



Outpatient Quality Program Systems and Stakeholder Support Team

December 2020 Town Hall Presentation Transcript

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Oniel Delva: Hello everyone, and welcome. Welcome to the December 2020 Town Hall Event. Wow, can you believe that we have reached the end of 2020? This is the last Town Hall Event in 2020. For this event, as always, we attempted to think about the key items/areas of focus right now and dedicated this time to help with providing you with information that, hopefully, will assist you with your data management efforts and with meeting CMS' requirement. We'll spend some time today really just recapping some of the major rollouts that occurred in 2020. We'll spend the majority of our time together focusing on the ESRD Quality Incentive Program, Payment Year 2021 Final Period. As you may know the Payment Year 2021 Final Period Performance Score Reports, Performance Score Certificates, the Patient List Reports, and more are available via the ESRD QIP User Interface in the EQRS application. So, I will spend some time during today's call highlighting how you can access your reports, and Alissa Kapke, our guest speaker from Arbor Research, will assist us with understanding the information presented on the PSR.

As always, we know that a lot of information will be shared on today's call. Some of you, at your facility, may be multitasking, so we try to make it as easy as possible for those who attend our calls by making a copy of the slides available whenever possible before our event, so you can go out and download a PDF copy of the slides that will be viewed and discussed today via the Event screen on the MyCROWNWeb.org website. In the exact same location where you registered to attend today's event, you now should see a little link that's a PDF icon that you can click on to download a copy of the slides, so feel free to do that and use for future reference. You can use it to follow along today if you'd like or just simply follow the slides that we display.

Also, today's call is being recorded. We do make the recordings available. We ask that you allow about ten business days for them to be made available, but we do work to try to get them posted sooner than that, so

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check the MyCROWNWeb.org website again in the same location where you registered for today's event. You should see a link to the recording and while you are there, if you want, you can actually access the previous month's Town Hall Events that were held if you need to go back to access the recordings for that as well.

Then, the other housekeeping items we'll mention before we continue with our slides, we are also providing closed captioning for today's event. If you need closed captioning, you do have the ability to view that in the bottom right-hand side of your screen in the multi-media viewer section, you have the ability to see the closed captioning if needed. All lines are muted as we go on with today's event. They are muted to, of course, help us with reducing background sounds, providing our presenters with the ability to go through the materials that have been prepared. But, of course, if you do have questions, we do have subject matter experts on as panelists, and we do ask that you use the Q&A feature that's located again on the bottom right-hand side of your screen to submit your questions. You will see chat and you will see Q&A. Please use the Q&A versus the chat so that all of our panelists will see the questions and they'll be able to see which ones are being answered at that moment, and so on, to assist with providing a response before we end today's event. But also, we do know that some questions may come up, you may have a question that's specific to you or your facility that we do not have the ability to provide an immediate response to. So, if you submit a question that we are not able to answer immediately on the call, we do ask that you please submit the question to—you can submit it to CRAFT@MyCROWNWeb.org or if it's a ESRD QIP-related question, you can use the ServiceNow tool, which I'll give you the link [to] at the end, and really, if you access a PDF copy of the slides, you can get the link for the ServiceNow Q&A tool. But, if it's a system-related question, or if you don't know how to route it to the right team, you can send it to CRAFT@MyCROWNWeb.org and we can help to ensure that it gets to the right individual.

Now, for today's call, I am Oniel Delva and I am the communications director for the ESRD Outreach Communication and Training Team. I will serve as your host and co-presenter for today's call. We also have on with us Alissa Kapke. Alissa is the program manager for the ESRD QIP Support Program. Alissa leads a team of analysts who validate final ESRD QIP Performance Scores and payment reductions and provide Help Desk support during the ESRD QIP score Preview Period. Additionally, Alissa and her team provide analytic support to inform CMS policy decisions, and she has been working, as part of this effort, as a support contractor for CMS, on the ESRD QIP program or project since 2011. Wow, going on ten years! Thank you so much, Alissa, for agreeing to present on today's call. As we go on, I'll provide an overview of how users can access the

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various reports within the ESRD QIP User Interface that's in the EQRS application. I know I'm throwing a lot of acronyms out there and we have a list of acronyms in a moment as well. Alissa will help us with providing an overview of how to understand the information that's included as part of the Performance Score Report and just additional reports and things that are available as well. So, we will tag team, with me giving the overview of how to access the information, and then Alissa covering a little more in depth as to how you would understand the information that is included as part of the reports.

Now as we go on today, with today's event, as I mentioned a moment ago, [a] couple acronyms and things will get used here and there, and we do understand that not everyone on the line will know what does this acronym stand for, and so on and so forth. So, to assist as we go along with today's call, we'll try to spell out the acronyms whenever possible, but, of course, as we go on today, and as you access the slides and different materials, there might be acronyms and things listed. Here, you can use this list that we've made available as part of today's event, as part of the download or PDF copy, once you access it, to just get an overview of what the acronyms stand for as we go on with our session, as you review the slides as well. So again, we'll try to spell it out whenever possible, but feel free to use this list to refer back to what a particular acronym stands for as we go on with today's call.

Now, of course, we do like to start our Town Hall Event by providing you with the latest news and reminders, things to assist you with your data reporting, whether it be the reminder to use the dashboard or maybe something that's hot off the presses, that just came out, that's available, that needs to be communicated to you as soon as possible. Here, we'll go ahead and start with the first hot item to communicate out to the community. This is not really a hot item. This is just a reminder more than a hot item. Please continue to use the EQRS Facility Dashboard to review upcoming reminders and to help with monitoring currently due and past due items.

The Facility Dashboard is updated regularly to ensure that the correct clinical closure dates and details are reflected. We'll talk a little bit more in a moment as it relates to the date that you can see included as part of this screenshot that we have here and you can see the same date listed three times on this particular screenshot, and again, we'll talk more in-depth as to what that represents. Of course, continue to use the Facility Dashboard in order to stay up to date with upcoming reminders, as well as utilizing the item to the left or the side where it shows currently due, past due, anything that's new that requires your immediate attention. Now, let's explore the information as it relates to the dates on this slide here. Earlier

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this month, the notification was sent announcing that CMS extended the clinical submission deadline for the September 2020 and October 2020 clinical months. The clinical closure date for the September 2020 and October 2020 clinical month is February 1, 2021. Now, with this extension, clinical data for the September 2020, October 2020 and November 2020, clinical months are due by 11:59 p.m. Pacific on February 1, 2021. Then, you can see what we highlighted here which is the extension, the change that was applied, really, to the October and the September months. The November month is the same as what it was before. Now, data is due for all collection types, whether it's hemodialysis, peritoneal dialysis, and the deadline also applies to vascular access reporting. Additionally, this applies to all submission methods, whether your data is electronically submitted on your behalf or if you manage the manual entry of data in the system, the dates you see here apply to you as well.

Now, before I jump to the next slide, CMS recently sent out a notification, as well, that it is extending the quarter three 2020 data submission deadline by one month for providers that participate in certain Medicare quality reporting and value-based purchasing programs to help providers focus on patient care during the COVID-19 public health emergency. The deadline extension, that really, I just covered a moment ago, regarding the September and October 2020 clinical months are included as part of that announcement. It went out earlier, if you received it, but really, just reiterating as it relates to ESRD QIP the extensions for the September and October clinical months, as I just mentioned a moment ago. Should you have any questions, please contact the ESRD QIP team via the Service Now Q&A tool. If you don't have the web link, once you access the PDF copy of the slides, the second to last slide we list, as part of all of our Town Hall Events, [are] just helpful links for you to use in order to access materials or submit emails to proper groups. So, please feel free to download/access a copy and then click on the link that says "ESRD QIP Questions" on the second to last slide.

Hopefully, before I continue, I see a couple questions coming in via chat and please remember, use Q&A when submitting questions instead of the chat option that's displayed as part of this WebEx tool. We do have panelists on to assist with questions that are submitted via Q&A. Please utilize that in order to assist with response to questions. I see one that came in regarding 2744. We'll cover that in a moment. Thank you for your questions, use the Q&A to submit them as we go on today.

Now for this last year, I'm not going to focus too long, but as we go along just wanted to really recap some of the amazing things and major changes and rollouts that occurred in 2020. Given the fact that this is the last Town

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Hall Event in 2020, we wanted to just highlight some of the major achievements. 2020 was an extremely busy year for EQRS's development. A lot of changes were made to help simplify and improve how you work, to continue with meeting Federal guidelines and the requirements that were introduced to help with improving really how you submit your data directly to CMS. So, a lot of those changes took place especially with the rollout of the EQRS system in November. But, looking at just a quick breakdown of some of the developments that occurred, 2020 it started off with the inclusion of the Medication Reconciliation reporting on the Clinical screen. The system was updated to allow users to indicate the date the Medication Reconciliation was performed, as well as the person who performed that reconciliation. So, we started off with that in January 2020 and then from there, some of the additional changes that were introduced, in February 2020, of course, a major change was introduced to the way that users request and manage their roles for CMS applications, and at that time, the EQRS community was introduced to HARP. Using this new process, users were able to log in or have one user ID to manage their access to multiple CMS applications. We touched on HARP at the beginning of the year. We provided in-depth training and if there is anyone who still needs to register for a HARP account, or your role maybe potentially changed and you need to update your HARP access to include additional roles, you can go to the Education page on the MyCROWNWeb.org website. There you will see a link to access the HARP training materials, if needed, so that you can get a full overview of the steps that you would follow in order to register for a HARP account.

Continuing with the breakdown of some of the changes that occurred in 2020, in July CMS released what has been seen as probably the biggest change to the ESRD QIP program since its inception. Which is CMS improved the process that users had followed in order to access the Performance Score Reports and to submit inquiries and so on by incorporating the ESRD QIP roles and functionality into EQRS. Now, instead of needing to go to one system to access your ESRD QIP scores, and submit inquiries, and access additional materials, and then accessing another application in order to submit data such as what used to be performed via CROWNWeb, instead of there being two separate applications, now it's all incorporated as part of one where everything is done via the EQRS application. So that was another major change that occurred back in July, or early 2020. Continuing, just to wrap up some of the things that occurred, of course, as we know, we said goodbye, I guess, to the CROWNWeb name in a sense, with the change that occurred in November, where CMS decommissioned its CROWNWeb system [in] early November 2020 and rolled out EQRS. Now, EQRS is something that we have been seeing for quite some time and for those of you, again, I'm using an acronym, it stands for the ESRD Quality Reporting system, but

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now, with this change that occurred in early November, it really introduced a new way for you to submit your data to CMS. But, the reporting requirements remained the same, really, for a lot of the things that you were required to do. You are still required to report clinical data, of course, monthly, still required that 2728 forms are completed and same guidelines there for that, 2746s and so on. It just really presented a new way, a new look and feel to how you reported that data directly to CMS.

So, the roll out occurred for that and now just taking a quick look ahead before we jump into our main focus today, focusing on the ESRD QIP, the question came up, as well, regarding 2744 dates. We are continuing to work with CMS to put together the 2744 Annual Facility Survey training, that will be provided in announcements, regarding the steps users can follow in order to report their 2744 data within the application. Information regarding dates and submission deadlines, and so on, will be shared as well, so just stay tuned, save the date. We'll utilize the February 2021 Town Hall Event to really provide that training that would be focused on the 2744 Annual Facility Survey. Now, some of you on the line might be thinking, what if I don't complete the form? Well, it's completed each year by a representative at your facility if you are not the one that completes the form. Announcements and things will be shared as it relates to the changes and how users can work to submit their 2744 data within the EQRS [stutters] application, say that three times fast [laughs], the EQRS application come February 2021.

Let's go ahead and continue with our discussion today, I'll provide a brief overview and focus on how to access the ESRD QIP Final Performance Score Report and Performance Score Certificates within the EQRS application and then, as mentioned, Alissa will help us with breaking down how to understand the reports and additional information. Now, we'll start off by just, you know, announcing, which I think a lot of you may know, and if you don't know, the Final Performance Score Reports, certificates, and such for Payment Year 2021 are available via the EQRS application. It went live on December 9, and an announcement did go out informing the community of the availability and really to go out to access the reports as soon as possible. If you have access to or if you have an ESRD QIP, Quality Incentive Program, role within the system, you have the ability to do that. I'll go over the roles in a moment if you currently don't have one or if you do have one, just to recap or reiterate what some of these individuals can do, but each facility is required to download, print and post both the English and Spanish versions of the Performance Score Certificate in a prominent patient area within 15 business days of their availability and facilities also must ensure that the document remains posted throughout 2021.

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Here, I'm just going to give a high-level overview of some of the items as it pertains to the reports or the Performance Score Report and the certificate that I just mentioned a moment ago, and again, Alissa will provide more in-depth as we discuss this a little bit further. The Payment Year 2021 Final Performance Score Report includes details regarding your facility's performance in 2019 and any payment reduction that CMS will impose on 2021 claims. Data on the Final PSR, Performance Score Report, also reflects any applicable revisions that may have been made during the Preview Period in July. As you may know, facilities are given a chance to review their potential scores before they are finalized. This is done during the Preview Period, so the final report includes any applicable revisions that were applied at that time. As far as the PSC, Performance Score Certificate, same as what I just mentioned a moment ago, just reiterating that each facility is required to download, print, and post both the English and Spanish versions of the PSC in a prominent patient area within 15 business days of their availability. So, if you have not done so, please go out and download, access both of these. If you have served in the QIP role, of course, the certificate needs to remain posted for the duration of the entire 2021 calendar year.

Now, I'm going to continue real quick by giving a brief overview of how to access these within the application and then turn it over to Alissa. But, as far as accessing the PSR and PSCs, now here, this slide gives an overview of the different roles. What you are able to do within the ESRD QIP User Interface depends on what your role is, of course. Roles include Facility Point of Contact, Corporate Point of Contact, Facility Viewer, and Corporate Viewer, which is a future role. There are additional roles at the Network level and the CMS-support level, but we won't go in-depth as it relates to those roles. You can see to the right here where it breaks down the different reports based on your role and what you can see, and view, and access. The Facility Point of Contact can access and download the Patient List Report, the Performance Score Report, and Performance Score Certificate. If you are serving as a Corporate POC, you have the ability to view and download reports for, really, all facilities within your own organization, and these reports include the Performance List Report, Performance Score Report, the PSSR, and the PSC Performance Score Certificate. The Facility Viewer, here, you can see what that individual can access, as well based on that role the PSR, PSC only, and then the Corporate Viewer, future role, PSSR, PSR, PSSR, PSC Performance Score Certificate.

Now, just a high level, we did cover during the Preview Period, how to access the ESRD QIP User Interface, how to submit inquiries during the Preview Period, how to view scores, and so on. But for today, we just have a couple screenshots just touching on some of the points and how you would access your reports if you have not done so already by first, of

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course, using your HARP account to go to EQRS. The link is included here. You log into the EQRS application and at the top, you should see “QIP Scores” displayed for you to click on that. You might need to use the orange “Change organization” option that’s in the upper right of the screenshot here if you do not see QIP Scores listed, kinda similar to the way that you see in the screenshot here. So, you might need to click the little orange “Change organization” and then select “QIP” before you will be able to navigate to the QIP Score section. Just wanted to mention that. Once you are at that section within the application, you could view and download reports in order to be taken to the proper screen.

Now, you also have the ability to use filters. If you have access to less than ten facilities within the ESRD QIP User Interface, ten or fewer, or fewer than ten, I believe, you then don't need to use this filter because at the bottom where it says for you to select your report for your desired facility, that information should already be listed. But, if you have access to ten or more, and you need to use, or even if you want to drill down further to use this filter option, you do have the ability to do so. Here, you can see for facility-level users, it's asking you to search for, enter your facility information, indicate the payment year, the period, whether it is Preview or Final, so Final in this case, and then it also gives you the ability to indicate the report. Do you want to just see PSC, PSR, what do you want to see exactly or leave that blank, so that it just displays all available materials for that facility based on the selection that you've made for the proper Payment Year and the Period as well. Once you have made your entries at the criteria at the bottom in the “Select available reports” section, here you can see from this fictitious data we have, this screenshot, it gives us the ability to click on the links for the available reports for this individual. Here, you can see it's the final Patient List Report, Patient Score Report, and the...sorry, Performance Score Report, and the Performance Score Certificates with links to download. That is how you would access the reports at the facility level.

Now, second to last slide that I have, if you are at the corporate level, you do have to use the “This is an Organizational-level search” checkbox that’s at the top. This automatically expanded for you. It's not collapsed, so that you can enter the search criteria that you have in order to view the necessary reports. In here, you can see the option is a little bit different, where for those users, they would indicate the year, the Payment Year, the Period. They also have the ability to indicate the “Report Name” of course, but now it also has “Organization Name,” the “Network,” and “State,” so that they can apply the filter as well. Alright. So, that is how you would access the reports, and again, if you need more information regarding the reports and how to navigate the ESRD QIP User Interface,

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you can access the training that's on the Education page on the MyCROWNWeb.org website. So, it's available to you.

Alright. Now, before I turn it over to Alissa for her presentation, we do like to have a little bit of fun and give you a chance to interact with us a little bit. You are not being graded on this, of course, but we just have the question here on screen asking, "Have you downloaded your Payment Year 2021 ESRD QIP Final Performance Score Report? Yes or no," as well as, "Have you downloaded your Payment Year 2021 ESRD QIP Performance Score Certificate?" So, go ahead and make your selection and then click the "Submit" button. It's located on the right-hand side of your screen and then we'll close this polling out. I do see that we have 291 folks who have the ability to participate as part of this polling. If you'd like to participate, again, just make your selections and click the "Submit" button, and we'll close this polling out in a little bit. I see eight in progress. You are not being scored. We again, just wanted to give you a chance to interact with us a little bit. To help with time, I'm going to do a quick countdown so we can close this polling out. We will close it out in ... three, make your selection click the "Submit" button two ... click the "Submit" button. I see we have six in progress ... and ... one. If you didn't get a chance to participate, it's okay. Again, just kinda having a little bit of fun, giving you a chance to interact with us. I did see about four in progress as we were closing it out. To help us with time and to cover the additional content we have planned today, we'll close this out and share results with all and it shows of the 151 folks who were able to participate and submitted their thoughts, you should see the poll results displayed, 85 indicated that they had downloaded their Performance Score Report, 60 indicated, no, not yet. And then for the other question, "Have you downloaded your Performance Score Certificate," four indicated "yes," and 61 indicated "no, not yet." So, please just a reminder, it's available, download your report and certificate as soon as possible to post at your facility. As mentioned earlier, the certificate must be posted throughout 2021, so go out and access as soon as possible. Thank you everyone to those of you who participated.

With that, I am going to turn it over to Alissa, who will assist us with an overview of how to understand the Payment Year 2021 ESRD QIP Final Performance Score Report. Alissa, turn it over to you, thank you.

Alissa Kapke:

Thank you Oniel. As Oniel mentioned, my name is Alissa Kapke and I'm a Senior Analyst at the Arbor Research Collaborative for Health. Today, I'm going to walk through the Payment Year 2021 Performance Score Report and also provide a brief summary of the most recent Preview Period. Next slide, please.

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The Payment Year 2021 Preview Period began July 29 and it ended August 31, 2020. During that time, we received 423 inquiries and I should note this is the first year that we did not have clarification questions and formal inquiries. Instead, all inquiries were handled similar to how clarification questions were handled in the past, where facilities were permitted to submit unlimited numbers of questions during the Preview Period. We also had a new functionality this year, where facilities were able to submit follow-up questions in their original inquiry either to add or modify your original question or to follow up on a response that was sent by CMS. As a result, the overall number of inquiries was a little bit lower this year relative to prior ten years. The inquiries CMS received had a few different themes including missing data disputes primarily for comprehensive Kt/V, UFR, and the NHSN measures. We also received several questions regarding data use for the UFR reporting measure, data reported during ECE months, and use of attestations for the ICH CAHPS® measure. In addition, we received inquiries requesting clarification on how measure scores were calculated for their facility and during the Preview Period, we identified an error where the COVID-19 exception was incorrectly applied to several measures instead of just the NHSN measures and we did receive several inquiries related to this error. Next slide, please.

On this slide we summarized the number of inquiries received by measure. You see that comprehensive Kt/V and the NHSN Bloodstream Infection measures had the most inquiries followed by ICH CAHPS® and the UFR reporting measure. Next slide, please.

Here we show the number of facilities and the percent[age] of facilities by payment reduction category for Payment Year 2021. Overall, we had 38.6% of facilities receiving a payment reduction of which 21% received a .5% reduction, 12% received a 1% reduction, 4% of facilities received a 1.5% reduction, and 1.5% of facilities received a 2% reduction. Next slide, please.

In the next set of slides, we show a sample Final PSR. Please note that all data presented in the next five slides are fictitious data for a fictitious facility. The Final PSR is five pages and will be identical to your Preview PSR unless your facility received a score change as a result of a Preview Period inquiry. This slide shows the first page of the PSR which summarizes the measure scores and the clinical care domain. Table 1 shows the numerator, denominator, rate or ratio and score for the Hypercalcemia, Kt/V, and Standardized Transfusion ratio for both the Improvement Period, which is Calendar Year 2018 and Performance Period, which is Calendar Year 2019. Also displayed is the Achievement Threshold and Benchmark values for each measure, which were published

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in the Calendar Year 2019 Final Rule and were used to calculate your final measure scores. In Table 2, we show the results for the Ultrafiltration Rate reporting measure. In this example, the facility was only eligible for one measure in the Clinical Care Domain which was Kt/V. Therefore, the Kt/V measure accounted for 100% of the Clinical Care Domain as shown in the last column in Table 1. Next slide, please.

The second page of the PSR displays results for the Care Coordination Domain. In this domain, we have three measures, including the Standardized Hospitalization Ratio or SHR, Standardized Readmission Ratio or SRR, and the Clinical Depression Screening and Follow Up reporting measure. Table 3 displays the same information as was displayed in Table 1, but for the SHR and SRR measures. Note, there is an asterisk after the ratios presented in the Performance Rate/Ratio column. This is because this facility qualifies for the Small Facility Adjustment and therefore, the ratios were adjusted down since lower ratios indicate better performance for SRR and SHR. In Table 4, we display the Clinical Depression Screening and follow-up results, including the Number of Successfully Reported Patients, Number of Eligible Patients, Measure Score, and Measure Weight as a percent of the domain. This facility was eligible for all three measures in this domain, so each measure counted toward the overall Care Coordination Domain score. The way the Care Coordination Domain score presented under Table 4 is 28.381 and is determined by multiplying the Measure Weight by the Measure Score found in the last two columns of each table and summing these Weight and Measure Scores and then multiplying that sum by 10. Next slide, please.

On page three of the PSR, we have scores for the Safety Domain. This domain includes the NHSN Bloodstream Infection clinical measure and the NHSN Dialysis Event reporting measure. In Table 5, we see the facility received a Small Facility Adjustment for the clinical measures, as indicated by the asterisk next to the Performance Period Rate/Ratio column, and even after the Small Facility Adjustment was applied, this facility's performance ratio was still higher than the Achievement Threshold, so a score of zero was assigned as the Measure Score. Table 6 shows the facility successfully reported their NHSN Dialysis Event data for all 12 months and therefore received a score of 10. Under Table 6, we show the weighted Safety Domain score, which is 42.5. Next slide, please. On page four we display results for the Patient and Family Engagement Domain, which is the ICH CAHPS® clinical measure. There are six different components of the ICH CAHPS® measure, which are all displayed in the table. This facility was not eligible for the ICH CAHPS® measure, so N/A appears in the blue row for the Improvement Period Rate/Ratio column and Performance Period Rate/Ratio column, and no

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score for the Measure Score. Since this facility was not eligible for the ICH CAHPS® measure, the Patient and Family Engagement Domain is not scored as shown by the dash in the footnote of this table and the weight of this domain is then equally distributed to the remaining three domains. Next slide, please.

So on the last page of the PSR, Table 8 summarizes the results across all domains and measures. The first row of the table shows the facility's Total Performance Score, which is 23 for this sample facility, as well as the State Average Total Performance Score and the National Average Total Performance Score which allows you to compare your results against your state's average and then the national average. The rows below summarize the individual-weighted domain scores and individual measure scores for the facility, and also for the state average and national average when applicable. In the last two columns of the table, the Facility Measure Weights and Facility Weighted Scores are displayed. For the individual measures, the Facility Weight Weighted Score is determined by multiplying the Measure Weight by the Facility Score. The Facility Weighted Score for the domain is determined by multiplying the domain weight in the first column that's next to the measure name by the facility domain score in the adjacent column. Below the table, are several footnotes including the Minimum Total Performance Score, months covered by the Extraordinary Circumstances Exception or ECE, and as you can see, this facility had no exceptions, the Total Performance Score, and the Total Payment Reduction. This facility received a 2% Payment Reduction and their TPS is 23. There are also links provided at the bottom of the page which are links to the CMS ESRD Measures Manual and the guide to the PSR. The Measures Manual will give you more details on how each measure is calculated and the scores are determined, and the guide to the PSR will walk you through each calculation in your PSR. Next slide, please.

So, other reports available to download in the system now include the Final Performance Score Summary Report or PSSR and the Final Patient List Report or PLR. The PSSR is an Excel workbook which has a tab for the summary of each measure and then individual measure tabs with additional information for the measure such as the numerator, denominator, and number of eligible cases. This report is available for Corporate POCs, and Viewers, and Network users, and is limited to the facilities within their organization or Network. The Final Patient List Report provides a list of patients who are eligible for each measure and provides the patient-level information used to determine the numerator for each measure. The PLR will be the same as your facility's Preview PLR unless your facility had a score change during the Preview Period. Next slide, please.

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As I mentioned before, there is a Guide to the PY 2021 ESRD QIP PSR, which is available to download and there is a link to that location in your PSR. If you have questions regarding specific information displayed in the PSR, we encourage you to review this document. There is also an ESRD QIP User Interface Quick Start Guide available to download which will assist you with logging in and navigating the ESRD QIP system. Next slide please.

CMS publishes the Performance Score Summary Report or PSSR with data for all QIP-eligible facilities, as well as a public use data file for each Payment Year on the CMS.gov website. The link to the web page is provided here, as well as the screenshot which contains reports up to Payment Year 2020. The Payment Year 2021 PSSR has recently been added to the website and available for you to download. The public use file should be available to download in January. That covers my portion of the presentation. Oniel, I will now turn it back over to you.

Oniel Delva:

Thank you so much, Alissa, for that overview and breakdown of how to understand the information that's included as part of the Performance Score Report. A lot of information there. Truly appreciate you sharing that with the community, as well as what's included as part of each section. Also, as mentioned a moment ago, we do have or you can go out to the QualityNet.org website to access the, go back one page, two pages, to access the Guide to PY 2021 ESRD QIP Performance Score Report and the Quick Start Guide that's there now. The Quick Start Guide, actually, you can access in two locations, the QualityNet.org website and the MyCROWNWeb.org site as well. As I shared earlier, we have a PDF copy of the slides that's being viewed today. You can access it via the MyCROWNWeb.org website in order to use and click on the different links that are available. Should you have questions after today's call, which we'll get to in a moment, I do know that a lot of questions came in, some questions are facility-specific that we may not be able to provide an immediate response to today. So, if we are not able to answer your question today before we end today's event, of course, we do ask that you submit to us afterwards and you can use the Service Now Q&A tool if it's an ESRD QIP-related question, and you can use CRAFT if it is an EQRS system-related question, but, we, of course, can help with guiding the questions to the right group if it's sent to the wrong email address. Alissa, I'll go ahead and start with you with a question that came in a little bit earlier where it indicates, "My facility was ineligible for the NHSN measures and Safety Domain, how does that affect my overall score? Am I penalized?"

Alissa Kapke:

Thanks, Oniel. If your facility did not receive a score for the Safety Domain, your PSR will just indicate that you had no score and the weights of the NHSN measure will just be equally distributed to the other domains

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- that your facility was eligible for. So no, the facility is not receiving a score and not penalized. It's just [that] their weights are redistributed.
- Oniel Delva:** Okay, thank you for that. Then, let me see another question, then a question for myself as well, I see some of these coming in, just a reminder when submitting questions to use the Q&A option that's located in the bottom right-hand and submit to "All Panelists" so that you can get a response via written form by one of our subject matter experts or if we have the ability to provide a response verbally. "Are you able to share a little bit, our facility is showing as 'NS,' are you able to share a little bit regarding," ... oh, that might be facility-specific or additional research might be needed, but, are you able to share the NS, what that might represent, Alissa?
- Alissa Kapke:** Is that NS in the PSR?
- Oniel Delva:** Yeah, I believe, it just says our facility score is showing "NS," so that one might be facility-specific or might need additional time or additional information maybe to help with clarifying that response, but I'll pause, and see if there's anything you want to add to that.
- Alissa Kapke:** Yeah, I'm not sure where it's showing up as "NS," but it would represent no score. It's the same as like a missing score.
- Oniel Delva:** Perfect, thank you for that. Okay, see another question. [inaudible] If my facility is not eligible for ICH CAHPS®, do we need to do anything further to submit that, we're not eligible? And actually for ICH CAHPS®, I'll touch on this, and then Alissa you can add to that if you want. I know we didn't cover ICH CAHPS® today, but ICH CAHPS® will be covered next month during next month's Town Hall Event. If a facility is not eligible for the ICH CAHPS® measure, you are required to log in to the EQRS application to indicate that you are not eligible, and that is on the Facilities tab within the application where it indicates "Attestation" and then from there, the overview or description is included, and after reviewing it, and if it applies to you where you want to attest that you are not eligible, you would then make the selection and submit that. That's typically done between January 1, 2021 and March 1, 2021, and like I mentioned, we'll cover ICH CAHPS® during next month's Town Hall Event. But, yes, you would use the application to indicate that you are not eligible. So Alissa, I'll pause to see if there is anything else that you would like to add to that, but the question came in regarding ICH CAHPS® and what to do if you are not eligible.
- Alissa Kapke:** Yeah, you are exactly right, Oniel. I would just add that there's a few other facility-level exclusions, such as if your facility doesn't provide in-center hemodialysis or you are a new facility so you don't meet the facility eligibility requirements based on your certification date, then we don't require an attestation, but it certainly can't hurt to submit the attestation.
- Oniel Delva:** Okay, alright. Thank you for that. One more question and then I'll jump and see if there are any questions for me. As additional questions are typed and submitted, again please use the Q&A, submit it to "All Panelists" that

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way. Question I see, this might be in the process of being answered, I'm not sure if you can provide a verbal response and a written will go to the submitter, where the question is, "Are all patients including those non-Medicare recipients included in the calculations?"

Alissa Kapke:

Yeah, I do see it's being answered, but I can say that it will depend on the measure. Some measures do include non-Medicare patients and some do not. Those details are provided in the Measures Manual. Each measure, we indicate which patients are eligible and what the data sources are for each measure.

Oniel Delva:

All right, thank you. This one here, I saw it came a little earlier, it's for me, it's asking, "How do I download as a Facility Viewer/User?" Earlier, we covered the process that you would follow in order to download to access the reports via the ESRD QIP User Interface in EQRS. First, of course, you need to make sure that you have the role, assigned the ESRD QIP User role assigned to you, and that it's the proper role. You would request your role via the EQRS application and step-by-step instructions on how you would do that is available via the Education page on the MyCROWNWeb.org website. Once you establish your role and you've indicated that you need access to this application or this interface within the EQRS system, at that time, you would be able to click on QIP Scores that's in the upper left-hand side of the screen. After you click QIP Scores, you would then navigate to the View/Download Reports, the last option that is available there, in order for you to search for your facility. If you have access to ten or more facilities, or if you have access to, you know, just nine, eight, seven, six, five, four, three, two, one, then they will display automatically in the available report section at the bottom of that page. And again, just a reminder, depending on your role, that will determine which reports you are able to see. We went over that a little bit earlier, but for a facility-level users, you really have access to the Performance Score Reports, Performance Score Certificates, and then again, based on your role, the Patient List Report, and then if it's a corporate-level user, Network, and so on, they have access to a little bit more information. Of course, it's based on the facilities within their service area for the Network, or facilities that's owned by the organization if they are a corporate-level user. Okay? A question, Alissa, you can let me know if you are able to assist with this, "What does it mean no score for dialysis event or BSI?"

Alissa Kapke:

Yeah, that's similar to the first question we had. If you don't get a score, then your domain, the Safety Domain gets no score and the weight for that domain is just redistributed equally across the other domains that you are eligible for.

Oniel Delva:

Alright. Perfect. Thank you for that, Alissa. Another question. This one is for me, "Are you able to view previous years PSRs?" Not currently. Within the application, given the fact that this is the first year that the Preview Period we experienced in July, and this is the first year that we

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have the final period in the EQRS application. Currently, you can only download within the EQRS application the Performance Year 2021 reports. If you need access to previous years' reports, contact the QualityNet Help Desk for assistance. In the future, down the line, this time next year, to the submitter who asked the question about if you can access previous year reports and so on, the answer in the future will be yes, you can access it via the application, but currently you can only access what is available now, and you can contact the QualityNet Help Desk should you need assistance with last year's.

For this question here, regarding ... okay, I just answered that one. This one was submitted twice regarding the PSC, PSR. I did see a question that came in a little bit earlier, it's not directly connected to what we are covering today, but this is a question that we continue to receive regarding PART verification, and how to verify patient information at your facility given the fact that you no longer have to submit PART data via the EQRS application. So, since the question came up, of course, want to touch on it. PART verification is not completed, not a requirement within the EQRS application. That was done in order to reduce, eliminate a data reporting requirement, so it's a removal of something else that you have to do in the system, right? But now, you do have the ability to still view current patients and review their information for accuracy to make sure that yes, these are the right patients admitted to our facility. You do so by using the Patient Roster Report that's on the report screen.

This is a key reminder, we touched on this last month and try to as often as possible: please ensure that you are using Google Chrome to access the EQRS application. It performs better with Chrome. Internet Explorer, not so much. Chrome is what is supported and what you must use in order for the correct fields, and the correct options, and correct information that's needed to display as you are navigating through the application. Okay, so please continue to use Google Chrome.

The next question, we have about four minutes remaining, so maybe we have time for one more question for Alissa and team. I'm just scrolling through right now, I see that some of these were answered to the submitter, so please check your Q&A if you submitted a question or if there is something that you submitted, as we are scrolling through I'm seeing that might be facility-specific or we might not be able to provide an immediate response. Please feel free to use the options which I'll go over in a moment for you to submit your question, such as this one here. And Alissa, you can let me know if this is specific where we are not able to provide an immediate response, where the submitter asks, "Who can help facility EQRS manager improve facility scores?" So, I would assume for this one you would want to work at your facility level to ensure that all

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data that's entered in the system is 100% correct to help ensure that no scores are impacted. Alissa, is there anything else maybe based on that question to add or if you are seeing it maybe from a different angle? I'll pause for that to see if you want to add anything based on that, "Who can they potentially work with to improve their score?" I'm saying work with your facility again before anything is submitted to make sure that all data is corrected and that really everything that's called for or required is part of these different measures are met by the deadline that's been allocated for each. So, I'll pause and see if there's anything that you want to add to that, Alissa, as we work toward wrapping today's discussion up.

Alissa Kapke:

Yeah, I think, Oniel, I would agree with what you said and if you have specific questions about specific measures feel free to just submit questions through the Q&A tool and we can try to help you there.

Oniel Delva:

Alright. Perfect. Thank you Alissa. Great transition to the Q&A tool which I'll cover in a moment. But, here just covering, just want to remind folks we do hold these Town Hall Events, typically on the last Thursday of each month. We had to move it up this month since Christmas Eve or New Year's Eve occurred on the last Thursday of this month, so that's why we're holding it on the 17th, but join us next month for the January 2021 Town Hall Event, which will be on January 28. At that time, we'll cover ICH CAHPS®, we'll cover Clinical Depression Screening, we'll cover some of the frequently asked questions, as well as provide reminders of course, so please look for the announcement to go out regarding that event, so you can join us at that time.

Here on screen, you can see just reminders and information regarding who and how you can get in touch with the team that can provide support. If and once you access the PDF copy of the slides here, these links are live and once you click, it will take you directly to the page where if you need the Help Desk contact info, you can use this here. The Help Me Form that's on the MyCROWNWeb.org website, you can use that tool to submit questions to us. Here, where it says ESRD QIP Questions, that is a link that will take you directly to the Service Now Q&A tool, should you have questions and need additional assistance. There is also the EQRS User Research group if you have enhancement ideas or changes, and you want to participate there, you can always use that. Should you need a link to your ESRD Network, you can always use that as well that's available via the ESRD National Coordinating Center's website. Thank you all once again for joining us for today's call. A post-event evaluation will pop up once we end today's call. We do use those to assist us with future topics. So, thank you everyone. Have safe and happy holidays and new year. We hope to see you on a future call. Enjoy your day, talk to you soon. Thank you, everyone.