



End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS) ESRD Outreach, Communication, and Training (EOCT)

EQRS July Town Hall Questions and Answers

Speaker

Jane Chaine, MSN, RN, CNN, RD
Communications Director, EOCT
Health Services Advisory Group (HSAG)

July 8, 2021

DISCLAIMER: This presentation question-and-answer (Q&A) summary document was current at the time of publication and/or website upload. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

The written responses to the questions asked during the presentation were prepared as a service to the public and are not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

This Q&A summary was modified to reflect the most up-to-date information pertaining to calendar year 2020 and 2021 CMS requirements for data submission in EQRS; as of the posting date, this document will not be updated any further. This document was modified for grammar. It answers provider questions submitted during the event. Subject-matter experts developed the responses during and after the event.

End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS)

ESRD Outreach, Communication, and Training (EOCT)

Data Submission and EQRS Reporting

Question 1: How did CMS determine the timeline for the 2020 clinical data submission deadline?

CMS analyzed the volume of submitted data and used EQRS user feedback to calculate the amount of time needed to complete the remaining data entry. Based on this analysis, CMS established a deadline of September 1, 2021. CMS extended this deadline to September 15, 2021, at 11:59 p.m. Pacific Time (PT).

Question 2: Did the September–December 2020 clinical months open in EQRS on July 12, 2021?

Yes, the September–December 2020 clinical months opened in EQRS on July 12, 2021, allowing facilities to enter and/or submit data. Data from September–December 2020 are due by the updated clinical closure deadline of September 15, 2021, at 11:59 p.m. PT.

Question 3: Who at the facility should enter Clinical data, Clinical Depression Screening data, the In-center Hemodialysis Consumer Assessment Healthcare Providers Systems (ICH CAHPS) Attestation, and CMS Forms into EQRS?

Any user who has EQRS access can enter data into EQRS. The facility should determine the most appropriate person to enter which data into EQRS. If your facility batch submits or uses a Health Information Exchange (HIE)/Electronic Data Interchange (EDI) method, please follow the guidance provided by your organization's HIE/EDI/batch team.

Question 4: Our facility already submitted the 2020 clinical data. Will we need to reenter data into EQRS?

No, data submitted in EQRS prior to the data suspension were stored and retained. They do not need to be resubmitted. Please note that CMS highly recommends providers review and audit data for completeness and accuracy prior to the September 15, 2021 deadline.

Question 5: Can facilities submit 2021 data into EQRS at this time?

The 2021 clinical months will open for data submission on September 20, 2021. On that date, EQRS users can submit EQRS Clinical Data and Clinical Depression Screening data for the 2021 calendar year. Providers can submit data into EQRS manually or by batch. If your facility batch submits or uses the HIE/EDI method, please follow the guidance provided by your organization's HIE/EDI/batch team.

Question 6: Does EQRS flag patients who have outstanding clinical data and depression screenings? Does the facility need to check every patient for missing information?

Yes, EQRS flags patients with outstanding clinical and depression screening data via the EQRS Dashboard. Additionally, the Clinical Depression Screening page also displays the patients that still require Clinical Depression Screening and Follow-Up Plan reporting. However, CMS highly recommends that facilities review and audit submitted data for completeness and accuracy prior to clinical closure deadlines. If you batch or use a HIE/EDI method, please follow the guidance provided by your organization's HIE/EDI/batch team.

Question 7: Once the September–December 2020 data are submitted into EQRS, can it be reviewed, corrected, and updated?

Yes, facilities can review and make any necessary updates or corrections to the submitted data up until the updated clinical closure deadline of September 15, 2021 at 11:59 p.m. PT. Data cannot be submitted or updated after the clinical closure date.

Question 8: If our facility batched the September–December 2020 data into EQRS, does the provider need to verify that data were batched correctly?

Yes, CMS highly recommends that facilities audit batch submitted data for completeness and accuracy prior to the clinical closure deadline. Facilities can submit, review, and make any necessary updates or corrections to September–December 2020 data submissions up until the updated clinical closure deadline of September 15, 2021 at 11:59 p.m. PT.

Question 9: **If clinical data were submitted prior to the EQRS suspension, how can the facility find out which data are still outstanding in EQRS?**

EQRS flags patients with outstanding clinical data and clinical depression screening data via the EQRS Dashboard. Additionally, the Manage Clinical page and Clinical Depression pages also display the patients with outstanding data. However, CMS highly recommends that facilities review, and audit submitted data for completeness and accuracy prior to the updated clinical closure deadline of September 15, 2021, at 11:59 p.m. PT. If the facility batch submits or uses a HIE/EDI method, follow the guidance provided by your organization's HIE/EDI/batch team.

Clinical Data

Question 10: **Is Ultrafiltration (UF) data entry required for peritoneal dialysis (PD) patients?**

UF data elements are required in EQRS for in-center hemodialysis patients only. Additional information regarding the UF measure can be found in the ESRD Quality Incentive Program (QIP) Calendar Year (CY) 2021 Measure Technical Specifications: <https://www.cms.gov/files/document/cy-2021-final-technical-specifications-20201130.pdf>.

Question 11: **How do we enter UF data on patients in EQRS?**

Enter the UF data elements for all the dialysis treatments that the patient received during the week that the Kt/V lab value was drawn; UF data elements do not need to be reported in EQRS for any other week besides the week of the Kt/V lab draw.

Example 1: A patient receives treatments on Monday, Wednesday, and Friday, and a Kt/V lab value is drawn on Monday. Then, the UF data elements for Monday should be entered under the Adequacy section of the Manage Clinical screen and the Wednesday and Friday UF data elements should be entered under the UF section of the Manage Clinical screen.

Example 2: A patient receives treatment on Tuesday, Thursday and Saturday, and the Kt/V lab value is drawn on Tuesday. Then, the UF data elements for Tuesday should be entered under the Adequacy section of the Manage Clinical screen and the Thursday and Saturday UF data elements should be entered under the UF section of the Manage Clinical screen.

Please note, the data elements for the actual treatment day that the Kt/V lab value was drawn should be entered into the Adequacy section of the Manage Clinical screen in EQRS.

Question 12: **If a patient only had two treatments during the week that a Kt/V lab value was drawn, how should we enter the UF data into EQRS?**

Enter the UF data elements for all dialysis treatments that the patient received during the week that the Kt/V lab value was drawn.

For instance, if the patient dialyzed on Tuesday and Thursday and had a Kt/V lab drawn on Tuesday, then the UF data elements for Tuesday should be entered under the Adequacy section of the Manage Clinical screen in EQRS, and the Thursday UF data elements should be entered under the UF section of Manage Clinical screen.

Please note, the UF data elements for the actual treatment day that the Kt/V lab value was drawn should be entered under the Adequacy section of the Manage Clinical screen in EQRS.

Question 13: **Our facility draws Kt/V labs on the first two days of the month. If the Kt/V lab draw falls on a Friday, how are UF data entered? Can we enter UF data during the following week (i.e. the following Monday and Wednesday)?**

You should enter UF data elements for all dialysis treatments the patient received during the week that the Kt/V lab value was drawn. If the Kt/V lab draw was on Friday, then enter the UF data elements for the preceding Monday and Wednesday (i.e. the Monday and Wednesday before the Friday Kt/V lab draw day) of that same week, even if these days fall in a different month; you do not need to report UF data elements in EQRS for any other week besides the week of the Kt/V lab draw.

If the patient only received treatment on the day of the Kt/V lab draw and did not receive any other treatments during the week, then enter the UF data elements for the day of the Kt/V lab draw only (under the Adequacy section of the Manage Clinical screen). No other UF data are needed. The UF section can be left blank for that clinical month.

Question 14: **Normalized Protein Catabolic Rate (nPCR) is shown with the N/A box checked; does that mean that this lab is not required to be reported in EQRS?**

The image provided during the training was used as an example. All lab values are required to be entered into EQRS, if available. However, you should only select N/A if the value is not available for that clinical month. Please note that selecting N/A will not meet the data submission requirement for that field.

Question 15: **Do emergency room (ER) visits need to be reported in EQRS?**

Yes, all hospital visits for the month should be entered into EQRS. The three hospital visit reporting options in EQRS include ER visit, Hospitalization, and ER visit that Resulted in a Hospital Admission.

Question 16: **Do we need to enter one-day surgeries as a hospitalization in EQRS?**

Under the Hospitalization section in EQRS, there are three reporting options for hospital visits: ER visit, Hospitalization, and ER visit that Resulted in a Hospital Admission. If the patient meets any one of the three reasons for a Hospital Visit, then the appropriate reporting option should be selected in EQRS.

Question 17: **Do we report an infection that occurred while a patient is hospitalized?**

Under the Infection section in EQRS, there are three ways to report an infection: infection requires hospitalization; infection does not require hospitalization; or N/A. Therefore, the facility will need to determine if the infection is the cause for the hospitalization. If the infection is the cause for the hospitalization, then the facility should report this infection in EQRS. Additionally, any infection(s) that the patient had during the month should be reported in EQRS, including dialysis-related and non-dialysis related infections.

Question 18: **If an infection was reported in the National Healthcare Safety Network (NHSN), do we also enter it in EQRS?**

Yes. NHSN and EQRS are two separate reporting systems. Additionally, any infection(s) that the patient had during the month should be reported in EQRS. This includes dialysis-related and non-dialysis related infections.

Question 19: **What access should we enter in EQRS for a peritoneal dialysis (PD) patient?**

Currently, EQRS only tracks vascular accesses for hemodialysis patients. EQRS does not have reporting options for PD patients.

Question 20: **How should we enter the medication dose for iron and erythropoiesis stimulating agents (ESAs) in EQRS?**

For in-center hemodialysis and home dialysis patients who receive their medications in the facility, enter the actual amount of medication that was administered during the entire month. For home dialysis patients that take their medications at home, enter the amount of medication prescribed for the entire month.

Question 21: **If there were multiple accesses placed or used during the month, how should we report vascular access in EQRS?**

For the date the vascular access data is being reported on in EQRS, enter the vascular access type. Additionally, enter all access types that apply to the patient for the reporting month.

End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS)

ESRD Outreach, Communication, and Training (EOCT)

Clinical Depression

Question 22: **What depression screening choice should we choose if a patient is developmentally delayed and/or nonverbal and unable to assess?**

Qualified staff should determine the appropriate Clinical Depression Screening reporting response.

In-center Hemodialysis Consumer Assessment Healthcare Providers Systems (ICH CAHPS)

Question 23: **Must home dialysis facilities administer the ICH CAHPS Survey?**

No, home dialysis facilities are not required to administer the ICH CAHPS Survey. Additionally, facilities not providing in-center hemodialysis as of December 31 of the performance year are excluded from the ICH CAHPS measure. For additional information about the ICH CAHPS measure, please refer to the ESRD QIP CY 2021 Measure Technical Specifications: <https://www.cms.gov/files/document/cy-2021-final-technical-specifications-20201130.pdf>. Additionally, slides 51–56 of the July Town Hall contain information pertaining to ICH CAHPS eligibility and exclusion criteria: https://mycrownweb.org/wp-content/uploads/2021/06/July-2021-Town-Hall_vFINAL508.pdf.

Question 24: **When should an ICH CAHPS Attestation be reported in EQRS?**

An ICH CAHPS Attestation should be submitted in EQRS if the facility meets any of the ICH CAHPS measure exclusion criteria. Additionally, please note that providing a facility attestation in EQRS will exclude the facility from receiving a QIP score for the ICH CAHPS measure. Please refer to slides 51–56 of the July 8, 2021, Town Hall event for information on ICH CAHPS eligibility and exclusion criteria: https://mycrownweb.org/wp-content/uploads/2021/06/July-2021-Town-Hall_vFINAL508.pdf. For additional ICH CAHPS measure information, refer to the ESRD QIP CY 2021 Measure Technical Specifications:

End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS)

ESRD Outreach, Communication, and Training (EOCT)

<https://www.cms.gov/files/document/cy-2021-final-technical-specifications-20201130.pdf>

Question 25: **How is an ICH CAHPS Survey submitted and how can we obtain the facility results?**

Visit the ICH CAHPS vendor website at <https://ichcahps.org/> for information about the ICH CAHPS Survey.

Question 26: **How is the ICH CAHPS weighted measure percentage of the Total Performance Score (TPS) affected if the facility is exempt from the ICH CAHPS measure?**

ICH CAHPS represents 15 percent of the TPS; the 15 percent from ICH CAHPS is evenly distributed across the remaining QIP measure domains when a facility is exempt from this measure. For additional information about the ICH CAHPS measure and scoring, please refer to the CMS ESRD Measures Manual for the CY 2021 Performance Period: <https://www.cms.gov/files/document/esrd-measures-manual-v60.pdf>

Question 27: **If the facility has more than 30 eligible patients for the ICH CAHPS Survey, but it does not obtain 30 completed surveys, should the facility provide an ICH CAHPS Attestation in EQRS?**

No; facilities that treat 30 or more eligible adult in-center hemodialysis patients during the eligibility period (the year prior to the performance period) but are unable to obtain at least 30 completed surveys during the performance period are excluded from the ICH CAHPS measure. The only time a facility should submit a facility attestation is if the facility has **fewer than 30 eligible in-center hemodialysis patients** during the eligibility period. Facilities must complete the attestation in EQRS if they do not want to receive a score on the ICH CAHPS measure. Facilities that do not have 30 eligible in-center hemodialysis patients and do not complete the attestation process in EQRS will be scored.

Please refer to slides 51–56 of the July 8, 2021, Town Hall event for information on ICH CAHPS eligibility and exclusion criteria: <https://mycrownweb.org/wp-content/uploads/2021/06/July-2021-Town->

End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS)

ESRD Outreach, Communication, and Training (EOCT)

[Hall_vFINAL508.pdf](#). For additional ICH CAHPS measure information, refer to the ESRD QIP CY 2021 Measure

Technical Specifications:

<https://www.cms.gov/files/document/cy-2021-final-technical-specifications-20201130.pdf>.