



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

March 2022 Town Hall Presentation Transcript

Speaker

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

Jane Chaine: Hello and welcome, everyone. Thank you for joining today's Town Hall event. My name is Jane Chaine, and I am the Communications Director for the End Stage Renal Disease, or ESRD, Outreach, Communication, and Training Team, or EOCT. I will serve as your host for today's presentation.

Today's presentation is streaming audio through your computer through the GlobalMeet platform, so you do not need a telephone line to hear today's presentation. However, if you are having trouble hearing the streaming audio or need to call in, please submit a message to the Ask a Question box on your screen and you will be provided with a dial-in and access code number. Please note that there are limited number of phone lines available.

If your audio is breaking up, press the F5 key on your computer or click the Refresh button as demonstrated on this slide.

If you are hearing an echo, it is likely caused by having multiple browsers open for this event; look at the top of your browser tabs to make sure you only have one event open.

For today's presentation the audio connections are muted to reduce background sounds. However, real-time interaction is encouraged, so if you have a question, use the Ask a Question feature on your screen. When submitting a question, please submit your question to All Panelists. On occasion, there are 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 [QualityNet Q&A Tool](#) and your question will be answered within 10 business days.

I would like to remind everyone that the information presented today is for reference only and does not constitute Centers for Medicare & Medicaid Services (CMS) guidance. The audience is encouraged to refer to the final rules that are published on the *Federal Register* [website](#). Today's event materials, including the recording and slides, will be available within 10 business days under the Events page on www.MyCROWNWeb.org.

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

Again, today's slides and recording will be made available within 10 business days on MyCROWNWeb.org.

Here is today's agenda. The first agenda item that will be covered are the ESRD Quality Reporting System, or better known as EQRS, announcements, and reminders. I will follow up with an overview of the CMS-2744 annual ESRD facility survey and survey reports. Then, the ESRD Quality Incentive Program, or QIP final reports will be discussed. The last topic that will be covered will be EQRS Frequently Asked Questions (FAQs). Lastly, Matthew McDonough, one of our subject-matter experts on the line, will close the call by assisting with answering questions from the audience. At the end of the presentation, I will provide additional resources that you and your facility can reference for additional information related to the content covered in today's presentation.

Here is a list of acronyms that you will hear during today's presentation.

Let's jump into our first topic, which includes important EQRS announcements and reminders, including EQRS data submission deadlines and reporting requirements.

First, let's go over the EQRS Data Submission Deadline Extensions.

In February of this year, CMS announced an EQRS data submission deadline extension for all of 2021 data and for the first two months in 2022. All 2021 EQRS Clinical Data, Clinical Depression Screening and Follow Up reporting, and In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems, or ICH CAHPS, attestations have been extended by one month from February 28, 2022, to March 31, 2022, at 11:59 p.m. Pacific Time (PT). In addition to the one-month extension for the 2021 data, CMS has also issued an EQRS data submission deadline extension for January 2022 and February 2022 data. The EQRS data submission deadline extension for these 2022 months is May 31, 2022, at 11:59 p.m. PT. Please note that the extension for the January and February 2022 data is for the EQRS Clinical Data only.

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

Similar to what was discussed on the previous slide, this slide displays a chart for the data submission deadline for all months in 2021, which you will see indicated as March 31, 2022, at 11:59 p.m. PT. This deadline applies to all 2021 EQRS Clinical Data, Clinical Depression screening data, and facility ICH CAHPS attestations. The lower chart displays the EQRS Clinical Data submission deadline for January 2022 and February 2022. The deadline for these two months is May 31, 2022, at 11:59 p.m. PT.

Now that we have discussed the EQRS data submission deadline and extensions have been reviewed, let's go into a little more detail about general EQRS reporting requirements.

Starting this month, March 2022, EQRS clinical months will open and resume a typical data submission schedule, which is opening for data submission on the first of the month and closing approximately two months after the end of the reporting month. I say approximately two months after the end of the reporting month because there are times that the last day of the month falls on a weekend or federal holiday, and, in this case, the clinical month would close at 11:59 p.m. PT on the following federal business day. So, again, in general, keep in mind that the clinical months typically close two months (or approximately two months) after the end of the reporting month. An example of this would be the March 2022 EQRS Clinical Data due to be entered into EQRS no later than May 31, 2022, at 11:59 p.m. PT. EQRS clinical data are due monthly for all collection types, including hemodialysis, peritoneal dialysis, and includes data entry for laboratory values, hospitalization and infection, some medication information, vascular access information, and more.

This slide displays a chart of the EQRS clinical data submission deadlines for the first three months of 2022. As previously discussed, the January and February 2022 data deadline has been extended to May 31, 2022. However, notice that after February, or at the beginning in March 2022, the data submission deadline schedule follows a schedule of closing approximately two months after the end of the reporting month, which is the expected schedule for the remainder of 2022.

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

Now that EQRS clinical data has been reviewed, let's focus on EQRS Clinical Depression Screening and Follow Up reporting. EQRS Clinical Depression and Follow Up reporting typically opens for reporting on the first of January and remains open through the duration of the entire year and up through the end of February of the following year. So, for instance, facilities can begin reporting Clinical Depression and Follow Up data for the 2022 assessment period in EQRS as early as January 2022 and are responsible for reporting on all eligible patients at least once during the calendar year by the end of February 2023.

Similar to what was discussed on the previous slide, this chart displays the EQRS Clinical Depression Screening and Follow Up submission schedule for the 2022 assessment period and the corresponding reporting deadline for this data. As previously stated, the Clinical Depression and Follow Up reporting typically opens on the first of the year and closes at the end of February of the following year. For more information on the Clinical Depression Screening and Follow Up measure and/or facility and patient reporting exclusions, please refer the ESRD calendar year 2022 Technical Measure Specifications available from the CMS.gov [website](#), listed here on this slide. Additionally, facilities can go to the Events page on www.MyCROWNWeb.org to view materials from the July 2021 Town Hall event that covers training on how to enter Clinical Depression Screening and Follow Up reporting in EQRS.

Let's transition to ICH CAHPS facility attestation. The ICH CAHPS attestation submission period occurs once during a calendar year and is typically open for submission during the first two months of the following year. For instance, calendar year 2022 attestations will open for submission on January 1, 2023, will remain open until the last day in February 2023; therefore, facilities are given approximately two months to enter an attestation in EQRS. I would like to point out that the majority of facilities are not exempt from receiving a score on the ICH CAHPS measure and are required to administer the ICH CAHPS Survey; however, if your facility is exempt from receiving a score on the ICH CAHPS measure, then the facility can submit an attestation in EQRS.

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

Similar to the previous slide, this chart displays the 2022 ICH CAHPS attestation year and the corresponding submission deadline. As previously mentioned, the ICH CAHPS attestation opens for submission on January 1st of the following calendar year and closes at the end of February, giving facilities approximately two months to enter their attestation in EQRS. For more information on the ICH CAHPS Survey measure, including facility and/or patient exclusions, please refer to the ESRD calendar year 2022 Technical Measure Specifications available from the CMS.gov [website](#) listed on this slide. Additionally, facilities can go to the Events page on www.MyCROWNWeb.org to view materials from the July 2021 Town Hall event that covers training on how to submit a facility ICH CAHPS attestation in EQRS and ICH CAHPS survey exclusion information.

Listed on this slide are additional resources you can reference for EQRS reporting requirements and information. These resources and more are available on the Home page on www.MyCROWNWeb.org and can be found by using the search field that is located on the MyCROWNWeb Home page.

Now we will transition to the next topic, the CMS-2744 Annual ESRD Facility Survey. I will provide a brief overview of the CMS-2744 facility survey as well as some exciting information about the new reports that are available within the survey in EQRS that will help facilities verify their survey data.

If you are unfamiliar with the CMS-2744 Annual ESRD Facility Survey, you may be asking yourself, “Why is it important? What is it?” The CMS-2744 survey is important because CMS requires that all Medicare-certified dialysis and transplant facilities complete the survey each calendar year, and it is typically completed in the early spring of each year, around this time. The survey collects facility and patient information spanning from January 1st through December 31st of the previous year. The survey captures important patient and staff demographic information, including patient counts by modality, vocational rehabilitation and patient employment status, patient Medicare coverage, number of staff by position, and more.

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

Another question you may have is, “Why is this survey necessary to provide to CMS each year?” The primary purpose of collecting 2744 survey information is to conduct important research to assess ESRD trends and to evaluate the medical and social impact of ESRD care on a local, regional, and national level.

This next slide breaks down the specific information that is collected on the two types of 2744 forms. The 2744A form is for dialysis facilities and the 2744B form is for transplant facilities. As you can see from this slide, each form collects different information. The 2744A form for dialysis facilities collects patient information; beginning and ending patient counts; patient additions and losses; number of treatments for incenter hemodialysis, home dialysis, and self-training modalities; vocational rehabilitation information, which includes employment status and patients attending school; and, lastly, staffing information which includes the number of staff for each position and the number of vacancies. The 2744B form for transplant facilities collects different information, including the number of patients that received a transplant; the number of transplants performed, including the type of transplants such as living donor, deceased donor; and living related donor; and, lastly, the patient count for those awaiting a transplant. The 2744A form and 2744B form both collect information on Medicare status.

This slide displays a screenshot of the actual first page of the 2744A form, which can be downloaded and printed from the CMS.gov [website](#) listed on this slide. Please note, this is not what you see in EQRS when you are completing the 2744 survey data; I will be showing you a screenshot of what you will see in EQRS in just a minute. I would like to emphasize that this slide is just for reference to give a visual of the data that is reported on the CMS-2744 form. Additionally, I would also like to point out that the 2744 form also contains instructions and detailed information about the fields that are included in the survey. So, again, this is not what you see in EQRS when you are completing the survey, and the link here on this slide is for reference purposes, so that you can view the survey instructions and details about the fields contained in the survey.

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

Similar to the previous slide, this slide displays a screenshot of the actual first page of the 2744B form for transplant facilities. The 2744B form can also be downloaded and printed from the CMS.gov [website](#) that is listed on this slide. Please note, this is not what is displayed in EQRS, and the link here on the slide is for reference purposes, so that you can view the form instructions and details about the fields contained in the survey.

Before we move on to review the CMS-2744 reports, I would like to provide several key reminders prior to initiating the CMS-2744 survey. First, prior to initiating the CMS 2744 survey in EQRS, please follow the guidance provided by your ESRD Network and/or organization. Some organizations may opt to have the surveys completed at the corporate level, so it is important that you consult your organization before starting the survey. Second, remember to use the reports available in EQRS on the View Facility Form 2744 screen, which I will show you in just a minute. These reports will help to verify that the auto-populated data on the CMS-2744 survey are correct. Third, to ensure survey accuracy, please resolve all errors and/or discrepancies prior to submitting the survey for review to the ESRD Network. Use the survey reports on the View Facility Form 2744 screen to help to identify possible errors and to assist you in resolving survey discrepancies to ensure your survey is accurate. Fourth, once errors and/or discrepancies have been identified, be sure to go into the patient record or records to correct the identified errors. Lastly, once the errors have been corrected in the patient record or records, be sure to regenerate the CMS-2744 survey in EQRS. Once corrections have been made and the CMS-2744 survey is regenerated to reflect those corrections, you will want to view the 2744 report again to verify survey data are correct.

Next, we will move on to the new CMS-2744 reports available in EQRS.

In February of this year CMS added new CMS-2744 reports in EQRS to help facilities verify that the auto-populated data on the survey is correct. As mentioned earlier, reports were added to the View Facility Form 2744 screen in EQRS; this is the same EQRS screen where the 2744 facility survey data are located.

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

Listed on this slide are the four new dialysis reports including Patients Receiving Care Beginning of Survey Period, Additions During Survey Period, Losses During Survey Period, and End of Survey Report. The one new transplant report is the End of Survey Transplant report.

In the next several slides, I will be providing step-by-step instructions on how to access the new 2744 reports in EQRS.

The first step to get to the facility 2744 survey is to login to EQRS. If you have access to multiple facilities in EQRS, click on the orange Change Organization dropdown button in the upper-right corner of the navigation menu to select your desired facility.

Next, click on the Form 2744 link from the Facilities dropdown tab in the blue navigation menu.

The screen will refresh, and the Manage Form 2744 screen will appear. Enter your selections into the fields. In this case, the Survey Year is 2021, and the Survey Status is Existing. Click on Search once you are ready to find your survey.

Your facility will appear under Facility Results. Click on the View button located on the right side of the screen to access the survey.

The screen will refresh and the View Facility Form 2744 screen will appear. This is where all the survey data are populated and where you can access 2744 reports to verify your survey data. The 2744 reports are indicated by a down arrow in the blue sections within the survey, as displayed on this slide.

To view and download a survey report, click on the desired report link. Once the report is generated, it will automatically download to your computer.

Locate the downloaded report file, click on the report to open, view, and save the report to your desktop.

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

After reviewing the reports and identifying any errors, make any needed corrections in the patient record or records. Once corrections are made, be sure to regenerate the CMS-2744 survey to update the auto-populated data and re-download any relevant survey reports to verify the survey has been updated and is accurate. Please note, when a survey is regenerated, the data within the survey are automatically updated based on any changes and/or corrections that were made to the patient record or records. Therefore, anytime a survey is regenerated, it is recommended to download a new report to ensure that the report reflects the most up-to-date information.

To summarize, the reports on the View Facility Form 2744 screen can be accessed by first logging into EQRS. Once logged into EQRS, select the desired facility, if needed. Next, click on Form 2744 from the Facilities tab on the blue navigation menu at the top of the screen. Then, enter the required information including the Survey Year and Survey Status. Then, click on the Search button to locate your facility's survey. Click on the View link on the right of the screen to access your survey. Select and click on the desired report you want to download. Lastly, click on the report to download it to your computer. Please be sure to regenerate the survey, as well as any relevant reports, after any corrections have been made to patient records; this ensures that your survey and survey reports reflect the most up-to-date survey data.

Please refer to the resources on this slide for further guidance about completing your 2744 survey. As a reminder, the CMS-2744 form that is posted on the CMS.gov website contains detailed information about the data fields included on the survey, as well as survey instructions. Additionally, there is a 2021 CMS-2744 Training Aid that provides detailed steps and instructions on how to complete the survey. That is available on the Education page from www.MyCROWNWeb.org, or you can use the link on this slide to access the training aid.

This slide lists helpful contacts. Your local ESRD Network and the Center for Clinical Standards and Quality, or CCSQ, Service Center can provide further assistance, if needed.

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

Contact your ESRD Network if you need assistance with resolving outstanding survey error and/or data discrepancies. To find your local ESRD Network use the link on this slide. The CCSQ Service Center can assist you if you are having technical issues with the survey, such as issues with the survey getting generated in EQRS. The CCSQ Service Center can be reached Monday–Friday 8 a.m. to 8 p.m. Eastern Time. You can reach them by calling (866) 288- 89.12 or emailing qnetsupport-esrd@hcqis.org.

Moving on to the next agenda topic is the ESRD QIP Payment Year 2022 Final Performance Score Report, or PSR, and Performance Score Certificate, or PSC, overview. As most of you know, the payment year PSRs and PSCs became available to facilities in February of this year. In this next section, I will discuss some information that is unique to the PSCs and PSRs for payment year 2022, as well as provide a quick tutorial on how to access these documents.

Since February, announcements have been released to the ESRD community about the payment year 2022 ESRD QIP reports and Performance Score Certifications. As of February 18, 2022, authorized facility staff could log into EQRS and access these reports using the ESRD QIP User Interface (UI). Should the facility need access to these reports later in the year and beyond, the reports will be available in the ESRD QIP UI throughout the payment year and for up to two years after the current payment year.

I am going to provide a brief overview of some of the items pertaining to the payment year 2022 Performance Score Report, or PSR. Many of you may already be familiar with the PSR. If you are not, this report includes details regarding your facility’s performance in 2020, excluding the months that were granted an Extraordinary Circumstance Exception, or ECE, by CMS due to the COVID-19 Public Health Emergency. As you have probably noticed, the payment year 2022 PSRs display an N/A, or Not Applicable, in place of a numerical score, and this is due to the COVID-19 ECE and EQRS operational issues.

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

Additionally, the final PSR reflects any applicable revisions that may have been made during the payment year 2022 preview period, which took place from November 18, 2021, to December 20, 2021. During the 30-day preview period, facilities are given the opportunity to review and submit inquiries to CMS about their preview period PSR before they are finalized. If you would like to know more about COVID-19 ECE and its impact on the ESRD QIP scoring, please refer to [ESRD QIP FAQs](#) document that is linked in this slide.

A couple announcements were distributed to the ESRD community in February of this year which included information about a systemic issue that was identified during the payment year 2022 preview period. This issue pertains to missing lab values and treatment data. Due to the resolution of this issue, some facilities may have noticed a change to their Kt/V, Ultrafiltration Rate, Hypercalcemia, and Medication Reconciliation measures on their payment year 2022 final period reports in comparison to their payment year preview period reports.

Here, you will see a sample payment year 2022 PSR, similar to what yours should look like. This slide shows the first page of the PSR which summarizes the measure scores and the clinical care domain; as mentioned earlier in the presentation, you will see N/A displayed for your Measure Scores. The PSR is five pages long and displays the facility's performance in the four ESRD QIP domains, which include Clinical Care, Care Coordination, Safety, and Patient & Family Engagement.

As mentioned earlier in the presentation, the Performance Score Certificates, or PSCs, have been available to download since February 18, 2022. Although PY 2022 certificates display N/A, or Not Applicable, and no Total Performance Scores, or TPSs, were issued, facilities are still responsible to download, print, and post both the English and Spanish versions of the PSC in a prominent patient area within the facility. As a reminder, the PSC should have been posted in each facility as of Friday, March 11, 2022. So, if your facility has not done so, please download and print the certificate for posting. The certificate needs to remain posted for the duration of the entire 2022 calendar year.

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

Here is the sample Performance Score Certificate in English and Spanish. As you can see on this slide, all certificates will display the N/A in place of a Total Performance Score.

In the next slides, I will provide a quick tutorial on how to access the final reports and PSC via EQRS, using the ESRD QIP UI.

All users with an ESRD QIP role can access the View/Download Reports screen, but these reports are viewable based on the role or roles assigned to the EQRS user. Users can contact the CCSQ Service Center to obtain reports that are not listed in the ESRD QIP UI that should be available to them. Currently the ESRD QIP UI has all the final reports available. These include the Patient Score Report, or PSR; the Patient List Report, or PLR; the Performance Score Summary Report, or PSSR; and the Performance Score Certificate, or PSC. As mentioned earlier, the PSR includes details regarding your facility's performance in 2020. The Patient List Report lists all the patients whose data are used to calculate a facility's ESRD QIP measure rates. The Performance Score Summary Report includes a summary of the Total Performance Score and measure scores. The Performance Score Certificate indicates the facilities Total Performance Score.

This slide provides an overview of the different ESRD QIP roles and the corresponding reports that are available for each role. There is the Facility Viewer, Facility Point of Contact, and Corporate Point of Contact. There are additional roles at the Network level and the CMS Support level, but I will not be discussing those roles today. Looking at this chart, notice that the right side of the chart lists the difference reports available based on your role. Starting with Facility Viewer, this role can access the Performance Score Report and Performance Score Certificate only. The Facility Point of Contact can access and download the Patient List Report, the Performance Score Report, and Performance Score Certificate. Lastly, if you are a Corporate Point of Contact, you have the ability to view and download all reports for facilities within your own organization. This includes the Patient List Report, Performance Score Report, the Performance Score Summary Report, and the Performance Score Certificate.

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

As a reminder, the CCSQ Service Center can be contacted for technical issues with accessing your ESRD QIP reports in EQRS.

Next, let's look at how to view and download reports in the ESRD QIP UI in EQRS. First, log into EQRS, using your HARP account credentials. Once logged in the EQRS application, click on the QIP Scores link that is located on the top, left side of the screen. Please note, if the QIP Scores link is not displayed, it is likely that you need to click on the orange Change Organization dropdown option on the right side of the EQRS screen. Then, select the QIP application to enable the QIP application. Once you click on the QIP Scores link, the screen will refresh, and you are then able to navigate to the View and Download Reports section of the application.

Once you are in View and Download Reports screen, go to the Select Your Facility and Payment Year section, as seen on this screen. For facility level users, you will need to enter the required information including facility name or CCN, the Payment Year, and the Period. Then you have the option to select a specific report you would like generated. Then, click on the Apply Filter button. If you want to see all the available reports for a facility, then do not select a report under the Report Name field. That way the system will automatically display all available documents based on the payment year and the period that has been selected. Remember, if you have access to multiple facilities, you may need to use the search option to find your desired facility or facilities. Additional search filters are available for organizational-level searches, which I will review in a moment.

Next, scroll down to the Select Available Reports section. Here, you'll see a list of available reports for the payment year and period selected. Click on the hyperlink under Available Reports to download the desired report or certificate.

After clicking on the hyperlink for the report or certificate you want to access, the document will automatically download to your computer and display at the bottom of your computer screen. Click on the downloaded report to open and/or save the file.

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

Remember to access EQRS using Google Chrome. The system works best with Chrome. If you are unable to download your report or are having technical issues with accessing your report, you can contact the CCSQ Service Center regarding technical issues with your reports. Their contact information can be found throughout this presentation and is listed on slide 67, along with additional resources you can use, should you need additional assistance.

Next, these screenshots are specific to the Corporate POCs within the ESRD QIP UI. The screens are very similar to what is displayed for Facility users. Here, you'll see two search options for Corporate POCs. The image to the left shows a single facility search, which includes the facility name, payment year, and period—just how facility level users conduct their search. The image to the right shows a Corporate POC performing an organizational-level search. The user checks “This is an organizational-level search” checkbox at the top, and the system displays additional filter fields including the Organization Name, Network, and State. Enter the required fields indicated by a red asterisk to conduct your search.

To recap, the View/Download Reports screen can be accessed by all users with an ESRD QIP role, but reports are displayed based on roles and availability. To access reports, log in to EQRS, and click the QIP Scores link. Once the screen refreshes, click on View/Download Reports on the left side of the screen. Next, select your facility, payment year and period. Scroll down to Select Available Reports and click on the report hyperlink to download a report to your computer.

Here are two additional resources that are available on the QualityNet.org website. These resources include the Guide to the PY 2022 ESRD QIP Performance Score Report and the Payment Year 2022 ESRD Quick Start Guide. The Quick Start Guide is also available on the Home page on www.MyCROWNWeb.org.

Let's switch gears to the last portion of this presentation, which is addressing EQRS FAQs.

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

This first question asks: When does the CMS-2744 survey have to be submitted? To answer this question, each network establishes their own due date, so it is important that facilities consult their local ESRD Network to confirm the submission deadline. Once the survey is submitted via EQRS to the ESRD Network for review, facilities must monitor their forms' status and work with their network to "finalize" the forms. To find your ESRD Network contact information, use the link on this slide. Remember to please follow the guidance provided by your organization, prior to initiating the CMS-2744 survey; it is important to consult your organization because your organization may have the surveys completed at the corporate level.

The next question asks, "How can I verify the information submitted on the CMS-2744 survey?" As discussed earlier, EQRS recently added new reports that will assist with verifying your survey data. These reports are available on the View Facility Form 2744 screen and are indicated by a down arrow in the blue sections within the survey. After reviewing the reports and identifying any errors, make any needed corrections in the patient record or records. Once corrections are made in the patient record or records, be sure to regenerate the CMS-2744 survey to update the auto-populated data and re-download the reports for review with the updated data.

The next question is about the ESRD QIP reports and asks, "What should I do if I cannot access a report in the ESRD QIP UI that should be there?" The answer to this is that the CCSQ Service Center can assist with resolving technical issues within the EQRS QIP UI. The CCSQ Service Center is available Monday–Friday 8 a.m. to 8 p.m. Eastern Time and can be reached via phone at (866) 288-8912 or by email at qnetsupport-esrd@hcqis.org. If you have any questions about the information contained in your ESRD QIP reports, please contact the ESRD QIP Team via the [QualityNet Q&A Tool](#). The [QualityNet Q&A Tool](#) is linked here on this slide for you to access once you have the presentation slides. The presentation slides will be available on the Events page on www.MyCROWNWeb.org within 10 business days.

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

This last question asks, “What if I think there is an error on my facility’s PY 2022 ESRD QIP Final PSR? Is there anything that can be done to correct it?” The answer unfortunately is no. Once the preview period closes, facilities can no longer submit inquiries regarding their Final PSR. Facilities have approximately 30 days during the preview period to review their preview period reports and to submit any inquiries to CMS. The ESRD QIP preview period typically occurs in the summer prior to the payment year with the exception to PY 2022, which occurred last November to December of 2021.

At this time, we will take the few remaining minutes to assist with any questions you have about today’s presentation. I am now going to open the line to Mathew McDonough, one of our subject-matter experts, to assist with answering questions. So, let’s go ahead and jump into the questions. Matt, I will now turn it over to you.

Thank you, everyone. We truly appreciate you being on and sharing part of your day with us. As a reminder, today’s event materials, including the recording and slides, will be available within 10 business days under the Events page on www.MyCROWNWeb.org. Additionally, the following couple of slides provides additional resources should you need further assistance or have additional questions. The last slide contains a link to a very quick two-minute post event evaluation, so please do stay on to complete this short evaluation

Here you see a list of resources that will link you directly to additional information related to the ESRD QIP, the ESRD Measures Manual and Technical Specifications, HARP, and more; you’ll be able to access the links once you obtain a copy of these slides. Again, these slides will be available on the Events page from www.MyCROWNWeb.org within 10 business days.

This last slide lists resources discussed during today’s presentation, including where to access today’s presentation materials. Also, the slide contains important contact information. If you need assistance with EQRS technical issues, the CCSQ Service Center can assist with that.

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

Their phone number and email are listed on this slide. They are available to help you Monday–Friday 8 a.m.–8 p.m. Eastern Time. The ESRD QIP [QualityNet Q&A Tool](#) link can be used to submit EQRS- and QIP-related questions. Lastly, your ESRD Network contact information can be found using the [link](#) on this slide, regarding any concerns or assistance. Thank you all once again for joining today’s call. As a reminder, please complete the post-event evaluation that will appear on your screen momentarily. Thank you and have a great rest of your day!