



**End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)**  
**ESRD Quality Programs Support (ESRD QPS)**

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**CY 2025 ESRD PPS Final Rule**  
**Question and Answer Summary Document**

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

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Subject-matter experts researched and answered the following questions during the live webinar. The questions may have been edited for grammar.

### General Webinar Question

**Question 1.** When will the final ESRD QIP technical specification be released?

The final ESRD QIP technical specifications will be published shortly on [www.cms.gov](http://www.cms.gov).

### General ESRD QIP Question

**Question 2.** We only have 5 to 6 year-round patients, but we might have 11 unique patients for the entire year. How do we handle reporting for those months that the census is under 11 patients?

The eligibility requirements for most QIP measures are based on how many patients your facility treated throughout the year. So, if you have 11 unique patients over the course of the entire calendar year then you should be reporting data for all of your patients throughout the year. Even if you think you may not be eligible, you should report data for the patients you treated.

**Question 3.** If a facility receives a payment reduction, does CMS ever provide the dollar amount of a facility's reimbursement that was reduced?

That information is never presented publicly. CMS does, however, report the list of facilities that are scheduled to receive payment reductions. That information can be found on [www.cms.gov](http://www.cms.gov).

### Kt/V Dialysis Adequacy Topic Question

**Question 4.** How is the Kt/V scoring for the new Kt/V Dialysis Adequacy Topic weighted if you do not have pediatric patients?

If you do not have pediatric patients, then you won't be scored on that specific component of the measure. The Kt/V topic combines the four individual measures into a single topic measure score. For example, if your facility only treats in-center hemodialysis adult patients, then the component score for adult in-center hemodialysis patients will be your Kt/V topic score. The steps for calculating the Kt/V Topic measure score are provided in section 4.1.4.1 of the [CMS ESRD Measures Manual](#).

**Question 5.** Will there be a change in entering Kt/V in EQRS in 2025?

No, data entry for Kt/V in EQRS is remaining the same in 2025.

## National Healthcare Safety Network (NHSN) Data Reporting Question

**Question 6. Do we have to report data to NHSN at all now that the NHSN Dialysis Event Reporting Measure is longer in QIP?**

Yes. Facilities are still required to report 12 months of dialysis event data for the NHSN Bloodstream Infection (BSI) Clinical Measure. If your facility does not report a complete 12 months of dialysis event data to NHSN by the [required quarterly deadlines](#), you will automatically score 0 points on the NHSN BSI Clinical Measure. Additionally, facilities are still required to report COVID-19 vaccination data for healthcare personnel to NHSN.

**Question 7. What about COVID-19 or flu vaccinations for patients? Are those required in addition to for healthcare personnel?**

Currently, the QIP does not require reporting of COVID-19 or flu vaccination data for patients. The QIP requires reporting of COVID-19 vaccination data for healthcare personnel to NHSN. However, we do ask that you check in with other programs such as the ESRD Networks or review and state-based requirements, as reporting patient vaccination data may be a reporting requirement for a different program that your facility is responsible for adhering to.

## ICH-CAHPS Question

**Question 8. We have one in-center hemodialysis patient. Will we be penalized for not doing ICH-CAHPS?**

The ICH-CAHPS Clinical Measure requires that a facility has a minimum of 30 eligible adult in-center hemodialysis patients to be eligible for the measure. This requirement is to ensure that the minimum number of surveys needed can be completed. If your facility did not treat at least 30 eligible adult in-center hemodialysis patients, then you must submit an [attestation in EQRS](#) to be ineligible for scoring on the ICH-CAHPS measure. If you do not attest in EQRS, then your facility will be considered eligible for ICH-CAHPS and may be penalized if you do not authorize a survey vendor.

**Question 9. Is there any change to the number of completed surveys required?**

No, there has not been any change to the number of completed ICH-CAHPS surveys required. The minimum number required is 30 completed surveys over two survey periods.

## Health Related Social Needs (HRSN) Assessments Questions for Social Drivers of Health (SDOH) measures

**Question 10. What HRSN Assessment Screening Tool should we use?**

CMS does not require a specific screening tool. The [HRSN website](#) provides some screening tool options.

**Question 11. How many times does the assessment have to be done for patients?**

The assessment should be completed once per year for all eligible patients.

**Question 12. Do we need to screen all our patients by the end of 2024, or does it start in 2025?**

Screening and data reporting for HRSN screenings begins on January 1<sup>st</sup>, 2025. Effective January 1<sup>st</sup> you have the entire year to submit your attestations for your HRSN results for all your patients.