

END-STAGE RENAL DISEASE QUALITY INCENTIVE PROGRAM (ESRD QIP)

Extraordinary Circumstances Exceptions (ECE) User Guide for ESRD QIP User Interface (UI)

April, 18, 2025

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Introduction

This Extraordinary Circumstances Exceptions (ECE) User Guide provides the information necessary for Facility Viewers, Facility Points of Contact (POCs), and Corporate POCs to use the ECE module in the End-Stage Renal Disease Quality Incentive Program (ESRD QIP) user interface (UI) in the ESRD Quality Reporting System (EQRS). Users have the option to submit ECEs using this EQRS module or may submit an [ECE Request Form](#) via email to ESRDQPS-Admin@arborresearch.org.

Background

The Centers for Medicare & Medicaid Services (CMS) established the ESRD QIP as part of Section 153(c) of The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. This legislation directs the Secretary of the Department of Health and Human Services (HHS) to establish quality incentives for facilities furnishing renal dialysis services. The law outlines specific requirements regarding the selection of measures and scoring, the identification of performance standards and performance periods, and the opportunity for facility review of scores and public reporting.

CMS administers the ESRD QIP to promote high-quality services by outpatient dialysis facilities treating patients with ESRD. The first of its kind in Medicare, this program changes the way CMS pays for the treatment of ESRD patients in traditional Medicare by linking a portion of payment directly to facilities' performance on quality care measures.

CMS offers a process for dialysis facilities to request, and for CMS to grant, exceptions when extraordinary circumstances occur beyond the control of the facility and have an effect upon their regular operations. This is a way for CMS to ensure that any impact on performance caused by the extraordinary circumstance does not factor into ESRD QIP scores. In the event of such a circumstance, a dialysis facility must submit an Extraordinary Circumstances Exceptions (ECE) Request.

This User Guide provides instructions on how users can submit ECE requests and review the status of requests in the ESRD QIP UI.

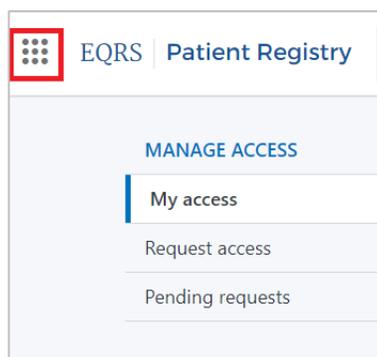
Note: Facilities are not required to submit ECE requests in EQRS. Requests may also be submitted by accessing the online form and following the instructions [here](#). ECE submission forms received via email will be entered in the UI by CMS, enabling users to log in, view, and track the status of their ECE request(s).

Register for a New HARP Account

One Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) account is sufficient for accessing EQRS. Users do not need to create an additional HARP account to access the EQRS Patient Repository or the ESRD QIP UI. Visit the [registration page](#) and follow the steps to register and create an account. See <https://mycrownweb.org/harp-training/> for additional HARP training materials.

Access the ESRD QIP UI

1. Open your internet browser and go to <https://eqrs.cms.gov/globalapp/>. The EQRS Portal sign-in screen displays.
2. Enter your HARP **Username** and **Password**.
3. Click the **Agree to our Terms and Conditions** checkbox and click **Sign In**. A two-factor authentication screen displays.
4. Click **Send Code** or make the appropriate selections to receive a one-time security code.
5. Enter the **security code** and click **Verify**. The My Access screen displays.
 - a. If Quality Incentive Program is not displayed, click on the menu in the upper left corner, as shown in the example below.



- b. Under CHOOSE APPLICATION, select **QIP**.

X
EQRS | Patient Registry

CHOOSE APPLICATION:

Patient Registry

QIP

Quality Incentive Program

- c. After selecting **QIP**, enter your facility CMS Certification Number (CCN), name, or organization, and click **Go to QIP**.

Switch to QIP
X

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

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

Q ABC Dialysis Center X ^

Cancel

Go to QIP >

Entering ECEs

Access the Extraordinary Circumstances Exceptions module

- Once you have accessed the QIP application, click on the Extraordinary Circumstances Exceptions tab on the left side of the screen.

EQRS | **Quality Incentive Program**
ABC Dialysis Facility (012345)
[Change organization](#) v

Scores and Feedback

Preview Period Inquiries

View/Download Reports

Extraordinary Circumstance Exceptions

Extraordinary Circumstance Exceptions (ECE)

Your organization may receive relief from QIP requirements due to natural disasters or other circumstances beyond its control by filing an Extraordinary Circumstance Exception (ECE). You can find more information about ECEs by going to the [Extraordinary Circumstance Exception](#) page at CMS.gov

2. On the Extraordinary Circumstances Exceptions (ECE) main page, you may add, view, or edit ECEs for facilities within your purview.
3. To add an ECE, click on the **Add ECE** button.

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3 ECEs + Add ECE

4. Enter a name for your ECE request and select one of the following from the **Type of circumstance** dropdown list: **Natural Disaster**, **Temporarily Closed Due to Staffing**, **Cyberattack**, **Fire**, **Structural Issue**, **System Issue**, or **Other**.

Add ECE×

* Indicates required field

* ECE Application Name ?

ABC Dialysis Jan2025

* Type of circumstance

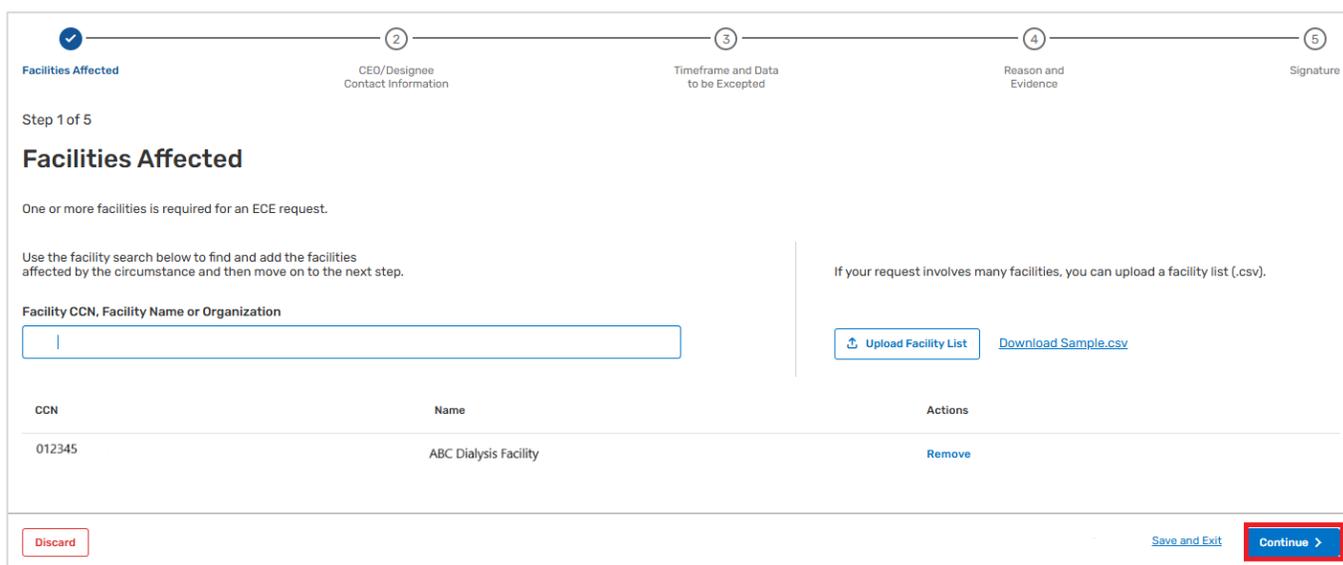
Natural Disaster▼

Cancel

Add ECE

Step 1

1. Enter your **Facility CMS Certification Number (CCN), name, or organization.**
 - a. If your ECE request involves multiple facilities, you can upload the list of facilities on the right-hand side of the screen.
2. Once your facility CCN and name appear, click **Continue**.
3. If the facility added to the ECE is incorrect, you can delete the entry by clicking **Discard**.



The screenshot shows a progress bar at the top with five steps: 1. Facilities Affected (checked), 2. CEO/Designee Contact Information, 3. Timeframe and Data to be Excepted, 4. Reason and Evidence, and 5. Signature.

Below the progress bar, it says "Step 1 of 5" and "Facilities Affected".

Text: "One or more facilities is required for an ECE request." and "Use the facility search below to find and add the facilities affected by the circumstance and then move on to the next step."

Search input: "Facility CCN, Facility Name or Organization" with a text box containing a vertical bar.

Text: "If your request involves many facilities, you can upload a facility list (.csv)." with buttons for "Upload Facility List" and "Download Sample.csv".

CCN	Name	Actions
012345	ABC Dialysis Facility	Remove

At the bottom, there are buttons for "Discard", "Save and Exit", and "Continue" (highlighted in red).

Step 2

1. Enter your contact information.
 - a. If your facility does not have a secondary contact, click **Continue**.
2. If your facility has a secondary contact, click **Add Secondary Contact**.

Note: Including a secondary contact helps ensure receipt of communications. All communications regarding the ECE request will be sent to the primary and secondary contacts.

Step 2 of 5

Contact Information

Enter submitter contact information so they can receive updates on this ECE request.
An additional secondary contact can be added as well.

* First Name

* Last Name

* Title

* Address 1

Address 2

* City

* State

* Zip Code

* Phone Number

Extension

* Email Address

[Add Secondary Contact](#)

Secondary Contact Information
Delete Contact

*** First Name** *** Last Name**

*** Title**

Same address as primary

*** Address 1**

Address 2

*** City**

*** State**

*** Zip Code**

*** Phone Number**

Extension

*** Email Address**

< Previous
Discard

Save and Exit
Continue >

3. Enter the information for the **Secondary Contact Information**.

- a. Click **Delete Contact** if you would like to remove your facility’s secondary contact.

Note: Once the ECE is submitted, you cannot edit or delete your facility’s primary or secondary contact information.

Step 3

On the Step 3 screen, you will enter information regarding the event dates, justification for the end date, and the measures/data you request to be included in the exception. The following provides additional information to help you complete this information.

1. **Is the circumstance ongoing?:** Select **Yes** if the circumstance has not ended, and you are not certain when your facility will no longer be impacted. Select **No** if the circumstance has ended, or you know the date the circumstance will no longer impact your facility.
2. **Date Extraordinary Circumstance Began:** Enter the date your facility determined the extraordinary event occurred.
3. **Estimated Date Relief Would End:** List the date your facility can restart data submission based on your current understanding of the event’s impact. For events adversely impacting your

performance in the measure(s), list the date when your performance will no longer be adversely affected.

- a. If this date is unknown, enter an estimated end date; otherwise, enter the date the event ended.
 - b. If the estimated end date needs to be changed after your submission and your ECE is still under CMS review, you must submit a request to revise the end date via the Help Desk ([CCSQ Welcome Page – CCSQ Support Central](#)).
 - c. If the estimated end date needs to be changed after the ECE is approved in the system, you must submit a new ECE request.
4. **Justify the end date entered:** Provide the reason you feel your facility will be able to restart data submission on this date. For example, specify how the event that prevented your facility from submitting data will be resolved at that time. For events adversely impacting your facility's performance in the measure(s), indicate why your performance will no longer be adversely impacted beginning on that date.
5. **Indicate which program requirements were affected by the extraordinary circumstance:** Select the program requirement measures impacted by the circumstance.
- a. **Clinical Measures** covers ESRD QIP measures utilizing EQRS clinical data and Medicare claims data.
 - b. If you request a validation exception, verify that you have been selected for validation (for more information, see: <https://qualitynet.cms.gov/outpatient/data-management/data-validation>).
6. Once you have entered all the required information, click **Continue**.

Timeframe and Data to be Excepted

Enter dates both for when the extraordinary circumstance began and when it ended. If the end date is unknown, enter an estimate.

* Is the circumstance ongoing?
 Yes No

* Date Extraordinary Circumstance Began: 12/2/2024

* Estimated Date Relief Would End: 2/28/2025

* Provide justification for the end date entered.
 Facility expected to reopen by end of February 2025.
1,000 characters allowed

* Indicate which program requirements were affected by the extraordinary circumstance [?](#)

- Clinical Depression Screening and Follow-up Plan
- Clinical Measures
- Facility Commitment to Health Equity
- In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey
- National Healthcare Safety Network (NHSN)
- Validation [?](#)

Saving ... [Save and Exit](#)

Step 4

1. In the **Reason and Evidence** box, enter the reason you are requesting the ECE and provide all relevant documentation supporting your request. Provide specific reasons for requesting the exception.
 - a. If the event prevented your facility from submitting measure data or completing other program requirements, indicate that your facility is unable to complete program requirements or submit data for and how the reporting and/or submissions were impacted.
 - b. If your facility’s performance on the measure was adversely impacted by the event, specify how the extraordinary circumstance negatively affected performance on the measure.

✓
Facilities Affected

✓
CEO/Designee
Contact Information

✓
Timeframe and Data
to be Excepted

**Reason and
Evidence**

Step 4 of 5

Reason and Evidence

Provide evidence of the impact of the extraordinary circumstance by answering the questions below and including (but not limited to) photographs, web links, newspaper and other media articles.

* Enter specific reasons for requesting an exception. [?](#)

Type reason and description of evidence here.

2. If you have any supporting documents, you can upload the file(s) from your device or drag and drop them in the **File Upload** box under Add Evidence or click the **choose them** link.
 - a. You can upload files by using your file system browser or by dragging them into the web application.
 - b. A description of the file is required.

File Upload

Drag files here or [choose them](#)

Supported file types include: .pdf, .jpg, .png, .txt, .tiff, .xlsx, .xls, .docx, .doc, .csv, .zip

Maximum file size: 200MB

Evidence2.jpg
[Remove](#)

* File Description

3. If you have webpage link(s) evidence you would like to include, paste the link(s) in the **Links** box.

- a. Click **Add Link**
 - b. A description of the link is required.
4. Click **Continue**.

Links

Evidence Link

Add Link

[< Previous](#)[Discard](#)[Save and Exit](#)[Continue >](#)

Step 5

1. Type your name in the **First and Last Name** field.
2. Select the current **Date**.
3. Click **Submit**.

Step 5 of 5

Signature

*** First and Last Name**
 By entering your name below you agree that it will be the electronic representation of your signature for this request - just the same as a pen and paper signature.

*** Date**

PRA DISCLOSURE STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1022 (Expires 01-31-2026). The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records, or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor at

- Once you have submitted your facility's ECE request, the ECE status will display "Awaiting Decision"
- To view your ECE request, click **View** under the Actions column.

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✔ ECE Request Submitted

Your ECE request has been received. CMS will contact you on a decision or if additional information is needed. CMS will strive to complete its review of the request within 90 calendar days.

Total ECE Applications: 1

ID	Name	Facilities	Incident Started ↓	Incident Ends/ Estimated End	Status	Actions
2211	ABC Dialysis 2025	DCI Ball Square	12/2/24	2/1/25	Awaiting Decision	<input type="button" value="View"/>

Editing a Draft ECE Submission

ECEs that have not been submitted will be saved in the system in Draft status. To edit an ECE in Draft status:

1. Log into the QIP application and click on the Extraordinary Circumstances Exceptions tab on the left side of the screen.
2. Identify the ECE you would like to edit on the Extraordinary Circumstances Exceptions (ECE) main page. If you have multiple ECE applications, use the search box. Users may search on **ID**, **CCN**, **ECE Name**, or **Status**.
3. Click **Edit** under the Actions column or click on the link under the Name column.

ID	Name	Facilities	Incident Started ↓	Incident Ends/ Estimated End	Status	Actions
1799	ABC Dialysis2025	ABC Dialysis Center	2/1/25	2/5/25	Draft	Edit

4. Navigate to the screen(s) you would like to edit.

Additional Details

1. When drafting your ECE, click **Previous** at the bottom of the left-hand side of your screen to return to the previous screen.
2. If you wish to delete your ECE application in draft status, click **Discard** on the bottom left-hand side of your screen.
3. The primary and secondary contacts will be notified via email regarding your application.
4. Once you submit the ECE Application, the application will no longer be editable.
5. Once CMS has made a final decision on your application, an approval or denial email notification will be sent to the facility’s primary and secondary (if available) contacts. The status of the ECE request will change to “Approved” or “Denied” in the UI.

Acronyms

Acronym	Description
CCN	Centers for Medicare & Medicaid Services Certification Number
CMS	Centers for Medicare & Medicaid Services
ECE	Extraordinary Circumstances Exceptions
EQRS	End-Stage Renal Disease Quality Reporting System
ESRD	End-Stage Renal Disease
QIP	Quality Incentive Program
HARP	Healthcare Quality Information System Access Roles and Profile
HCQIS	Healthcare Quality Information System
HHS	Department of Health and Human Services
MIPPA	Medicare Improvements for Patients and Providers Act
POC	Point of Contact
PY	Payment Year
UI	User Interface