

March 2025 EQRS Stakeholder Meeting



Hosted to Gather Feedback & Share Updates on End Stage Renal Disease Quality Reporting System (EQRS)

Today's focus:

- *EQRS Overview*
- *EQRS Basics*
- *EQRS Facility Dashboard*

Agenda

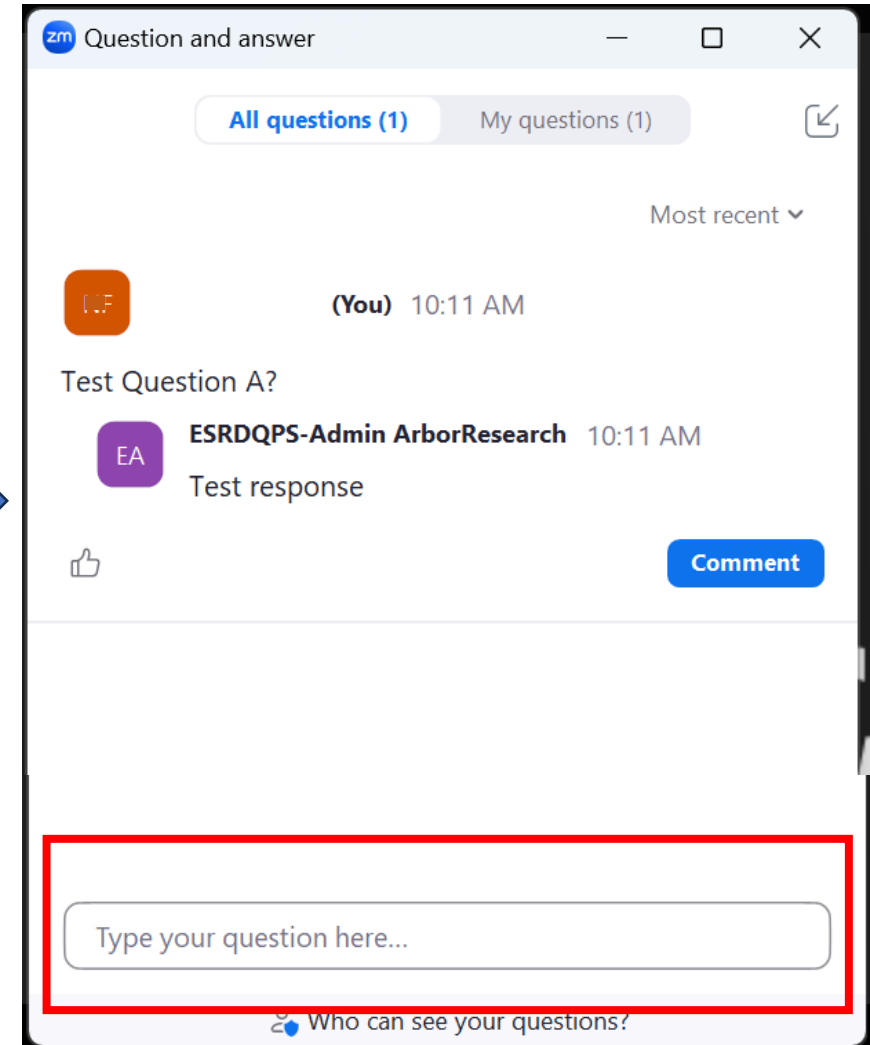
Topic	Speaker
Welcome	Alissa Kapke, MS
EQRS Overview	Tricia Phulchand, BSN, RN
EQRS Basics <ul style="list-style-type: none">• Stopwatch• CMS Forms	Tricia Phulchand, BSN, RN
EQRS Facility Dashboard	Tricia Phulchand, BSN, RN
Q & A	Tricia Phulchand, BSN, RN
Upcoming ESRD QIP & EQRS Events	Alissa Kapke, MS

Submitting Questions

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



- Type your question in the box in the middle of your screen.



Please note that some questions may require additional research.

Any unanswered questions can be submitted to

[QualityNet Question and Answer Tool](#)

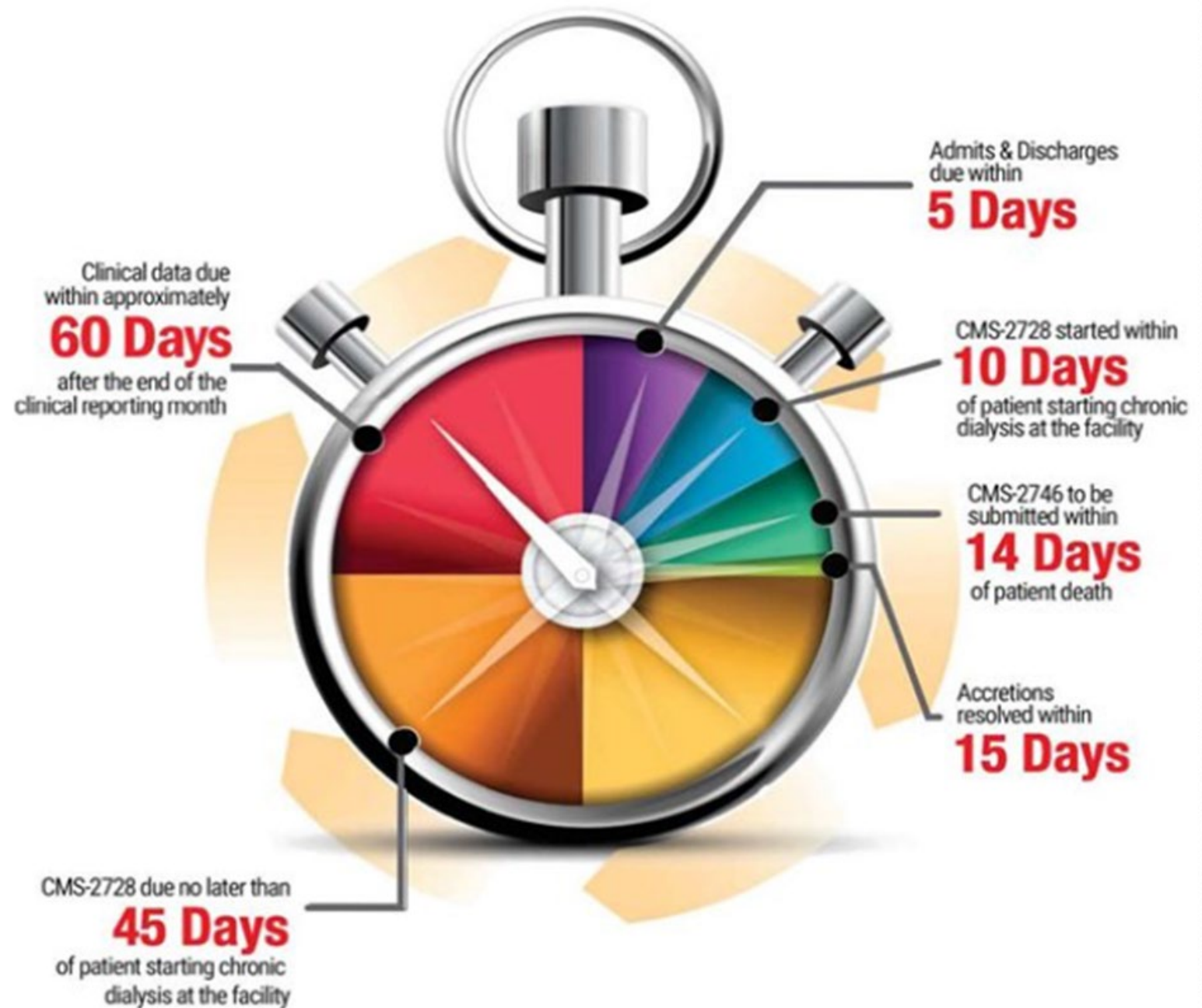
EQRS Overview

What is EQRS?

- EQRS stands for the End Stage Renal Disease (ESRD) Quality Reporting System.
- It is the CMS patient registry used to track ESRD patients whether they are on dialysis or have received a kidney transplant.
- It is an essential data source for the ESRD Quality Incentive Program (QIP).
- It collects patient treatment and demographic information, clinical data, calculates Medicare coverage periods, and includes ESRD QIP measure scores and reports.

EQRS Basics

EQRS Stopwatch



What CMS ESRD forms should be submitted in EQRS?

- Form CMS-2728: *ESRD Medical Evidence Report*
 - Initial 2728
 - When the patient is first diagnosed as ESRD including initiation of chronic dialysis or a kidney transplantation.
 - Provides medical evidence of ESRD for Medicare entitlement.
 - **Due within 45 days of patient being admitted to your facility.**
 - Re-Entitlement 2728
 - When a patient resumes chronic dialysis 3 or more years after receiving a transplant.
 - When a patient resumes chronic dialysis after 1 or more years after recovering native kidney function.
 - **Due within 45 days of patient being admitted to your facility.**
 - Supplemental 2728
 - When a newly diagnosed chronic patient moves from in-center hemodialysis to a home modality (home hemodialysis or peritoneal dialysis) within the first 90 days of chronic dialysis start date.
 - When a newly diagnosed chronic patient is transplanted within the first 90 days of chronic dialysis start date.
 - **Due within 45 days of patient changing to a home modality or receiving a kidney transplant.**

CMS forms (continued)

- Form CMS-2746: *ESRD Death Notification*
 - Notifies Medicare of the date and cause of an ESRD patient's death.
 - **Due within 14 days of a patient's death.**
- Form CMS-2744
 - The survey is a CMS Office of Management and Budget reporting requirement for all dialysis and transplant facilities to provide information to CMS.
 - 2744A: *ESRD Facility Survey (Dialysis Units)*
 - Captures all activity including patient admissions and discharges, Medicare coverage, vocational rehabilitation, facility treatment, number of home training days, and staffing data for the previous year (January 1- December 31).
 - 2744B: *ESRD Facility Survey (Transplant Hospitals)*
 - Captures all activity including transplants performed, Medicare status, and waitlist information for the previous year (January 1- December 31).
 - **Due annually.**

Difference between Save and Submit for Forms CMS-2728/CMS-2746

- Save:
 - Allows changes to be made to the 2728s and 2746s.
 - Forms in saved status are **not considered submitted** and would be considered late if not submitted by their due date.
- Submit:
 - Double-check everything before submitting.
 - There's no turning back now!!!

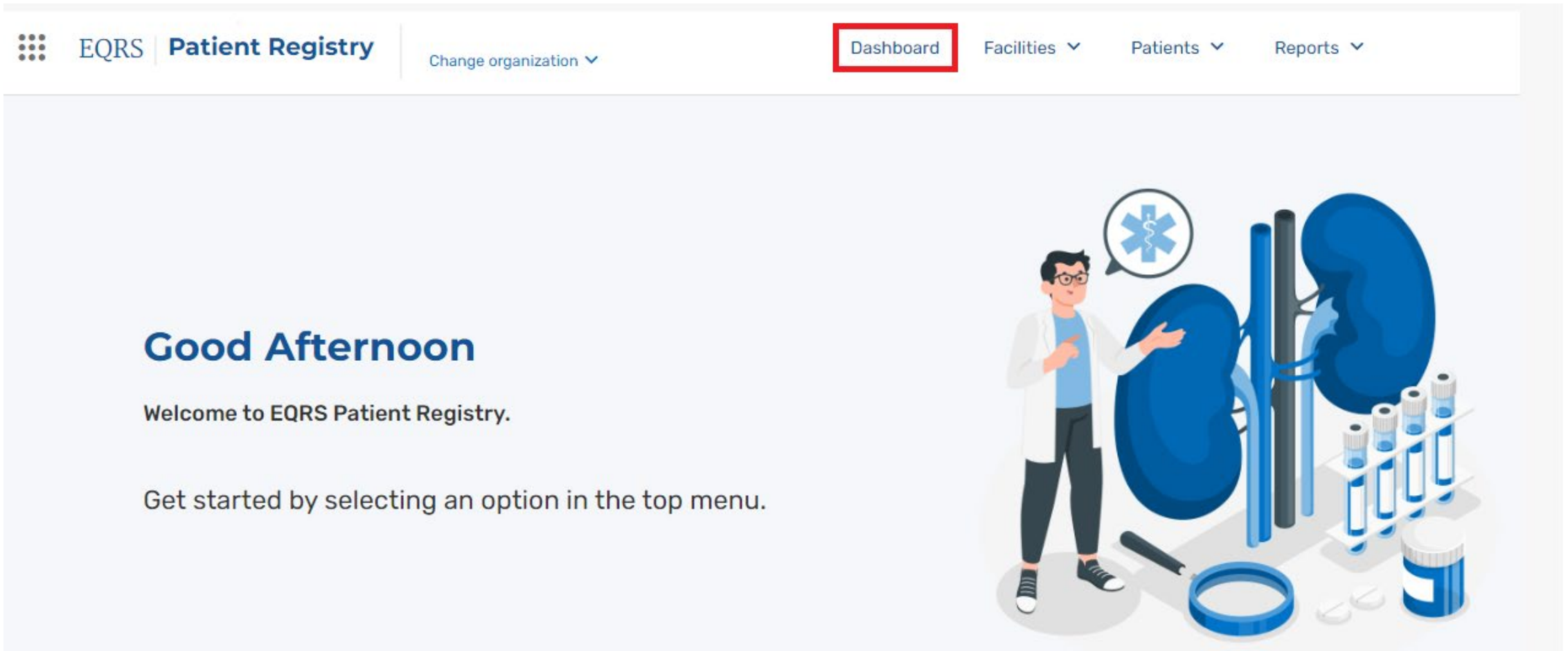
Form CMS-2746 FAQs

- Do I need to complete a Form CMS-2746 if a patient was hospitalized on January 5th and died on February 8th?
 - No; if a patient was not treated at your dialysis facility for 30 days or more, your facility is not required to complete a Form CMS-2746.
- Do I need to complete a Form CMS-2746 if a patient discontinued dialysis on January 12th and died on February 4th?
 - Yes; your facility must submit the form since the patient died within 30 days of receiving treatment at your dialysis facility.
- A patient transferred to another certified outpatient dialysis facility and died in less than 30 days after being discharged from my dialysis facility. Do I need to complete a Form CMS-2746?
 - No; when a patient permanently transfers to another certified dialysis facility, the new dialysis facility is responsible for completing the Form CMS-2746.

EQRS Facility Dashboard

Facility Dashboard

- Provides an overview of any outstanding data that needs to be submitted in EQRS.



Facility Dashboard

Overview		
Form 2728		
New	Due	Past due
0	3	0
Form 2746		
Due		Past due
0		0
Accretions		
Unresolved		
0		
System Discharges		
2025		2024
0		0
Clinical Depression Screenings		
Required Screenings		Upcoming Screenings
108		0
Form 2744 Status		
2024		
Missing		
Clinical Data		
Due in February		Due in March
0		0
SDOH Patient Screening		
2025		
100		
Dialysis Facility Transplant Waitlist		

Missing required facility contacts

Your facility is missing the required Disaster Contact, Disaster Contact Back-up, and Primary Facility Contact. Please go to the "Contact Information" section under your facility details to add the contact information.

Facility Dashboard Overview

Upcoming Reminders

- 04/01/2025 2:59 am EDT - Clinical Data submission deadline for the January 2025 clinical period.
- 04/29/2025 8:00 pm EDT - Clinical Data submission deadline for the February 2025 clinical period.
- 03/03/2026 2:59 am EST - Commitment to Health Equity Attestation reporting period closes for the January 1 - December 31, 2025 assessment period.
- 03/03/2026 2:59 am EST - SDOH Screening Positive Rate reporting period closes for the January 1 - December 31, 2025 assessment period.
- 03/03/2026 2:59 am EST - Clinical Depression Screening reporting period closes for the January 1 - December 31, 2025 assessment period.

Facility Dashboard – Upcoming Reminders

Missing required facility contacts

Your facility is missing the required Disaster Contact, Disaster Contact Back-up, and Primary Facility Contact. Please go to the “Contact Information” section under your facility details to add the contact information.

Facility Dashboard Overview

Upcoming Reminders

- **04/01/2025 2:59 am EDT** - Clinical Data submission deadline for the January 2025 clinical period.
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- **03/03/2026 2:59 am EST** - Commitment to Health Equity Attestation reporting period closes for the January 1 - December 31, 2025 assessment period.
- **03/03/2026 2:59 am EST** - SDOH Screening Positive Rate reporting period closes for the January 1 - December 31, 2025 assessment period.
- **03/03/2026 2:59 am EST** - Clinical Depression Screening reporting period closes for the January 1 - December 31, 2025 assessment period.

Facility Dashboard – Forms CMS-2728/CMS-2746

Overview

Form 2728

New	Due	Past due
0	3	0

Form 2746

Due	Past due
0	1

- Form 2728
 - New
 - Forms that are within 10 calendar days of the patient's admit date.
 - Due
 - Forms that are more than 10 calendar days, but less than 45 calendar days of the patient's admit date.
 - Past Due (LATE)
 - Forms that are more than 45 calendar days of the patient's admit date which means the form is LATE.
- Form 2746
 - Due
 - Forms that are within 14 calendar days of the patient's date of death.
 - Past Due (LATE)
 - Forms that are more than 14 calendar days after the patient's date of death which means the form is LATE.

Addressing Forms CMS-2728 from the Facility Dashboard

- Click on the number below *New*, *Due* or *Past Due* to address outstanding Form CMS-2728s.
- To access the *Manage Form 2728* screen in the patient's record, click on **Manage Form 2728s** under Navigation.
- To view the patient's record, click on the EQRS ID number located under *EQRS Patient ID*.

The screenshot displays the EQRS Patient Registry interface. The top navigation bar includes 'EQRS', 'Patient Registry', and a 'Change organization' dropdown. The main dashboard has tabs for 'Dashboard', 'Facilities', 'Patients', and 'Reports'. A search bar for 'Enter CCN or NPI' is located on the right. The left sidebar shows 'Overview' and 'Form 2728' counts: New (0), Due (3, highlighted with a red box), and Past due (0). Below this, 'Form 2746' counts are shown: Due (0) and Past due (1). The main area is titled 'Form 2728 Records' and contains filters for '2728 Type' (All Available), '2728 Form State' (All Available), and '2728 Status' (Due). A search bar is also present. A table lists three records, with the first two highlighted by a red box. The table columns are EQRS Patient ID, Patient Name, Due Date, Type, Status, Form State, and Navigation. The Navigation column for each record contains a link to 'Manage Form 2728s', which is also highlighted by a red box. At the bottom, it shows 'Showing 1 to 3 of 3 results' and 'Page Size 10'.

EQRS Patient ID	Patient Name	Due Date	Type	Status	Form State	Navigation
3100000001	BUTTER, SALTED	02/22/2025	Initial	Due	Saved	Manage Form 2728s
3100000002	ICE CREAM, VANILLA	02/27/2025	Initial	Due	Saved	Manage Form 2728s
3100000003	WAFER, CHOCOLATE	03/13/2025	Initial	Due	Saved	Manage Form 2728s

Addressing Forms CMS-2746 from the Facility Dashboard

- Click on the number below *Due* or *Past Due* to address outstanding Forms CMS-2746.
- To access the Form CMS-2746, click on **Form 2746** under *Navigation*.
- To view the patient's record, click on the EQRS ID number located under *EQRS Patient ID*.

The screenshot displays the Facility Dashboard interface. On the left, the 'Overview' section shows counts for Form 2728 (New: 0, Due: 3, Past due: 0) and Form 2746 (Due: 0, Past due: 1). The 'Form 2746' section is highlighted with a blue bar. On the right, the 'Form 2746 Records' section includes filters for '2746 Status' (set to 'Past Due') and '2746 Form State' (set to 'All Available'). Below these is a search bar. A table lists the records, with the first row highlighted. The 'EQRS Patient ID' (310000000057) and 'Navigation' (Form 2746) cells are highlighted with red boxes. The table footer shows 'Showing 1 to 1 of 1 results' and 'Page 1'.

EQRS Patient ID	Patient Name	Due Date	Status	Form State	Navigation
310000000057	ICE CREAM, STRAWBERRY	10/25/2024	Past Due	Saved	Form 2746

Facility Dashboard – Form CMS-2744

Form 2744 Status
2024 Missing

Form 2744 Status
2024 Draft

Form 2744 Status
2024 Submitted for Review

Form 2744 Status
2024 Accepted

Form 2744 Status
2024 Rejected

Form 2744 Status
2024 Finalized

- **Missing**
 - Your form has not been added, generated and saved.
- **Draft**
 - Your form has been generated and saved.
- **Submitted for Review**
 - Your form has been submitted to your ESRD Network for review.
- **Accepted**
 - Your form has been accepted by your ESRD Network.
- **Rejected**
 - Your form has been rejected by your ESRD Network.
 - Additional work/revision is needed.
- **Finalized**
 - Your form has been FINALIZED by your ESRD Network.
 - You are DONE until next year's Form CMS-2744 is due.

Facility Dashboard – Accretions

- Accretion:
 - An ESRD patient was identified in another CMS database and appears to be associated with your facility but is not currently admitted to your facility in EQRS.

Overview		
Form 2728		
New	Due	Past due
0	3	0
Form 2746		
	Due	Past due
	0	0
Accretions		
Unresolved		
1		

Accretion Records

View the list of [Accretion records](#) in EQRS.

- Click the number under Unresolved.
- Click on Accretion records.

Action List (Accretion Records)

- Click the **Accretion** link in the Action Type section.

Action List – 1 Records Found

Help

Filter Actions

Action Type *
Accretion

Action Status *
☒ New
☐ Under Investigation
☐ Escalated
☐ Reassigned

Assigned To *
☒ Facility

Clear FilterFilter

Action List

Below is a list of accretions that match your filters. You may adjust your filters as much as you need.

Action Type	Assigned To	Days Open
Accretion: CHOCOLATE MILKSHAKE	ABC DIALYSIS CENTER	10

SSN:XXX-XX-0001Page Size

Showing 1 to 1 of 1 results10

Prev1Next

View Accretion

Accretion Details

Key Patient Information

First Name: CHOCOLATE
Last Name: MILKSHAKE
Sex at Birth: Male
Date of Birth: 11/21/1942
State:
Zip Code: 17366
Social Security Number: XXX-XX- 0001
Medicare Claim Number:
Medicare Beneficiary Identifier:

Facility & Treatment Information

Facility: ABC DIALYSIS
CCN: 123456
Treatment: HEMODIALYSIS
Treatment Start Date: 01/21/2025

Comment History

Name	Comment	Date
No Results Found		

Add a Comment

Accretion Actions

Assign Action Status *

Cancel

Submit

Select an Action Status

The screenshot displays a web form titled "Accretion Details" with several sections:

- Key Patient Information:** First Name: CHOCOLATE, Last Name: MILKSHAKE, Sex at Birth: Male, Date of Birth: 11/21/1942, State: , Zip Code: 17366, Social Security Number: XXX-XX- 0001, Medicare Claim Number: , Medicare Beneficiary Identifier: .
- Facility & Treatment Information:** Facility: ABC DIALYSIS, CCN: 123456, Treatment: HEMODIALYSIS, Treatment Start Date: 01/21/2025.
- Comment History:** (Empty section)
- Accretion Actions:** Contains a dropdown menu labeled "Assign Action Status *" with options: "Assign to Network", "Investigate", and "Accept". A "Submit" button is located to the right of the dropdown.

- **Assign to Network**
 - The patient is unknown to the facility and assistance is needed from the local ESRD Network.
- **Investigate**
 - This informs other users that the accretion is “under investigation” by you.
- **Accept**
 - You agree with the external source and will admit the patient to your facility in EQRS.

Click Submit

View Accretion

Help

Expand All

Accretion Details

Key Patient Information

Facility & Treatment Information

Comment History

Accretion Actions

Assign Action Status *

Accept

Cancel

Submit

Accretion: Admit Patient

Complete the patient admission process.

Accretion under investigation

Admit Patient

[? Help](#)

Complete the sections below to admit a patient in EQRS.

* indicates required fields. [Expand All](#)

Patient Information ^

Patient's first name *

CHOCOLATE

Middle initial

Patient's last name *

MILKSHAKE

Suffix

Date of birth *

Month

Day

Year

11

21

1942

Sex Assigned at Birth *

Male

Social Security Number *

xxxxxx0001

☐ N/A

Medicare Beneficiary Identifier *

AB1C2D3EFG

☐ N/A

System Discharges

- A patient was admitted to another facility which has caused EQRS to discharge the patient from your facility.
- Click the number under the System Discharge section to view the name of the patient.
- To access the Admissions section of the patient's record, click on **Admit/Discharge Records** under *Navigation*.
- To view the patient's record, click on the EQRS ID number located under *EQRS UPI*.

The screenshot displays the 'System Discharge Records' interface. At the top, there is a 'Discharge Year' dropdown menu set to '2025' and a 'Search' input field. Below this is a table with the following columns: 'EQRS UPI', 'Patient Name', 'Discharge Date', and 'Navigation'. The table contains one row of data: '31000000001', 'Patient, Itsa', '02/02/2025', and 'Admit / Discharge Records'. Below the table, it says 'Showing 1 to 2 of 2 results' and 'Page Size 10'. At the bottom left, there is a 'System Discharges' section with two columns: '2025' with a value of '1' and '2024' with a value of '0'. Red boxes highlight the '1' under 2025, the EQRS UPI '31000000001', the 'Admit / Discharge Records' link, and the '2025' column header.

EQRS UPI	Patient Name	Discharge Date	Navigation
31000000001	Patient, Itsa	02/02/2025	Admit / Discharge Records

Showing 1 to 2 of 2 results Page Size 10

System Discharges

2025	2024
1	0

Admissions Page

- Click on the *Admit Date* to your facility.

MANAGE PATIENT

View Patient Admissions (Itsa Patient - 31000000001)

[? Help](#) ▼

Patient

Patient History

Admissions

Treatments

Infections

Vaccinations

Form 2728

Coverage

Admit Date ▼	Admit Reason ▼	Discharge Date ▼	Discharge Reason ▼	Facility Name ▼	Facility CCN ▼	Facility NPI ▼
02/03/2025	Transfer In			ACME DIALYSIS	012345	
02/11/2016	New ESRD Patient	02/02/2025	System Discharge	ABC DIALYSIS	123456	

Page Size

◀ Prev 1 Next ▶

Showing 1 to 4 of 4 results

10 ▼

Edit Admission Information

- Click **Edit**.

View Admission Information (02/11/2016)

 Edit

 Delete

 Help ▾

Admission information ^

Admit date:

02/11/2016

Facility CCN:

123456

Discharge date:

02/02/2025

Admit reason:

New ESRD Patient

Facility NPI:

Discharge reason:

System Discharge

Submit date:

02/24/2016

Facility name:

ABC Dialysis

**Transfer discharge
subcategory:**

N/A

Update Discharge Information

Edit Admission Information (02/11/2016)

[Help](#)

Admission Information

Admit Facility *
Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number
ABC DIALYSIS

Admit Date *
Month: 02 Day: 11 Year: 2016

Discharge Date
Month: 02 Day: 02 Year: 2025

Admit Reason *
New ESRD Patient

Discharge Reason
Transfer
Acute
Death
Delayed Function Resolved following a Transplant
Delayed Function Unresolved following a Transplant
Discontinue
Involuntary
Lost to Follow Up
Other
Recovered Function of Original Kidney
Transfer
Transplant in US
Transplant outside US

Transfer Discharge Subcategory
Dialysis Facility

- Select the appropriate *Discharge Reason*.
- Click **Submit**.

Cancel

Submit

Corrected System Discharge

MANAGE PATIENT

Patient

Patient History

Admissions

Treatments

Infections

Vaccinations

Form 2728

Coverage

View Patient Admissions (Itsa Patient - 31000000001)

?

 Help

Admit Date	Admit Reason	Discharge Date	Discharge Reason	Facility Name	Facility CCN	Facility NPI
02/03/2025	Transfer In			ACME DIALYSIS	012345	
02/11/2016	New ESRD Patient	02/02/2025	Transfer	ABC DIALYSIS	123456	

Showing 1 to 4 of 4 results

Page Size

10

« Prev

1

Next »

Clinical Depression Screenings

Overview		
Form 2728		
New	Due	Past due
0	0	0
Form 2746		
	Due	Past due
	0	0
Accretions		
Unresolved		
0		
System Discharges		
2025	2024	
0	0	

- Click the number under *Required Screenings* to see the list of patients requiring screening.

Clinical Depression Screenings	
Required Screenings	Upcoming Screenings
94	0

Clinical Depression Screenings

- Select **Depression Screening Status**.
- Select **Assessment Period**.
- To access the *Clinical Depression Screening and Follow-Up Reporting* screen, click on **Reporting Options** under *Navigation*.
- To view the patient's record, click on the EQRS ID number located under *EQRS Patient ID*.

Clinical Depression Screening Records

The records below include only those patients who may be treated for at least 90 days within the assessment period, and who meet the age requirement according to the following rules:

- Age 12 by 2024-10-31, for assessment period 2024-01-01 to 2024-12-31
- Age 12 by 2025-10-31, for assessment period 2025-01-01 to 2025-12-31

Depression Screening Status

Required Screenings

All Available

Required Screenings

Upcoming Screenings

Assessment Period

All Open Periods

All Open Periods

2024-01-01 - 2024-12-31

2025-01-01 - 2025-12-31

Search

EQRS Patient ID	Patient Name	Status	Assessment Period	Navigation
31000000005	BUTTER, SALTED	Required	2024-01-01 - 2024-12-31	Reporting Options
31000000021	ICE CREAM, VANILLA	Required	2025-01-01 - 2025-12-31	Reporting Options
31000000007	WAFER, CHOCOLATE	Required	2024-01-01 - 2024-12-31	Reporting Options
31000000007	WAFER, CHOCOLATE	Required	2025-01-01 - 2025-12-31	Reporting Options

Clinical Depression Screenings

- Click **Report** under *Actions*.

Clinical Depression Screening and Follow-Up Reporting

FACILITY

Facility CCN, NPI, and name:
(123456 9876543210) ABC DIALYSIS

Assessment period
☒ 01/01/2025 - 12/31/2025
☐ 01/01/2024 - 12/31/2024

PATIENT

Depression screening status
Required

Patient name search
ICE CREAM, VANILLA

Facility history

UPI	Patient name	Screening status	Last updated	Actions
310000000021	ICE CREAM, VANILLA	Required		Report

Submit Clinical Depression Screening

Clinical Depression Screening and Follow-Up Reporting for ICE CREAM, VANILLA

In order to comply with QIP requirements, you must submit Clinical Depression Screening and Follow-Up Plan information for each eligible patient at least once during the calendar year.

Clinical Depression Screening reporting period closes for the

January 1 - December 31, 2025 assessment period on 03/03/2026 2:59 am EST

- Only required to be submitted for patients age 12 or older
- Only required to be submitted for patients treated at the facility for 90 days or longer
- Only required of facilities with at least 11 eligible patients during the assessment period selected
- Only required of facilities with a CCN open date prior to September 1 of the assessment year selected

Please select one of the following options describing the clinical depression screening and (when necessary) the follow up plan documented for the patient.

- ☐ Screening for clinical depression is documented as being positive, and a follow-up plan is documented[?]
- ☐ Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible[?]
- ☒ Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given[?]
- ☐ Screening for clinical depression is documented as negative, and a follow-up plan is not required
- ☐ Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible[?]
- ☐ Clinical depression screening not documented, and no reason is given

Cancel

Submit

- Review the clinical depression screening options.
- Make the appropriate selection.
- Click **Submit**.

Clinical Data

- Click the number under "Due in <month>".
- To access the *Manage Patient Clinical Values* screen, click on **Manage Clinical** under *Navigation*.
- To view the patient's record, click on the EQRS ID number located under *EQRS Patient ID*.

Clinical Data

Due in February0

Due in March133

Clinical Data Records

Clinical Data Status

Due in Mar

Clinical Period

All Available

State

All Available

Collection Type

All Available


Search

EQRS Patient ID	Patient Name	Status	Clinical Period	State	Collection Type	Navigation
31000000021	ICE CREAM, VANILLA	Due in Mar	December	Missing	HD	Manage Clinical
31000000021	ICE CREAM, VANILLA	Due in Mar	December	Missing	VA	Manage Clinical
31000000007	WAFFER, CHOCOLATE	Due in Mar	December	Missing	HD	Manage Clinical
31000000007	WAFFER, CHOCOLATE	Due in Mar	December	Missing	VA	Manage Clinical

Clinical Data

- Enter and submit clinical data for each collection type for each patient.

Manage Patient Clinical Values


 Info

No clinical data for selected facility, patient, and clinical month.

Patient Search

Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number *

ABC DIALYSIS



Collection Type *

Clinical Month *

Last Name Group

Patient Clinical Status

Hemodialysis

December 2024 (Open)

Select Patient

ICE CREAM, VANILLA (310000000021)

Search Patients

EQRS Patient ID	Patient Name	Date of Birth	Medicare Beneficiary Identifier
310000000021	VANILLA ICE CREAM	10/11/1944	

☐ No Clinical Data Available for All Collection Types

Save

Reset

Submit

Delete

SDOH Patient Screenings

- Click the number under the *SDOH Patient Screening*.
- To access the SDOH screening page, click on **Enter Screening Data** under *Actions* column.
- To view the patient's record, click on the EQRS ID number located under *Patient* column.

Social Drivers of Health Patient Screenings

The records below include only those patients whose data has not been submitted in the selected assessment period.

Patient

Search patients (EQRS ID or name)

Assessment Period

01/01/2025 - 12/31/2025

64 results

Patient ^	Assessment Period ^	Submission Due Date ^	Actions
BUTTER, SALTED 31000000001	01/01/2025 - 12/31/2025	03/03/2026	Enter Screening Data
ICE CREAM, VANILLA 31000000021	01/01/2025 - 12/31/2025	03/03/2026	Enter Screening Data
PATIENT, ITSA 31000000010	01/01/2025 - 12/31/2025	03/03/2026	Enter Screening Data
WAFER, CHOCOLATE 31000000007	01/01/2025 - 12/31/2025	03/03/2026	Enter Screening Data

SDOH Patient Screening

2025

64

SDOH Screening

*Has this patient been screened for the SDOH factors for assessment period 01/01/2025 - 12/31/2025?

☐ Yes ☐ No

If the patient was screened, was the screening result positive for the SDOH factors below?

SDOH FACTOR	YES	NO
Food Insecurity	<input type="radio"/>	<input type="radio"/>
Housing Instability	<input type="radio"/>	<input type="radio"/>
Transportation Needs	<input type="radio"/>	<input type="radio"/>
Utility Difficulties	<input type="radio"/>	<input type="radio"/>
Interpersonal Safety	<input type="radio"/>	<input type="radio"/>

- Select **Yes**: If the patient was screened for all SDOH factors.
- Select **No**: If the patient was not screened for all SDOH factors.

SDOH Screening: Patient was not screened

- Indicate the reason the patient was not screened.
 - Select **No**.
 - Select the reason the patient was not screened.
- Click **Submit Screening**.

*Has this patient been screened for the SDOH factors for assessment period 01/01/2025 - 12/31/2025?

☐ Yes ☒ No

*Select a reason patient was not screened:

- ☐ Opted out from screening
- ☐ Patient was unable to complete screening during their admission and has no legal guardian or caregiver able to do so on the patient's behalf
- ☐ No screening was performed, with no reason given

Close

Submit Screening

SDOH Screening: Patient was Screened

*Has this patient been screened for the SDOH factors for assessment period 01/01/2025 - 12-31-2025?

☒ Yes ☐ No

If the patient was screened, was the screening result positive for the SDOH factors below?

SDOH FACTOR	YES	NO
Food Insecurity	<input checked="" type="radio"/>	<input type="radio"/>
Housing Instability	<input type="radio"/>	<input checked="" type="radio"/>
Transportation Needs	<input checked="" type="radio"/>	<input type="radio"/>
Utility Difficulties	<input type="radio"/>	<input checked="" type="radio"/>
Interpersonal Safety	<input checked="" type="radio"/>	<input type="radio"/>

Close

Submit Screening

- Select **Yes**.
- Indicate **Yes** or **No** for each SDOH Factor.
- No response = No Credit.
- Click **Submit Screening**.

Dialysis Facility Transplant Waitlist

- Allows dialysis facilities to view the waitlist statuses of its dialysis patients.
- The waitlist report can be downloaded by clicking **Download CSV**.

Dialysis Facility Transplant Waitlist

Dialysis Facility Records

FILTER BY

Patient

Search patients (EQRS ID or name)

Transplant Center

Search transplant center

Waitlist Status

--

[Reset all](#)

3 results

[Download CSV](#)

Patient ⓘ ↕	Patient Date of Birth ⓘ ↕	Waitlist Status ⓘ ↕	Active / Inactive Date ⓘ ↕	Inactive Reason ⓘ ↕	Waitlisted Date ⓘ ↕	Waitlist Removal Date ⓘ ↕	Removal Reason ⓘ ↕	Most Recent 272 Dialysis Start Da	Transplant Center ⓘ ↕
BUTTER, SALTED 31000000001	03/14/1955	Removed	01/18/2021		04/30/2019	07/11/2022	Candidate Condition Deteriorated, Too Sick To TX	07/10/2017	ABC Hospital Transplant Center
WAFER, VANILLA 31000000022	05/29/1960	Removed	12/30/2019		04/21/2015	03/13/2023	Refused Transplant	10/23/2012	ABC Hospital Transplant Center
WATERMELON, GREEN 310000000054	06/15/1955	Active	08/13/2024		08/13/2024			04/13/2023	ABC Hospital Transplant Center

Dialysis Facility Transplant Waitlist

Items per page 5 1 — 3 of 3

1

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Coming Soon

Upcoming Events & Deadlines

- Clinical data submission deadlines
- National Healthcare Safety Network (NHSN) data submission deadlines

EQRS Clinical Data Submission Deadlines

Data Submission Schedule for 2025 EQRS Clinical Data	
Reporting Month	Data Submission Deadline
January 2025	March 31, 2025, at 11:59 p.m. PT
February 2025	April 30, 2025, at 11:59 p.m. PT
March 2025	June 2, 2025, at 11:59 p.m. PT
April 2025	June 30, 2025, at 11:59 p.m. PT

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

EQRS Depression Screening and Follow-Up Submission Deadline

EQRS Submission Schedule for 2025 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 [CY 2025 ESRD QIP 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 [CY 2025 ESRD QIP Technical Measure Specifications](#).

NHSN ESRD Data Submission Deadlines

Data Submission Schedule for 2024 and 2025 NHSN ESRD Data: Dialysis Events, Bloodstream Infections, and COVID-19 Vaccination Coverage Among Healthcare Personnel

Quarter/Year	Reporting Months	Data Submission Deadline
4/2024	October-December	March 31, 2025, at 11:59 p.m. PT
1/2025	January-March	June 30, 2025, at 11:59 p.m. PT
2/2025	April-June	September 30, 2025, 11:59 p.m. PT
3/2025	July-September	December 31, 2025, at 11:59 p.m. PT
4/2025	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.

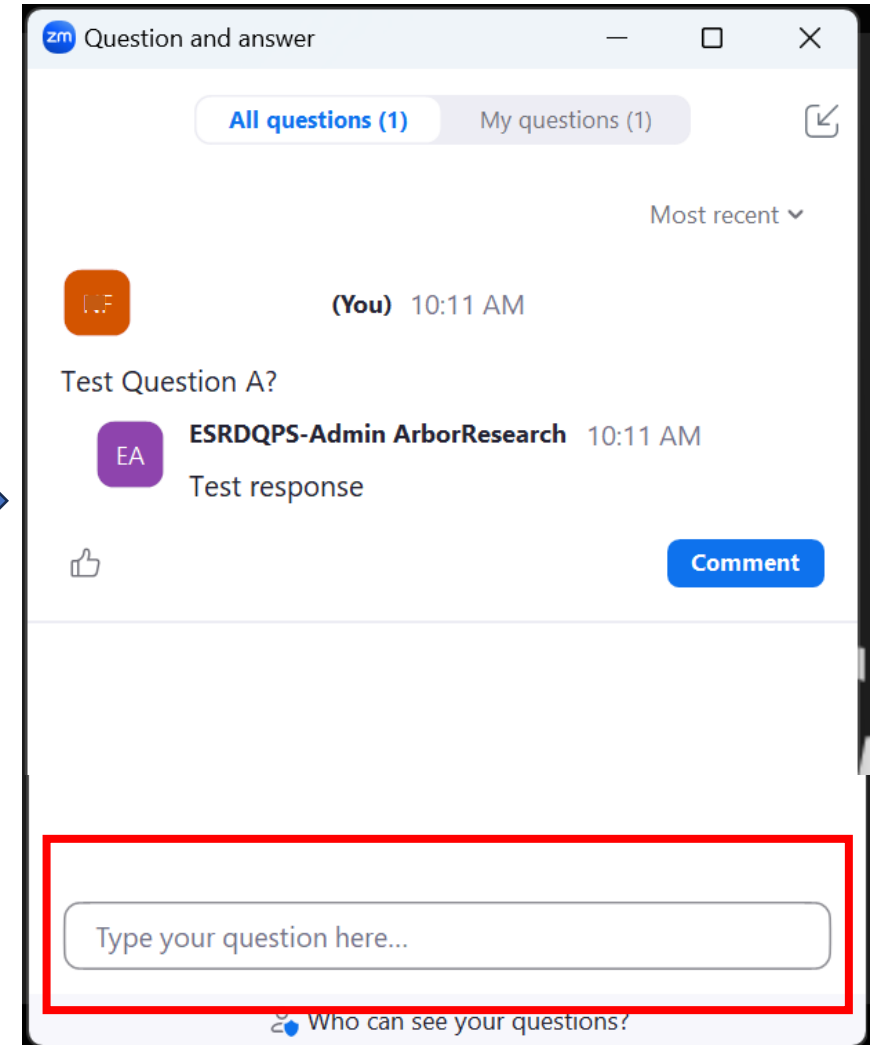
Note: For additional information on the NHSN measures, refer to the [CY 2025 ESRD QIP Technical Measure Specifications](#).

Submitting Questions

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



- Type your question in the box in the middle of your screen.



Please note that some questions may require additional research.

Any unanswered questions can be submitted to

[QualityNet Question and Answer Tool](#)

Submitting Additional Questions

For additional help, contact:

- **QualityNet Help Desk**

- **Email:**

- qnetsupport-esrd@cms.hhs.gov

- **Online Ticket submission:**

- https://cmsqualitysupport.servicenowservices.com/ccsq_support_central

- **Phone**

- [1-\(866\)-288-8912](tel:1-866-288-8912)

Upcoming ESRD QIP & EQRS Events

Save the Dates!

All Events are Scheduled to begin at 2 p.m. ET	
April EQRS Stakeholder Meeting	TBD

Post-Event Evaluation

Please complete a short post-event evaluation by clicking on the link in the Chat box. Your feedback will help improve future events.

Thank you for attending the March 2025 EQRS Stakeholder Meeting

Recordings and slides from all ESRD QIP and EQRS events are posted shortly after the events at: <https://mycrownweb.org/events/>