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

September 2022 Town Hall
Presentation Transcript

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Jane Chaine: Hello. 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, 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. However, there is a 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 do 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 Question and Answer Tool by using the link on this slide, 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 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, are available on the Events page on www.MyCROWNWeb.org. Again, today's slides and recording are available on the Events page on www.MyCROWNWeb.org.

Here is today's agenda. The first agenda item that will cover is the ESRD Quality Reporting System, better known as EQRS, data submission deadlines. I will follow up with a couple of announcements and then move into the bulk of the presentation. They are the new EQRS features, including a new vaccination reporting module, the Admission in Support of Transplant feature, and the new parathyroid hormone reporting fields. The last topic that will be covered will be EQRS Frequently Asked Questions. 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, EQRS announcements and reminders, including EQRS data submission deadlines and reporting requirements.

This chart displays the EQRS Clinical Data Submission Deadlines for the remainder of the 2022 calendar year. Please note that the July 2022 EQRS Clinical Data submission deadline is quickly approaching and, as specified in this chart, is Friday, September 30, at 11:59 p.m. Pacific Time. As a reminder, EQRS opens for data submission on the first of the month and closes 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 when the last day of the month falls on a weekend or federal holiday. In those cases, the clinical month closes at 11:59 p.m. Pacific Time on the following federal business day. EQRS clinical data are due monthly for all collection types, including hemodialysis and peritoneal dialysis, including reporting for laboratory values, hospitalization and infection, medication information, vascular access information, and more.

Now that the EQRS Clinical Data reporting deadlines have been reviewed, let's review the deadline for the 2022 EQRS Clinical Depression Screening and Follow up reporting. EQRS Clinical Depression and Follow Up reporting opens on the first of January.

It remains open through the duration of the entire year and up through the end of February of the following year. So, for instance, facilities could begin submitting Clinical Depression and Follow Up reporting for the 2022 assessment period in EQRS as early as January 2022 and have until February 2023 to complete this reporting. Facilities are responsible for screening all eligible patients at least once during the calendar year and must report this information by the end of February 2023. For more information on the Clinical Depression Screening and Follow Up measure and/or facility and patient reporting exclusions, please refer the ESRD Technical Measure Specifications document that is 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 enter Clinical Depression Screening and Follow Up reporting in EQRS.

Let's transition to the In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems, or ICH CHAPS, facility attestation reporting. 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, the calendar year 2022 attestations will open for submission on January 1, 2023, and will remain open until the last day in February 2023; therefore, facilities are given approximately two months to submit an attestation in EQRS. Please note though that most facilities do not need to complete an attestation because most facilities are not exempt from receiving a score on the ICH CAHPS measure and are required to administer the ICH CAHPS Survey. For more information on the ICH CAHPS Survey measure, including facility and/or patient exclusions, please refer the ESRD Technical Measure Specifications document 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 are found by using the search field that is located on the MyCROWNWeb website home page.

The next agenda topic is Announcements. I will briefly cover a couple of important announcements pertaining to the ESRD Prospective Payment System, or PPS, proposed rule and the ESRD QIP preview period.

First, let's briefly discuss the calendar year 2023 ESRD PPS proposed rule.

In June of this year, CMS published the Calendar Year 2023 ESRD PPS Proposed Rule on the *Federal Register* website. Included in the proposed rule, CMS announced their proposed Medicare payment policies and rates for ESRD care for 2023. The calendar year 2023 ESRD proposed rule also includes a number of updates to the ESRD QIP requirements that impact payment years 2023, 2024 and 2025. Additionally, the proposed rule includes proposed refinements to the ESRD Treatment Choices Model, and this includes the improvement scoring methodology and requirements related to kidney disease patient education services. Lastly, the proposed rule also included a request for information, specifically on topics related to quality indicators for home dialysis patients and principles for measuring healthcare quality disparities. The proposed rule public comment period closed last month on August 22, 2022; comments are public and can be accessed through the *Federal Register* website. Additionally, a presentation on the Calendar Year 2023 ESRD PPS Proposed Rule was presented by CMS in late July of this year. This presentation can be accessed from the CMS.gov website that is listed on the following slide.

Listed on this slide are additional resources you can reference for information on the calendar year 2023 ESRD proposed rule. The proposed rule is available on the *Federal Register* website and can be accessed by using the link on this slide.

The CMS.gov website contains a proposed rule fact sheet, which provides a nice summary of the proposals according to the payment years impacted. Use the first link under the CMS.gov bullet listed on this slide to access this fact sheet. Lastly, a presentation on the proposed rule can also be accessed on the Education Resources page on the CMS.gov website. Use the second link listed under the CMS.gov bullet listed here on this slide to access this presentation.

The next announcement pertains to the payment year 2023 ESRD QIP preview period.

The ESRD QIP preview period typically occurs every summer; however, last year was an exception due to the COVID-19 public health emergency and EQRS operational issues. This year, the preview period for payment year 2023 is also postponed and tentatively scheduled to begin sometime this November and end in December. As a reminder, the preview period is approximately 30 days. During the 30-day timeframe, facilities are given an opportunity to view QIP preview scores and reports, which are obtained in EQRS through the ESRD QIP User Interface. EQRS users with an ESRD QIP role of Facility or Corporate Point of Contact can submit inquiries to CMS regarding questions about their scores via the ESRD QIP User Interface in EQRS. Additional information on the ESRD QIP and preview period can be accessed on the QualityNet.org website, using the link on this slide. Also, the next quarterly Town Hall will also cover the ESRD QIP and preview period activities, so be sure to register for any upcoming Town Hall events.

Let's now transition to the next agenda topic, New EQRS Features. In the next several slides, I will cover three new features recently added in EQRS.

The first new EQRS feature that we will review is the new vaccination reporting module. This section covers how to enter information for hepatitis B, pneumococcal, and influenza vaccinations. Previously, vaccination data reporting was required on a monthly basis in EQRS.

However, the new vaccination module is designed for an event-based reporting process, and it eliminates redundant reporting; this means that facilities are now required to report vaccination information anytime there is a vaccination event. I will go into more detail about what is considered a vaccination event in just a couple of minutes. In addition to the event-based reporting, the newly designed vaccine module enhances continuity of patient care by attaching vaccination records to the patient from facility to facility. More specifically, any facility where the patient is admitted has access to view, edit, and add vaccination data for that patient, and, as the patient moves from one facility to the next, the vaccination data entered by the previous facility will be accessible by the next facility. In the following slides I will go into more detail about the vaccination module and how to report vaccination information in the module.

The vaccination module was released in EQRS about a month ago, on August 8 of this year. Many of you are aware that the previous vaccination reporting was located on the Manage Clinical screen in EQRS and was required monthly; this is no longer the case. With the release of the new vaccination module, vaccination reporting is now located on the Patient screen under the Vaccinations tab. If you are viewing the new vaccination module in EQRS, you may even notice that some vaccination data are already populated on the Vaccinations Summary screen. That is because the system has transferred over the most recent vaccinations records from the Manage Clinical screen in EQRS and will do so until October 1, 2022. Facilities have until October 1, 2022, to fully transition their Hepatitis B, influenza and pneumococcal vaccination reporting process in EQRS to the new vaccination module that is located under the Vaccinations tab on the Manage Patient screen. Please note that the October 1, 2022, date is subject to change, and facilities will be informed via email if this date does change. As a reminder, the vaccinations that are required to be reported in EQRS remain the same and include Hepatitis B, influenza, and pneumococcal vaccinations. In the next slide, I will review the event-based reporting process for vaccinations.

As mentioned earlier, any facility where the patient is admitted has access to view, edit, and add vaccination data for that patient. Therefore, as the patient moves from one facility to the next, the vaccination data entered by the previous facility will be accessible by the next facility. Vaccination data can be entered at any time following a patient admission to the facility and should be entered as soon as possible after the patient has been admitted to the facility or when a vaccination event has occurred. Since the vaccination module is designed for event-based reporting, monthly reporting is no longer required; however, the new module does require additional data reporting in EQRS. This includes the vaccination name and serious adverse reactions. I will demonstrate how to report this information in just a minute. To accurately report vaccination data in the new module, it is important to be aware of what is considered event-based reporting. Event-based reporting requires users to enter vaccination information into EQRS anytime a vaccine is offered, received or declined. An example of event-based reporting is entering information on the administration of the influenza vaccination once per year. More specifically, a vaccination event occurs anytime a patient receives a vaccine administered by the reporting facility, receives a vaccine by an outside provider, or when the patient self-reports that a vaccine was received. Lastly, a vaccination event is also when a patient does not receive a vaccine that has been offered by the reporting facility. In other words, the patient declines a vaccination offered by the reporting facility. Again, it is required to document vaccinations received and not received for all patients when these events occur. It is also important to know that, if your facility batch submits data or uses a health information exchange or electronic data interchange for data submission into EQRS, please be sure to consult your organization on how to report these data in EQRS, as many organizations have an automated system that submits the data electronically. Now that a general overview of the vaccination module has been reviewed, we will now review the steps for entering data into the vaccination module in EQRS.

The vaccination information is entered on the Patients screen in EQRS. Once logged into EQRS, the first step for entering vaccination data is to search for the patient by clicking on Patients in the blue navigation menu.

Next, click Search Patients in the sub-menu that displays.

Search for the patient by using the first name and last name. So, here in this example, we enter Itsa Patient and click the Submit button to conduct the search.

Once the screen refreshes, click on the EQRS Patient ID link on the left of your screen to bring up the patient's record.

The Manage Patient screen will display. Click the Vaccinations link on the left side of the screen to access the patient's vaccination information.

The Vaccinations Summary screen will display for your patient. Next, click on one of the three Add Vaccination Data links to add information for the desired vaccine.

The first vaccination listed on the Vaccination Summary page is Hepatitis B. To add Hepatitis B information, click on the Add Vaccination Data link on the right of your screen.

Next, complete the required fields on the Hepatitis B vaccination screen. Enter where the patient received the vaccine, if the vaccine was part of a series, or if it was a booster. Next, enter the vaccination name and date. Here in this example, the Hepatitis B vaccination was given to the patient at the reporting facility and the dose was part of a series dose. The vaccination name entered from the drop-down menu is Engerix-B, and it was given on June 29, 2022.

Moving down the screen, report if the patient experienced an adverse reaction and the patient's Hepatitis B surface antibody information. In this example, the patient did not experience an adverse reaction.

Also, the reported Hepatitis B surface antibody is 2 as of June 27, 2022. Lastly, click the Add Vaccination Data button to save your entry.

Once the Hepatitis B data are entered, the screen will refresh, and the information that was just entered will appear on the Vaccinations Summary screen. In addition to the information populated on the summary screen, you will also notice that the vaccination data can be viewed/edited, duplicated, and deleted from a drop-down option on the right side of the screen. I'd like to point out that, unique to the Hepatitis B vaccination reporting, there is the ability to duplicate vaccination data. The duplicate feature can save you time when entering a Hepatitis B vaccination series. After the first dose in a Hepatitis B vaccination series is entered, users can select Duplicate from the drop-down menu as displayed on the screen. This will duplicate the dose, allow a new date to be entered, and allow any other changes to the dose or doses in the series.

The next vaccination listed under the Vaccinations Summary screen is influenza. Just as with the Hepatitis B vaccination, click on the Add Vaccination Data link to the right of your screen to begin your entry.

The screen will refresh, and the fields for influenza data entry will appear. Enter where the patient received the influenza vaccine, the name and date of vaccination, and if the patient had an adverse reaction. Notice there are options for the date field. This a nice feature because the system will allow the user to enter an exact date, approximate date, or date unknown. This may come in handy for the patient who received their vaccination at a pharmacy and doesn't remember the date they received the vaccine. Click on the Add Vaccination Data button to save your entry. Before we move on, I would also like to point out that the system will update or add vaccination names periodically. These updates may occur on a seasonal basis or may be on an event-basis as vaccination names receive FDA approval.

Same as the Hepatitis B vaccination, once the influenza data are entered and saved, they will appear immediately in EQRS. Once data are entered, EQRS users can then view/edit and delete information as needed from the Vaccinations Summary screen by using the Actions drop-down menu.

The last vaccination listed on the Vaccinations Summary screen is the pneumococcal vaccination. Just as in the previous sections, click on Add Vaccination Data to enter pneumococcal vaccination information.

Once the screen refreshes and the pneumococcal vaccination fields appear, enter where the patient received the vaccination, the name and date of the vaccination, and if the patient had an adverse reaction. Click on the Add Vaccination Data button to save your entry.

Same as the previous vaccines, once the pneumococcal data are entered and saved, it will immediately appear on the Vaccinations Summary screen. Users can then view/edit and delete information as needed.

That wraps it up the new vaccination module feature. For additional information on the new vaccination module, use the hyperlink listed on this slide to access the EQRS Vaccination Data Submission Requirements and Frequently Asked Questions resource. This resource is also available on the Education page on www.MyCROWNWeb.org.

The next new EQRS feature that we will review is the Admission in Support of Transplant. This feature includes two new discharge reasons when the Admit Reason is Dialysis in Support of Transplant. Additionally, a previously existing discharge reason was also updated when this new feature was released. In the following slides, I will review these discharge reasons and when these discharge reasons should be used.

In July of this year, CMS added the Admission in Support of Transplant feature to the Manage Patient screen under the Admissions tab in the Admission Information section in EQRS. This feature includes two new discharge reasons, Delayed Function Resolved Following a Transplant and Delayed Function Unresolved Following a Transplant. The intention of adding the two new discharge reasons is to allow EQRS to retain two open admissions on a single patient. These are only to be used for patients that require temporary dialysis after receiving a transplant.

Additionally, the new discharge reasons allow dialysis facilities to initiate a second admission in EQRS while the patient is currently admitted to a transplant facility, as long as the Admit Reason selected in EQRS is Dialysis in Support of Transplant. In addition to these two new discharge reasons, an existing discharge reason was also updated in EQRS. The existing discharge reason of Recovered Function changed to Recovered Function of Original Kidney. I will go into a little more detailed about the updated discharge reason in a couple of minutes, but, before we do that, let's take a closer look at when to use the two new discharge reasons that have been added to EQRS.

As mentioned earlier, the two discharge reasons that have been added to EQRS are Delayed Function Resolved Following a Transplant and Delayed Function Unresolved Following a Transplant. These discharge reasons can only be used when Dialysis in Support of Transplant is selected as the Admit Reason. Furthermore, the discharge reason of Delayed Function Resolved Following a Transplant should only be used when the patient has gained function of their transplanted kidney and no longer needs dialysis. The discharge reason of Delayed Function Unresolved Following a Transplant should only be used when the patient's transplanted kidney fails, and the patient needs to be re-admitted as a permanent patient.

Next, let's discuss the existing discharge reason that was updated in EQRS. The existing discharge reason of Recovered Function changed to Recovered Function of Original Kidney. The only time the discharge reason of Recovered Function of Original Kidney should be used is when the patient has recovered function of their native kidney and no longer needs dialysis. Before we move on, I would like to remind facilities again to please consult your organization on how to submit admission and discharge information into EQRS, as some organizations electronically and automatically submit this information in EQRS.

This next slide displays a screenshot of where the two new discharge reasons are located in EQRS.

The two new discharge reasons of Delayed Function Following a Transplant and Delayed Function Unresolved Following a Transplant are located on the Manage Patient screen under the Admissions tab in the Admission Information section of EQRS. This screenshot displays the Admission Information section and where the two discharge reasons are located from the Discharge Reason drop-down field.

This next slide highlights the Admit Reason field. That is on the left side of the screen and displays the Admit Reason of Dialysis in Support of Transplant, which is the admit reason that must be selected when using the two new discharge reasons that we have reviewed today.

This slide displays a screenshot of updated discharge reasons in EQRS. As a reminder, the discharge reason of Recovered Function was updated to Recovered Function of Original Kidney. As you can see from the slide, the Admit Reason selected is New ESRD Patient. That is because the discharge reason of Recovered Function of Original Kidney should only be used when the patient has recovered function of their native kidney or the kidney they were born with, and the patient no longer needs dialysis.

That wraps it up for the Admission in Support of Transplant feature. For additional information about this feature, refer to the Admission in Support of Transplant Frequently Asked Question resource. It can be accessed by using the hyperlink on this slide or by going to the Education page on www.MyCROWNWeb.org. Resources for general information on admitting and discharging patients in EQRS is also available on the MyCROWNWeb website. It can be accessed by the hyperlinks listed on this slide.

The last reporting feature that will review today is the new Parathyroid Hormone, or PTH, reporting fields that have been added to the Manage Clinical screen in EQRS. I will provide an overview of the PTH reporting feature and how to report these data in EQRS.

On July 28 of this year, CMS added four new PTH reporting fields on the Manage Clinical screen under the Mineral Metabolism section in EQRS.

These new reporting fields include the Parathyroid Hormone, or PTH, value and date, including fields for the month, day, and year; the Parathyroid Hormone Method; and the *P*arathyroid Hormone Upper Limit Assay Range. This new reporting feature allows dialysis facilities to report PTH values monthly. However, some facilities may not measure PTH values monthly; if a monthly PTH value is not measured for the reporting month, the facility must select the N/A, Not Applicable, when reporting monthly clinical data in EQRS. It is important to note that if a PTH value is being reported for the month, then the other PTH reporting fields, including the date, PTH Method, and Upper Limit Assay Range, are required. Reporting PTH data allows CMS to assess bone mineral management and adverse outcomes associated with the management of PTH among the ESRD patient population.

Displayed on the screen are the new PTH reporting fields that are within the Mineral Metabolism section on the Manage Clinical screen in EQRS. In this example, the PTH value entered is 306 with a date of July 6, 2022. The PTH Method is Plasma, and the Upper Limit Assay Range is selected as N/A or Not Applicable. Although EQRS users can use the N/A checkbox for the Upper Limit Assay Range, it is recommended that facilities consult their organization and/or laboratory to confirm the Upper Limit Assay Range value. As a reminder, if the facility did not measure the PTH value for the month, the N/A or Not Applicable check box can be selected for that reporting month.

The PTH reporting fields are located on Manage Clinical screen. Once logged into EQRS, the first step for entering PTH data is to access the Manage Clinical screen. To do this, click on Patients in the blue navigation menu.

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

The system refreshes and allows the ability to search for the patient. To complete the search, select Hemodialysis or Peritoneal Dialysis as the Collection Type. In this example Hemodialysis has been selected for the collection type. Next, select the clinical month.

In this example we are entering data for April 2022. Click on Search Patients to find the patient's name from the Select Patient drop-down.

Once your patient has been selected, make your way down to the Mineral Metabolism section of the reporting screen. Enter the required data into the mineral metabolism fields as shown in this example. In this example, the phosphorus value, method, and date have been entered, as well as the Uncorrected and Corrected Calcium values and dates for these values. The Serum Albumin lab value and date have been entered, and the fields for Serum Albumin Lower Limit and Lab Method have been completed. This brings us to the PTH reporting fields that are located towards the bottom of the section. Next, enter the PTH value, Method, Upper Limit Assay Range, and date. Notice the N/A or Not Applicable checkboxes to the right; users can select N/A for the values that were not measured for the patient for that clinical month.

This slide highlights the new PTH reporting fields, as indicated by the red box. These include the PTH value and date including month, day, year, PTH Method, and PTH Upper Limit Assay Range. Again, if the facility did not measure PTH for the reporting month, the user can select N/A for the PTH value. However, if a PTH value is entered, then all remaining PTH reporting fields are required to be completed.

That wraps it up for the new PTH reporting fields. For additional information on the PTH reporting fields, use the hyperlink listed on this slide to access the PTH Reporting Fields: Frequently Asked Questions resource. This resource is also available on the Education page on www.MyCROWNWeb.org.

Now to the last portion of today's presentation, answering EQRS FAQs.

This first question is regarding vaccination reporting in EQRS. This question asks, "How and when can we submit vaccination data in EQRS?" Data submission for vaccinations should be as soon as possible, either when a vaccine is received or declined when it is offered.

Facilities can submit vaccination data any time after the patient has been admitted to the facilities in EQRS. A nice feature of the vaccination module is that it allows the reporting facility or the facility where the patient is currently admitted to edit and view vaccination data entered by facilities where the patient was previously admitted. You may notice that some vaccination data are already populated on the Vaccination Summary screen in the vaccination module. That is because EQRS migrated the most recent vaccination records from the Manage Clinical screen into the vaccination module. As a reminder, starting on October 1, 2022, the vaccination fields will no longer appear on the Manage Clinical screen in EQRS, and facilities will need to have all vaccination reporting transitioned to the vaccination module by this date. Please note, the October 1, 2022, date is subject to change and facilities will be alerted if the date is changed. Also, as a reminder, if your facility batch submits data into EQRS, please consult your organization for guidance on how to submit vaccination data.

The next question asks, "Do I need to submit every hepatitis B vaccination dose given in a series in EQRS." In short, yes. However, a nice feature of the new vaccination module is having the ability to duplicate doses for a hepatitis B vaccination series. After the first dose in a Hepatitis B vaccination series is entered in the vaccination module and is displaying on the Vaccinations Summary screen, users can then select the Duplicate option from the Actions drop-down menu on the right side of the screen. Once the dose is duplicated, a new date and any other changes to the doses in the series can be made.

Switching gears, this question is about the Admission in Support of Transplant feature. The question asks, "Does EQRS require a CMS-2728 Form to be completed when the Admit Reason of Dialysis in Support of Transplant is selected?" The answer is no. It is not required for a CMS-2728 Form to be completed since the admission reason is Dialysis in Support of Transplant, which is a temporary admission in EQRS.

This next question is also regarding the Admission in Support of Transplant feature and asks, "Is a dialysis facility required to complete a CMS-2746 Form or death notification form if a patient passes away while temporarily admitted to the facility with the Admit Reason of Dialysis in Support of Transplant?" The short answer is no, and this is because the patient is admitted to the facility as a temporary patient. However, the last facility where the patient was permanently admitted, which in this case is usually the transplant facility, is responsible for completing the CMS-2746 Form. Additionally, if the patient expires while temporarily admitted to the facility, the dialysis facility must discharge the patient using the Discharge Reason of Delayed Function Unresolved Following a Transplant.

This last question asks, "Who can I contact for questions about any of the new reporting features in EQRS?" This is a great question. EQRS users can submit EQRS reporting or EQRS training-related questions through the QualityNet Question and Answer Tool, using the link on this slide. For EQRS technical related issues, EQRS users can contact the Center for Clinical Standards and Quality, or CCSQ, Service Center. The CCSQ can be reached by phone, email, or through the Support Central portal where an inquiry can be submitted. The CCSQ Service Center is available to assist you Monday through Friday 8 a.m. to 8 p.m. Eastern Time.

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 us go ahead and jump into the questions. Matt, I will now turn it over to you. [See question-and-answer summary document.]

Thank you, everyone. We truly appreciate you attending and sharing part of your day with us. As a reminder, today's event materials, including the recording and slides, are available on the Events page on www.MyCROWNWeb.org.

The following couple of slides provide 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 stay on to complete this short evaluation.

Here you see a list of resources that will link you directly to additional information related to 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, the materials from today's presentation are available on the Events page on www.MyCROWNWeb.org.

Here is a list of resources discussed during today's presentation, including where to access today's presentation materials. This slide also contains important contact information. If you need assistance with EQRS technical issues, the CCSQ Service Center can assist you Monday–Friday 8 a.m.–8 p.m. Eastern Time. The ESRD QIP QualityNet Q&A Tool can be used to submit general EQRS and QIP related questions. Lastly, should you need assistance from your ESRD Network, use the link on this slide to find your ESRD Network's contact information. As a reminder, please complete the post-event evaluation that will appear on your screen momentarily. Thank you so much, and have a great rest of your day!