End-Stage Renal Disease (ESRD)
Outreach, Communication, and Training (EOCT)

July 2021 Town Hall
Presentation Transcript

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Jane Chaine: Hello, everyone. Thank you for joining today's Town Hall event. I would like to remind you that this event is being recorded and that the recording will be available within 10 business days from MyCROWNWeb.org, under the Events page. This is the same location where you registered for this event. The slides are available from MyCROWNWeb.org under the Events page. Closed captioning is available. Should you need it, please send a message in the Ask a Question box and the necessary information will be provided to you.

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Real time interaction is encouraged, so if you have a question, use the Ask a Question feature on your screen. On occasion, there will be questions that will require research beyond the scope of today's call. So, if your question does not get answered, please submit your question to the CRAFT mailbox at CRAFT@MYCROWNWeb.org.

Before I get started, let me introduce myself. I am Jane Chaine, and I will be your virtual host for today. Also, on the line are other subject-matter experts to assist with answering questions.

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Today, we will be covering these important topics: ESRD Quality Reporting System (EQRS) announcements; how to enter Clinical Data, and Clinical Depression Screening and Follow-up Plan submissions; and how to submit an In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems, otherwise known as ICH CAHPS, Facility Attestation. Lastly, I will answer frequently asked questions (FAQs) pertaining to the EQRS re-opening for clinical data submission.

Today, there is an important announcement regarding EQRS data submission that I will review in the following slides.

CMS has sent out multiple announcements regarding the EQRS data suspension that went into effect on January 29, 2021. This suspension includes EQRS clinical data, ICH CAHPS Facility Attestation, and Clinical Depression Screening and Follow-up Plan submissions. Until the data suspension is over, facilities should NOT submit these data to EQRS. The data suspension remains in place until Monday, July 12, 2021. Effective July 12, 2021, users will be able to submit 2020 EQRS Clinical data, ICH CAHPS Facility Attestations, and Clinical Depression Screening data. If your facility batch submits data or uses a Health Information Exchange or Electronic Data Interchange, please follow the guidance provided by your organization. Facilities are responsible for ensuring that the required data are entered correctly into EQRS prior to the closure date. If any data are missing, please work with your organization to resolve the missing data to ensure that the data is properly submitted in EQRS.

Once the EQRS system reopens on Monday, July 12, 2021, the system will only be open for 2020 data submissions affected by the data suspension, this includes September, October, November, and December of 2020. The data submission deadline for the clinical months September through December 2020 is September 1, 2021, at 11:59 p.m. Pacific Time. Please note that CMS highly recommends you complete large data submissions prior to the official clinical closure date of September 1.

The data submission deadlines for the 2021 clinical months are to be determined. Communication from CMS will be provided as soon as the 2021 clinical closure data submission deadlines are determined.

This chart indicates the EQRS clinical closure date of September 1, 2021, 11:59 p.m. Pacific Time for September through December 2020 data submissions for the monthly EQRS Clinical data, Clinical Depression Screening, Follow-up Plan submissions, and ICH CAHPS Facility Attestation.

This chart indicates that the clinical closure dates for the 2021 clinical months is to be determined. Communication from CMS will be provided about the 2021 clinical closure dates as soon as the clinical closure dates are determined.

Moving on to our next topic is how to enter clinical data into EQRS. Clinical data are due monthly for all collection types, including hemodialysis and peritoneal dialysis. EQRS clinical data includes laboratory values, hospitalization and infection, some medication information, vascular access information, and more.

Once logged into EQRS, the first step to enter clinical data is to click on Patients in the blue navigation menu.

Next, click on Manage Clinical from the sub-menu that displays.

The system refreshes and allows the ability to search for the patient. To complete the search, select the Collection Type. Is data being submitted for a hemodialysis or peritoneal dialysis patient, or is vascular access data being submitted? In this example, Hemodialysis is selected as the Collection Type. Next, select the clinical month. Notice how the word Open is in parentheses next to the month. This indicates that data can still be submitted for this clinical month. If Closed is displayed, then CMS is not accepting clinical data submissions for that clinical month. Please be sure that all necessary data gets reported before a month is closed.

Continuing with the search, the Last Name Group or Patient Clinical Status field can be used to fine-tune your search. Click the Search Patients button to display the patient or a list of patients, depending on how you completed the search.

A nice feature is the ability to select a Common Lab Test Date. This feature can help save time when entering lab values. You can enter the common lab test date and click Apply. The date entered in this field will automatically display as you enter lab values. You can also manually change a specific date field, if needed.

Moving to the Manage Clinical screen, the Anemia Management section appears first and includes the fields for Hemoglobin, Ferritin, Iron Saturation, and Reticulocyte Hemoglobin. Notice that these fields all have red asterisks indicating that they are required. Enter the value and the date of the lab result. Notice that the system gives the ability to select N/A, if for that reporting month, the lab work was not drawn or not available.

The next section is the Adequacy section. Here Hemodialysis patients must have adequacy data entered monthly. Typically, peritoneal dialysis patients have adequacy drawn every three months, so with taking that into consideration, EQRS allows users to select the N/A checkbox next to specific fields to indicate that the Adequacy-related labs were not drawn during that clinical month. In this example, data has been populated for a hemodialysis patient in the necessary fields, including the Kt/V value and method and lab draw date. Next, the pre-and post-BUNs and the pre- and post-patient weights need to be entered. Be sure to input the Delivered Minutes of dialysis. This is how long the patient dialyzed on the date reported. Next, the patient height, Serum Creatinine, and Normalized Protein Catabolic lab values and dates will need to be entered.

The last entry for the Adequacy section is the total Number of Dialysis Sessions the patient completed during the Clinical Month.

Moving down to the Ultrafiltration section. In this section, Ultrafiltration data need to be entered for all treatments given to the patient for the week that the patient's Kt/V labs were drawn. For instance, if the patient dialyzes on Monday, Wednesday, and Friday, then ultrafiltration data will need to be entered for the Monday, Wednesday, and Friday for the week that the patient's Kt/V lab was drawn. To report the UF information, enter the ultrafiltration date, the patient's pre- and post-dialysis weight, and delivered minutes or length of dialysis. Click the Add button to save the UF data and to add an additional session, if needed.

The next section is Medication Reconciliation, which captures information about whether the patient's medications were reviewed for the month. To complete this reporting, select the clinician type of the person completing the medication reconciliation and the date of when the medication reconciliation was completed. Also, enter the name of the clinician that preformed the medication reconciliation.

Moving on to Mineral Metabolism, in this section, enter the phosphorus value, method, and date. Next, enter the value and date for Uncorrected and Corrected Calcium and for Serum Albumin. Notice that data entry for Albumin Lower Limit, Serum Albumin Lab Method, and the Phosphorus Method fields are not required. Enter data for the mandatory fields and move to the next section.

Moving on to the Erythropoietin Stimulation Agents, or ESA, section. This is where ESA information is entered. For in-center hemodialysis patients and home dialysis patients that receive ESA medication at the clinic, enter the total amount administered by the RN or clinician. However, for home dialysis patients that self-administers an ESA at home, enter the prescribed amount of ESA. In this example, ESA Administered is marked as Yes, with the date it was administered. Next, select the ESA Agent Prescribed. Based on the information entered, the conditionally required fields become enabled. Enter the ESA Monthly Dose and Route of Administration.

The next section is Infection. This is where the facility reports patient infections. Here, you report any infections that the patient has had during the month. All infections should be reported here, so this includes dialysis related and non-dialysis related infections and if the patient required hospitalization due to the infection.

Next is the Iron section. Similar to the ESA section, enter the actual amount of iron that was administered by the RN or practitioner for in-center hemodialysis and home dialysis patients that received the medication in the facility. However, for home dialysis patients who take iron at home, enter the prescribed amount of iron.

The next section is the Fluid Weight Management section. In this section, select if the patient's Post-Dialysis Target Weight was prescribed or not prescribed and the date of the Post-Dialysis Weight Assessment. For consistency purposes, you may want to use the monthly lab draw date.

Next is the Hospitalization section. This is where hospitalization information is entered if the patient visited the hospital at any point during the month. Enter the hospital admission date and, from the All Hospital Visits drop-down field, select if this hospital visit is an ER visit, a hospitalization, or an ER visit that led to a hospitalization. The discharge date and name of the hospital are also required, so this data will need to be typed into the fields. Click the Add button to save the entry and to add additional hospitalization information.

Next is the Vaccination section. These data automatically carry over from month-to-month, as long as the facility is accessing the system each month to report clinical data for the patient. Starting with Influenza Vaccination, enter if this vaccine was administered (Yes or No) and enter the date of administration, if the vaccine was given. Then, enter where the vaccine was given. This section follows EQRS's conditionally required fields logic, where certain fields are enabled based on selections made.

Next, moving on to the Pneumococcal information, enter if the PPSV23 Pneumococcal Vaccination was received by the patient (Yes or No).

If No is entered, the field for Reason No Administration Documented becomes enabled, as shown in this example.

Next, the system asks if the patient received PCV13 Pneumococcal Vaccination, Yes or No. This too also follows the conditionally required fields logic. In this example, No is selected, and the system enables the fields below to enter the reason why the vaccination was not administered.

To wrap up the vaccination data entry is the Hepatitis B Vaccination section. Document the Hepatitis B vaccination information by making the appropriate selection by indicating if it was not received and the reason why; or, if the vaccination was given, enter the corresponding dates the vaccine was administered.

After entering the clinical data on the patient, click the Submit button to process the entry. If everything was entered correctly, the system will refresh and display a message that reads: Successfully submitted clinical data. This is the message you want to see.

Next, I will briefly review Vascular Access data reporting. As mentioned earlier, the Manage Clinical screen is also where you submit Vascular Access data.

Under the collection type drop-down box, select vascular access. Next, select the month from the Clinical Month drop-down box. Then, click the Search Patients button to do your search and a list of patients that meet the search criteria will display.

Once the patient is selected, scroll down to start entering data. Enter the Date of Reported Dialysis Session for the clinical month. The next field is Current Access Type. Here, you enter the type of access used for dialysis on the reported dialysis session date. On this screen, the system will enable fields based on your selections. The selected Access Type will determine if the AV Fistula or AV Graft fields are required. In this example, Catheter Only for the Access Type is selected, which then enables additional fields below.

The next required field is Date Access Type Changed. Enter the date that the access type selected above became active. After entering all needed information, click the Submit button to process your entries.

If everything has been entered correctly, the system will refresh and display a message that reads: Successfully submitted clinical data. This is the message you want to see.

The next topic that will be reviewed is how to enter Clinical Depression Screening data in EQRS.

Facilities are required to report Clinical Depression Screening submissions for each eligible patient at least once during the calendar year. Depression Screening data can be entered anytime during the Assessment Period, which runs from January 1 to December 31; EQRS users normally have two months after the December reporting month or until the end of February to enter this data into EQRS. Please note that, due to the EQRS data suspension, facilities have until September 1, 2021, at 11:59 p.m. Pacific Time to enter Clinical Depression Screening and Follow-up Plan submission data for the 2020 Assessment Period. Due to the EQRS data suspension, the data submission deadline for the 2021 Clinical Depression Screening Assessment Period is to be determined; communication from CMS will be provided as soon as the data submission deadline is determined.

Now that the reporting requirements have been reviewed, let's discuss the Clinical Depression Screening reporting exclusions. Facilities should be aware that there are two Clinical Depression Screening reporting exclusions for both facilities and patients. The first facility exclusion pertains to when a facility is certified; if a facility's CMS Certification date was on or after April 1 of the performance period, they would be excluded from reporting. Additionally, any facilities that treated less than 11 eligible patients during the performance year are also excluded from reporting Clinical Depression Screening data. For patient exclusions, any patient under 12 years of age and/or any patients that they have treated for less than 90 days at the facility are excluded from the Depression Screening reporting requirement.

Next, let's review the Clinical Depression Screening reporting options.

To report Clinical Depression Screening and Follow-Up Plan submissions for a patient, a facility must select one of the six depression screening options in EQRS. These reporting options are listed in the following slides. Please note, facilities can view their Clinical Depression Screening data that was submitted from the previous Assessment Period in EQRS after the reporting submission deadline has closed.

The next two slides contain the Clinical Depression Screening reporting options that are listed in EQRS. When entering Clinical Depression data, review the six reporting options before submitting your selection. For all eligible patients, the facility MUST select from one of the six provided options in EQRS. The first three options are listed on this slide. For the sake of time, we will not review all six reporting options in today's presentation. However, this Town Hall slide deck can be viewed, downloaded, and printed for reference from MyCROWNWeb.org under the Events Page.

Shown on this slide are the remaining three Clinical Depression screening reporting options.

Next, we will review how to report Clinical Depression Screening in EQRS. As a reminder, facilities are required to submit Clinical Depression Screening and Follow-Up Plan information for each eligible patient at least once during the calendar year.

Once logged into EQRS, the first step for reporting Clinical Depression information is to click on Patients in the blue navigation menu.

Select Clinical Depression from the sub-menu.

The screen will refresh, and the applicable Assessment Period or periods will display on the screen. Select the Assessment Period that you want to submit data for in EQRS.

Next, move down to the Depression Screening Status drop-down field. In the Depression Screening Status drop-down, you can select All, Required, or Submitted. In this example, the Required status is selected, so all patients that require a Depression Screening or Follow-up [Plan] reporting for the Assessment Period will display on the screen.

Alternatively, a specific patient record can be pulled up by using the Patient Name search field that is on the right-side of the screen.

The screen will refresh and display a patient name or a list of patient names that have a required screening status for the specified Assessment Period. Click on the Report link that is on the right side of the screen to report Depression Screening information for a specific patient.

Next, the screen displays an overview of the Clinical Depression Screening data reporting requirements at the top of the screen and the six reporting response options at the bottom of the screen. Make the necessary selection for the patient and click the Submit button to process your data entry.

Once the screening response has been submitted, EQRS will refresh and display a message that the Clinical Depression Assessment has been reported successfully. Additionally, the screen will update to display a change in the screening status.

Listed on this slide is a summary of the steps that can be referenced to complete the reporting for Clinical Depression Screening and Follow-up Plan submissions.

The next topic that will be covered is how to submit an ICH CAHPS Facility Attestation. In the following slides, we will review which facilities are exempt from receiving a score on the ICH CAHPS measure and how to submit an attestation to that exemption in EQRS. We will also review ICH CAHPS facility and patient exclusion criteria. As a reminder, the attestation submission period occurs once during the calendar year, normally during the first two months of the year, so January 1 through the end of February is the typical reporting period for Facility Attestation submission.

However, due to the EQRS data suspension, the attestation reporting period has been modified for the 2020 calendar year. Any facilities that are exempt from receiving an ICH CAHPS score for the 2020 performance period have until September 1, 2021 at 11:59 p.m. Pacific Time to submit an attestation.

Additional information about the ICH CAHPS survey and survey process can be found by visiting the ICH CAHPS vendor website at ichcahps.org.

Facilities with 30 or more eligible patients are expected to administer the ICH CAHPS survey, and facilities that have 30 or more eligible patients in 2019 should have administered the ICH CAHPS survey in 2020.

Conversely, facilities with fewer than 30 eligible in-center hemodialysis patients are exempt from receiving a score on the ICH CAHPS measure and can attest to this exemption. Therefore, facilities that had fewer than 30 eligible patients in 2019 are exempt from receiving a score for the ICH CAHPS measure for the 2020 performance period and can attest to this exemption. Due to the EQRS data suspension, facilities that were exempt from the 2020 performance period have until September 1, 2021, at 11:59 p.m. Pacific Time to submit a facility attestation. Please note that an attestation MUST be submitted if an exempt facility does not want to receive a score for the ICH CAHPS measure; also, if an exempt facility does not submit an attestation, then that facility WILL receive a score for the ICH CAHPS measure. So again, if you do not want your facility to be scored on the ICH CAHPS measure and your facility is exempt, then the facility should submit an attestation in EQRS.

Now that we have covered which facilities can submit an attestation, let's transition and review which facilities are excluded from the ICH CAHPS survey. Facilities excluded from the survey include facilities with 30 or more adult in-center hemodialysis patients during the eligibility period, which is defined as the year prior to the performance period and are not able to obtain at least 30 completed surveys during the performance period. The next exclusion pertains to the facility CCN certification date.

Any facility with a certification date on or after October 1 of the year prior to the performance year is excluded from the ICH CAHPS survey. Lastly, facilities not providing in-center hemodialysis as of December 31 of the performance year are also excluded from the ICH CAHPS survey.

In addition to the facility exclusions, there are also several patient exclusions. Patients excluded from the facility's eligibility patient count include patients not on in-center hemodialysis, patients under the age of 18 on the last day of the sampling window, patients on hemodialysis for less than three months at their current facility, patients receiving hospice care, patients residing in a long-term care or nursing facility, or incarcerated patients.

Next, we will review the different methods to submit an ICH CAHPS attestation. The first method that will be reviewed is the Dashboard method. To get to the Dashboard screen, click on Dashboard in the blue navigation menu.

The screen will refresh and display a banner that displays the message: ICH CAHPS attestation period is open. Click the facility attestation page link that is displayed in the banner. As a reminder, the 2020 calendar year attestation submission deadline is September 1, 2021, at 11:59 p.m. Pacific Time.

After clicking the link, the screen will refresh and display the Facility Attestation screen. The screen will display the facility name and information about the submission period. Check the box that is in the lower half of the screen to attest that the facility is not eligible for the ICH CAHPS measure and select the name of the person providing the attestation. As a reminder, any facility that treated fewer than 30 eligible patients over the course of the entire eligibility period, which is the year prior to the performance period, is exempt from receiving a score for the ICH CAHPS measure and can attest to not being eligible for the ICH CAHPS measure.

In this example, the facility is providing an attestation for performance year 2020. Facilities exempt from the ICH CAHPS measure for performance year 2020 have until September 1st at 11:59 p.m. Pacific Time to submit an attestation.

The screen will refresh and display the message: Facility attestation added successfully.

After the attestation is submitted the dashboard will update and a message will display: ICH CAHPS attestation has been submitted.

Listed on this slide is a summary of the steps that can be referenced to complete and submit the ICH CAHPS attestation.

To access your facility, click on Facilities in the blue navigation menu.

Next, select Search Facilities from the sub-menu.

Continue with the facility search by entering search criteria. A facility search can be conducted by typing in the facility ID, facility name, the facility's CMS certification number or CCN, and more. In this example, the facility's six-digit CCN will be used to find the facility in the system. Click on the facility once it appears in the Facility Lookup field.

The screen will refresh and display the Facility summary screen. Click the Attestations link that appears toward the top of the page under Actions.

After clicking the Attestations link the screen will refresh and display the Facility Attestation screen just as it did when using the Dashboard method. Check the box that is in the lower half of the screen to attest that the facility is not eligible for receiving a score for the ICH CAHPS measure and select the name of the person providing the attestation.

The screen will refresh and display the message: Facility attestation added successfully."

Listed on this slide is a summary of the steps that can be followed to complete and submit the ICH CAHPS attestation.

Let's switch gears to the last portion of this presentation, which is addressing EQRS Data Reporting FAQs. The questions and answers that will be reviewed in the following slides pertain to EQRS re-opening for data submission.

The first FAQ pertains to the 2020 data submission deadline and asks, "Since the clinical data suspension has ended and data submission has resumed, do I need to submit all data since the suspension started with September 2020 data submission? For instance, are all data from September 2020 through May 2021 due by the September 1, 2021, deadline?" The answer is no. Data from September through December 2020 have been prioritized and are due by September 1, 2021.

The next question pertains to 2021 clinical closure dates and asks, "What are the clinical closure dates for January through June 2021?" The clinical closure dates are currently to be determined. CMS is currently focused on allowing submissions for the months affected in 2020 and has not yet determined a date for the affected months in 2021. Communication will be provided as soon as the clinical closure dates for 2021 data submissions are determined.

The next question asks, "Do I need to complete the attestation for ICH CAHPS for calendar year 2020?" The answer is yes. Attestations are due by September 1, 2021, the same date deadline set for the clinical closure for September through December 2020.

The next question asks, "Should the data be submitted sequentially?" The answer to this question is yes. Entering data sequentially reduces risk of submission errors.

This question asks, "We submitted data for September through December 2020 prior to the suspension. Do we need to resubmit these data?" The answer is no.

Even though previously submitted data were not in EQRS at the time the suspension was implemented, these data were stored and retained. Therefore, with the end of the suspension, these data will be available in EQRS.

The next question asks, "I submitted data after the suspension was implemented. Do I need to resubmit these data?" The answer is no. Data already submitted do not need to be resubmitted.

This question asks, "If I resubmit data previously submitted, will the original data be overwritten?" The answer is yes. The previous data will be overwritten.

The last FAQ asks, "Who do we contact if we have difficulty submitting data?" EQRS users should contact the QualityNet Service Center for any questions or issues with submitting data. The QualityNet Service Center can be reached by calling (866) 288-8912 or by emailing the Quality Net Service Center. Additionally, questions can also be submitted from the QualityNet website by using the Quality Question and Answer Tool.

The FAQs addressed in today's presentation and other important FAQs are answered in the *ESRD QIP FAQ: Resuming Performance Period 2020 Clinical Data Submission* resource document that is available from the link shown on this slide. Look for this resource under the important links section from MyCROWNWeb.org.

All right, that summarizes how to enter clinical data and submit Clinical Depression Screening data and facility ICH CAHPS attestation and some of the important FAQs pertaining to the re-opening of EQRS for data submission. Before we get into the questions, I want to remind everyone to please complete a very quick survey that will appear on your screen after the presentation is over. This survey can also be completed through a post event email that you will receive after this presentation. Also, the recording from this presentation will be posted within 10 business days to MyCROWNWeb.org, under the Events page. You can also download today's slides from the Events page from MyCROWNWeb.org.

Now, we will take the opportunity to address the questions that have been submitted. As a reminder, if you have a question, please use the Ask a Question feature on your screen. Some questions may require further research beyond the scope of today's presentation, so if your question does not get answered, please submit your question to the CRAFT mailbox at CRAFT@MYCROWNWeb.org. Okay. Now, I will turn it over to one of our subject-matter experts to address the questions that have been submitted.

The next couple of slides contain resources that may be helpful.

This slide contains links to the ESRD Measures Manual for the 2021 Performance Period and the ESRD QIP Payment Year 2023 Measure Technical Specifications.

This last slide has a list of resources that you can use pertaining to the topics presented today. Thank you for joining today's event.