was enacted by the Medicare Improvements for Patients and Providers Act of 2008, otherwise known as MIPA. The intent of the ESRD QIPP is to promote patient health by providing a financial incentive.

For renal dialysis facilities to deliver high quality patient care, and to do this, CMS is authorized to apply payment reductions up to 2% if a facility does not meet or exceed the minimum total performance score as set forth by CMS.

The ESRD-QIP was supplemented by language included in the Processing Access to Medicare Act of 2014, also known as PAMA, which stipulates the ESRD-QIP must include measures specific to the conditions treated with oral only drugs, and to the extent possible, these measures should.

be outcome-based. Next slide, please. Here's an overview of the statutory requirements for ESRDQIP. Under MEPA, ESRDQIP is responsible for selecting measures that will address anemia management, dialysis adequacy,

Patient satisfaction, iron management, bone mineral metabolism, and vascular access, all as specified by the Health and Human Services Secretary. CMS is required to establish performance standards that apply to individual measures.

specify the performance period for a given payment year and develop a methodology for assessing total performance of each facility based on performance standards for measures during a performance period. In addition, the program must apply an appropriate payment reduction percentage to facilities that do not meet or exceed established

to publish total performance scores. Lastly, CMS is required to publicly report results through various websites. Facilities are also required to post their performance score certificates within 15 days of their availability. Next slide, please.

Next, I will give a brief summary of the policies that were finalized in the calendar year 2026 Final Rule related to the ESRDQIP. Next slide, please.

CMS finalized the removal of three reporting measures, including the Facility Commitment to Health Equity measure, Screening for Social Drivers of Health measure, and a Screen Positive Rate for Social Drivers of Health measure beginning in payment year 2027.

Next slide please.

Additionally, CMS has finalized the policy to modify the In-Center Hemodialysis Consumer Assessment of Healthcare Providers, or ICH CAHPS clinical measure. Next slide.

Now let's talk more about the removal of the three reporting measures which will take effect starting in payment year 2027. Next slide, please.

CMS finalized the removal of the Facility Commitment to Health Equity, or FCHE reporting measure. The removal of this measure is in alignment with current CMS priorities, which are focused on measurable clinical outcomes.

Next slide please.

CMS also finalized the removal of the two social drivers of health or SDOH reporting measures starting with payment year 2027. This decision was based on multiple factors including feedback we have received from facilities regarding the resources. Needed to perform these screenings along with the staff training and data storage required. Further, while these measures require facilities to perform the SDOH screenings, the results from these measures do not show whether the patients benefit from the screenings.

The removal of these measures will reduce the burden on dialysis facilities, enabling

them to allocate resources to other clinical outcomes. Additionally, this change will lessen the patient burden associated with repeated SDOH screenings across multiple healthcare facilities.

Next slide please.

To summarize, after considering public comments, we are confirming our proposal to remove these three reporting measures from the ESRDQIP measure set. This decision falls under Measure Removal Factor 8 as the cost associated with the measures outweighs the benefit of their continued use in the program.

This change will take effect for payment year 2027. As a result, facilities will no longer be required to submit FCHE and SDOH attestations in EQRS, and CMS intends to remove these from the system by the end of the year.

Next slide please.

Our next finalized proposal is the revisions to the ICH CAHPS clinical measure beginning with payment year 2028. CMS proposed revisions to ICH CAHPS clinical measure to alleviate patient fatigue due to the survey length.

The revised measure removed 23 questions from the ICH CAHPS survey, which were identified as appropriate for removal based on psychometric analysis and discussions with a technical expert panel of ESRD entities.

Survey experts, large dialysis organizations, focus groups with dialysis patients, and the CAHPS. The short survey removes 4 questions from the multi-item Quality of Dialysis Center Care and Operations measure.

Additionally, 2 nephrologist focused measures were removed, which are nephrologist communication and caring measure comprised of six questions and the overall rating of nephrologists, which is one question. The survey also removes 2 core questions not currently used in the public reporting measures.

nine questions in the About You section, one question from the Mail Survey Proxy series, and consolidates the race and ethnicity questions into one question. The ICH CAHPS clinical measure will continue to be calculated using two rolling semi-annual surveys and will be publicly reported for all eligible facilities.

with 30 or more complete surveys over the reporting period. Next slide, please.

After considering public comments, CMS is finalizing the modification of the ICH CAHPS clinical measure effective in payment year 2028. Next slide, please.

Now that we have discussed the adoptions, removals, and modifications to the ESRD QIP measures for payment years 2027 and 2028, let's take a look at the impact to measure domains and to measure weights used to calculate a facility's total

performance score.

Next slide please.

The measures and measure weights in each domain, as well as the overall domain weights, are the same for payment years 2027 and 2028. With the removal of three measures from the reporting domain, the domain now has three measures.

Each weighted equally at 3.33% for an overall reporting measure domain weight of 10%. The remaining domain weights are 15% for the family engagement domain, 30% for the care coordination domain, 35% for the clinical care domain, and 10% for the safety domain.

me. Next slide, please.

In this next section, I will cover the performance standards for clinical measures that will be used to determine measure scores, as well as the payment reduction scales for payment years 2027 and 2028. Next slide, please.

On this slide, we are displaying the performance standards for the clinical measures that will be used in payment year 2028 score calculations. These standards are based on calendar year 2024 data, with the exception of values marked with an asterisk.

Which will indicate from a prior year was used in accordance with the long standing policy of applying the highest standard.

Next slide please.

Under our current policy, a facility does not receive a payment reduction for a payment year in connection with its performance under the ESRDQIP if it achieves a total performance score that is at or above minimum total performance score that is established for the payment year.

Payment reductions are implemented on a sliding scale using ranges that reflect payment reduction differentials of 0.5% for each 10 points that the facility's total performance score falls below the minimum CPS. On this slide, we are displaying the updated payment reduction scale for payment year.

2027. The minimum TPS is 56 points and therefore facilities achieving 56 points or higher will not receive a payment reduction in payment year 2027. We note that this scale was determined using calendar year 2023 data.

Next slide, please. The minimum total performance score for payment year 2028 will be 57, and the finalized payment reduction scale is shown in the table on this slide.

We note that the minimum total performance score is based on data from the calendar year 2024. Next slide, please.

Based on the most recently available data, we estimate that approximately 44% or

3256 facilities will receive a payment reduction in payment year 2027, with the majority receiving either a 0.5% or 1% payment reduction.

Total payment reductions are estimated to be 21.6 million, with an average payment reduction of \$6,650 among penalized facilities. Next slide, please. We estimate similar trends in payment reductions for payment year 2028 with

with nearly 43% receiving a payment reduction. Total payment reductions are estimated to be 20.6 million, with an average of \$6,527 per penalized facility. Next slide, please.

This concludes my presentation on the ESRD QIP finalized policies in the calendar year 2026 Final Rule. Before we take questions, I would like to remind you all of all the resources we have available to Support your understanding of the ESRD QIP.

This slide provides links to general ESRD-QIP information on cms.gov and QualityNet. Additionally, we have provided you with links to the ESRD Measures Manual and Technical Specifications, which offer comprehensive details about measure specifications and scoring methodologies.

We also provide you with the links to the ESRD public reporting website where you can view and download results from prior payment years. Should you have any questions about the program, please feel free to submit questions through the Quality net question and answer tool.

Using the link displayed on the bottom of the slide, I will now pass things over to Alyssa.

AK **Alissa Kapke** 17:16

All right. Thank you, Golden. We'd like to stop now and just handle some of the questions. We see a few have come in through Q&A. If you aren't able to use the Q&A tool, then you can go ahead and submit your question in chat. And I do see some coming in through chat as well.

So Golden, one of the questions that we've received is about the minimum TPS that has been changed. So, for calendar year 2025, payment year 2027, it says I'm concerned that it has increased from 51 to 56.

Without first making the proposal in the proposed rule, this moves the goal posts for facilities with only one month remaining in the year. Do you want to talk about why the minimum TPS changed?

HG **Horton, Golden (CMS/CCSQ)** 18:09

Hi, thanks, Alyssa. Yeah, I know we got some of these comments as well in the finalized rule. So just wanted to give a little more information or background. So, the question, why did the payment year 2027 minimum total performance score increase from last year's final rule?

Here I'll try to give as much information as possible and then we can also post this information as well. The minimum TPS again for payment year 2027 was initially published as 51 in the calendar year 2025 final rule and subsequently updated to 56 and the calendar year 2026 final rule to account for the removal of the three reporting measures. In accordance with the finalized policy, the MTPS in the calendar year 2025 final rule was determined using a proxy median score of 0 for the three new reporting measures.

Due to the unavailability of data, 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. So after the three new measures were removed in the calendar year 2026 final rule, the remaining 3 reporting measures each had a median score of 10, so that raised the reporting domain score to 100 because the reporting domain comprises 10.

Of the total performance score, this change results in a five-point increase in the MTPS. And again, we'll post this because it was very technical regarding the answer to that question. And then you can also follow up with us via those channels to get a more specific response if you require.

Hire more information.

AK **Alissa Kapke** 20:06

OK. Thank you. We have another question about the removal of the measures. So, because these three measures are being removed for payment year 2027, does it mean that we do not need to worry about capturing the most complete SDOH data within county year 2025?

HG **Horton, Golden (CMS/CCSQ)** 20:25

So great question. So again, should folks continue to submit the facility commitment to health equity and patient social drivers of health attestations in EQRS? No. CMS is removing these attestations from EQRS no later than early January. And just the follow-up.

If you've already submitted your FCHE and SDOH data for the calendar year 2025, will these data be used to any ESRD cap quick calculations? And the answer to that is no, since these measures have been removed from the payment year 2027 measure set the submitted calendar year 2025.

Data will not be used.

AK **Alissa Kapke** 21:10

OK. Thank you. We do have a question. I'm not sure that you are able to answer. I'm just wondering if you can refer them to the right people. So, as I understand the ETC program will end on 12/31/25, will the payment for performance continue until June? Of 2026 or later. I know that's not for QIP but is there a recommendation on where they could get this answer?

Sir.

HG **Horton, Golden (CMS/CCSQ)** 21:37

I'll see what information I can find and share, so I'll make sure that this is in our notes or questions and answers that are posted.

AK **Alissa Kapke** 21:47

Thank you.

OK, we did have a question about when the measures manual would be posted. I believe that would be. We're planning on posting an update for calendar year 25 and for calendar year 26 by January of 2026. So, we'll be sending out an announcement when those are posted.

Another question that we have received in the past is about the ICH CAHPS measure. Since it is changing, how many returned surveys will be required for the revised and center ICH CAHPS measure that's effective in?

Came year 2028.

HG **Horton, Golden (CMS/CCSQ)** 22:45

That's a great question. 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.

AK **Alissa Kapke** 23:07

All right. And then just a follow up, we do hear frequently from pediatric facilities that treat primarily pediatric patients. Will they need to continue to submit an attestation for this revised measure?

HG **Horton, Golden (CMS/CCSQ)** 23:22

This is another great question, Alyssa. Yes, adult and pediatric facilities that treat fewer than 30 eligible patients during the eligibility period 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.

AK **Alissa Kapke** 23:50

OK. And then we do have a comment about the ICH CAHPS measure, just a suggestion to move the ICH CAHPS to a reporting measure because facilities have no control whether patients complete the survey or not. And facilities should not be responsible for ensuring they're contracted with a third party to provide the survey or opt out based on census.

HG **Horton, Golden (CMS/CCSQ)** 24:19

Thank you for that question and well that recommendation. So, we will take that feedback into consideration.

AK **Alissa Kapke** 24:30

OK, I'm just checking. I'm not seeing anything else in Q&A. Let me check the chat. And we have provided some links in the chat for the proposed role and the slides. And yeah, I'm not seeing any more questions.

So again, if you do have think of questions after this presentation, you can submit them through the CMS help desk and we'll have a we have a link to the help desk in these slides and we also provide it in the chat as well to the Quality Net Q&A tool. So any questions you have, you can submit there and we will be sure to answer those.

So I think we can continue on with today's presentation.

NF

Naveen Fawaz 25:28

Now I will cover the ESRDQIP payment year 2026 final period, which began on November 12th. Next slide.

At the beginning of the final period, the payment year 2026 final reports, including the Performance Score Report, or PSR, and Performance Score Certificate, or PSC, are available for review and download in the QIP section of EQRS.

In your final PSR, if you were notified of any changes to your facility's scores either during or after the preview period, you will see these changes reflected in your facility's final PSR. The PSC is only available during the final period and displays your facility's total performance score.

Or TPS. All facilities who are eligible for payment year 2026 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. CMS requires facilities to post these certificates within 15 business days of their release.

Which was December 4th, 2025. So, if you have not already posted your PSC, please ensure you do so as soon as possible. These PSCS must remain posted throughout calendar year 2026 until next year's PSCS are available.

Next slide.

For those of you who are new to EQRS and ESRD QIP, I will briefly walk through the steps to view and download these reports. So once you have logged in to the QIP user interface in EQRS, select View Download Reports.

Next slide.

Next you will type your facility name, CCN or organization in the first box that you see on this screen and select 2026 on your payment year and make sure you select final for the period. As I noted previously, you will not be able to access PSCS if you select preview for the period since these reports are only available.

available during the final period. Under report name, select which report you'd like to view or download and click Apply Filter. Next slide.

Once you select your report, you will see it displayed under Available Reports column as a PDF. Click on the link or links in this column to download your report. As a reminder, the PSC downloadable file includes both the English and Spanish versions.

Next slide.

Next, I would like to provide a brief overview of some new or updated EQRS features and the resources that have recently been released. Next slide.

First, we have the Extraordinary Circumstances Exceptions, or ECEs. An ECE may be requested by facilities when extraordinary circumstances occur beyond the facility's control, and it impacts their regular operations. These requests must be submitted within 90 days of the event.

And if the event is approved, the months for the measures impacted by the ECE are excluded from the ESRD QIP calculations. Earlier this year, CMS added an ECE section to the QIP user interface in EQRS. This user interface allows you to submit your ECE request directly in EQRS and set.

of emailing the paper form. For more information on submitting ECEs in the user interface, please see the ECE User Guide and the Frequently Asked Questions documents, both available on micronweb.org and on QualityNet. Links to these documents are also provided on this slide.

Next slide.

CMS recently released several new dashboards in the Patient Registry EQRS, and I will cover a few of these today. The Form 2728 and 2746 dashboards were added to make it easier to view.

Saved or submitted forms in EQRS and also display the patient data from both of these forms. Earlier this year, a newsflash was distributed describing how to access and view these dashboards, and you may access that newsflash using the link on this slide.

CMS also released an emergency dashboard which provides aggregated and summarized data and reporting from active or closed emergency incidents. The link to the news flash that describes this dashboard is also provided on this slide.

Information displayed on the dashboard comes from the Emergency module, which was added to EQRS earlier this year. This module allows facilities and dialysis organizations to provide real-time online reports and updates.

To the Kidney Community Emergency Response or KCER team during emergencies. The user guide for this new module is available on mycronmob.org and the link is found on this slide.

We've also posted several revisions to existing EQRS user guides. Changes to the Dialysis Facility Editor and Transplant Editor Quick Start Guides reflect recent updates to EQRS and provide a how-to guide for facility editors and transplant editors.

The EQRS Quick Start Guide was also updated, and this guide provides an at-a-glance overview of EQRS and now includes information on the new emergency module. Links to these guides, which are posted on micronweb.org, are provided on

this slide.

Excite.

The QPS team distributes memos or news flashes whenever new EQRS features are released, and we also send reminders regarding ESRD reporting deadlines. Therefore, if you have not already signed up for the EQRS mailing list, we encourage you to do so today by using the links provided on this slide.

Also, please check that messages from this mailing list aren't being blocked or sent to your junk folder to ensure you are receiving all of our communications.

Additionally, we encourage you to frequently visit the Education and News section on mycrownweb.org.

And be on the lookout for a notification about our new EQRS website, which we are rolling out early next year. Micronweb.org will be phased out and the existing information from micronweb.org will be migrated to this new website.

Next site.

And before we close out today's webinar, let's review some upcoming EQRS and NHS dead deadlines for the ESRDQIP. Next slide.

And we can go to the next slide.

We are approaching the closure of the October 2025 clinical month, which ends on December 31st. Please note that once these months close, CMS cannot reopen them. Therefore, we encourage you to enter your data early.

And ensure your data have been submitted successfully before the closure of each clinical month. Next slide.

CMS is currently collecting clinical depression screening and follow-up data for the 2025 assessment period. You must submit all of your assessments prior to the closure of the December clinical month, which is March 2nd, 2026.

We encourage you to use the Clinical Depression Dashboard in EQRS to review your submissions prior to the reporting deadline. Next slide.

The ICH CATS attestation for 2025 is also due on March 2nd, 2026. For more information about this attestation, please review the ESRD Measure Technical Specifications and we have provided a link to this slide. You may also submit a help desk ticket if you have questions about this.

Attestation.

Next slide.

You will find all of the reporting deadlines on mycronweb.org and we have provided the link to these deadlines on this slide. Also included are links to other useful

documents, including the ESRDQIP Successful Reporting Guide and the EQRS Data Management Guidelines.

Next slide.

Next we have the NHSN dialysis events and COVID-19 vaccination data deadlines for quarter three of calendar year 2025, which are due on December 31st, 2025. You must submit these data in the NHSN system by the deadlines.

In order for your data to be included in the ESRDQIP measure calculations. Next slide.

And here we provide a link to the NHSN submission deadlines that are posted on micronweb.org. If you have any questions about the NHSN data or issues, if you have issues submitting your data, please contact the NHSN help desk.

And we provided the link here on this slide.

Next slide. And that concludes my presentation on the SRDQIP final period and EQRS updates. So, I would like to pause and see if there are any new questions that have been submitted.

AK **Alissa Kapke** 35:08

OK. We do have a question about the health equity and SDOH reporting and the attestations are currently still in EQRS, but as I said earlier or Golden indicated earlier, you don't have to submit the data.

Any longer and CMS is planning to remove these from EQRS early next year.

I'm just looking to see if we have any other questions. I know we had one question that looked to be about the catheter measure. For questions about measures that have aren't changing in the ESRD quip, please send those through the Q&A tool and we will follow up there.

OK, we have one. Do the COVID-19 vaccines walk over from NHSN to EQRS? No. So we receive the COVID-19 healthcare personnel vaccination data from the CDC. So, it's what you report in NHSN is what's used in quip scoring.

And you won't find it in. If you were to log into EQRS, you would not find your data there.

OK, I'm not seeing any others. Let me double check Q&A.

Right. I don't see any new questions.

HG **Horton, Golden (CMS/CCSQ)** 36:58

I think we have one question regarding the covid vaccination measure.

AK **Alissa Kapke** 37:08

Oh, yes, yes. So, is the removal of the covid vaccination reporting measure being considered? Do you want to take that one, Golden?

HG **Horton, Golden (CMS/CCSQ)** 37:18

Yep, I'll take that one. Great question. So, CMS is still looking at refining the ESRDQIP measure set in the coming years. CMS does feel that the COVID-19 healthcare personnel vaccination measure is important to the dialysis facility population at this time.

However, we want to note that we are continuing to review and refine the quick measure set based on updated clinical guidance.

AK **Alissa Kapke** 37:49

All right. Thank you, Golden.

I'm just checking are ICH caps required in 0- to 18-year-old pediatric populations? Do you want to take that one, Golden, or?

HG **Horton, Golden (CMS/CCSQ)** 38:11

Yep, I can take that one. Let's see. Yes, adults and pediatric facilities that treat fewer than 30 eligible patients during the during the eligibility period submitted at a station in EQRS in order to not receive a score. I'm trying to think, did we answer this?

This question earlier um regarding.

AK **Alissa Kapke** 38:31

Yeah, I think this question is asking whether they need to distribute surveys. or the zero- to eighteen-year-old pediatric populations.

HG **Horton, Golden (CMS/CCSQ)** 38:39

No.

That's a great question. I'm not sure if my colleagues from the ICH CAPS team are on. If not, we can defer this question and circle back.

AK **Alissa Kapke** 39:01

OK. That we did hear back from Lauren from CMS, and they will look into the question and we'll, so we'll follow up with that one.

Oh, and we have a this is a great question regarding the new dashboards on EQRS. What happened to the patient activity report? I believe that was replaced with the patient events report. There have been some updates and changes to dashboards. And we have sent out some news flashes about that. So, I hope that answers your question. If not, please go ahead and submit the question through the Q&A tool and we can follow up there.

Another question about ICH cap surveys. I think we can probably follow up after this presentation. Just a request to go back to mailing rather than e-mail method because they had more success without the mailing method.

Oh, and we did get a follow up on um.

The eligibility so.

Trouble reading it. So, ICH patients will be eligible to be included in the sample for the semi-annual ICH CAHP survey if they're 18 years or older on the last day of the sampling window. So, if they're under 18, they're.

They do not need to be to receive a survey. They also have to be alive as of the last day, receive hemodialysis on an outpatient basis for three months or longer, are not receiving Hospice care, are not receiving dialysis treatment.

In a nursing home, skilled nursing facility where they live and are not institutionalized in a long-term facility like a jail or prison. I believe these are the same exclusions that we had in the current measure. What's changing in the new measure is the actual survey itself.

All right, just check, still see some.

Question about the subject line. I don't know if the ICH CAHPS team can answer that. What is the subject line for the ICH CAHPS e-mailed survey? If we don't have the answer now, we can follow up on that.

PL **Popham, Lauren (CMS/CM)** 41:45

Hi, this is Lauren Popham. I'm the core for ICH CAHPS. We don't currently have a web survey at this time.

So there's no subject line.

AK **Alissa Kapke** 41:57

Oh, thank you, Larry. Okay.

All right, just checking.

Um.

It's a question about what will. I think this is for you again, Lauren. What will combining race and ethnicity into a single question look like? Is there a sample survey people can see now?

PL Popham, Lauren (CMS/CM) 42:28

Yes, there is. If you go to the ICH caps.org website and I can put the link in the chat and you can look over the draft survey, I mean or the survey that will we expect to be implemented this spring.

Um, and you can take a look at that.

AK Alissa Kapke 42:53

OK. And I do see a question about from a small pediatric dialysis unit. We only have three teenagers who qualify for depression screening. Are we considered an exception for reporting?

For the ESRD quip, we do require that you submit an attestation indicating that you're not eligible. Otherwise the quip would be expecting you to participate and you know, go through the whole process of getting a survey vendor and so on.

I hope that answers your question.

Right, uh let's see, any other questions?

Golden, we do have a question about the RFIs. It was mentioned in the July meeting that the rule will include RFIs about future measure concepts, for example, interoperability, nutrition and physical activity.

Could you explain how these concepts will be measured?

HG Horton, Golden (CMS/CCSQ) 44:07

Great question. So, we haven't operationalized these concepts as of yet. So, we're just currently looking for how or if they could be implemented into the ESRDQIP program. So, more information comes regarding that, but I want to thank those that submitted comments. We got a lot of great feedback.

And information from you all to take into consideration.

AK Alissa Kapke 44:35

Yeah, these are great questions. I'm not seeing new ones. Let me double check the

chat.

See we do have the ICH CAHPS survey link here in the chat box.

Oh, another question. Will CMS do an ICH CAHPS e-mail survey or online survey dry run?

Are you able to answer that, Lauren?

PL Popham, Lauren (CMS/CM) 45:11

Yeah, I believe it's going to be our goal will be to test a web mode, hopefully in spring 2027.

Um, but that timing could uh change.

AK Alissa Kapke 45:29

All right. Thank you. And we have another question about it, I can answer this on behalf of Quip, but I don't know, Lauren, if you have anything to add. The question is how many patients do you have before you have to do the ICH caps? For Quip, you have to have at least 30 to be eligible, but you do need to attest.

Is there any sort of requirements that CMS has in general for the CAHPS survey?

PL Popham, Lauren (CMS/CM) 46:02

Let me, I'm trying to understand that question. Let me look into that a little bit more. I mean for public reporting we do need those 30 surveys complete but let me look into that question.

AK Alissa Kapke 46:17

OK. Thank you.

All right, great questions. Not seeing any new ones. I'll just give it a minute here.

And Lauren, would the requirements for the survey also be on the website that you for the link you provided?

PL Popham, Lauren (CMS/CM) 46:45

That's correct.

AK Alissa Kapke 46:47

OK, so um, please check out that website with the link that Lauren provided as well.

OK, well, um.

Oh, question about the attestation. Good question. The unit has not yet attested for CAHPS. Can they still do so? So, one thing about the ICH caps attestation is facilities can only do it between January.

And well, from January to February, it's the closure of the December clinical month, so it'll open up in January. So, if you need to attest for the upcoming calendar year, you need to.

Submit it between January and the end of February. We will be sending out announcements when these you know we send out our monthly reminders for the clinical closure months and what's due when so.

Please take a look at those, but right now if you were to log into EQRS, you would not be able to submit an attestation because it's not open.

And again, if you have questions on whether or not you need to submit an attestation, you can submit it through the Q&A tool and we can reply and help you figure out what you need to do.

OK. And I saw a chat. Oh, OK. All right. And yes, if you think of more questions, we just again posted the question link, and we will follow up after the webinar with a Q&A that will have the detailed response.

Responses we provided today and then responses to anything else we may not have answered. So, I think we can wrap it up. Thank you all for attending and we will see you at the next webinar.

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