



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

November 2022 Town Hall Presentation Transcript

Speaker

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Matthew

McDonough:

Today's event materials, including the recording and slides, will be available within 10 business days on the Events page on <https://mycrownweb.org/>.

Let's take a look at our agenda today. First, we'll be covering the EQRS Quality Reporting System, or EQRS, data submission deadlines, followed by some EOCT announcements. We'll then provide a quick training on the EQRS Quality Incentive Program, or QIP, user interface. We'll then hear from Alissa from Arbor, who'll provide an overview of the ESRD QIP payment year 2023 preview period and the Preview Performance Score Report. She'll wrap up things with an overview of the preview period activities and responsibilities. Finally, we'll finish today's call with a Q&A session, as time allows, and I'll also provide resources to assist you and your facility with navigating through the preview period.

Here is a list of acronyms that you will hear used during today's presentation, for your reference later.

Let's jump into our first topic: EQRS Data Submission Deadlines and Reporting Requirements.

The table you see here lists the EQRS Clinical Data submission deadlines for the remainder of calendar year 2022. Please note that the September 2022 EQRS Clinical Data submission deadline – November 30, 2022 – is quickly approaching. As a reminder, a clinical month in EQRS opens for data submission on the first day of the month and closes two months after the end of the reporting period. On occasion, there are times that the last day of the month will fall 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, and includes reporting for laboratory values, hospitalization and infection, some medication information, vascular access information, and more.

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Here, you see the National Healthcare Safety Network, or NHSN, ESRD data submission deadlines. The third quarter 2022 deadline falls on January 3, 2023, at 11:59 p.m. Pacific Time, since the last day of the fourth quarter falls on a weekend.

Now, let's review the deadline for the 2022 EQRS Clinical Depression Screening and Follow Up Reporting. This reporting opens on the first of January and remains open through the duration of the entire year and through the end of February of the following year. So, for instance, facilities could have begun submitting Clinical Depression and Follow Up Reporting for the 2022 assessment period in EQRS as early as January 2022, and they will have until February 2023 to complete the 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, you can visit the Events page on MyCROWNWeb.org and view materials from the July 2021 Town Hall event that provides information on how to enter Clinical Depression Screening and Follow Up Reporting in EQRS.

Now, let's look at 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 example, the calendar year 2022 attestations will open for submission on January 1, 2023, and will remain open until the last day in February 2023, giving facilities approximately two months to submit an attestation in EQRS. Please note though that most facilities do not need to complete an attestation because they won't be exempt from receiving a score on the ICH CAHPS measure. Most facilities are required to administer the ICH CAHPS Survey. For more information on the ICH CAHPS Survey measure, including facility and/or

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patient exclusions, again, you can refer the ESRD Technical Measure Specifications document available from the CMS.gov website, as well as the July 2021 Town Hall material on MyCROWNWeb.org that covers training on how to submit a facility ICH CAHPS attestation in EQRS and ICH CAHPS Survey exclusion information.

Here, you can see some additional resources to reference for EQRS reporting requirements and information. These resources and more are available on the home page on MyCROWNWeb.org and can be found by using the search field that is located on the MyCROWNWeb website home page.

Now, let's move to some EOCT announcements. Here, I'll share some important announcements about the ESRD Prospective Payment System, or PPS, rule and the upcoming ESRD QIP preview period.

On November 7, CMS published the Calendar Year 2023 ESRD PPS Final Rule on the *Federal Register* website. Included in the final rule, CMS announced their Medicare payment policies and rates for ESRD care for 2023, as well as important updates to the ESRD QIP scoring that impact payment year 2023. These important QIP scoring policies include seven paused measures, which I will review in the next slide. These measures have been paused in response to the impact on facilities from the COVID-19 Public Health Emergency. Additionally, CMS finalized a policy to calculate the payment year 2023 performance standards using calendar year 2019, which is the most current full calendar year of data.

This slide lists those seven measures that have been paused for payment year 2023. All of these measures are clinical measures and include the following: Standardized Hospitalization Ratio; Standardized Readmission Ratio; the ICH CAHPS Survey; Vascular Access measures, including both the Long-Term Catheter Rate and the Standardized Fistula Rate; the Percentage of Prevalent Patients Waitlisted, or the triple P-W measure; and lastly, the Kt/V Dialysis Adequacy Comprehensive measure.

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Now, let's wrap this section up with information about the minimum Total Performance Score, or mTPS, for payment year 2023. Taking into account the seven paused clinical measures, CMS has set the minimum TPS score for payment year 2023 as 83. This is the minimum score that a facility must achieve to avoid a payment penalty. You can get more information on this by visiting the link to the final rule on the *Federal Register* website, provided in this slide. Please note CMS is collecting data for all measures, including those measures paused for scoring and payment adjustment purposes. CMS will publicly report all measure rates for transparency.

Now, let's transition to the ESRD QIP user interface, or UI, training. The slides that follow here will provide guidance on how to navigate preview period reports and how to submit any inquiries you may have about your facility scores and reports. As a reminder, the first day of the active preview period started on November 14 and will end on December 14, 2022, at 11:59 p.m. Pacific Time.

Let's jump in. Now, many of you know by now that EQRS users can view ESRD QIP scores and submit inquiries via EQRS. So, for this training, we'll talk about QIP roles and functionality, go over how to access the ESRD QIP user interface, view scores and feedback, view and download reports, and submit, save, and reply to inquiries. This training will cover the tasks that will be performed by facility- and corporate-level EQRS QIP UI users. Please note that the data shown as part of today's training are fictitious. One more thing: CMS periodically makes updates to enhance system performance and the user experience. So, the screenshots you see in today's training are subject to change.

Let's talk about how to access the ESRD QIP user interface.

Starting with payment year 2021, CMS improved the way users view reports and submit ESRD QIP inquiries by migrating the ESRD QIP roles and functionality into EQRS. This helped consolidate the roles and functionality of the CMS ESRD QIP, Renal Management Information System, and EQRS applications into one environment.

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For the end user, that means that now only one user ID is needed, and logins are on a single website.

The first step you'll need to do to access the ESRD QIP user interface is to complete the Healthcare Quality Information System Account Roles and Profile, better known as HARP, account registration. If you already have a HARP account, you do not need to complete the registration process again. Again, only one HARP account is needed to access the multiple areas within EQRS. For step-by-step instructions on how to establish a HARP account, please visit MyCROWNWeb.org and go to the Education page to access the HARP training materials.

After you have your HARP account, you'll then need to request an ESRD QIP role. You can check your existing access and submit new access requests by visiting the link provided on this slide. After logging into EQRS, you can navigate to the My Access screen to review your roles and applications. If QIP is not listed and you need access to the QIP user interface, then you must submit a request for access.

To submit a request, click Request Access in the navigation menu.

Next, you must indicate the organization category. Please know that you must make the selection that applies to your level of access. An incorrect submission may result in the request being rejected, and this will delay your access to the EQRS applications.

Here, on this screen, we are requesting a facility-level role. Next, we need to select the application we wish to access in EQRS. So, we are going to select QIP and click the Continue button.

Next, you need to search for your organization. Do this by entering your facility CCN or facility name, and select the desired role. The role selections that display are specific to the organization category that you selected a couple steps ago.

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After selecting the role, click the Add button. You can then click the Submit Request button to submit the request to a facility Security Official for approval.

As noted earlier, roles and the ability to complete tasks within the EQRS QIP user interface vary based on a user's level of access. Let's talk about the Facility Point of Contact, or POC; a facility must have at least one POC, and a POC can serve as a POC for multiple facilities. Facility POCs can view scores and view and submit inquiries. That's very key, as well as view and download QIP reports within their purview. A facility may also have multiple Facility Viewers. These individuals can view scores, view inquiries, and download PSRs and PSCs, but not submit.

Let's now look at the corporate-level POC role. Corporate POC users can view and access materials for all facilities owned by an organization. An organization may have multiple Corporate POCs. Individuals with this role can view scores, view and submit organization- and facility-specific inquiries, and view and download all reports.

This slide provides a summary of the different EQRS QIP roles and the corresponding reports that are available for each role: the Facility Viewer, Facility POC, and Corporate POC. The right side of the table lists the different reports that are available based on the role. As a reminder, the CCSQ Service Center can be contacted for technical issues with accessing your ESRD QIP reports in EQRS.

If you want to switch between EQRS and the ESRD QIP user interface, you'll need to click the orange Change Organization button to toggle between the two applications. The Change Organization button is in the upper right-hand side of the screen. Select QIP from the Change Organization drop-down menu.

To access the QIP user interface, simply click the QIP Scores link in the navigation menu.

When you access the QIP module, the system will display the Scores and Feedback screen by default, but you can toggle to other screens as needed.

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Now, let's go into more detail about the Scores and Feedback screens within the QIP user interface.

The Scores and Feedback screen provides users with quick access to a synopsis of scores and summaries related to a facility or facilities within the user's purview. Users can select or search for their facility to find details about their Total Performance Score and a summary of the QIP measures contributing to the facility's score. The Performance Score Report, or PSR, provides a drill down of the measures contributing to a facilities performance. You can access the PSR via the View/Download Reports screen.

Users with purview over multiple facilities can view scores and feedback data on this screen for one facility at a time. Users can either select their facilities from a list or can complete a search. All users with an ESRD QIP role can access the Scores and Feedback screen.

Let's now look at the steps you'll need to take to access the Scores and Feedback screen. First, log into EQRS with your HARP account. Next, click QIP Scores in the blue navigation menu. After you click QIP Scores, EQRS will display the Scores and Feedback screen.

If you are a facility user with access to a small number of facilities in the EQRS QIP user interface, those facilities will automatically populate on the Scores and Feedback screen. However, users with access to several facilities, as well as corporate-level users, can use the Filter Facilities option to search for facilities. If using this option, enter the desired facility details and/or select a network or state and click Apply Filter.”

The graphic on this slide illustrates what was covered a moment ago. The Scores and Feedback screen displays a list of facilities in a facility-level user's purview. The Search option automatically displays if that user has access to 10 or more facilities. The Scores and Feedback screen displays details for one facility at a time, but users can view details regarding each of their facilities by clicking the radio button next to the individual facility.

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After selecting your facility, scroll down to the Runs section to review the details to ensure that you have selected the right facility.

Next, scroll down to the Score Details section for an overview of the Total Performance Score, the reduction percentage, and additional facility details.

When you scroll down to the Measure Summary section, you will find a summary of the measures. Payment year 2023 has 14 measures that contribute to a facility's performance.

Let's talk for a bit about how Corporate POCs will use this screen. Corporate POCs view the same summary overview of the score details as the Facility POC. The only difference is that the Filter Facility section is automatically expanded and requires an entry in order to display facilities for the user.

To recap, the Scores and Feedback screen in the EQRQ QIP user interface provides a summary of the facility's Total Performance Score and the measures that contribute to the facility's performance. To access the Scores and Feedback screen, you first need to log into EQRS, click QIP Scores from the blue navigation menu at the top of the screen, and then select your facility. Remember, all users with an ESRD QIP role can access this screen.

Let's move on now and review the View/Download Reports screen in the QIP environment.

The View and Download screen allows you to view and download the Patient List Report, or PLR; the Patient Score Report, or PSR; the Performance Summary Score Report, or PSSR; and the Performance Score Certificate, or PSC. Please note that the PSC does not become available until after the preview period closes. All users with an ESRD QIP role can access the View/Download Reports screen, but these reports are viewable based on roles and availability. Users can contact the CCSQ Service Center to obtain reports that are not listed in the ESRD QIP UI. Contact information for the CCSQ Service Center is listed on the last slide of this presentation.

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The Performance Score Report, PSR, includes details such as facility information, achievement and improvement scores, Total Performance Scores and more. The Patient List Report, PLR, lists all the patients whose data are used to calculate a facility's EQRS QIP measure rates. For payment year 2023, again, there are seven paused clinical measures. The performance standards for program year 2023 will be calculated using calendar year 2019 data, which is the most recent full calendar year of data.

The Performance Score Summary Report, PSSR, includes data such as a facility's achievement and improvement scores for each clinical measure, earned performance scores, Total Performance Score, and more. The Performance Score Certificate, PSC, indicates the facilities Total Performance Score. Facilities are required to post the PSC on display in a prominent location with 15 business days of the PSCs release. Remember, the PSC is not released until after the preview period.

Let's look at how to view and download reports as a Facility POC. After logging into EQRS, click QIP Scores in the blue navigation menu, and click View/Download Reports.

Remember, if you have access to multiple facilities in the EQRS QIP UI, you may need to use the search option. If so, enter the search criteria, select payment year 2023, select the name of the report you'd like to run, and click Apply Filter. We'll cover the search fields for Corporate POCs in just a moment.

Now, navigate to the Select Available Reports section. Here, you'll see a list of available reports for the payment year that you selected. Click the hyperlink next to the desired report to download an individual report, as shown on this slide.

Downloaded reports will display at the bottom of your Internet browser. You can click on the report to open or save the file. Remember, access EQRS using Google Chrome. The system works best with Chrome. If you are unable to download your report, contact the CCSQ Service Center regarding this technical issue.

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As a reminder, the contact information for the CCSQ Service Center will be provided on the last slide of this presentation.

After downloading your report, closely review it for accuracy and to understand the measures contributing to your facility's performance. Here, you see a sample PSR. Notice the N/A footnote at the bottom of the report; this is in reference to the paused measures applied to payment year 2023 QIP scoring that was discussed earlier in the presentation.

Corporate POC users will follow similar steps. The Select Your Facility and Payment Year section is automatically expanded requiring the user to search for facilities. Furthermore, corporate-level users can conduct a single facility-level search or select: This is an organizational-level search. This displays data for multiple facilities.

Here, you'll see two search options for Corporate POCs. The image to the left shows a single facility search. Enter the facility name and payment year to do the search. The image to the right shows a Corporate POC performing an organizational-level search. Corporate POC users will check: This is an organizational-level search. The checkbox is at the top and will display additional fields in the Select Your Facility and Payment Year section. The system now asks for the network, state, report type and payment year.

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, click the QIP Scores link in the blue navigation menu, and click the View/Download Reports link on the left-hand side of the screen. Next, select your facility and the desired report to initiate the download process.

Now, let's go over how to submit, save, and reply to inquiries in the EQRS QIP user interface.

The Preview Period inquiry screen in the EQRS QIP UI allows users to gain more information about their facility's QIP scores, but it also allows facilities to submit a question about their QIP score if they believe it is

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incorrect. POCs can submit and reply to as many inquiries as necessary. Additionally, the ESRD QIP UI presents POCs with the ability to draft and save inquiries, but please note, the information entered in a saved inquiry is only viewable by the person who saved that information.

Inquiries can only be submitted by Facility and Corporate POCs, but other EQRS QIP users can view submitted inquiries to help provide additional support if needed. Here is a quick breakdown of a few roles. Facility POCs and viewers can view submitted inquiries within their purview or scope. Corporate-level users can view inquiries submitted for all facilities within an organization. Network-level users can view inquiries for all facilities within their network service area. Please note, POCs can submit and reply to as many inquiries as necessary, but it's important that they check on the status of a submitted inquiry in the ESRD QIP UI until that inquiry is closed.

We'll show you how you'll submit an inquiry in the system in just a moment, but the screen is a form-like interface that includes a From field, which is automatically populated from the email address associated with the user's account; a CC field to allow the user to inform another person of the inquiry; a Subject line; a Message section; and a File Attachment option. However, the system will allow you to reply to an existing inquiry if you need to reply to a question from CMS. Please note, the ability to submit new inquiries will be disabled once the preview period ends. Please log in early and often during the preview period to submit and reply to your inquiries.

It is important to submit inquiries as soon as possible once the preview period starts. This will allow time for any necessary communication to take place. When submitting inquiries, include as much information as possible. It's important that you include the CCNs of the facilities that you believe to be impacted. Including the CCN helps CMS with pinpointing the facilities you are referencing in your inquiry. Additionally, include evidence of the issue that you are reporting. You can include attachments to further support your inquiry.

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Also, please direct questions regarding the National Healthcare Safety Network, or NHSN, to the NHSN Help Desk.

To begin submitting an inquiry, log into EQRS to access the QIP Scores screen. Then, click the Preview Period Inquiries link on the left-hand side of the screen.

On the inquiry screen, the system displays a countdown clock, similar to the one seen on this slide. This is to remind you to submit all new inquiries prior to the end of the preview period. The Filter Inquiries option also displays, allowing you to fine-tune the search if attempting to locate a specific inquiry.

The Inquiries page also shows a list of previously submitted inquiries. As shown on this screenshot here, you will see a system-generated Inquiry ID in the first column. The inquiry list includes the facility name and CCN, the subject line, the date created, and the status of the inquiry.

To start the process, click the Create New Inquiry button.

The ESRD QIP user interface now displays an email-like form. Select the facility for which you are submitting the inquiry. Review the From field. Remember, this field is pre-populated and cannot be changed. The CC field is optional, and the subject line is not mandatory, but it is recommended. The message field is, of course, required.

When creating an inquiry, you can upload an attachment to support the inquiry.

After typing your message and uploading any needed attachments, click the Send Inquiry button at the bottom of the screen. The system will refresh and display a message that reads: Your inquiry was sent successfully. Once submitted, it is important to monitor the status of your inquiry.

If you are not ready to submit, you can also save a draft of the inquiry.

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For a saved inquiry, follow the same steps to create an inquiry; however, instead of clicking the Send button, you'll click Save As Draft. You can then return and submit your inquiry when you are ready.

Once you submit an inquiry, you can provide additional information and/or reply to a comment or question from CMS. To initiate a reply, you will need to search for the previously submitted inquiry. After accessing the Preview Period Inquiry screen, enter the necessary search criteria and click the Apply Filter button, or you can scroll down to the bottom of the previously submitted inquiry section, if the information for your inquiry has been generated.

Click the Inquiry ID on the left-hand column to display the inquiry message history.

The system refreshes and shows when the inquiry was created, as well as a history of the comments associated with the inquiry. It is recommended that the person who initiated the inquiry replies whenever possible to avoid any confusion related to the comments. Click Send Message when you are ready to submit your inquiry.

Once a reply is sent, the system refreshes and displays a message that it was successfully processed. Please remember that POCs must continue to monitor the status of a submitted inquiry, until that inquiry is closed.

Now, let's discuss inquiries for corporate-level users. As a reminder, the steps to access the Preview Period Inquiries screen are the same for all users.

This screenshot shows the subtle differences in the previously submitted inquiry section when comparing facility-level POCs and Corporate POCs. The information displayed in this section are the same, except that two of the columns have different headers. as shown here on this slide.

Similar to the Facility POCs, Corporate POCs can start the inquiry process by clicking Create New Inquiry.

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The ESRD QIP UI provides corporate users with the ability to indicate if they are submitting a facility-level inquiry or an organizational-level inquiry. If you are submitting an inquiry for a facility, do not use: This is an organizational-level inquiry. Don't use this checkbox. Instead, use the Facility selection search option to find your facility. Follow the same steps as a Facility POC to indicate who the message is from, the subject, the message itself, and include any necessary attachments.

If a Corporate POC believes that the inquiry will affect the entire organization, they should select: This is an organizational-level inquiry. Once the box is checked, then the Facility selection option will disappear, and the inquiry can then be submitted for the organization as opposed to a specific facility.

The steps to save, as well as attach files, are the same as what we covered in the Facility POC section. Additionally, the steps to search for and reply to inquiries are the same as Facility POCs. The only difference is that a Corporate POC can select facility-level inquiries and organizational-level inquiries, which uses the organization name instead of the facility name.

To summarize the preview period inquiry process, POCs may submit and reply to as many inquiries as necessary during the preview period. To submit an inquiry, log into EQRS, click QIP Scores in the blue navigation menu, navigate to the Preview Period Inquiry screen, and click Create New Inquiry. You must have a role of Facility POC or Corporate POC to submit inquiries. Lastly, remember that the ability to submit new inquiries will be disabled once the preview period ends.

Today's event materials, including the recording and slides, will be available within 10 business days under the Events page on MyCROWNWeb.org. Additionally, the following couple of slides provides additional resources for you to use.

Materials supporting the ESRD QIP preview period are available via the ESRD QIP page on the [QualityNet.cms.gov website](https://QualityNet.cms.gov).

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A Guide to the Payment Year 2023 ESRD QIP Performance Score Report and *Payment Year 2023 ESRD QIP Quick Start Guide* will be available via the QualityNet.cms.gov website as well.

If you have any questions after this event, you can use the QualityNet Q&A Tool for general ESRD QIP questions and training-related questions. For EQRS system-related questions, please contact the CCSQ Service Center. At this time, I'd like to turn it over to Alissa Kapke from Arbor Research to discuss the payment year 2023 ESRD QIP preview period. After Alissa presents, I will be back additional links to resources. Alissa, I'm going to turn it over to you now.

Alissa Kapke: Good afternoon, everyone. As Matt mentioned, my name is Alissa Kapke, and I am a Managing Senior Analyst for Arbor Research Collaborative for Health. Today, I will be reviewing the ESRD QIP payment year 2023 preview period information.

This portion of the presentation is to equip you with the information and tools that you need to be successful during the preview period. On this call, I will provide you with a high-level summary of the measures and measure domains that are used in the ESRD QIP, and I will also discuss the details of Performance Score Reports, or PSRs. The Patient List Reports, or PLRs, will be discussed, as well as a summary of preview period activities.

The payment year 2023 preview period is scheduled to begin on November 14, 2022, and end December 14, 2022, at 11:59 p.m. Pacific Time. Preview Performance Score Reports will be made available by November 14, 2022, via the EQRS website. We recommend that you confirm your access to EQRS as soon as possible to avoid any delays accessing your preview period reports. We also recommend that facilities submit any preview inquiries by December 7, 2022, or one week prior to the close of the preview period, to receive a response in a timely manner. Please know that some responses may be delivered after the close of the preview period.

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Here, you'll see an overview of the ESRD QIP measures and domains that were used to assess facility performance for payment year 2023. Items marked with a star represent the paused measures for payment year 2023. We encourage you to visit the CMS ESRD Measures Manual to learn more about these measures, including data sources used, numerator, denominator, and measure exclusion details. For payment year 2023 there are four domains including the Clinical Care domain, Care Coordination domain, Safety domain, and the Patient & Family Engagement domain. As mentioned previously, there are seven measures paused for this payment year, including ICH CAHPS, which is the only measure in the Patient & Family Engagement domain. This means that the 15 percent domain weight will be equally distributed across the three remaining domains.

This slide demonstrates directionality of the payment year 2023 clinical measures and their effects on the performance standards in relationship to measure rates and ratios. For the Kt/V Dialysis Adequacy measure, the Standardized Fistula Rate measure, the ICH CAHPS measure, and the Percentage of Prevalent Patients Waitlisted, or PPPW, measure, a higher percentage rate indicates better care. In the bottom diagram, the Long-Term Catheter Rate measure, NHSN Bloodstream Infection measure, Hypercalcemia measure, the Standardized Readmission Ratio, and the Standardized Hospitalization Ratio measures, a lower percentage rate or ratio indicates better care.

This diagram shows the sequence in the process of scoring facility performance. First, we collect data from several data sources such as Medicare reimbursement claims, the CDC's NHSN system, EQRS, and the ICH CAHPS Survey. Your facility's performance rates and scores are released along and with the payment reduction status in the Preview PSR. Next, the preview period is conducted, which typically runs for approximately 30 days. After the preview period has ended, scores are adjusted, if needed, and payment reductions are submitted to the Medicare Administrative Contractor, or MAC.

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Final results are released via Final PSR and facility Performance Score Certificates, which are both available for download in EQRS within the ESRD QIP user interface, once scores are finalized.

As discussed earlier, CMS approved a policy to pause seven clinical measures for QIP scoring for payment year 2023. Again, the paused measures include the Standardized Hospitalization Ratio, or SHR; the Standardized Readmission Ratio, or SRR; the ICH CAHPS Survey; the Vascular Access measures, including both the Long-Term Catheter Rate and the Standardized Fistula Rate; the Percentage of Prevalent Patients Waitlisted measure; and lastly, the Kt/V Dialysis Adequacy Comprehensive measure. Although there are paused measures for payment year 2023, all measure rates will be provided to facilities via the Performance Score Reports. CMS also finalized a minimum Total Performance Score of 83 for this payment year. Lastly, as you heard from Mat, the payment year 2023 performance standards were calculated using the calendar year 2019 data, which is the most current full calendar year of data. For more details, please refer to the CY 2023 ESRD PPS Final Rule. It is posted to the *Federal Register* website.

In this section, I will provide an overview of the Performance Score Report, Patient List Report, as well as Performance Summary Score Report.

First, let's talk about the Preview PSR. The PSR contains your individual measure scores. These are results and scores that are based on data submitted for each eligible PY 2023 measure. The PSR provides an explanation of how your measure scores were weighted and how they translate into your Total Performance Score, or TPS. As mentioned earlier, there will be seven measured paused for payment year 2023, and N/A will be displayed on reports in place of the facility's measure scores for these paused clinical measures. The minimum TPS, which is used to determine the cutpoint for payment reductions, is 83 for payment year 2023. Lastly, as mentioned earlier, 2023 performance standards are calculated using calendar year 2019 data. Additional information about the PSR is contained in the *Guide to the Payment Year 2023 Performance Score Report*, which will be available via the QualityNet.cms.gov website.

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After downloading your report, closely review it for accuracy. Here, on this slide is the first page of a sample PSR with fake data. On your PSR, the paused measures will have a score of N/A, but the Improvement and Performance Rates/Ratios will be displayed if your facility was eligible for the measure. The last column shows the measure weight as a percentage of the individual domain weight. For paused measures, the measure weight as a percentage of the domain will be displayed as 0 percent.

The last page of the Preview PSR provides a summary of the facility scores, measure weights, and weighted scores, as well as the state and national average scores. Below the table, the minimum Total Performance Score, which is 83; ECE months, if applicable; TPS; and payment reduction percentages are displayed. If your facility is not eligible to receive a TPS payment reduction, N/A will be displayed as in this example.

In addition to the Preview PSR, authorized users are able to access available Patient List Reports, or PLRs, which is a list of patients who are included in each of the measure calculations. Additionally, you may access the Preview Performance Score Summary Report. As mentioned already, reports and the ability to perform certain tasks within the ESRD QIP user interface are based on a user's role, which was covered earlier in the ESRD QIP user interface training portion of the presentation.

Now, let's talk about the Patient List Report, or the PLR. The PLR contains a list of patients who were included in each of the measure calculations. We'll take a look at a sample PLR in a moment, but the purpose of the PLR is to help provide you with a better understanding of which data were used in the measure calculation and to help provide a means for you to confirm that the data used in the measure calculations are correct. If the data in the report appear incorrect, submit an inquiry with specific patient information for clarification. Please identify the patient using the Patient ID in your inquiry. If it is confirmed that the data are incorrect and it is not due to an error by the facility, the facility must submit a request to make a change to resolve any error or errors in the report.

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Let's take a look at the sample PLR. Just a reminder that any data listed in these screenshots are mock data. Unlike the PSR, this is a spreadsheet. It separates the data into tabs that can be accessed by clicking on the tabs at the bottom. The first tab provides you with an overview of the report parameters, providing you with an opportunity to ensure that you have the correct report by reviewing the facility payment year and measurement period displayed.

As you navigate through each tab, you will see that the reports include details such as the patient MBI, Patient ID, first and last name, as well as MBI history, and measurement period. You will be able to use the information in this report to identify which patients were included in the calculation for each measure. If you have questions upon review and need to refer to a specific patient within your inquiry, please include the Patient ID or row number from the spreadsheet in your inquiry.

At a high level, the PSSR contains the performance rates and scores of each facility for the given payment year. It is a summarized view of the measure results for all selected facilities and can be used to view results for multiple facilities. As a reminder for payment year 2023, the seven paused measures will display N/A for their scores, but their rates will be displayed for facilities meeting the measure eligibility criteria.

In this next section, we will cover all of the key follow-up activities and responsibilities that you will need to know about for this preview period.

Following the close of the preview period, CMS will review any outstanding inquiries. Please note that the final Performance Score Reports and the Performance Score Certificate are scheduled to be available early 2023. Facility performance scores will also be made publicly available on the CMS Care Compare website.

Once the Performance Score Certificates are made available, facilities must download, print and post both the English and Spanish versions in a prominent location of the facility.

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The certificates must be posted within the first 15 business days of its availability and remain posted throughout the duration of 2023. CMS encourages facility staff to review the certificate and facility performance in order to ensure that they can answer any questions that patients may have. Again, the certificate must be posted in a visible and prominent location of the dialysis facility where it is able to be viewed by patients and staff.

Now, I will recap some of the key responsibilities and activities to ensure a smooth preview period. As a reminder, the payment year 2023 preview period begins November 14, 2022. CMS encourages Facility Point of Contacts to establish HARP accounts, if necessary, and update your EQRS role to access the ESRD QIP user interface. As a reminder, all preview period inquiries must be submitted before the end of the preview period, which is scheduled to end on December 14, 2022, at 11:59 p.m. Pacific Time, or, if you are on the east coast, on December 15, 2022, at 2:59 a.m. Eastern Time. In early 2023, facilities must download, print, and post the Performance Score Certificates within 15 days of their availability. Lastly, we recommend that you educate your staff about the ESRD QIP so that they can answer patient questions about the publicly posted certificate. I will now turn it back over to Matt to share additional resources pertinent to this presentation. Matt, back to you.

Matthew

McDonough:

Thank you, Alissa. Here you see a list of resources that will link you directly to additional information related to ESRD QIP, HARP, Care Compare, and more, so you'll be able to access the links once you obtain a copy of these slides. As mentioned earlier, the materials from today's presentation will be made available on the Events page from www.MyCROWNWeb.org within 10 business days.

At this time, we would like to take the few remaining minutes to assist with any questions that have been submitted about today's presentation.

We've been receiving questions throughout today's Town Hall. Let's go ahead and jump into some of them.

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Hey, everybody. This is Matt here to answer some of the questions that you've been submitting throughout today's event. With me is Alissa from Arbor. We're happy to be here. We appreciate your attention and questions throughout today's event. I know there's been a few questions that have come in. Let's go ahead and start. We'll start with some easier ones. Then, we'll get into some of the more specific, detailed ones as we go along.

First question we always get: When will these presentation slides be available? The slides, the recording, the transcript, all of those will be available to view and download from our Events page on MyCROWNWeb.org within 10 business days from today. So, just keep checking there. Once they are published and available, you will see them there on that Events page.

Another question came in about finding information. How do we get this information about these things that we've sent out communications about this Town Hall, about the preview period, about making sure that your data submission is done, et cetera? How do you get those email notifications? Well, anyone can sign up to receive those email notifications. To get those updates, and again that's for data submission deadlines, for training, for newsletters, and more, go to MyCROWNWeb.org. On the left, there's a sign up for our mailing list. Go ahead and fill that out. Fill in the required fields. Your email will be added to our EQRS Listserve by the beginning of the following month, and you'll start receiving those communications as we sent them out. Now, please make sure that you do type your email address correctly. We've had a couple of instances over the last month where people aren't getting them. It's because there's been a typo in their email or what not. So, just be careful there.

All right. Another one that we got here... Alissa, I will pass this one to you. I know you have some dogs with you, so, hopefully, they don't bark. We understand if they do. Somebody believes that they may have some incorrect data on their Performance Score Report. What should they do in that instance?

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Alissa Kapke: Okay, can you hear me?

Matthew

McDonough: I certainly can.

Alissa Kapke: Great. Okay. If you feel that the data are incorrect in either your PSR or in your Patient List Report, please submit an inquiry. Our team will review it closely and we'll respond with our findings. You can even follow up. Like if we respond and you still have questions, you can reply back to our response, and we can reply back to you again. So, any questions you have, you may submit in the ERSR QIP UI until the end of the preview period.

Matthew

McDonough: Great. Thank you very much for answering that. We did get a related question that I can answer. Somebody asked will they email us. Will we get a response when you respond to them? They should get a response, but we strongly, strongly recommend. Like we said, sometimes email doesn't work the way we want it to. We strongly recommend that you log in, you continually monitor the status of any of the inquiries that you submit until they are closed. Because, like you said Alissa, they can go back and forth with questions. There may be some clarifications. We understand that that might be more than just one question and one answer. We encourage them to keep an eye on it.

Question here; We have someone who said they were trying to access the system and they can't. What do they do? So, we do have HARP, the account registration process training. We do have that training out on the MyCROWNWeb.org website on the Training tab. If you need to establish an account, or if you need to maintain your HARP account, you can view that training material, go through the process, make sure that your account is up to date. Always make sure your email is correct. If you have any issues with that though, sometimes it doesn't work or sometimes you get an error. Things happen. We understand. You can reach out to the CCSQ Service Center for any technical issues with EQRS. When we get to the last slide of the presentation, you will see their contact information.

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So, kind of wrapping up everything we just talked about, if you have an issue with your scoring or your reports, you'll want to submit an inquiry to CMS and get that investigated. If you have an issue, a technical issue, with the application, you'd want to reach out to CCSQ Service Center for that technical assistance with the system.

Another question that came in: Do I need a separate User ID to view my QIP scores, to get in and see these? We answered this earlier in the presentation. This person may have joined us a bit late. Let's cover it again. You don't need a separate ID. You only need one ID. In that HARP component that we covered earlier in the slides, only one User ID is needed for you to access the CMS applications, as well as the different modules, such as QIP, that are within EQRS. You only need the one account, and you don't need multiple accounts for that.

Alissa, I have one here that I'm going to go ahead and answer, but I would love for you to chime in with any additional information, if I happen to miss anything. The question is: I need to submit an inquiry. What should I include with that inquiry when I'm sending it in? The general answer I have here, and Alissa please feel free to augment my answer if needed: The CCN of the facilities that you are questioning, any evidence that you may have of an issue or an error, if you are questioning the use of specific data, please include those; Use the QIP ID included in your PLR when you are referring to any specific patient and any attachments. Basically, provide as much detail as you can when you are submitting those. Is there anything you want to add to that, Alissa?

Alissa Kapke: No, that's exactly what I was going to say, the more detail the better. Then, we can answer your questions with more detail as well.

Matthew

McDonough: Awesome. Awesome. Again, always, once you submit that question, please be sure to log in keep an eye on the status. Continue to stay on top of that question until it's marked as closed.

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Another question came in: They wanted to know if their facility can have multiple POCs. Yes. You can. Either at the facility level or the corporate level, you do have the ability to have multiple, more than one, POCs.

Now, somebody did ask me a question, and I didn't have the answer. This is a great time for me to at least mention this. They asked if they could be a Facility and a Corporate POC. Quite frankly, I don't know the answer to that right now.

So, there are some questions that have been submitted, such as that one. We're going to have to do a little bit more research. Try to figure out, make sure we get you a correct answer. Try to test it and see how that works. I just don't know off the top of my head right now. We are going to publish the Town Hall FAQs after this event. We're going to go through and find the questions that we couldn't answer, that needed a little bit more research and leg work to make sure we know the answer is correct. We will publish those FAQs after this event sometime.

There will be an email announcement that goes out that says: Hey, we published the November Town Hall FAQs. You can go out and view them. So, if we don't get to your question today, please don't be upset at us. There are some things that we just need to do, a little bit more leg work on before we get to your question, that we're comfortable with being accurate. All right.

Somebody did submit a question that asked where they could review the final rule. In the chat, or in the questions, I did send out a link to the final rule and where you can access that. It's a big, long web address. It's too much for me to read. Once we get done with this Q&A here in a moment, I will repost that in the questions, so that everybody should be able to see them. It is out on [FederalRegister.gov](https://www.federalregister.gov), and we'll get you a link to where you can view that.

Let's see. I'm trying to see if we have. I'm going through the ones that we've already been able to answer. I apologize. We did get a bunch of them in.

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Somebody asked: When should we expect to see the payment year 2023 final PSRs and PSCs? When will they be published? We don't have a specific date right now. We expect it's going to be... This is kind of, again, everything is subject to change, but we expect it would be no later than the end of February of 2023, if not a bit earlier. We don't have a specific date for sure, so that is subject to change, but we just wanted to give you a general idea of when you might see them.

Alissa, I will let you answer this one, because I see that you got to it. This person asked: Can you provide the breakdown for the scoring of their hypercalcemia score? I guess that would apply to any score. Where can they find more information on that?

Alissa Kapke: Yes, so, there are scoring details in the measures manual. So, that's one place you can look. Then the other, you know, if you are not understanding your specific hypercalcemia score, or any measure score for that matter on your PSR, you can submit an inquiry, and we can explain exactly how the score was calculated.

Matthew

McDonough: Great. Thank you very much for that. Thank you. We did get some new questions in. So, somebody asked about the scores that aren't being, or the paused measures, that aren't being counted toward the mTPS. So, we just wanted to clarify here, because this did come up when we were going through the slides. CMS is calculating a measure for every score, a score for every measure. I flipped that around. Sorry. The seven paused measures will not be used for scoring and payment adjustments, but there will be a score reported. There are data collected. It will be calculated. They just won't impact the payment. Alissa, did I state that right? I kind of feel like I tripped over my tongue there, but I just want to make sure.

Alissa Kapke: Yes, so, if there's a no score for a specific measure, that measure weight would be redistributed to the measures that are eligible.

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You know, if you are confused by your Total Performance Score, go ahead and submit an inquiry, and we can explain how your measure scores and your Total Performance Score were calculated.

Matthew

McDonough:

Awesome. Thank you, and I think the inquiry is kind of the key there. There are going to be a lot of questions about scores and how they came about, and how do they impact me. You know, the inquiry process is what I'm hearing that everybody should do if they have any questions about how the scores will impact them.

Submitting inquiries, I guess the question came in. Who can submit the inquiries? We did cover this one. You have a role of a Facility POC, or a Corporate POC, whatever it might be. The POC is the individual or the role that can submit inquiries. Now, viewers can see things that have been submitted, but they cannot submit things themselves. So, the Facility POC is the one that can, the only role that can submit inquiries. It's the one that needs to follow up on those inquiries to make sure they are followed through until close.

Questions came in, and I think we covered this. Will we get to see what our scores would have been for the paused measures? Alissa, I believe that's yes. I think that's what I've seen. They will show you a score. A score will be reported to the public for transparency purposes, but that score will not impact your performance score for payment year 2023. Is that correct?

Alissa Kapke:

Well, to clarify, a score that scored from 0 to 10 won't be calculated, but your rate will be calculated and will appear on the Care Compare website in early February. I guess whatever the next release is, in April, probably.

Matthew

McDonough:

Sure. So, they will see the rate. That was, I think, where I'm getting my terminology confused. They'll see what their rate would have been, but it won't impact them for scoring.

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All right. So, here's a question that came in: Our facility does not currently have a POC or anyone with access to the QIP. I have requested access, but it's not processed. How do we expedite the process to make sure someone can see our QIP? That's an example of where you'd want to reach out to the CCSQ Service Center. Let them know. Obviously, preview period began three days ago, began on Monday. So, time is of the essence, of course. If you do have questions, you want to submit inquiries, and keep an eye on that. Reach out to the service center if you are having any account issues, you cannot access the system, and you should be able to, they should be able to assist you with getting that access set up. I don't know that there's a way to expedite per se, but you obviously want to get that question to them so they can help you get it figured out as soon as possible.

So, I'm looking through, and I don't see anything off the top of my head in the new questions area that I can answer. Alissa, I don't know if there's anything that you see that you might be able to answer that doesn't need a bit more research.

Alissa Kapke: The only thing I would add, I saw a few questions about what should they do if they have questions about their NHSN results. Should they submit them to the CDC's NHSN help desk or to QIP? During the preview period, those questions should come to us, to the QIP UI. We do work with the CDC when necessary to clarify any potential issues with NHSN scores.

Matthew

McDonough: Awesome. That's a great one to wrap up with. I did see that one come in, and I'm glad you brought it up. So, thank you very much. For those of you, if you did submit a question and we didn't answer it, we are going to need a little bit more research to lock those answers down. We do appreciate all the questions that have been submitted today. I think at this point, Rachel, we're going to get back to the slides, and we'll wrap up today's Town Hall. Thank you, everybody. We appreciate your questions.

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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, will be available within 10 business days on the Events page on 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 additional information related to ESRD QIP, the ESRD Measures Manual, the 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 from MyCROWNWeb.org.

For additional information, visit our website at MyCROWNWeb.org, where you'll also be able to find the Town Hall slides and recording when they're published. If you have questions, the CCSQ Service Center's phone, email, and website are listed here, as well as the links to the ESRD QIP QualityNet Q&A Tool, and a map where you can find your ESRD Network's contact information.

When we end today's event in a moment, an evaluation will display in your browser. We would appreciate your feedback on today's event, as well as any additional ideas that you may have for Town Hall topics. If the evaluation doesn't display, you can access it using the link on this slide from your downloaded slide deck.

That's going to wrap things up for us today. On behalf of CMS, the Arbor team, and our EOCT team, we want to thank you for joining us for today's Town Hall. We hope to see you soon on another EOCT event. Take care!